



**ROTH IRA APPLICATION**

<b>Initial Investment</b>	Amount of Contribution \$ _____ <input type="checkbox"/> FAM Value Fund-01 (\$100 minimum) <input type="checkbox"/> FAM Equity-Income Fund-56 (\$100 minimum)
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<b>Account Registration</b>	_____ NAME SOCIAL SECURITY NUMBER DATE OF BIRTH
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<b>Address Information</b>	<b>Mailing Address</b> _____ P.O. BOX OR STREET _____ CITY STATE ZIP CODE  <b>Residence Address</b> Check here if your residence address is the same as your mailing address above. (You must provide a street address even if your mail is sent elsewhere.)  Your Residence Address _____ STREET _____ CITY STATE ZIP CODE
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<b>Telephone Numbers &amp; E-Mail</b>	_____ AREA CODE DAYTIME PHONE _____ AREA CODE EVENING PHONE _____ E-MAIL ADDRESS	<b>Investment Information</b> My initial investment will be made by (select one): <input type="checkbox"/> Contributory Roth (Regular Contribution for the tax year 20____)* <input type="checkbox"/> Transfer <input type="checkbox"/> Rollover Source of Rollover or Transfer <input type="checkbox"/> Roth IRA <input type="checkbox"/> Traditional IRA (Conversion) <input type="checkbox"/> Recharacterization  <i>*If no year is indicated, your contribution will be credited for the current year.</i>
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<b>Conversion Information</b> <i>(Only for FAM Funds Traditional IRA or SIMPLE IRA to FAM Funds Roth IRA)</i>	Please convert: <input type="checkbox"/> all or <input type="checkbox"/> part \$ _____ or _____ shares of my <input type="checkbox"/> FAM Value Traditional IRA or SIMPLE IRA account # _____ <input type="checkbox"/> FAM Equity-Income Traditional IRA or SIMPLE IRA account # _____ to my FAM Roth IRA.  <i>Please note: You must also complete a Roth IRA Conversion Form.</i>
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**AUTOMATIC INVESTMENT PLAN**

Please check you 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 Roth IRA.

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

Transfer Options	15th of Month	Last Business Day
<input type="checkbox"/> FAM Value Fund	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
<input type="checkbox"/> FAM Equity-Income Fund	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____

Please attach a VOIDED check from your checking account 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).

_____	_____
CO-SIGNER AUTHORIZATION	DATE

**Please turn this form over and complete the sections on the back.**

## BENEFICIARY DESIGNATIONS

The following individual(s) or entity shall be my primary and/or contingent beneficiary(ies). **If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary.** If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the Roth IRA. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally.

If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my Roth IRA.

1.						<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	
	NAME	RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH			SHARE%
2.						<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	
	NAME	RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH			SHARE%
3.						<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	
	NAME	RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH			SHARE%
4.						<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	
	NAME	RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH			SHARE%

## SIGNATURE AND CUSTODIAN ACCEPTANCE

I hereby adopt the FAM Fund's IRA Custodial Account Agreement and appoint U.S. Bank, N.A., to serve as the Custodian and accept its agent to perform administrative services.

I understand the eligibility requirements for the type of IRA deposit I am making and state that I do qualify to make the deposit. I have received a copy of the Application, 5305-RA Plan Agreement, Financial Disclosure, and Disclosure Statement. I understand that the terms and conditions which apply to this Roth Individual Retirement Account are contained in this Application and the 5305-RA Plan Agreement. I agree to be bound by those terms and conditions. I have also received and read the prospectus or summary prospectus for the fund in which I am investing. I certify under penalty of perjury that the Social Security Number that is provided above is my correct number. Within seven (7) days from the date I open this Roth IRA 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 for an Roth IRA each year I make a contribution;
2. Insuring that all contributions I make are within the limits set forth by the tax laws; and
3. The tax consequences of any contribution (including rollover contributions) and distributions.

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

<b>Authorized Signature(s)</b>	Participant Signature	Date
	Custodian's Agent Signature	Date

**FAM Funds** • 384 North Grand St • PO Box 399 • Cobleskill, NY 12043-0399 • (800) 932-3271 • [www.famfunds.com](http://www.famfunds.com)

*Please make checks payable to FAM Funds*

**USA Patriot Act Notice**

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.