

C Class New Account Application

Do NOT use for IRA Accounts



Distributed by Foreside Fund Services, LLC

Important Notice - Compliance with The USA Patriot Act

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means to you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We will verify this information to ensure the identity of all individuals opening a mutual fund account.

Please note that if the application is not completed in full with the necessary data required by federal law, your initial investment and account application will be returned to you for completion.

Please call 1-800-658-5811 for assistance to complete this form.

1 FUND SELECTION (\$1,000 minimum for each fund)

American Beacon Fund (number)	Initial Investment	American Beacon Fund (number)	Initial Investment
<input type="checkbox"/> Balanced Fund (3740)	\$ _____	<input type="checkbox"/> Retirement Income and Appreciation Fund (3751)	\$ _____
<input type="checkbox"/> Bridgeway Large Cap Value Fund (3419)	\$ _____	<input type="checkbox"/> Short-Term Bond Fund (3750)	\$ _____
<input type="checkbox"/> Emerging Markets Fund* (3745)	\$ _____	<input type="checkbox"/> SiM High Yield Opportunities Fund* (3764)	\$ _____
<input type="checkbox"/> Flexible Bond Fund (3765)	\$ _____	<input type="checkbox"/> Small Cap Value Fund (3743)	\$ _____
<input type="checkbox"/> High Yield Bond Fund* (3746)	\$ _____	<input type="checkbox"/> Stephens Mid-Cap Growth Fund (3424)	\$ _____
<input type="checkbox"/> Holland Large Cap Growth Fund (3434)	\$ _____	<input type="checkbox"/> Stephens Small Cap Growth Fund (3429)	\$ _____
<input type="checkbox"/> Intermediate Bond Fund (3749)	\$ _____	<input type="checkbox"/> Treasury Inflation Protected Securities Fund (3748)	\$ _____
<input type="checkbox"/> International Equity Fund (3742)	\$ _____	<input type="checkbox"/> Zebra Large Cap Equity Fund (3753)	\$ _____
<input type="checkbox"/> Large Cap Value Fund (3741)	\$ _____	<input type="checkbox"/> Zebra Small Cap Equity Fund (3754)	\$ _____
<input type="checkbox"/> Mid-Cap Value Fund (3747)	\$ _____		

*Redemption fees may be applicable. Please review prospectus for further details.

2 ACCOUNT REGISTRATION (Please choose one)

Attach separate list for additional registrants including full name, Social Security number and date of birth. All must sign.

Individual

Joint Registrant

Owner's name (first, middle initial, last)

Social Security Number

Date of Birth

Joint owner's name (first, middle initial, last)

Social Security Number

Date of Birth

(Two or more co-owners will be registered as joint tenants with rights of survivorship unless you specify another form of ownership.)

Gifts/Transfers to Minors (UGMA/UTMA)

Custodian's name (first, middle initial, last)

Social Security Number

Date of Birth

Minor's name (first, middle initial, last)

Social Security Number

Date of Birth

Minor's state of residence: _____

2 ACCOUNT REGISTRATION (Continued)

- Financial Institution regulated by a federal financial regulator (account is for own behalf or for benefit of its clients)
- Bank regulated by a state bank regulator (account is for own behalf or for benefit of its clients)
- S Corporation (A copy of the certified articles of incorporation or business license of the corporation must be attached.)
- C Corporation (A copy of the certified articles of incorporation or business license of the corporation must be attached.)
If publicly traded corporation, please provide symbol: _____
- Trust (A copy of the first and last page of the trust agreement must be attached.) Date of trust agreement _____
- Government Agency or Instrumentality
- Partnership (A copy of the partnership agreement must be attached.)
- Other: _____
Legal documentation that identifies the business name, street address, and EIN must be attached.)

Tax ID#: _____ or Social Security Number: _____

Primary Contact, Trustee or Custodian	Social Security Number <small>(Not required for corporate accounts)</small>	Date of Birth
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Authorized Trader's Name (first, middle initial, last)	Authorized Trader's Name (first, middle initial, last)
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Name of Corporation or other Entity Trust	Tax ID Number	Date of Trust Agreement if
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Primary Contact, Trustee or Custodian	Social Security number <small>(Not required for corporate accounts)</small>	Date of birth <small>(Not required for corporate accounts)</small>
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Mailing Address (Primary Contact) <small>(If mailing address is a post office box, a street address is also required by the USA Patriot Act)</small>	City	State Zip
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Street Address	City	State Zip
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State in which domiciled: _____	State of Incorporation/Registration: _____
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E-mail Address	Phone	Fax
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Secondary Contact, Trustee or Custodian	Social Security number <small>(Not required for corporate accounts)</small>	Date of birth <small>(Not required for corporate accounts)</small>
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Mailing Address (Duplicate statements)	City	State Zip
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E-mail Address	Phone	Fax
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Authorized Trader	Authorized Trader
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Authorized Trader	Authorized Trader
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(If necessary, please attach a sheet for additional traders)

