



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 _____

<p>Signature</p> <p style="text-align: center;">Signature Guarantee Stamp</p>	<p>Signature</p> <p style="text-align: center;">Signature Guarantee Stamp</p>
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