

## Transfer Form (Change of Ownership)

Use this form for non-retirement account transfers to an Individual, Joint, Uniform Transfers to Minors Act (UTMA) or Trust account.  
**DO NOT USE FOR FORESTERS FINANCIAL SERVICES, INC. RETIREMENT ACCOUNTS.**

### Important Information

- If the shares are in certificate form, you must return them to us. Do not sign the certificate. You may want to send them to us via certified mail.
- If the shares are being transferred due to the death of the shareholder(s), additional documentation will be required. Please contact our Shareholder Services Department at (800) 423-4026 for additional information.
- **Sections 1, 2 & 3** must be completed by the current owner(s); **Sections 4 & 5** must be completed by the new owner(s).

### 1. Current Owner Information *Complete this section if you are the current account owner (or the custodian or legal representative).*

Current Owner's First Name (**print**) \_\_\_\_\_ Current Owner's Last Name (**print**) \_\_\_\_\_ Current Owner's Last 4-digits of Social Security # or Employer Identification # \_\_\_\_\_

Current Joint Owner's First Name (**print**) \_\_\_\_\_ Current Joint Owner's Last Name (**print**), if any \_\_\_\_\_

### 2. Transfer Instructions from Current Owner(s) (Check A or B below)

- A.** Transfer ownership of all assets in Master Account Number (13-digits): \_\_\_\_\_
- B.** Transfer ownership of the following assets only.

First Investors Fund Account #	Dollar Amount	Number of Shares	% of Account
_____	\$ _____	OR _____ shares	OR _____ %
_____	\$ _____	OR _____ shares	OR _____ %
_____	\$ _____	OR _____ shares	OR _____ %
_____	\$ _____	OR _____ shares	OR _____ %
_____	\$ _____	OR _____ shares	OR _____ %

### 3. Authorization from Current Owner(s)

**To be completed by the Current Owner(s), Authorized Individual, Transfer on Death Beneficiary, Trustee or Legal Representative for the Estate of a deceased shareholder.**

**For All Accounts:** I/We authorize Foresters Financial Services, Inc. ("FFS") to transfer the dollar amount/shares/percentage indicated in **Section 2** of this form to the new owner(s) indicated in **Section 4** of this form. I/We understand that (1) if I/we am transferring shares of a First Investors Government Cash Management Fund account, any reinstatement privilege and/or free exchange privileges that I/we currently have will not be conveyed to the new owner(s), (2) any optional services that may be associated with the shares such as draft check and expedited redemption privileges will not be transferred to the new account(s), (3) I/We hereby jointly and severally indemnify and hold harmless FFS and its affiliates, as well as its and their directors, officers, employees, agents, managers and representatives from and against any and all damages, claims, or causes of actions arising out of or in any way connected with this transaction, and (4) I/We have consulted with my/our tax advisor and I/we are aware of the tax implications of this request.

**For a Trust Account:** (*Attach a copy of the pages of the trust document, if not already on file, which show the name and date of the trust, appointment of all trustees and the signatures of the grantor(s) and all trustees.*) I/We certify that there is a Trust Agreement, I/we have full authority to act independently, and FFS and its affiliates may rely on the written, oral or electronic instructions of any one trustee until notified in writing to the contrary.

**Affix Medallion Signature Guarantee Here, If Required:**  
Stamps qualified for a specific date and/or individual, or altered in any manner, may not be accepted.

\_\_\_\_\_  
Signature of Current Owner (SG)  
Date

\_\_\_\_\_  
Signature of Current Joint Owner, if any (SG)  
Date

\_\_\_\_\_  
Authorized Individual, Transfer on Death Beneficiary, Trustee or  
Legal Representative for the Estate (**print**)

\_\_\_\_\_  
Signature of Authorized Individual, Transfer on Death Beneficiary, (SG)  
Trustee or Legal Representative for the Estate Date

(SG) denotes a Signature Guarantee is required.

**4. New Owner Information**

**Transfer Account to:**

**Check One:**

- The transfer is to an existing customer account # \_\_\_\_\_ .  
(Provide the name of the new owner(s) in **Section 4A** and skip to **Section 5**.) Existing Customer's Last 4-digits of Social Security # \_\_\_\_\_ Existing Customer's Date of Birth \_\_\_\_\_
- The transfer is to a new customer account and a Master Account Agreement or brokerage application is attached.  
(Provide the name of the new owner(s) in **Section 4A** and skip to **Section 5**.)
- The transfer is to a new customer who does not have a broker-dealer and declines to complete a Master Account Agreement that would enable Foresters Financial Services, Inc. to make investment recommendations. Complete **Sections 4A, 4B, 4C** and **4D** and the new owner(s) must sign **Section 5**.

