

REDEMPTION REQUEST FORM

NON-RETIREMENT ACCOUNTS ONLY

Date: _____ | Account No: _____

Name: _____

Address: _____

SSN/Tax ID: _____ | Phone: _____

Email: _____

Please redeem:

FAM Value Fund All \$ _____ Shares _____

FAM Dividend Focus Fund All \$ _____ Shares _____

FAM Small Cap Fund All \$ _____ Shares _____

(Signature Guarantee required if over \$50,000)

Mail check to address of record

Pick Up Check at FAM Funds Office

Mail check to different address (Signature Guarantee required)

Direct Deposit funds to a bank - 3-5 business days (no fee) (Voided check required for Direct Deposit if not already on file)

Wire funds - \$10 fee - next business day (Signature Guarantee required)
(Voided check or bank information required for wire if not already on file)

Bank Name _____
Routing # _____
Account # _____
Account Name _____

Signature:
(Sign on the line)

Signature:
(Sign on the line)

Medallion Signature Guarantee
Stamp Here

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Stamp Here