AUTOMATIC INVESTMENT PLAN REQUEST

Please complete this form if you would like to set up an automatic investment plan with AMG Funds. Please print carefully or type all information on this form. When completed, please send this form with a voided check attached (with an account application if this is a new account) to: **AMG Funds, LLC P.O. Box 534426, Pittsburgh, PA 15253-4426.**

Call 800.548.4539

PLEASE PRINT IN CAPITAL LETTERS/USE BLUE OR BLACK INK/COMPLETE ALL SECTIONS

1. Basic Information

▲ First Name ▲ M.I. ▲ Last Name

▲ Social Security Number ▲ Daytime Phone Numberr

▲ Fund Number ▲ Account Number ▲ Withdrawal Amount $

2. Setting Up Your Automatic Investment Plan

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 _____ and _____ day(s) of each month (or next business day).
min. $100 day of month day of month (optional)

▲ Fund Number ▲ Account Number

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

▲ Fund Number ▲ Account Number

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

☐ **New account (please attach account application)**

▲ Fund Number ▲ Account Number

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

▲ Fund Number ▲ Account Number

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

▲ Fund Number ▲ Account Number

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

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3. Please tape a voided check in the space at the right.

John Doe
1234 5th Street
Anytown, USA 98765

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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.)

4. Shareholder Authorization

As a convenience to me, I hereby request you to pay and charge my account for amounts drawn on my account by the Transfer Agent and payable to the order of the fund indicated. This authority is to remain in effect until revoked by me in writing and until you actually receive such notice. I agree that you shall be fully protected in honoring any such request. I further agree that if any such transactions were dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever.

I/We hereby authorize BNY Mellon Asset Servicing, Transfer Agent for AMG Funds, to add or change options or information to my/our accounts(s) as indicated. 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

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

First Class Mail:
AMG Funds, LLC
P.O. Box 534426
Pittsburgh, PA 15253-4426

Overnight Mail:
AMG Funds, LLC
Attn: 534426
AIM 154-0520
1350 Penn Avenue Suite 102
Pittsburgh, PA 15222

If **Medallion Signature Guarantee** is NOT required,
Fax To:
AMG Funds, LLC
1.833.778.3733

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