**A. Registration for New Owner(s)**

- Individual**
- Joint Tenants With Rights of Survivorship** ("JTWROS") *If more than two tenants, or if not JTWROS, attach a Joint Account Supplement Form.*
- Joint Other** *If more than two tenants, or if not JTWROS, attach a Joint Account Supplement Form.*

Mr.  
**1.**  Mrs.  
 Ms. First Name (print) \_\_\_\_\_ Last Name (print) \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mr.  
**2.**  Mrs.  
 Ms. First Name (print) \_\_\_\_\_ Last Name (print) \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

- Uniform Transfers to Minor Act** ("UTMA") for state of \_\_\_\_\_
- Uniform Gifts to Minor Act** ("UGMA") for state of \_\_\_\_\_

Mr.  
**1.**  Mrs.  
 Ms. First Name of Custodian (print) \_\_\_\_\_ Last Name of Custodian (print) \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mr.  
**2.**  Mrs.  
 Ms. First Name of Minor (print) \_\_\_\_\_ Last Name of Minor (print) \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

- Trust** *Attach a copy of the pages of the trust document which show the name and date of the trust, appointment of all trustees and the signatures of the grantor(s) and all trustees.  
Note: If trust is a statutory trust, a Certification of Beneficial Owners for Legal Entity Customers form is required. Please contact our Shareholder Services Department at (800)423-4026 to obtain this form.*

Exact Name of Trust (print) \_\_\_\_\_ Taxpayer Identification # \_\_\_\_\_ Date of Trust \_\_\_\_\_

Mr.  
**1.**  Mrs.  
 Ms. First Name Trustee (print) \_\_\_\_\_ Last Name of Trustee (print) \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mr.  
**2.**  Mrs.  
 Ms. First Name Trustee (print) \_\_\_\_\_ Last Name of Trustee (print) \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

**B. Citizenship of New Owner(s)**

U.S. Citizen  
**1.**  Resident Alien\* Document Type and Number \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

U.S. Citizen  
**2.**  Resident Alien\* Document Type and Number \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

\* A copy of an unexpired green card with a photograph must be attached.

#### 4. New Owner Information *(continued)*

##### C. Address & Telephone Numbers for New Owner(s)

U.S. Mailing Address

Residential Street Address (mandatory, if mailing address contains a P.O. Box, "care of" or temporary address)

City State Zip Code

City State Zip Code

E-mail Address (optional)

Home Phone #

Work Phone # (optional)

Cell Phone # (optional)

##### D. Politically Exposed Person (P.E.P.)

###### 1. Politically Exposed Person (P.E.P.)

Has the new individual owner, joint tenant #1, custodian, trustee #1, family member or close associate been entrusted with a prominent public function, such as a Head of State or government, a senior politician, a senior government, judicial or military official, a senior executive of a state owned corporation, or an important political party official?

Yes (If yes, identify the name of the individual(s) and the offices(s) held below.)

No

First Name of P.E.P. #1 (**print**)

Last Name of P.E.P. #1 (**print**)

Office Held by P.E.P. #1 (**print**)

First Name of P.E.P. #2 (**print**)

Last Name of P.E.P. #2 (**print**)

Office Held by P.E.P. #2 (**print**)

###### 2. Politically Exposed Person (P.E.P.)

Has the new joint tenant #2, minor, trustee #2, family member or close associate been entrusted with a prominent public function, such as a Head of State or government, a senior politician, a senior government, judicial or military official, a senior executive of a state owned corporation, or an important political party official?

Yes (If yes, identify the name of the individual(s) and the offices(s) held below.)

No

First Name of P.E.P. #1 (**print**)

Last Name of P.E.P. #1 (**print**)

Office Held by P.E.P. #1 (**print**)

First Name of P.E.P. #2 (**print**)

Last Name of P.E.P. #2 (**print**)

Office Held by P.E.P. #2 (**print**)

**5. New Owner Acknowledgments** (All new owners must sign in this section.)

**A. For Customers who do not have a Broker-Dealer and do not want Foresters Financial Services, Inc. ("FFS") Appointed as the Broker-Dealer on their Account.** Without a broker-dealer on your account, you will be considered a direct client of the Fund. As such, you assume sole responsibility for determining whether a particular strategy, transaction or sale of shares is suitable for you or in your best interest. As a direct client of the Fund, you will be entitled to exchange and redeem shares in accordance with applicable provisions of the Prospectus. You will be prohibited from purchasing additional shares of the Fund unless the purchase is being made pursuant to an exchange, reinvestment of dividends and/or capital gains or other Fund Privilege outlined in the Prospectus.

