

TRADITIONAL IRA APPLICATION

Initial Investment

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

Account Registration

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

Mailing Address

P.O. BOX OR STREET: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE #: _____ CELL PHONE #: _____

EVENING PHONE #: _____ EMAIL ADDRESS: _____

Residence Address

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: _____

Simplified Employee Pension Instructions

(If applicable) Please accept Simplified Employee Pension (SEP) contributions on my behalf from:

NAME OF EMPLOYER: _____

PHONE #: _____

P.O. BOX OR STREET: _____

CITY: _____

STATE: _____ ZIP: _____

Investment Information

- Regular (For the tax year 20_____)*
- Spousal (For the tax year 20_____)*
- Simplified Employee Pension (SEP) *(Please complete the SEP section)*
- Rollover from an IRA or employer plan
- Direct Rollover from an employer plan *(Please complete a Direct Rollover Form)*
- Transfer from another IRA *(Please complete an IRA Transfer Form)*
- Recharacterization
**If no year is indicated, your contribution will be credited for the current year.*

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 IRA.

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.*

Any co-signer of the checking account must authorize this service by signing below. Your bank must be a member of the Automated Clearing House (ACH).

CO-SIGNER AUTHORIZATION: _____ DATE: _____

PLEASE TURN THIS FORM OVER AND COMPLETE THE SECTIONS ON THE BACK.

BENEFICIARY DESIGNATIONS

The following individual(s) or entity shall be my primary and/or contingent beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the IRA. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally.

If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my IRA

NAME	RELATIONSHIP	S.S.#	D.O.B	<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	SHARE%
NAME	RELATIONSHIP	S.S.#	D.O.B	<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	SHARE%
NAME	RELATIONSHIP	S.S.#	D.O.B	<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	SHARE%
NAME	RELATIONSHIP	S.S.#	D.O.B	<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	SHARE%

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 IRA 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 Individual Retirement 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 IRA 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 IRA 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. The tax consequences of any contribution (including rollover contributions) and distributions.

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

AUTHORIZED SIGNATURE(S)

PARTICIPANT SIGNATURE: _____ DATE: _____

CUSTODIAN'S AGENT SIGNATURE: _____ DATE: _____

PLEASE MAKE CHECKS PAYABLE TO FAM FUNDS

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 may also ask to see your driver's license or passport 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.

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