

Mileage Class New Account Application



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.

1 FUND SELECTION (\$2,500 MINIMUM)

American Beacon Mileage Fund (number)

Money Market Fund (89)

Initial Investment

\$ _____

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 _____

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: _____

Grantor Trust (A copy of the first and last page of the trust agreement must be attached.)

Date of Trust Agreement: _____

Trustee Name (first, middle initial, last) _____

Social Security Number _____

Date of Birth _____

AAdvantage Member Information

Full Name of Advantage Member _____

American Airlines Advantage® Number _____

If you do not have an AAdvantage account, you may establish one through the American Airlines website, www.aa.com, or by calling 1-800-882-8880.

Mileage earner must be individual or joint owner, custodian or trustee on the account. Only one AAdvantage number may be designated per account.

7 **AUTOMATIC INVESTMENT PLAN (OPTIONAL)**

The American Beacon Mileage 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 4** and the information below:

_____ \$ _____
Fund name

Please initiate the transaction on a: **Monthly** **Quarterly basis beginning:** _____/_____/_____
Month Day Year

8 **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 \$2,500 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

Check one:

Send checks to address of record **Transfer to bank account (see Section 4)** **Mail as listed below**

_____ Street Address
Payee Name

_____ City State Zip
Your Signature

9 **SIGNATURES**

By execution of this application, the investor represents and warrants that (a) he/she 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 or redeem shares of the fund on behalf of the investor.

I have read the applicable prospectus and this application and agree to all their terms. I also agree that any shares purchased now or later are and will be subject to the terms of the Fund's prospectus as in effect from time to time.

I am a U.S. citizen, or U.S. resident alien. 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.

_____ Title Date
Signature of Individual, Custodian or Trustee

_____ Title Date
Signature of Joint Owner, if any

American Airlines may find it necessary to change AAdvantage program rules, regulations, travel awards and special offers at any time without notice. This means that American Airlines may initiate changes impacting, for example, participant affiliations, rules for earning mileage credit, mileage levels and rules for the use of travel awards, continued availability of travel awards, blackout dates and limited seating for travel awards, and the features of special offers. American Airlines reserves the right to end the AAdvantage program with six months notice. The American Beacon Mileage Funds reserve the right to discontinue its participation in the AAdvantage program at any time without notice.

American Airlines is not responsible for investments made in the American Beacon Mileage Funds. American Airlines and AAdvantage are registered trademarks of American Airlines, Inc. American Beacon Mileage Funds and American Beacon Money Market Mileage Fund are service marks of American Beacon Advisors, Inc.

Mail the completed application form to:

Regular Mail:
American Beacon Mileage Funds
P.O. Box 219643
Kansas City, MO 64121-9643

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

6

CHECKWRITING (OPTIONAL)

Subject to a \$2,500 minimum investment and a \$100 minimum per check

If you wish to have checkwriting privileges, complete and sign below.

Account Name: _____

Authorized Signature(s): _____

Check one: All Signatures Required One Signature Required Total Number of Signatures Required

By signing this signature card, the signator(s) signifies his/her agreement to be subject to the rules and regulations of State Street Bank and Trust Company pertaining thereto and as amended from time to time and subject to the conditions printed in the prospectus.