



FAM FUNDS

Managed by
FENIMORE ASSET MANAGEMENT

COVERDELL ESA DISTRIBUTION FORM

1. ESA Beneficiary Information

NAME: _____ ACCOUNT #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

D.O.B: _____ TELEPHONE NUMBER: _____

S.S. #: _____

FUND: VALUE DIVIDEND FOCUS SMALL CAP

NAME OF RESPONSIBLE INDIVIDUAL: _____

2. Reason for Distribution (Check one.)

Qualified Education Expenses

Disability

Removal of Excess

Date of excess contribution _____.

Amount of excess contribution \$_____. Is the excess contribution being removed prior to your tax return due date (including extensions)? Yes No

Non-Qualified Distribution

3. Distribution Instructions

The entire account balance

Partial Amount \$ _____

Please check one:

1. Mail check to address of record

2. Pick check up at FAM Funds office

3. ACH Funds to a bank account - *(Voided check required if bank info not on file)*

4. Signature

I hereby certify that I am the party authorized to make elections and receive payment from this Coverdell ESA and that all information provided by me is true and accurate.

SIGNATURE OF RESPONSIBLE INDIVIDUAL

DATE

SIGNATURE GUARANTEE *(If required see below)*

Please have your signature guaranteed for any distribution that is:

- sent to an address different from the permanent address listed on the account, or
- more than \$50,000, or
- made payable to someone other than, or in addition to, the account owner