

PLEASE MAIL COMPLETED FORM TO:

AIG Funds

Regular Mail:

PO Box 219186
Kansas City, MO 64121-9186

Express, Certified or Registered Mail:

430 W 7th St, STE 219186
Kansas City, MO 64105-1407

Fax:

(816) 218-0519



For more information, visit aig.com/funds or call 800-858-8850.

SUPPLEMENTAL ACCOUNT APPLICATION

Complete this application **ONLY** if you wish to add options to a new or existing AIG Funds account.

Information on this form will (Choose One): **REPLACE EXISTING INSTRUCTIONS** **ADD NEW INSTRUCTIONS**

1 ACCOUNT INFORMATION

Shareholder Name(s) _____

Fund Number or Name _____

Account # (if applicable) _____

Daytime Telephone () - _____

2 ACH CASH DIVIDEND/ CAPITAL GAINS

Please also complete Part 6: Banking Information if you elect this option.

- Dividends** - I wish to have my dividends deposited to the bank account listed in Part 6.
- Capital Gains** - I wish to have my capital gains deposited to the bank account listed in Part 6.

3 SYSTEMATIC INVESTMENT PLAN

(Dollar Cost Averaging)

Establish regular investments into your account(s) through deductions from your bank account. Please also complete Part 6: Banking Information if you elect this option. Purchases may take up to two business days to reflect in the account.

Fund Number or Name	Amount (\$25 minimum)	Day(s) of Month
_____	\$ _____	<input type="radio"/> 1st and/or <input type="radio"/> 15th*
_____	\$ _____	<input type="radio"/> 1st and/or <input type="radio"/> 15th*

Start Date: Indicate start month: _____ **OR** Activate immediately*

Frequency: Monthly* **OR** specify months:
 Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

* Indicates default selection if no choice is made.

4 SYSTEMATIC WITHDRAWAL PLAN (SWP)

Establish regular redemptions from your account(s).

Requirements / Restrictions: (1) a \$5,000 minimum balance is required; (2) dividends and capital gains must be reinvested.

Fund Number or Name	Amount
_____	\$ _____ (\$50 minimum) OR _____ % per year*
_____	\$ _____ (\$50 minimum) OR _____ % per year*

Start Date: Indicate start month: _____ **OR** Activate immediately**

Frequency: Monthly** **OR** specify months:
 Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

- Payment Method:**
- Check to the address of record.**** A Medallion Guarantee in Part 7 is required for amounts of \$100,000 or more.
 - Check to the Special Payee listed below.** A Medallion Guarantee in Part 7 is required if you elect this option.
 - Electronic transfer to a bank account via the Automated Clearing House (ACH) system.** **Please also complete Part 6: Banking Information if you elect this option;** and please note that the shareholder listed on the mutual fund account MUST be present on the bank account registration. A Medallion Guarantee in Part 7 is required for payment amounts of \$100,000 or more.

(Part 4 continued on next page)

4 SYSTEMATIC WITHDRAWAL PLAN (SWP)

(continued)

Name of Special Payee	Mailing Address
City	State
	Zip Code

All SWPs are processed on or about the 20th of the month and the proceeds are distributed approximately two business days after the SWPs are processed.

PLEASE NOTE: The cost basis reporting method will default to your current account election unless otherwise specified.

* If the annual amount is 12% or less of the account and dividend/capital gains are set to reinvest, then the contingent deferred sales charge (CDSC) will be waived on Class B and C shares.

** Indicates default selection if no choice is made.

5 SYSTEMATIC EXCHANGE PROGRAM

Establish regular exchanges between your accounts.

Requirements/Restrictions: (1) can only exchange between like share classes and like account registrations; (2) \$50 minimum per fund.

Amount	Exchange From:		Exchange To:	
(\$50 Minimum)	Fund Number or Name	Account # (if existing)	Fund Number or Name	Account # (if existing)
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____

Day(s) of the Month: _____ / _____ / _____ / _____

You may select up to 4 days a month between the 3rd and 27th of each month. No less than 5 days may be in between each selection. If no dates are specified above, we will default to the 20th of the month.

Start Date: Indicate start month: _____ **OR** Activate immediately*

Frequency: Monthly* **OR** specify months:
 Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

PLEASE NOTE: The cost basis reporting method currently selected for your account will carry over to the new fund unless otherwise specified.

* Indicates default selection if no choice is made.

6 BANKING INFORMATION

PLEASE INCLUDE REQUIRED DOCUMENTATION

Please complete this section if you wish to utilize the Automated Clearing House (ACH) feature in Parts 2, 3 or 4 of this Application.**

Bank Account Requirements: (1) your bank must be a member of the ACH system (please call your bank if you are unsure); (2) the Shareholder listed on the mutual fund account MUST be present on the bank account registration.

