

REDEMPTION REQUEST FORM

NON-RETIREMENT ACCOUNTS ONLY

Date: _____ | Account No: _____

Name: _____

Address: _____

SSN/Tax ID: _____ | Phone: _____

Email: _____

FAM Value Fund FAM Dividend Focus Fund FAM Small Cap Fund

Please redeem: All \$ _____ or _____ shares
(Signature Guarantee required if over \$50,000)

Covered shares (purchased after 1/1/12) Non-Covered Shares (purchased before 1/1/12)

Mail check to address of record Pick Up Check at FAM Funds Office

Mail check to different address (Signature Guarantee required)

Direct Deposit funds to a bank - 3-5 business days (no fee) (Voided check required for Direct Deposit if not already on file)

Wire funds - \$10 fee - next business day (Signature Guarantee required)
(Voided check or bank information required for wire if not already on file)

Bank Name _____
Routing # _____
Account # _____
Account Name _____

Signature

Signature Guarantee
Stamp

Signature

Signature Guarantee
Stamp