

DIRECT ROLLOVER REQUEST

This rollover 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 #: _____

Rollover Information (Please include a copy of the statement from your current Custodian)

- Qualified Retirement Plan (401 (k), Profit-sharing, Pension)
- Simple IRA
- Eligible Governmental 457 Plan
- 403(a) or (b) Plan/Tax Sheltered Annuity

Name of Employer

Name of Custodian

Address of Employer

Address of Custodian

Account Number

Account Number

Rollover Instructions

I am requesting a Full or Partial \$ _____ distribution from the account listed above.
(You will need to reflect this rollover on your current tax return in order to properly offset the amount shown on the Form 1099-R you will receive from your Plan Custodian/Employer.)

If you are rolling over a portion of your retirement plan, please list the assets to be liquidated:

Asset Description	Quantity
_____	_____
_____	_____
_____	_____

Participant Authorization

I have established an IRA with FAM Funds. Please accept this as your authorization to roll over the assets noted above to FAM Funds in the manner indicated. I attest that none of the amount to be directly rolled over will include the required minimum distribution for the current year pursuant to Section 401(a)(9) of the Internal Revenue Code.

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)

First National Bank of Omaha hereby accepts this rollover 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) IRA.