



This transfer is for:

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

Fund Account Number _____

ROTH IRA TRANSFER REQUEST

Complete this form if you wish to transfer all or part of an existing Roth IRA to a FAM Funds Roth IRA. 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 Roth 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	_____ <small>NAME</small>	
	_____ <small>ADDRESS</small>	
	_____ <small>CITY</small>	_____ <small>STATE</small>
	_____ <small>ZIP CODE</small>	
	_____ <small>PHONE</small>	_____ <small>SOCIAL SECURITY NUMBER</small>
	_____ <small>DATE OF BIRTH</small>	
Resigning Custodian/Trustee Information	_____ <small>CUSTODIAN/TRUSTEE</small>	
	_____ <small>ADDRESS</small>	
	_____ <small>CITY</small>	_____ <small>STATE</small>
	_____ <small>ZIP CODE</small>	
	_____ <small>PHONE</small>	_____ <small>ROTH IRA ACCOUNT NUMBER</small>
Transfer Instructions to Resigning Custodian/Trustee	Please liquidate <input type="checkbox"/> All or <input type="checkbox"/> Part \$ _____ of the Roth IRA listed above. If you are transferring a portion of your Roth IRA, please list the assets to be liquidated.	
	Asset Description	Quantity
	_____	_____
	_____	_____
	_____	_____
	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.	
	<input type="checkbox"/> Immediately <input type="checkbox"/> Upon Maturity Maturity Date ____/____/____	
	<i>Send this form at least 2 weeks, but not more than 4 weeks prior to CD Maturity Date.</i>	
Participant Authorization	The resigning Custodian/Trustee as named above is hereby removed as Custodian/Trustee for the portion of my Roth IRA specified above. I have adopted a FAM Roth IRA and have designated U.S. Bank as my successor Custodian.	
	_____ <small>PARTICIPANT'S SIGNATURE</small>	_____ <small>DATE</small>
	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> Signature Guaranteed By: </div>	<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>

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