

Fairholme Funds, Inc. Individual Retirement Account Qualified Charitable Distribution Request Form

FAIRHOLME

Please read carefully and complete both pages of this form.

This form should be used in order to request a Qualified Charitable Distribution ("QCD") from your Individual Retirement Account ("IRA") or Beneficiary Inherited IRA. Retirement plan participants or their beneficiaries who have attained age 70 ½ or older may make tax-free distributions from a Traditional or Roth IRA and donate the amount distributed to an eligible tax-exempt charitable organization. The total of all QCDs for a single tax year cannot exceed \$100,000. The QCD amount can be used toward satisfying your Required Minimum Distribution ("RMD") for the tax year. The QCD will be reported to the Internal Revenue Service ("IRS") on Form 1099-R as a normal distribution (Code 7) based on your age. You must document the tax-free qualification to the IRS on your federal income tax return (Form 1040). Please visit the IRS website www.irs.gov, or contact a professional tax advisor for more information.

I. Participant Information

Name (First, Middle, Last)

Daytime Telephone #

Account #

Social Security #

Date of Birth (mm/dd/yyyy)

Type of Account (excluding SEP or SIMPLE IRAs):

Traditional/Rollover IRA Roth IRA Beneficiary Inherited Traditional IRA Beneficiary Inherited Roth IRA

II. Distribution Instructions – Complete Sections A and B

The total of all Qualified Charitable Distributions for a single tax year cannot exceed \$100,000.

A. Distribution Amount:

- Use my calculated RMD amount. (If the calculated amount exceeds the \$100,000 limit, your request will be rejected.)
- Process a partial distribution of \$ _____.
- Liquidate the entire account.

Note: Federal tax withholding is not required from a QCD and will not be withheld from the distribution amount.

B. Distribution Method:

- Distribute proportionately across all funds, (OR)
- Distribute as indicated below:

The Fairholme Fund Amount: \$ _____ or Percentage: _____%

The Fairholme Focused Income Fund Amount: \$ _____ or Percentage: _____%

The Fairholme Allocation Fund Amount: \$ _____ or Percentage: _____%

Total Amount: \$ _____ Total: 100%

III. Payment and Mailing Instructions

We reserve the right to reject requests for more than four (4) charitable organizations.

Name of Charitable Organization

Attention/Care of

Address

City/State

Zip or Postal Code

Amount: \$ _____ (or) _____% of the distribution proceeds

Choose one:

Mail to my address on record. I will forward the proceeds to the charitable organization.

Mail directly to the charitable organization.

A Medallion Signature Guarantee Stamp ("MSG Stamp") is required the first time proceeds are mailed directly to any charitable organization from your account. (A charitable organization will subsequently be on file, and future requests to mail proceeds to the same organization will not require a MSG Stamp.)

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III. Payment and Mailing Instructions (continued)

We reserve the right to reject requests for more than four (4) charitable organizations. Please attach an additional copy of this sheet if necessary.

Name of Charitable Organization

Attention/Care of

Address

City/State

Zip or Postal Code

Amount: \$ _____ (or) _____% of the distribution proceeds

Choose one: Mail to my address on record. I will forward the proceeds to the charitable organization.

Mail directly to the charitable organization.

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Check this box if you have attached an additional copy of this sheet listing additional charitable organizations.

IV. Participant Authorization

Please accept this request to make a Qualified Charitable Distribution from my IRA or Beneficiary Inherited IRA. I acknowledge that the withdrawal requested satisfies the requirements under Internal Revenue Code Section 408(d)(8). I certify that I am the participant who is legally authorized to make this request and election and that all information provided is true and accurate. I further certify that the BNY Mellon Investment Servicing Trust Company (the "Custodian"), Fairholme Funds, Inc., or any agent of either of them has given no tax or legal advice to me, and that all decisions regarding the elections made on this form are my own. The Custodian is hereby authorized and directed to distribute funds from my account in the manner requested and shall be indemnified and held harmless, for any tax, legal or other consequences of the request(s) and election(s) made on this form. The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry.

X

Participant's Signature

Date (mm/dd/yyyy)

* MSG Stamp and Signature: An eligible guarantor is a domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (STAMP), Stock Exchanges Medallion Program (SEMP), and the New York Stock Exchange Medallion Signature Program (MSP). A notarization from a notary public is NOT an acceptable substitute for a MSG Stamp.

* Medallion Signature Guarantee Stamp

Send completed form to:

Regular Mail
Fairholme Funds, Inc.
c/o BNY Mellon Investment Servicing (US) Inc.
P.O. Box 9692
Providence, RI 02940-9692

Overnight Mail
Fairholme Funds, Inc.
c/o BNY Mellon Investment Servicing (US) Inc.
4400 Computer Drive
Westborough, MA 01581
(866) 202-2263