



***APPLICATION FOR
SYSTEMATIC WITHDRAWAL PROGRAM***

NOTE: This form is for non-retirement accounts only. For IRA Accounts, an IRA Distribution Form must be completed

General Information

Name: _____ FAM Acct #: _____

Address: _____

City: _____ State: _____ Zip: _____

I hereby request regular payments be made to me and sent to my address of record. I understand the minimum amount is \$50 and the maximum is 5% of my account on an annual basis. Such payments occur on the 1st business day of the month and/or quarter. I understand that in order to commence with this program, I must have a minimum account balance of \$10,000 and that sufficient shares of the fund will be redeemed from my account to make each payment.

Distribution Information

Amount: \$ _____ or _____ shares.

Distribution Schedule: Monthly Quarterly

Payment Method: Mail check to the address on this account.
 Direct deposit to checking account (attach a voided check).

Authorized Signature(s): _____ Date: _____
Owner, Trustee, etc.

_____ Date: _____
Joint Owner, Trustee, etc.

Please note the above signature(s) must correspond exactly with the account registration.

FAM Funds are distributed by Fenimore Securities, Inc. Member FINRA/SIPC