



This transfer is for:

- New FAM Value Fund Coverdell ESA
- Existing FAM Value Fund Coverdell ESA
- New FAM Equity-Income Coverdell ESA
- Existing FAM Equity-Income Coverdell ESA
- New FAM Small Cap Fund Coverdell ESA

Fund Account Number _____

COVERDELL EDUCATION SAVINGS ACCOUNT (ESA) TRANSFER REQUEST

Complete this form if you wish to transfer all or part of an existing Coverdell ESA to a FAM Funds Coverdell ESA. 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 Coverdell ESA 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 _____</p> <p>ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP CODE _____</p> <p>PHONE _____ SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____</p>								
Resigning Custodian/Trustee Information	<p>CUSTODIAN/TRUSTEE _____</p> <p>ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP CODE _____</p> <p>PHONE _____ EDUCATION SAVINGS ACCOUNT NUMBER _____</p>								
Transfer Instructions to Resigning Custodian/Trustee	<p>Please liquidate <input type="checkbox"/> All or <input type="checkbox"/> Part \$ _____ of the Education Savings Account listed above. If you are transferring a portion of your Education Savings Account, please list the assets to be liquidated.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 60%;">Asset Description</th> <th style="text-align: center; width: 40%;">Quantity</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p style="text-align: right;">NOTE: If you are transferring a CD, please indicate when the transfer should occur. You may be charged a withdrawal penalty if you withdraw before maturity.</p> <p style="text-align: right;"><input type="checkbox"/> Immediately <input type="checkbox"/> Upon Maturity Maturity Date ____/____/____</p> <p style="text-align: right;"><i>Send this form at least 2 weeks, but not more than 4 weeks prior to CD Maturity Date.</i></p>	Asset Description	Quantity	_____	_____	_____	_____	_____	_____
Asset Description	Quantity								
_____	_____								
_____	_____								
_____	_____								
Participant Authorization	<p>The resigning Custodian/Trustee as named above is hereby removed as Custodian/Trustee for the portion of my Education Savings Account specified above. I have adopted a FAM Education Savings Account and have designated U.S. Bank as my successor Custodian.</p> <p>PARTICIPANT'S SIGNATURE _____ DATE _____</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>Signature Guaranteed By:</p> </div> <p style="text-align: right;"><i>Please ask your current Custodian/Trustee if a signature guarantee is required to transfer. If so, it is available at Commercial Banks or Brokerage offices. Lack of a required signature guarantee could delay processing of your transfer.</i></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