I/We certify that: I/we am/are of legal age and that if I am a joint tenant of an account, I understand that: the Terms and Conditions authorize FFS, its agents, and its affiliates, to act on the written and oral instructions from any one of the joint tenants concerning any action with respect to the account, without limitation, including the sale, redemption, or transfer of ownership of investments held in the account, change of address on the account, and the use of assets held in the account; FFS, its agents and its affiliates have no duty to question such instructions or to provide notice to the other joint tenants.

**B. For Customers who have FFS Appointed as the Broker-Dealer on their Account.** I/We certify that: I/we am/are of legal age and that I/we have received a copy of the Master Account Agreement Terms and Conditions ("Terms and Conditions"). I/We understand that: by signing this Agreement, I/we am/are agreeing to be bound by the Terms and Conditions; if I am a joint tenant of an account, I understand that: the Terms and Conditions authorize FFS, its agents, and its affiliates, to act on the written and oral instructions from any one of the joint tenants concerning any action with respect to the account, without limitation, including the sale, redemption, or transfer of ownership of investments held in the account, change of address on the account, and the use of assets held in the account; FFS, its agents and its affiliates have no duty to question such instructions or to provide notice to the other joint tenants; **and this Agreement includes a pre-dispute arbitration notice and clause, at paragraphs 9 and 10 located on pages 14 and 15 of the Terms and Conditions.**

**HOUSEHOLDING POLICY.** By signing below, you are consenting to the householding policy of the First Investors Funds, as further detailed in the Terms and Conditions of this Application, under which a Fund will mail only one copy of its prospectus, annual report, semi-annual report and proxy statements to all shareholders of the Fund who share the same mailing address and the same last name.

**TAXPAYER CERTIFICATION.** Under penalties of perjury, I certify that (1) the number shown on this Application is my correct taxpayer identification number (or I am awaiting a number to be issued to me); and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service ("IRS") that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or other U.S. person (defined in the Form W-9 instructions); and (4) I am exempt from Foreign Account Tax Compliance Act reporting.

Check this box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.

**The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

**C. Transfer Authorization.** I/We authorize the First Investors Fund shares indicated in **Section 2** of this form to be transferred to me/us as described herein. I/We understand that if an account is registered in more than one name, FFS may accept written or telephone instructions from any one of the owners. I/We further understand that shares will be transferred into a new account in the same fund as they are currently invested.

**For a Trust Account: (Attach a copy of the pages of the trust document which show the name and date of the trust, appointment of all trustees and the signatures of the grantor(s) and all trustees.)**

I/We certify that there is an executed written Trust Document evidencing the current and ongoing existence of the Trust. I/We further certify that the Trust complies with all applicable laws and has fully authorized the completion of this Transfer Form (Change of Ownership), the resolutions and actions set forth herein, and that I/we have full authority to enter into investment transactions on behalf of the trust and to execute and deliver documents on its behalf.

**I certify the information on this Form is true and correct.**

\_\_\_\_\_  
Name of New Individual Owner/First Joint Tenant/  
Custodian/Trustee (print)

\_\_\_\_\_  
Signature of New Individual Owner/First Joint Tenant/  
Custodian/Trustee **Date**

\_\_\_\_\_  
Name of New Second Joint Tenant/Second Trustee, if any (print)

\_\_\_\_\_  
Signature of New Second Joint Tenant/Second Trustee **Date**

**I CERTIFY THAT ALL SIGNATURES THAT REQUIRE A SIGNATURE GUARANTEE ON THIS FORM ARE GENUINE.**

Reg. Rep # _____	Office # _____	Registered Representative's Name (print) _____	Registered Representative's Signature _____	Date _____
Principal # _____	Principal's Name (print) _____	Principal's Signature _____	Date _____	

**Return by Regular Mail:**  
Foresters Investor Services, Inc.  
P.O. Box 7837, Edison, NJ 08818-7837

**Return by Overnight Mail:**  
Foresters Investor Services, Inc.  
Raritan Plaza I, 8th Floor, Edison, NJ 08837-3620

**For More Information:**  
First Investors Funds  
800-423-4026 (Shareholder Services)  
www.foresters.com