



COVERDELL EDUCATION SAVINGS ACCOUNT (ESA) APPLICATION

Initial Investment	Amount of Contribution/Transfer/Rollover \$ _____ <input type="checkbox"/> FAM Value Fund-01 (\$100 minimum – \$2,000 maximum) <input type="checkbox"/> FAM Equity-Income Fund-56 (\$500 minimum – \$2,000 maximum)		
Designated Beneficiary	_____ <small>FIRST NAME</small>	_____ <small>MIDDLE</small>	_____ <small>LAST NAME</small>
	_____ <small>SOCIAL SECURITY NUMBER</small>	_____ <small>DATE OF BIRTH</small>	
Responsible Individual	_____ <small>NAME OF RESPONSIBLE INDIVIDUAL</small>		
	_____ <small>SOCIAL SECURITY NUMBER</small>		
	_____ <small>DATE OF BIRTH</small>		
	Mailing Address _____ <small>P.O. BOX OR STREET</small> _____ <small>CITY</small>		
	_____ <small>STATE</small>		
	_____ <small>ZIP CODE</small>		
	Residency Address <input type="checkbox"/> Check here if your residency address is the same as your mailing address above. <i>(You must provide a street address even if your mail is sent somewhere else.)</i>		
	Your Residency Address _____ <small>STREET</small> _____ <small>CITY</small>		
	_____ <small>STATE</small>		
	_____ <small>ZIP CODE</small>		
Successor Responsible Individual <i>(In the event of the death or legal incapacity of the Responsible Individual, this individual shall become the Responsible Individual)</i>	_____ <small>NAME OF SUCCESSOR RESPONSIBLE INDIVIDUAL</small>		
	_____ <small>SOCIAL SECURITY NUMBER</small>		
	_____ <small>DATE OF BIRTH</small>		
	Mailing Address _____ <small>P.O. BOX OR STREET</small> _____ <small>CITY</small>		
	_____ <small>STATE</small>		
	_____ <small>ZIP CODE</small>		
	Residency Address <input type="checkbox"/> Check here if your residency address is the same as your mailing address above. <i>(You must provide a street address even if your mail is sent somewhere else.)</i>		
	Your Residency Address _____ <small>STREET</small> _____ <small>CITY</small>		
	_____ <small>STATE</small>		
	_____ <small>ZIP CODE</small>		
Telephone Numbers & E-Mail	Responsible Individual _____ <small>AREA CODE</small> <small>DAYTIME PHONE</small> _____ <small>AREA CODE</small> <small>EVENING PHONE</small> _____ <small>E-MAIL ADDRESS</small>	Successor Responsible Individual _____ <small>AREA CODE</small> <small>DAYTIME PHONE</small> _____ <small>AREA CODE</small> <small>EVENING PHONE</small> _____ <small>E-MAIL ADDRESS</small>	Investment Information My initial investment will be made by <i>(select one)</i> : <input type="checkbox"/> Contribution (For the tax year 20____)* <input type="checkbox"/> Transfer <input type="checkbox"/> Rollover <i>*If no year is indicated, your contribution will be credited for the current year.</i>

Answer "Yes" or "No" to each of the following questions by checking the appropriate box. If a box is not checked for a question, the answer will be deemed to be "No."

- Yes No The Responsible Individual may change the beneficiary designated under this agreement to another member of the Designated Beneficiary's family described in Section 529(e)(2) in accordance with the Custodian's procedures.
- Yes No The Responsible Individual shall continue to serve as the Responsible Individual for the custodial account after the Designated Beneficiary attains the age of majority under state law and until such time as all assets have been distributed from the custodial account and the custodial account terminates. If the Responsible Individual becomes incapacitated or dies after the Designated Beneficiary reaches the age of majority under state law, the Responsible Individual shall be the Designated Beneficiary.



FAM Funds

MANAGED BY FENIMORE ASSET MANAGEMENT, INC.

COVERDELL EDUCATION SAVINGS ACCOUNT (ESA) APPLICATION



Creating peace of mind through value investing.

VALUE FUND EQUITY-INCOME FUND

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions, including mutual funds, to obtain, verify and record information that identifies each person who opens an account. For all new accounts, this means that the following information must be obtained: Name, Date of Birth, Physical Residential Address (post office boxes are permitted for mailing purposes only), and Taxpayer Identification Number, such as a Social Security Number. We may also ask to see your driver's license or passport in order to verify your identity.

Until such verification is made, FAM Funds may be required to not open your account, close your account or take other steps we deem reasonable if we are unable to verify your identity and ensure that the information you supply is correct.

AUTOMATIC INVESTMENT PLAN

Please check your annual contribution limit before determining monthly automatic contribution.

Check below to have CURRENT YEAR CONTRIBUTIONS drawn directly from your checking account and invested in your FAM Funds Coverdell ESA.

Please withdraw (\$50 minimum) from my bank checking account to purchase shares as indicated below:

Transfer Options

15th of Month

Last Business Day

FAM Value Fund

\$ _____

\$ _____

FAM Equity-Income Fund

\$ _____

\$ _____

Please attach a **VOIDED**, unsigned check to ensure proper processing.

Any co-signer of the checking account must authorize this service by signing below. Your bank must be a member of the Automated Clearing House (ACH). This service becomes available approximately 20 days after your application is processed.

CO-SIGNER AUTHORIZATION _____

DATE _____

SIGNATURE AND CUSTODIAN ACCEPTANCE

I understand the eligibility requirements for the type of ESA deposit I am making and I state that I do qualify to make the deposit. I have received a copy of the Application, 5305-EA Plan Agreement and Disclosure Statement. I understand that the terms and conditions which apply to this Coverdell Education Savings Account are contained in this Application and the 5305-EA Plan Agreement. I agree to be bound by those terms and conditions. I have also received and read the prospectus for the fund I am investing in. I certify under penalty of perjury that the Social Security Number that is provided above is the correct number. Within seven (7) days from the date I open this ESA I may revoke it without penalty by mailing or delivering a written notice to FAM Funds.

I assume complete responsibility for:

1. Determining that I am eligible to contribute to an ESA each year I make a contribution;
2. Insuring that all contributions I make are within the limits set forth by the tax laws;
3. Certifying that I am qualified to assume the responsibilities of the Responsible Individual as set forth in this Agreement, if I am designated on this Application as the Responsible Individual; and
4. Managing and administering the account and authorizing transactions involving contributions and distributions, if I am designated on this Application as the Responsible Individual.

(This account is effective on the date U.S. Bank or its agent, accepts this application by issuing a confirmation to the account holder.)

Authorized Signature(s) _____

EDUCATION SAVINGS ACCOUNT RESPONSIBLE INDIVIDUAL SIGNATURE

DATE _____

CUSTODIAN'S AGENT _____

DATE _____