



ACCOUNT MAINTENANCE FORM

IF COMPLETING BY HAND, PLEASE PRINT IN CAPITAL LETTERS/USE BLUE OR BLACK INK/COMPLETE ALL SECTIONS

Please complete this form if you would like to make changes or add options to your existing AMG Funds account(s). Please refer to the Fund prospectus for more detailed information on each of the account options and for medallion signature guarantee requirements. Return completed forms in the enclosed postage-paid envelope or send to: **AMG Funds, Shareholder Services, P.O. Box 9769, Providence, RI 02940-9769.**

Call 800.548.4539

Basic Information

▲ Names on account

▲ Last Four Digits of Social Security Number

▲ Fund Number

▲ Account Number

▲ Fund Number

▲ Account Number

▲ Fund Number

▲ Account Number

Account Option Selection

Please check appropriate box below and complete the corresponding section. **You need only complete the section relevant to your request.** Once completed, sign the "Shareholder Authorization" at the end of the form.

1. Change of Address

5. Add/Change of Bank Information

2. Additional Mailing Addresses

6. Dividend/Capital Gains Options

3. Link Accounts

7. Automatic Purchase or Withdrawal

4. Telephone Privileges

8. Designate/Change IRA Beneficiary

1. Change of Address (New Address)

▲ Permanent Street Address (including apartment or suite number).

▲ City

▲ State

▲ Zip Code

▲ Home Phone

▲ Business Phone

▲ Email Address (if applicable)

Note: For your safety, there is a hold on redemptions for 30 days after an address change.

2. Additional Mailing Address

Please complete this section if you would like copies of your sent to an additional mailing address.

Quarterly Statements

Transaction Confirmations

Tax Statements

▲ Name of Individual or Corporation

▲ Daytime Telephone Number

▲ Address

▲ City

▲ State

▲ Zip Code



ACCOUNT MAINTENANCE FORM

3. Link Accounts

Please complete this section if you would like copies of your quarterly statements sent to an additional mailing address.

▲ Fund Number	▲ Account Number	▲ Fund Number	▲ Account Number
▲ Fund Number	▲ Account Number	▲ Fund Number	▲ Account Number

4. Telephone Redemption & Exchange Privileges

Your account will automatically have the telephone redemption privilege described in the Fund’s prospectus. You may decline a privilege by checking the box below or submitting a request in writing. (If you do not decline a telephone privilege, AMG Funds, and/or BNY Mellon Asset Servicing shall not be held responsible for the authenticity of instructions received by telephone [which shall be recorded] reasonably believed to be genuine, and you will bear the risk of possible losses resulting from an unauthorized and fraudulent telephone transaction.)

I do not want the telephone redemption privilege. I do not want the telephone exchange privilege.

5. Pre-Authorize Transfers To or From Your Checking Account

I may request a direct deposit or bank wire when making a withdrawal. I understand that there is no charge for a direct deposit or per bank wire. (Please tape a voided check to the space below.)

I may use the AMG Funds Automatic Investment Program to request an electronic transfer from my bank account to purchase additional Fund shares. (Please tape a voided check to the space below.)

John Doe 000
1234 5th Street
Anytown, USA 98765 Please tape a voided check here.

VOID

\$

For deposits or withdrawals to your checking account, please tape a voided check so we may obtain bank account information. Do not submit a starter check. (Please do not staple.)

6. Dividend and Capital Gain Options

All distributions will be reinvested. Dividends will be paid in cash and capital gains reinvested.
 All distributions will be paid in cash. Dividends will be reinvested and capital gains paid in cash.
 Automatic Dividend Diversification. Automatically direct your distributions into another AMG Funds account.

▲ Fund Number	▲ Account Number	▲ Fund Number	▲ Account Number
▲ Fund Number	▲ Account Number	▲ Fund Number	▲ Account Number

Address of record Bank Account — (Please attach a voided check in the space above)
Special Payee: (Medallion Signature Guarantee Required — Please see last page on how to obtain Medallion Signature Guarantee)



ACCOUNT MAINTENANCE FORM

▲ Name of Individual or Corporation

▲ Daytime Telephone Number

▲ Address

▲ City

▲ State

▲ Zip Code

7. Automatic Purchase or Withdrawal

PURCHASE

Please tell us which AMG Fund and the amount that you would like to have automatically invested each month. Automatic purchases must be for \$100 or more. You may elect to make purchases once or twice per month for each fund you select. Automatic purchases into IRAs or Education Savings accounts will be designated as current year contributions.

Existing account

▲ Fund Number ▲ Account Number

Make my investment of \$ _____ on the _____ day and _____ day(s) of each month (or next business day).
min. \$100 day day (optional)

▲ Fund Number ▲ Account Number

Make my investment of \$ _____ on the _____ day and _____ day(s) of each month (or next business day).
min. \$100 day day (optional)

▲ Fund Number ▲ Account Number

Make my investment of \$ _____ on the _____ day and _____ day(s) of each month (or next business day).
min. \$100 day day (optional)

New account (please attach account application)

▲ Fund Number ▲ Account Number

Make my investment of \$ _____ on the _____ day and _____ day(s) of each month (or next business day).
min. \$100 day day (optional)

▲ Fund Number ▲ Account Number

Make my investment of \$ _____ on the _____ day and _____ day(s) of each month (or next business day).
min. \$100 day day (optional)

▲ Fund Number ▲ Account Number

Make my investment of \$ _____ on the _____ day and _____ day(s) of each month (or next business day).
min. \$100 day day (optional)



ACCOUNT MAINTENANCE FORM

WITHDRAWAL

▲ Fund Number ▲ Account Number

Redeem the account above using the following schedule:

Monthly: on the _____ th day of each month*

Quarterly: on the _____ th day of every quarter*

Annually: on the _____ th day annually*

Automatic Withdrawal Plan date begins: _____
month/day/year

Amount per period \$ _____

Select Method of Payment

Send my withdrawal proceeds to address of record.

