



This transfer is for:

- New FAM Value Fund IRA
- Existing FAM Value Fund IRA
- New FAM Equity-Income IRA
- Existing FAM Equity-Income IRA

Fund Account Number _____

DIRECT ROLLOVER REQUEST

Complete this form if you wish to have an eligible distribution from your qualified retirement plan, 403(a) or (b), or Eligible Governmental 457 plan directly rolled over to a FAM Funds IRA. Please ask your current Custodian/Employer about any additional requirements or forms. If you are opening a new account, please be sure to complete and submit the FAM Funds Traditional IRA 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

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ SOCIAL SECURITY NUMBER _____

Rollover Information

Please check the type of plan from which you are rolling over funds.

Qualified Retirement Plan (401(k), Profit-sharing, Pension) Eligible Governmental 457 Plan

403(a) or (b) Plan/Tax Sheltered Annuity

NAME OF EMPLOYER _____ NAME OF CUSTODIAN _____

ADDRESS OF EMPLOYER _____ ADDRESS OF CUSTODIAN _____

ACCOUNT NUMBER _____ ACCOUNT NUMBER _____

Transfer Instructions

I am requesting a Full or Partial \$_____ distribution from the account listed above. (You will need to reflect this rollover on your current tax return in order to properly offset the amount shown on the Form 1099R you will receive from your Plan Custodian/Employer.)

FAM Funds Investment Instructions

Please invest the directed rollover funds in shares of the following FAM Fund(s) (Indicate Account Number(s) if available):

Name of Fund	Account Number	Amount	or	Percentage
FAM Value Fund	_____	_____		_____%
FAM Equity-Income Fund	_____	_____		_____%

A new IRA application must be completed unless the assets are being transferred into the existing account(s) referenced above.

Participant Authorization

I have established an IRA with FAM Funds. Please accept this as your authorization to roll over the assets noted above to FAM Funds in the manner indicated. I attest that none of the amount to be directly rolled over will include the required minimum distribution for the current year pursuant to Section 401(a)(9) of the Internal Revenue Code.

PARTICIPANT'S SIGNATURE _____ DATE _____

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 _____