3 MAILING ADDRESS (APO and FPO addresses will be accepted)

Registrant Mailing Address (Primary Contact) City State Zip

E-mail Address Daytime Phone Evening Phone

(If mailing address is a post office box, a street address is also required by the USA Patriot Act)

Street Address (if Different) City State Zip
(Not required for corporate accounts)

Joint Registrant Mailing Address City State Zip
(Required if different than registrant address above)

Registrant Mailing Address (Primary Contact) City State Zip

4 BROKER/DEALER INFORMATION (REQUIRED)

By designating the following broker/dealer firm, I hereby authorize the Fund, its Transfer Agent and its Principal Underwriter to accept instructions from and transmit information (such as statements) to such broker/dealer firm concerning my account. I have discussed the suitability of the Fund(s), available share classes, any applicable fees and breakpoint discounts with my designated broker or dealer. (The rest of this section must be completed by your broker or dealer.)

Broker/Dealer Registered Representative: I warrant that I am acting as an authorized agent on behalf of the broker/dealer listed below. To the extent necessary, all proposed transactions in the Fund(s) on behalf of the Account Owner(s) will be reviewed by my broker/dealer for compliance with its policies and procedures and applicable FINRA rules.

Financial Advisor First Name Financial Advisor Last Name

Firm Name Advisor's Assistant

Branch Mailing Address City State Zip

Registered Rep E-mail Address Rep Phone Rep Fax

American Beacon Assigned Firm Number Firm Assigned Branch Number Firm Assigned Rep Number

Authorized Signature of Investment Professional Title

5 BANK INFORMATION

Please attach a voided bank check or a preprinted deposit slip from your bank account. If a voided bank check is not enclosed with this application, but you do include a personal investment check, we will use the bank information contained in the personal investment check. Checks must be pre-printed. Starter or counter checks will not be accepted. **Checking** **Savings**

Attach Check Here

6 DISTRIBUTION OPTION

	Reinvested	Cash
Dividends (Includes short-term capital gains)	<input type="checkbox"/>	<input type="checkbox"/>
Capital Gains	<input type="checkbox"/>	<input type="checkbox"/>

If cash: By check to the address on the application By ACH to the bank in Section 5

If you would like your cash dividends or capital gains to be invested in another Class C Fund, please indicate below.

From:

Into:

Fund Number

Account Number

Fund Number

Account Number

7 TELEPHONE EXCHANGE PRIVILEGE AND/OR TELEPHONE REDEMPTION PRIVILEGE (Optional)

Telephone Exchange - Shareholders may exchange shares of one fund for shares in the same class of another American Beacon Fund, subject to the terms of the prospectus. Telephone exchanges are activated by instructions received from a shareholder or any person authorized to act as the shareholder's representative who can provide the transfer agent with account registration information. Neither the American Beacon Funds (the "Funds") nor the transfer agent will be liable for properly acting upon telephone instructions believed to be genuine.

Authorize the Funds' transfer agent to act upon exchange requests received by telephone.

Telephone Redemption - Authorizes the Funds' transfer agent to act upon redemption requests received by telephone. Neither the Funds nor the transfer agent will be liable for properly acting upon telephone instructions believed to be genuine. Should the Funds or its transfer agent fail to utilize reasonable procedures, they may be liable for any losses due to unauthorized or fraudulent instructions. You will automatically have the ability to make redemptions by telephone unless you decline below (a check will be mailed to the address of record).

Does NOT authorize the Funds' transfer agent to act upon exchange requests received by telephone.

8 AUTOMATIC INVESTMENT PLAN (Optional)

The American Beacon Funds permit you to invest automatically from your bank account on a monthly or quarterly basis (\$50 minimum per fund and a \$2,500 minimum initial investment is required). Investments will occur on or about the 5th day of each month. Please complete **Section 5** and the information below:

_____ \$ _____
Fund name

_____ \$ _____
Fund name

_____ \$ _____
Fund name

Please initiate the transaction on a:

Monthly **Quarterly basis beginning** ____/____/____
Month Day Year

Any other frequency please explain: _____

9 COST BASIS REPORTING FOR COVERED SHARES (Required for taxable accounts)

Federal law requires mutual fund companies to report cost basis information to shareholders and to the Internal Revenue Service (IRS) on mutual fund shares acquired and subsequently redeemed after January 1, 2012. In order to provide you and the IRS with accurate cost basis accounting, you are being asked to select a cost basis method for your new account.

You may want to consult your tax adviser to determine which method best suits your individual tax situation.

If you do not elect a method, the Fund default method of Average Cost will apply until such a time that it is revoked or changed by you in writing. You are always allowed to change a basis method prospectively, no matter what basis method you choose.