Send my withdrawal proceeds via direct deposit to my bank checking account. I understand that the transfer will be completed in two to three business days and that there is no charge. **(Please attach a voided check in the space provided on page 2 of this form. We must receive a voided check to activate this feature.)**

(Medallion Signature Guarantee Required – Please see page 2 on how to obtain Medallion Signature Guarantee)

**If the redemption occurs on a weekend or holiday, the transaction will occur on the next business day.*

▲ Fund Number ▲ Account Number

Redeem the account above using the following schedule:

Monthly: on the _____ th day of each month*

Quarterly: on the _____ th day of every quarter*

Annually: on the _____ th day annually*

Automatic Withdrawal Plan date begins: _____
month/day/year

Amount per period \$ _____

Select Method of Payment

Send my withdrawal proceeds to address of record.

Send my withdrawal proceeds via direct deposit to my bank checking account. I understand that the transfer will be completed in two to three business days and that there is no charge. **(Please attach a voided check in the space provided on page 2 of this form. We must receive a voided check to activate this feature.)**

(Medallion Signature Guarantee Required – Please see last page on how to obtain Medallion Signature Guarantee)

**If the redemption occurs on a weekend or holiday, the transaction will occur on the next business day.*



ACCOUNT MAINTENANCE FORM

8. Designate/Change IRA Beneficiary

As Depositor, I hereby make the following designation of beneficiary in accordance with the FDIC Trust Company Traditional Individual Retirement Custodial Agreement, or Roth Individual Retirement Custodial Agreement: In the event of my death, pay any interest I may have under my Account to the following Primary Beneficiary or Beneficiaries who survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). If any Primary Beneficiary predeceases me, his share is to be divided among the Primary Beneficiaries who survive me in the relative proportions assigned to each surviving Primary Beneficiaries.

Primary Beneficiary(ies)	Relationship	Social Security Number	Date of Birth	Percent (%)

If none of the Primary Beneficiaries survives me, pay any interest I may have under my Account to the following Alternate Beneficiary or Beneficiaries who survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). If any Alternate Beneficiary predeceases me, his share is to be divided among the Alternate Beneficiaries who survive me in the relative proportions assigned to each surviving Alternate Beneficiary.

Secondary Beneficiary(ies)	Relationship	Social Security Number	Date of Birth	Percent (%)

IMPORTANT NOTES: Any amount remaining in the Account that is not disposed of by proper Designation of Beneficiary will be distributed to your estate (unless otherwise required by the laws of your state of residency) You may change the beneficiary(ies) named below at anytime by filing a new IRA Beneficiary Designation with the Custodian. Any subsequent Designation files with the Custodian will revoke all prior Designations, even of the subsequent designation does not dispose of your entire account.

The Designation of Beneficiary may have important tax or estate planning effects. Also, if your are married and reside a community property or marital property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), you may need to obtain your spouse's consent if you have not designated your spouse as your primary beneficiary for at least half of your Account. See your lawyer or other tax professional for additional information and advice.

SPOUSAL CONSENT

This section is reviewed if the Depositor is married and designates a beneficiary other than the spouse. It is the Depositor's responsibility to determine if this section applies. The Depositor may need to consult with legal counsel. Neither the Custodian nor the Sponsor is liable for any consequences resulting from a failure of the Depositor to provide proper spousal consent.

I am the spouse of the above-named Depositor. I acknowledge that I have received a full reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my community property interest in this IRA, I have been advised to see a tax professional or legal advisor. I hereby consent to the beneficiary the designation(s) indicated above. I assume full responsibility for any adverse consequence that may result. No tax or legal advice was given to me by the Custodian or Sponsor.

▲ (X) Signature of Spouse

▲ Date

I hereby revoke all my prior designations and designate the above-mentioned person or persons to receive any interest remaining in the IRA upon my death.

▲ (X) Signature of IRA Account Participant

▲ Date



ACCOUNT MAINTENANCE FORM

9. Shareholder Authorization

Required for all requests

I/We hereby authorize BNY Mellon Asset Servicing, Transfer Agent for AMG Funds, to add or change options or information to my/our account(s) as indicated in the preceding section. I/We have read the Fund prospectus. All account owners must sign.

▲ (X) Signature of Account Owner or Custodian for a Minor's Account

▲ Date

▲ (X) Signature of Joint Tenant (if any)

▲ Date

MEDALLION SIGNATURE GUARANTEE*

To protect you and AMG Funds from fraudulent activities, your signature(s) must be guaranteed if any of these situations apply: If you elect the Telephone Redemption option or the Automatic Withdrawal Plan. If you are instructing us to change our bank information, if the check for a distribution or redemption is being made payable to someone other than address of record.

How to obtain a Medallion Signature Guarantee:

You should be able to obtain a Medallion signature guarantee from a bank, broker dealer, credit union (if authorized) under state law, securities exchange or association, clearing agency, or savings association.

**Notary not accepted.*

Medallion Signature Guarantee

Please affix
Medallion Signature Guarantee Stamp

If a **Medallion Signature Guarantee** is required, the original form must be mailed.

First Class Mail:

AMG Funds
P.O. Box 9769
Providence, RI 02940-9769

Overnight Mail:

AMG Funds
4400 Computer Drive
Westborough, MA 01581
1.800.548.4539

If **Medallion Signature Guarantee** is NOT required,

Fax To:
AMG Funds
1.508.599.6058