

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:	Z	ip:	-
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 □ *beginning date (M Payment method: □ M	M/DD)/ *If no d		fault is the 15th of the	month
•	Direct deposit to checking acc		ided check).	
Nothing contained herein or a accounting advice. According or accountant as to legal, tax,	set Management, Inc. (the advisor in conversations with a FAM Functly, you should seek advice based or accounting and related matters contended to complete responsibility for any tax	ds or Fenimore emplo n your particular circu cerning the materials	yee should be construed to imstances from your own a	be legal, tax or
Authorized Signature(s):			Date:	
	Owner, Trustee,	etc.		
_			Date:	
	Joint Owner, Tr			
Please note the above signate	ure(s) must correspond exact	ly with the accou	nt registration.	

Attach Voided Check