



This transfer is for:

- New FAM Value Fund 403(b)(7)
- Existing FAM Value Fund 403(b)(7)
- New FAM Equity-Income 403(b)(7)
- Existing FAM Equity-Income 403(b)(7)

Fund Account Number _____

403(b)(7) TRANSFER REQUEST

Complete this form if you wish to transfer all or part of an existing 403(b)(7) to a FAM Funds 403(b)(7). This instructs your resigning Custodian/Trustee to transfer the account as you specify. FAM will handle all the details of the transfer process. If you are opening a new account, please be sure to complete and submit the FAM Funds 403(b)(7) application. When completed, mail this form to:

FAM Funds, PO Box 399, Cobleskill, NY 12043

Please call us with any questions at: 1-800-932-3271

Participant Information	<p>NAME _____ DATE OF BIRTH _____</p> <p>ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP CODE _____</p> <p>PHONE _____ SOCIAL SECURITY NUMBER _____</p>								
Resigning Custodian/Trustee Information	<p>CUSTODIAN/TRUSTEE _____</p> <p>ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP CODE _____</p> <p>PHONE _____ ACCOUNT/CONTRACT NUMBER _____</p>								
Transfer Instructions to Resigning Custodian/Trustee	<p>Please liquidate/surrender <input type="checkbox"/> All or <input type="checkbox"/> Part \$ _____ of my present account and transfer the proceeds to my FAM Funds 403(b)(7) custodial account. If you are requesting a partial transfer, please list assets to be liquidated.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;">Asset Description</th> <th style="text-align: center; border-bottom: 1px solid black;">Quantity</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </tbody> </table>	Asset Description	Quantity						
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Withholding	<p>Do not withhold Federal income tax or State income tax since withholding election does not apply to Revenue Ruling 90-24 transfers.</p>								
Participant Authorization	<p>The resigning Custodian/Trustee as named above is hereby removed as Custodian/Trustee for that portion of my 403(b) specified above. I have adopted a FAM Funds 403(b)(7) and have designated U.S. Bank as my successor Custodian. If I am over age 70½, I attest that none of the amount to be transferred will include the required minimum distribution for the current year pursuant to Section 401(a)(9) of the Internal Revenue Code.</p> <p>PARTICIPANT'S SIGNATURE _____ DATE _____</p>								

ACCEPTANCE OF APPOINTMENT (to be completed by Custodian)

U.S. Bank hereby accepts this transfer from the above plan and agrees to serve as Custodian for the account of the above named Participant.

Authorized Signature

CUSTODIAN'S AGENT

DATE