



This transfer is for:

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

Fund Account Number \_\_\_\_\_

## TRADITIONAL IRA TRANSFER REQUEST

Complete this form if you wish to transfer all or part of an existing Traditional IRA to a FAM Funds Traditional 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 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

<b>Participant Information</b>	NAME _____
	ADDRESS _____
	CITY _____ STATE _____ ZIP CODE _____
	PHONE _____ SOCIAL SECURITY NUMBER _____

<b>Resigning Custodian/Trustee Information</b>	CUSTODIAN/TRUSTEE _____
	ADDRESS _____
	CITY _____ STATE _____ ZIP CODE _____
	PHONE _____ IRA ACCOUNT NUMBER _____

<b>Transfer Instructions to Resigning Custodian/Trustee</b>	Please liquidate <input type="checkbox"/> All or <input type="checkbox"/> Part \$_____ of the account listed above. If you are transferring a portion of your IRA, please list the assets to be liquidated.	<p><b>NOTE:</b> 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> <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>								
	<table border="0"> <thead> <tr> <th style="text-align: center;">Asset Description</th> <th style="text-align: center;">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>		Asset Description	Quantity	_____	_____	_____	_____	_____	_____
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_____	_____									
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<p>If I am subject to Required Minimum Distribution (RMD) (having attained the age of 70½), I instruct the resigning custodian to (select one):</p> <input type="checkbox"/> Distribute the RMD prior to transferring <input type="checkbox"/> Retain the RMD <input type="checkbox"/> Transfer the entire IRA <i>(pursuant to Treasury Reg 1.401(a)(9) -7)</i>										

<b>Participant Authorization</b>	The resigning Custodian/Trustee as named above is hereby removed as Custodian/Trustee for that portion of my IRA specified above. I have adopted a FAM IRA and have designated U.S. Bank as my successor Custodian.	
	<table border="0"> <tr> <td> PARTICIPANT'S SIGNATURE _____    <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Signature Guaranteed By: </div> </td> <td style="text-align: right; vertical-align: top;"> DATE _____   <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> </td> </tr> </table>	PARTICIPANT'S SIGNATURE _____  <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Signature Guaranteed By: </div>
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### 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 \_\_\_\_\_ DATE \_\_\_\_\_  
CUSTODIAN'S AGENT