

## DIRECT ROLLOVER REQUEST

### This rollover is for:

- New FAM Value Fund IRA
- Existing FAM Value Fund IRA - Fund Account Number \_\_\_\_\_
- New FAM Dividend Focus Fund IRA
- Existing FAM Dividend Focus Fund IRA - Fund Account Number \_\_\_\_\_
- New FAM Small Cap Fund IRA
- Existing FAM Small Cap Fund IRA - Fund Account Number \_\_\_\_\_

### Participant Information

\_\_\_\_\_  
FIRST NAME                      INITIAL    LAST NAME                      S.S.#                      D.O.B.

P.O. BOX OR STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

### Rollover Information (Please include a copy of the statement from your current Custodian)

- 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

### Rollover 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 1099-R you will receive from your Plan Custodian/Employer.)*

**If you are rolling over a portion of your retirement plan, please list the assets to be liquidated:**

Asset Description	Quantity
_____	_____
_____	_____
_____	_____

### 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

Signature Guaranteed By:

*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.*

**Acceptance of Appointment (to be completed by FAM Funds)**

U.S. Bank hereby accepts this rollover from the above plan and agrees to serve as Custodian for the account of the above named Participant.

**Authorized Signature** \_\_\_\_\_  
CUSTODIAN'S AGENT DATE

*Please make checks payable to FAM Funds, FBO (the participant's name) IRA.*