Bank Account Type: Checking Account Savings Account

REQUIRED DOCUMENTATION TO SET UP BANK ACCOUNT INFO

For Checking accounts: A voided check pre-printed with bank account registration **or** a bank account statement copy showing account number, registration and routing number (all other information can be crossed out).

For Savings accounts: A deposit slip pre-printed with bank account number, registration, and bank's routing number.

John Doe 123
 123 Main Street
 Anytown, USA 01234

\$ _____

123456789 6544321 123

9 Digit Routing # Account # Check #

Name(s) on Bank Account
Name of Bank
9-digit ABA Routing Number (Please verify with your bank)
Bank Account Number

** Requests to use the ACH option will not be processed until bank information has been on account for 10 days. Please plan requests accordingly.

7 SIGNATURES

Each person signing on behalf of an entity represents that his or her actions are authorized.

I have received and read each appropriate Fund prospectus and understand that its terms are incorporated by reference into this application. I understand that this application is subject to acceptance. I understand that certain redemptions may be subject to a contingent deferred sales charge.

It is agreed that the Fund(s), all affiliated companies and their officers, directors, agents and employees will not be liable for any loss, liability, damage or expense for relying upon this application or any instruction believed to be genuine.

If you are not signing as an individual, state your title or capacity.



Shareholder Signature Date Title or capacity, if applicable

Joint Owner Signature, if applicable Date Title or capacity, if applicable

** Pertains to Sections 2 and 4, if proceeds are being made payable via check to someone other than the registered owner(s).*

8 CHECKWRITING

AIG Government Money Market Fund Checkwriting Signature Card — Class A Shares Only

Fund Account # (if existing)

Print Account Name*

Signature card for the State Street Bank and Trust Company ("Bank") Account Name: Sign and print your name below exactly as your account is registered.

*** FOR CORPORATE ACCOUNTS: CERTIFIED CORPORATE RESOLUTION IS REQUIRED**

Signature

Signature

Print Name

Print Name

Indicate the number of signatures required: _____

Check if authority is given to accept checks having an abbreviated first name and lacking or adding a middle initial.

IN SIGNING THIS SIGNATURE CARD, THE SIGNATORY(IES) SIGNIFIES HIS/HER OR THEIR AGREEMENT TO BE SUBJECT TO THE RULES AND REGULATIONS OF THE STATE STREET BANK AND TRUST COMPANY PERTAINING THERETO AND AS AMENDED FROM TIME TO TIME. SUBJECT TO CONDITIONS BELOW.

The Payment of Funds is Authorized by the Signature(s) Appearing Above

If this card is signed by more than one person, all checks will require all signatures appearing above unless a lesser number is indicated. If no indication is given, all checks will require all signatures. Each signatory guarantees the genuineness of the other signatures. Checks may not be for less than \$100 or such other minimum or maximum amounts as may from time to time be established by AIG Government Money Market Fund (the "Fund") or the Bank upon prior written notice to its shareholders.

The Bank is hereby appointed agent by the person(s) signing this card [the "shareholder(s)"] and, as agent, is authorized and directed to present checks drawn on this checking account to the Fund or its redemption agent as requests to redeem shares of the Fund registered in the name of the Shareholder(s) in the amounts of such checks and to deposit the proceeds of such redemptions in this checking account. The Bank shall be liable only for its own negligence.

Shareholder(s) hereby authorizes the Fund or its redemption agent to honor redemption requests presented in the above manner by the Bank. The Fund and its redemption agent shall not be liable for any loss, expense or cost arising out of check redemptions. The Bank has the right not to honor checks in amounts exceeding the value of the Shareholder(s) account at the time the check is presented for payment less the value of any shares purchased by other than Federal Funds wire in the preceding 15 days. Shares purchased by check (including certified or cashier's check) will not be redeemed within 15 calendar days of such purchases by checkwriting or other method of redemptions.

The Shareholder(s) agrees to be subject to the rules and regulations of the Bank pertaining to this checking account as amended from time to time. The Bank and the Fund reserve the right to change, modify or terminate this checking arrangement at any time upon notification mailed to the address of record of the Shareholder(s). The signature(s) provided must be that of the account owner(s).

Investors should carefully consider a Fund's investment objectives, risks, charges and expenses before investing. The prospectus, containing this and other important information, can be obtained from your financial adviser, from the AIG Funds Sales Desk at 800-858-8850, ext. 6003, or at aig.com/funds. Read the prospectus carefully before investing. Mutual fund shares are not insured by the FDIC, the Federal Reserve Board or any other agency. The Funds' daily net asset values are not guaranteed and accordingly, the share prices may be higher or lower than your original cost. Funds distributed by AIG Capital Services, Inc.

