



# FAM FUNDS

Managed by  
FENIMORE ASSET MANAGEMENT

## RETIREMENT PLAN BENEFICIARY DESIGNATION FORM

### 1. PARTICIPANT INFORMATION

NAME: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ D.O.B: \_\_\_\_\_

S.S. #: \_\_\_\_\_ FUND:  VALUE  DIVIDEND FOCUS  SMALL CAP

### 2. INFORMATION ABOUT YOUR BENEFICIARY(S):

I hereby designate the following persons as primary and contingent beneficiaries to receive my holdings in this IRA according to the terms of the Custodial Account Agreement, hereby revoking any such prior designations made by me.

PRIMARY /  CONTINGENT (check one)

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PERCENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PRIMARY /  CONTINGENT (check one)

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PERCENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PRIMARY /  CONTINGENT (check one)

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PERCENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PRIMARY /  CONTINGENT (check one)

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PERCENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**Please Note:** If you do not designate a beneficiary, or if all your primary and contingent beneficiary(ies) predecease you, your estate will be the beneficiary.

### 3. SPOUSAL CONSENT (FOR USE IN COMMUNITY OR MARITAL PROPERTY STATES):

*This section should be reviewed if the residence of the account holder is located in a community or marital property state and the account holder is married. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor.*

*I am the spouse of the above-named account holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this IRA. I have been advised to see a tax professional.*

*I hereby give the account holder any interest I have in the funds or property deposited in this IRA and consent to the beneficiary designation(s) indicated. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the custodian or FAM FUNDS.*

\_\_\_\_\_  
SIGNATURE OF SPOUSE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS: NOTARY PUBLIC

\_\_\_\_\_  
DATE

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

### 4. PARTICIPANT'S SIGNATURE(S)

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE

**FAMFUNDS.COM**

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