

COVERDELL EDUCATION SAVINGS ACCOUNT (ESA) APPLICATION**Initial Investment (Contribution maximum per year \$2,000)**

- FAM VALUE FUND-01 (\$100 MINIMUM): \$ _____
- FAM DIVIDEND FOCUS FUND-56 (\$100 MINIMUM): \$ _____
- FAM SMALL CAP FUND-78 (\$100 MINIMUM): \$ _____

Investment Information

- Contribution (For the tax year 20____) * Transfer Rollover

**If no year is indicated, your contribution will be credited for the current year.*

Designated Information

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

Responsible Individual

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

Mailing Address (For Beneficiary)

P.O. BOX OR STREET: _____

CITY: _____ STATE: _____ ZIP: _____

Residence Address (For Beneficiary)

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

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

Mailing Address (For Responsible Individual)

P.O. BOX OR STREET: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE #: _____ CELL PHONE #: _____

EVENING PHONE #: _____ EMAIL ADDRESS: _____

Residence Address (For Responsible Individual)

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

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

Successor Responsible Individual

(In the event or legal incapacity of the Responsible Individual, this individual shall become the Responsible Individual)

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

Answer "Yes" or "No" to each of the following questions by checking the appropriate box. If a box is not checked for a question, the answer will be deemed to be "No."

Yes No The Responsible Individual may change the beneficiary designated under this agreement to another member of the Designated Beneficiary's family described in Section 529(e)(2) in accordance with the Custodian's procedures.

Yes No The Responsible Individual shall continue to serve as the Responsible Individual for the custodial account after the Designated Beneficiary attains the age of majority under state law and until such time as all assets have been distributed from the custodial account and the custodial account terminates. If the Responsible Individual becomes incapacitated or dies after the Designated Beneficiary reaches the age of majority under state law, the Responsible individual shall be the Designated Beneficiary.

Please turn this form over and complete the sections on the back.

AUTOMATIC INVESTMENT PLAN

Please check your annual contribution limit before determining monthly automatic contributions.

Check below to have CURRENT YEAR CONTRIBUTIONS drawn directly from your checking account and invested in your FAM Funds ESA.

Please withdraw (\$50 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.

SIGNATURE AND CUSTODIAN ACCEPTANCE

I hereby adopt the FAM Funds' IRA Custodial Account Agreement and appoint First National Bank of Omaha to serve as the Custodian and accept its agent to perform administrative services.

I understand the eligibility requirements for the type of ESA deposit I am making and I state that I do qualify to make the deposit. I have received a copy of the Application, 5305-A Plan Agreement, Financial Disclosure, and Disclosure Statement. I understand that the terms and conditions which apply to this Coverdell ESA Account are contained in this Application and the 5305-A Plan Agreement. I agree to be bound by those terms and conditions. I have also received and read the prospectus or summary prospectus for the fund in which I am investing. I certify under penalty of perjury that the Social Security Number that is provided above is my correct number. Within seven (7) days from the date I open this ESA I may revoke it without penalty by mailing or delivering a written notice to FAM Funds.

I assume complete responsibility for:

1. Determining that I am eligible for an ESA each year I make a contribution;
2. Insuring that all contributions I make are within the limits set forth by the tax laws; and
3. Certifying that I am qualified to assume the responsibilities of the Responsible Individual as set forth in this Agreement, if I am designated on this Application as the Responsible Individual; and
4. Managing and administering the account and authorizing transactions involving contributions and distributions, if I am designated on the Application as the Responsible Individual.

(This account is effective on the date First National Bank of Omaha, or its agent, accepts this application by issuing a confirmation to the ESA holder.)

AUTHORIZED SIGNATURE(S)

RESPONSIBLE INDIVIDUAL'S SIGNATURE: _____ DATE: _____

CUSTODIAN'S AGENT SIGNATURE: _____ DATE: _____

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 also ask for a copy of your driver's license, passport or government ID 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.

FENIMOREASSET.COM

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