



Managed by
FENIMORE ASSET MANAGEMENT

Complete this form if you wish to transfer all or part of an existing Coverdell ESA to a FAM Funds Coverdell ESA. 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 Coverdell ESA application.

Please call us with any questions at: 800.932.3271

COVERDELL EDUCATION SAVINGS ACCOUNT (ESA) TRANSFER REQUEST

This transfer is for:

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

Designated Beneficiary

NAME: _____ S.S. #: _____ D.O.B: _____

Responsible Individual

NAME: _____ S.S. #: _____ D.O.B: _____

Mailing Address

P.O. BOX OR STREET: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE #: _____ CELL PHONE #: _____

EVENING PHONE #: _____ EMAIL ADDRESS: _____

Resigning Custodian/Trustee Information

CUSTODIAN/TRUSTEE _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ COVERDELL ESA NUMBER _____

Transfer Instructions to Resigning Custodian/Trustee

Please liquidate All or Part \$_____ of the Coverdell ESA listed above. If you are transferring a portion of your Coverdell ESA, 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.

Participant Authorization

The resigning Custodian/Trustee as named above is hereby removed as Custodian/Trustee for that portion of my Coverdell ESA specified above. I have adopted a FAM Funds Coverdell ESA and have designated First National Bank of Omaha as my successor Custodian.

RESPONSIBLE INDIVIDUAL'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)

First National Bank of Omaha 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

Please make checks payable to FAM Funds, FBO (the participant's name) ESA.