

Trust Account Application

INITIAL INVESTMENT *(Please make checks payable to FAM Funds)*

- FAM VALUE FUND-01 (\$500 MINIMUM): \$ _____
- FAM DIVIDEND FOCUS FUND-56 (\$500 MINIMUM): \$ _____
- FAM SMALL CAP FUND-78 (\$500 MINIMUM): \$ _____

TYPE OF TRUST: *(Please provide a copy of the trust)*

- REVOCABLE TRUST *where the Grantor(s), Trustee(s) and Current Beneficiary(ies) are all the same individual(s).*
- OTHER REVOCABLE TRUST
- IRREVOCABLE TRUST *Please specify if the Irrevocable Trust is one of the following:* GRAT CRUT CRAT
- TESTAMENTARY TRUST *(created through probate or a will only) Please provide decedent's full name:*

NAME (FIRST, MIDDLE INITIAL, LAST) _____

TRUST NAME: _____

TAX ID # OR SOCIAL SECURITY #: _____

DATE OF TRUST INSTRUMENT: _____

NAME OF TRUSTEE OR RESPONSIBLE PARTY _____ S.S.# _____ D.O.B _____

ID NO*: _____ STATE: _____ ISSUE DATE: _____ EXPIRATION DATE: _____

**Government ID (i.e. Driver's License, Passport, Military ID) (CIRCLE TYPE OF ID)*

NAME OF TRUSTEE OR RESPONSIBLE PARTY _____ S.S.# _____ D.O.B _____

ID NO*: _____ STATE: _____ ISSUE DATE: _____ EXPIRATION DATE: _____

**Government ID (i.e. Driver's License, Passport, Military ID) (CIRCLE TYPE OF ID)*

Is the trust a 10% shareholder of a publicly traded company? NO YES

MAILING ADDRESS

P.O. BOX OR STREET: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE #: _____ CELL PHONE #: _____

EVENING PHONE #: _____ EMAIL ADDRESS: _____

RESIDENCE ADDRESS

Check here if your residence address is the same. (Please provide a street address even if your mail is sent elsewhere.)

TRUSTEE STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TRUSTEE STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Automatic Investment Plan

Please withdraw (\$25 minimum) from my bank checking account to purchase shares as indicated below:

FUND	DAY(S) OF MONTH	MONTH TO BEGIN
<input type="checkbox"/> FAM VALUE FUND	\$ _____ *	_____
<input type="checkbox"/> FAM DIVIDEND FOCUS FUND	\$ _____ *you may do more than one day per month	
<input type="checkbox"/> FAM SMALL CAP FUND	\$ _____	

*Please attach a VOIDED check from your checking account to ensure proper processing.

Check here if account is the same used in initial purchase.

Cost Basis Method Selection

Internal Revenue Service (IRS) rules require us to report cost basis on mutual fund shares acquired after January 1, 2012. In order to provide you and the IRS with accurate cost basis accounting, please select a cost basis method for your new account. If you do not elect a method, your account will default to the Average Cost method.

Please choose one of the following available methods:

<input type="checkbox"/> AVERAGE COST	<input type="checkbox"/> FIRST IN, FIRST OUT (FIFO)	<input type="checkbox"/> HIGHEST IN, FIRST OUT (HIFO)
<input type="checkbox"/> LAST IN, FIRST OUT (LIFO)	<input type="checkbox"/> LOW COST	<input type="checkbox"/> SPECIFIC SHARE ID*

* If lots are not specified for redemptions or other dispositions, shares will be redeemed using the FIFO method.

Distribution Options

Dividends & Capital Gains will be reinvested unless you indicate otherwise.

<input type="checkbox"/> DIRECT DEPOSIT (ACH)* DIVIDENDS TO ME	<input type="checkbox"/> SEND DIVIDENDS BY CHECK
<input type="checkbox"/> DIRECT DEPOSIT (ACH)* CAPITAL GAINS TO ME	<input type="checkbox"/> SEND CAPITAL GAINS BY CHECK

*Please attach a VOIDED check from your checking account to ensure proper processing.

Check here if account is the same used in initial purchase.

Signature and Custodian Acceptance

I (we) have full right, power, and legal capacity and am (are) of legal age in my (our) state of residence to purchase shares of the Fund. I (we) affirm that I (we) have received and read the current Prospectus or Summary Prospectus of the Fund and agree to its terms. I (we) understand the Fund's investment objectives and policies and have determined that the Fund is a suitable investment based upon my (our) investment needs and financial situation.

I am (we are) not subject to backup withholding because I (we) have not been notified by the IRS that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends or because the IRS has notified me (us) that I am (we are) no longer subject to backup withholding. If you are currently subject to backup withholding as a result of a failure to report all interest and dividends, please cross out the preceding statement. I (we) further certify that my (our) correct Social Security (taxpayer identification) number is as indicated on this application. **Sign below exactly as the account is to be registered.**

I (we) certify that I am (we are) a U.S. Person (including a U.S. Resident Alien).

AUTHORIZED SIGNATURE(S)

TRUSTEE SIGNATURE: _____ DATE: _____

TRUSTEE SIGNATURE: _____ DATE: _____

PLEASE MAKE CHECKS PAYABLE TO FAM FUNDS

USA Patriot Act Notice: To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions, including mutual funds, to obtain, verify, and record information that identifies each person who opens an account. For all new accounts, this means that the following information must be obtained: Name, Date of Birth, Physical Residential Address (post office boxes are permitted for mailing purposes only), and Taxpayer Identification Number, such as a Social Security Number. **We may also ask to see your driver's license or passport in order to verify your identity.** Until such verification is made, FAM Funds may be required to not open your account, close your account or take other steps we deem reasonable if we are unable to verify your identity and ensure that the information you supply is correct.

FAMFUNDS.COM
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