AUTOMATIC WITHDRAWAL REQUEST

(NOT TO BE USED FOR IRA ACCOUNTS — PLEASE CALL 800.548.4539 FOR RMD FORM)

Please complete this form if you would like to set up an automatic withdrawal 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 if you need further assistance

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 Number

2. Please Indicate Payment Method

▲ 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.

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▲ Account Number

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AMG

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

John Doe
1234 5th Street
Anytown, USA 98765

000

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 account(s) as indicated. I/We have read the Fund prospectus. All account owners must sign.

▲ Signature of Account Owner or Custodian for a Minor's Account ▲ Date

▲ Signature of Joint Tenant (if any) ▲ Date

MEDALLION SIGNATURE GUARANTEE*

To protect you and AMG Funds from fraudulent activities, your signatures(s) must be guaranteed.

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

Distributed by AMG Distributors, Inc., a member of FINRA/SIPC.

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
1.833.778.3740

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