



FAM FUNDS

Managed by
FENIMORE ASSET MANAGEMENT

APPLICATION FOR SYSTEMATIC WITHDRAWAL PROGRAM

NOTE: This form is for non-retirement accounts only. For IRA Accounts, an IRA Distribution Form must be completed

General Information

Name: _____ FAM Acct #: _____

Address: _____

City: _____ State: _____ Zip: _____

Distribution Instructions:

Value Fund Amount: \$ _____ or _____ shares.

Dividend Focus Fund Amount: \$ _____ or _____ shares.

Small Cap Fund Amount: \$ _____ or _____ shares.

Payments to be made:

monthly quarterly semi-annually annually
beginning on the first business day of ____/____.

Payment method: Mail check to address of record
 Direct deposit to checking account (attach a voided check).

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.

Authorized Signature(s): _____ Date: _____
Owner, Trustee, etc.

Joint Owner, Trustee, etc. Date: _____

Please note the above signature(s) must correspond exactly with the account registration.

Attach Voided Check