

IRA Distribution Form (*Roth, SEP, SIMPLE, or Traditional*)

1. PARTICIPANT/BENEFICIARY INFORMATION

NAME: _____ ACCOUNT #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NO.: _____ S.S. #: _____ D.O.B.: _____

2. TYPE OF DISTRIBUTION (*Check one. See definitions on back page.*)

- | | |
|--|---|
| <input type="checkbox"/> Normal distribution – Code 07 | <input type="checkbox"/> Early distribution from a Roth IRA – Code J |
| <input type="checkbox"/> Early distribution – Code 01 | <input type="checkbox"/> Normal distribution from a Roth IRA – Code T |
| <input type="checkbox"/> Early distribution, IRS exception applies–Code 02 | <input type="checkbox"/> Prior year recharacterization – Code R |
| <input type="checkbox"/> Permanent disability – Code 03 | <input type="checkbox"/> Current year recharacterization – Code N |
| <input type="checkbox"/> Direct Rollover to a Qualified Plan – Code G | <input type="checkbox"/> Distribution from a SIMPLE IRA – Code S |
| <input type="checkbox"/> Qualified distribution from a Roth IRA – Code Q | |
- Excess contribution – Code 08 or P - 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

- Death Distribution – Code 04 (if you are the beneficiary of this account)
- Furnish a certified copy of the owner's death certificate,
 - Letter of instruction (A new IRA application may be needed — please call our Shareholder Service Dept. for further instructions — 800-453-4392, ext. 234),
 - Complete the following (Please print):

DECEDENT'S NAME	DECEDENT'S TAX ID#	DATE OF DEATH
<input type="checkbox"/> SPOUSE / <input type="checkbox"/> NON-SPOUSE (<i>Check One</i>)		

3. DISTRIBUTION INSTRUCTIONS

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> 1. THE ENTIRE ACCOUNT BALANCE | <input type="checkbox"/> Value Fund | <input type="checkbox"/> Dividend Focus Fund | <input type="checkbox"/> Small Cap Fund |
| <input type="checkbox"/> 2. PARTIAL AMOUNT | <input type="checkbox"/> Value Fund \$ _____ | <input type="checkbox"/> Dividend Focus Fund \$ _____ | <input type="checkbox"/> Small Cap Fund \$ _____ |
| <input type="checkbox"/> 3. PERIODIC PAYMENTS | <input type="checkbox"/> Value Fund \$ _____ | <input type="checkbox"/> Dividend Focus Fund \$ _____ | <input type="checkbox"/> Small Cap Fund \$ _____ |
- (if this is an RMD, please write RMD on line):
- | | | | |
|----------------------------------|------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Semi-annually | <input type="checkbox"/> Annually |
|----------------------------------|------------------------------------|--|-----------------------------------|
- Beginning on this day* ____/____/____.
MM DD YYYY

*If no date is chosen the default will be the 15th of the month.

PLEASE CHECK ONE:

1. Deposit to FAM Account # _____ Value Fund Dividend Focus Fund Small Cap Fund
2. Mail check to address of record
3. Pick check up at FAM Funds office
4. ACH Funds to a bank account - (Voided check required if bank info not on file)

4. NOTICE OF WITHHOLDING

PURPOSE OF FORM W-4P/OMB#1545-0415:

Unless you elect otherwise, Federal income tax will be withheld from payments from Individual Retirement Accounts (IRAs). You can use Form W-4P or a substitute form such as that contained on this form to instruct FAM Funds to withhold no tax from your IRA payments (or to revoke this election). This substitute form should be used only for distributions from IRAs which are payable upon demand.

The amounts you receive from your IRA that have not previously been taxed are subject to Federal income tax withholding. If you elect to have withholding apply, the minimum withholding rate is 10%. You may elect to have withholding apply to your payment by checking the box below.

Withhold Federal income tax at the minimum rate of 10% from my payment, or _____%
(please specify a higher percentage, if desired), or \$ _____

Do not withhold Federal income tax.

I also understand that I may be subject to a Federal income tax penalty under the estimated tax payment rules if my payments of the estimated tax and withholding are insufficient.

5. PARTICIPANT'S SIGNATURE(S)

FAM Funds and Fenimore Asset Management, Inc. (the advisor to the FAM Funds) do not provide legal, tax, or accounting advice. Nothing contained herein or any conversations with a FAM Funds or Fenimore employee should be construed to be legal, tax or accounting advice. Accordingly, you should seek advice based on your particular circumstances from your own attorney, tax advisor or accountant as to legal, tax, accounting and related matters concerning the materials provided.

By signing below, you assume complete responsibility for any tax consequences of distributions (including rollover distributions).

I certify that I am the proper party to receive payment(s) from this IRA and that all information provided by me is true and accurate.

PARTICIPANT'S OR BENEFICIARY'S SIGNATURE: _____ DATE: _____

SIGNATURE GUARENTEE (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, or
- Invested into an account that has any additional or different account owners

**A signature guarantee may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, savings associations, credit unions, and brokerage firms. The words "SIGNATURE GUARANTEE" must be stamped or typed near each of your signatures being guaranteed. The guarantee must appear with the printed name, title and signature of an officer and the name of the guarantor institution. Please note that a Notary Public Stamp or seal is not acceptable.*

DEFINITIONS OF IRS CODES

- 01 Early (premature) distribution – no known exception: Any payment received before you attain age 59½ (even if you intend to roll it over into another IRA) or if the proceeds are used for higher education expenses, various medical expenses or the purchase of a first home.
- 02 Early (premature) distribution – exception applies: Any payment received before you attain age 59½ if the payment is made as a part of a series of substantially equal periodic payments (not less frequently than annually), made over your life expectancy or the joint life expectancy of you and your designated beneficiary or a conversion to a Roth IRA (Please consult your tax advisor for assistance with calculating your distribution.)
- 03 Disability: Benefit payment due to permanent and total disability.
- 04 Death: Benefit payment due to death.
- 07 Normal distribution: Any payment to you after attaining age 59½, even if you intend to roll it over to another Traditional IRA.
- 08 Excess contribution: A refund of an excess contribution to your IRA.
- G Direct rollover to a Qualified plan, a TSA, a Governmental 457(b) plan, or an IRA.
- J Early (premature) distribution: Any payment received before you attain age 59½.
- N A recharacterization of an IRA contribution made for the current year and recharacertized in the current year.
- P An Excess Contribution made in prior year is removed in current year.
- Q Qualified Distribution from a Roth IRA if you are 59½ or over and meet the 5-year holding period for a Roth IRA.
- R A recharacterization of an IRA contribution made for the prior year, recharacterization in the current year.
- S Any payment received before you attain age 59½ from a SIMPLE IRA in the first two years (the two year period begins on the day contributions are first deposited in your SIMPLE IRA).
- T Normal distribution: Any payment to you after attaining age 59½ even if you intend to rollover to another Roth IRA.