Please choose one of the following available cost basis methods:

- Average Cost (ACST)** – The purchase price of all covered shares in the account are averaged.
- First In, First Out (FIFO)** – Depletes shares beginning with the earliest acquisition date.
- Last In, First Out (LIFO)** – Depletes shares beginning with the most recent acquisition date.
- High Cost (HIFO)** – Depletes shares beginning with the most expensive shares.
- Low Cost (LOFO)** - Depletes shares beginning with the least expensive shares.
- Loss/Gain Utilization (LGUT)** – Depletes shares with losses prior to shares with gains and short-term shares prior to long-term shares.
- Specific Lot Identification (SLID)** – You will inform us at the time of redemption which specific share lots you want redeemed. If selecting Specific Lot Identification, please choose a secondary method to be used. In the event that specific lot depletion information is not provided, American Beacon's designated default calculation method, FIFO, will be used. Please choose one of the following:
 - First In, First Out (FIFO)
 - Last In, First Out (LIFO)
 - High Cost (HIFO)
 - Low Cost (LOFO)
 - Loss/Gain Utilization (LGUT)

Your elected cost basis method will be applied to all existing and future accounts opened with the American Beacon Funds that have the identical account type and registration.

10 SYSTEMATIC WITHDRAWAL PLAN (Optional)

The plan allows you to have automatic redemption amounts mailed to you, sent to a third party or deposited through ACH into your bank account. A minimum account balance of \$1,000 is required. For additional information, please see the prospectus. The transfer agent is authorized to redeem sufficient shares from my fund account(s) to make payments of at least \$50 on or about the 15th day of each month as designated below:

_____ \$ _____
Fund name

_____ \$ _____
Fund name

_____ \$ _____
Fund name

Check one: **Send checks to address of record** **Transfer to bank account (see Section 5)** **Mail as listed below**

_____ Street Address
Payee Name

_____ City State Zip
Your Signature

11 SIGNATURES

The transfer agent is hereby authorized to act upon telephone or written instructions, in accordance with the procedures and conditions set forth in the current prospectus for the purpose of redeeming shares or exchanging shares. I understand that the exchange privilege is only available for exchanges within the same class of shares. Neither the American Beacon Funds (the "Funds") nor the transfer agent will be liable for any loss, expense or cost arising out of any telephone or written requests believed by it to be genuine.

By execution of this application, the investor represents and warrants that (a) he/she/it has the full right, power and authority to make the investment applied for and (b) if applicable, he/she is a natural person of legal age in his state of residence and that all information on this application is true and correct. The person or persons, if any, signing on behalf of the investor represent and warrant that they are duly authorized to sign this application and purchase, exchange or redeem shares of the fund on behalf of the investor.

I have read this application, the applicable prospectus, and can request the applicable statement of additional Information (or download it from www.americanbeaconfunds.com) and agree to be bound by all of their terms and conditions. I also agree that any shares purchased now or later are and will be subject to the terms of the applicable prospectus and statement of additional information as in effect from time to time. I understand that I may be eligible to purchase more than one share class. I am aware of the fee structures (including any applicable sales charges, breakpoint discounts, or rights of accumulation) of the available share classes and have selected the share class best suited to my investment objectives, time horizon, and risk tolerance. If I exchange all shares into a new fund, all account options I have selected in this application will apply. I understand that if multiple accounts have the same Taxpayer Identification Number that I may receive a single copy to my household of a fund's prospectus, annual report, semi-annual report or other information that is required to be delivered. If I wish to receive a separate copy of these materials I agree to tell American Beacon Funds by phone, in writing or by email. I have reviewed the Funds' Privacy Policy at www.americanbeaconfunds.com/PrivacyPolicy.aspx. I, and any person with an ownership interest in this account, am not subject to any restriction or sanctions by the Office of Foreign Asset Control or any other government agency.

I am a U.S. citizen, resident alien, or a representative of a U.S. entity. I certify, under penalty of perjury, that: (a) the employer identification or Social Security number shown on this form is my correct Taxpayer Identification Number; (b) I am not subject to backup withholding because: (i) I am exempt from backup withholding, or (ii) I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividend income, or (iii) the Internal Revenue Service has notified me that I am no longer subject to backup withholding. (Strike out item (b) if you have been notified that you are subject to backup withholding.)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Individual, Custodian or Trustee Title Date

Signature of Joint Owner, if any Title Date

American Beacon Funds is a service mark of American Beacon Advisors, Inc.

Mail the completed application form to: **Regular Mail:**
American Beacon Funds
P.O. Box 219643
Kansas City, MO 64121-9643
(800) 658-5811

Overnight Delivery:
American Beacon Funds
c/o BFDS - Midwest
330 West 9th Street
Kansas City, MO 64105
(800) 658-5811