



FAM Funds

MANAGED BY FENIMORE ASSET MANAGEMENT, INC.

**403(b)(7) RETIREMENT PLAN
BENEFICIARY DESIGNATION FORM**

1. Participant Information

Your name: _____ Account Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security #: _____

2. Information about your Beneficiary:

I hereby designate the following persons as primary and contingent beneficiaries to receive my holdings in this 403(b)(7) according to the terms of the Custodial Account Agreement, hereby revoking any such prior designations made by me.

Primary Beneficiary:

Name: _____ Relationship: _____ Percent: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Date of Birth: _____

Name: _____ Relationship: _____ Percent: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Date of Birth: _____

Contingent Beneficiary:

Name: _____ Relationship: _____ Percent: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Date of Birth: _____

Name: _____ Relationship: _____ Percent: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Date of Birth: _____

3. Spousal Consent (for use in community or marital property states):

This section should be reviewed if the residence of the accountholder is located in a community or marital property state and the accountholder is married. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor.

I am the spouse of the above-named accountholder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this 403(b)(7), I have been advised to see a tax professional.

I hereby give the accountholder any interest I have in the funds or property deposited in this 403(b)(7) and consent to the beneficiary designation(s) indicated. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the custodian or FAM FUNDS.

Signature of Spouse

Date

Witness: Notary Public

Date:

Subscribed and sworn to before me on this _____ day of _____, 20_____.

4. Participant Signature:

Participant's Signature

Date

FAM Funds are distributed by Fenimore Securities, Inc. Member FINRA/SIPC

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