



FAM FUNDS

Managed by
FENIMORE ASSET MANAGEMENT

Complete this form if you wish to transfer all or part of an existing Traditional IRA to a FAM Funds Traditional IRA. This instructs your resigning Custodian/Trustee to transfer the account as you specify. FAM will handle all the details of the transfer process. If you are opening a new account, please be sure to complete and submit the FAM Funds Traditional IRA application.

Please call us with any questions at: 800.932.3271

TRADITIONAL IRA TRANSFER REQUEST

This transfer is for:

- New FAM Value Fund IRA
- Existing FAM Value Fund IRA - Fund Account Number _____
- New FAM Dividend Focus Fund IRA
- Existing FAM Dividend Focus Fund IRA - Fund Account Number _____
- New FAM Small Cap Fund IRA
- Existing FAM Small Cap Fund IRA - Fund Account Number _____

Participant Information

 FIRST NAME INITIAL LAST NAME S.S.# D.O.B.

P.O. BOX OR STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

Resigning Custodian/Trustee Information

CUSTODIAN/TRUSTEE _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ IRA ACCOUNT NUMBER _____

Transfer Instructions to Resigning Custodian/Trustee

Please liquidate All or Part \$_____ of the account listed above. If you are transferring a portion of your IRA, please list the assets to be liquidated:

Asset Description	Quantity
_____	_____
_____	_____
_____	_____

NOTE: If you are transferring a CD, please indicate when the transfer should occur. You may be charged a withdrawal penalty if you withdraw before maturity.

- Immediately
- Upon Maturity
- Maturity Date ____/____/____

Send this form at least 2 weeks, but not more than 4 weeks prior to CD Maturity Date.

If I am subject to Required Minimum Distribution (RMD - having attained the age of 70 1/2), I instruct the resigning custodian to (select one):

- Distribute the RMD prior to transferring
- Retain the RMD
- Transfer the entire IRA (pursuant to Treasury Reg 1.401 (a)(9)-7)

Participant Authorization

The resigning Custodian/Trustee as named above is hereby removed as Custodian/Trustee for that portion of my IRA specified above. I have adopted a FAM Funds IRA and have designated U.S. Bank as my successor Custodian.

PARTICIPANT'S SIGNATURE

DATE

Signature Guaranteed By:

Please ask your current Custodian/Trustee if a signature guarantee is required to transfer. If so, it is available at Commercial Banks or Brokerage offices. Lack of a required signature guarantee could delay processing of your transfer.

Acceptance of Appointment (to be completed by FAM Funds)

U.S. Bank hereby accepts this transfer from the above plan and agrees to serve as Custodian for the account of the above named Participant.

Authorized Signature _____
CUSTODIAN'S AGENT DATE

FAM Funds • 384 North Grand St • PO Box 399 • Cobleskill, NY 12043-0399 • (800) 932-3271 • www.famfunds.com
Please make checks payable to FAM Funds, FBO (the participant's name) IRA.