

Mutual Fund Privilege Application

Alterations to provided information will not be accepted unless initialed next to the alteration by the customer.

1. Customer Information

Owner #1's Name (print)

Owner #2's Name, if any (print)

10-digit Master Account #

2. Electronic Funds Transfer ("EFT") Information

I/We, the undersigned, hereby authorize Foresters Financial Services, Inc. and its affiliates, representatives and agents and their bank to electronically transfer funds via Automated Clearing House ("ACH") at any time as requested by me/us, to and/or from the bank account designated below to and/or from all of my/our First Investors Fund accounts opened now or in the future.

Unless these privileges are specifically declined below, I/we authorize ACH debits (Fund purchases) and credits (Fund redemptions, dividends and other distributions) to and/or from the bank account listed below.

I/We decline EFT privileges for: Fund Purchases Fund Redemptions

As owner(s) or joint owner(s) of the bank account indicated below, I/we certify that my/our signature(s) as provided in **Section 5** is/are sufficient to authorize credits and debits. If I/we am/are not the owner(s) of the indicated bank account, I/we understand that the signature(s) of the bank account owner(s) must be provided in **Section 2B**. I/We understand and agree that Foresters Financial Services, Inc. and its affiliates, representatives and agents will not be liable for any loss, expense, or costs arising out of any written or telephone transaction requests as long as the proceeds are transmitted to and/or from the bank account indicated below. I/We further understand and agree that the EFT privilege will be cancelled if Foresters Financial Services, Inc. is notified that my/our EFT was further electronically transferred via ACH to and/or from a bank located outside of the territorial United States.

NOTE: Ten business days are required to establish EFT privileges. A check will be mailed to your address of record if a distribution is scheduled before the EFT privilege is established.

A. BANKING INFORMATION: (Please check one box for both **Section 2A(1)** and **2A(2)**.)

1. The attached bank information is to:

- establish **new** EFT privileges or **replace** the current bank account on file. Any current bank account on file will be removed. **(If no selection is made, we will default to this option.)**
- become the **active** bank for EFT privileges. Any existing bank account on file will be retained and available upon request.
- be added and **available upon request** for future EFT privileges. Any existing bank account on file remains as the active bank account.

2. Type of bank account:

- Checking **(If no selection is made, we will default to this option.)**
- Savings - If submitting an account statement or deposit slip, contact your financial institution to obtain the 9-digit

ABA Routing #: _____

Please tape a pre-printed voided check or encoded deposit slip here.

The check or deposit slip must be imprinted with:
 - The name of the ACH Banking Institution
 - Name of the Bank Account Owners
 - Encoded Bank Account Number

Please note: An account statement can be submitted in place of a pre-printed voided check or encoded deposit slip provided it contains all necessary information. Generic deposit slips and starter checks are not acceptable.

B. SIGNATURE(S) of bank account owner(s) required if other than the First Investors Fund account owner(s):

I/We authorize the ACH credits and/or debits between the bank account indicated above and the First Investors Fund accounts owned now or in the future by the First Investors Fund account owner(s) identified above.

(SG)

Signature of Bank Account Owner if other than First Investors Fund Account Owner

(SG)

Signature of Bank Account Owner if other than First Investors Fund Account Owner

3. Check Writing for First Investors Government Cash Management Fund

Allows the redemption of certain Class A shares in First Investors non-retirement Government Cash Management Fund (except Education Savings Accounts) account(s) by writing a draft check. \$10,000 minimum balance required. Draft checks will not be issued on accounts opened with Money Line/Automatic Payroll Investment (API) until the account balance is a minimum of \$10,000. Any one owner (or Authorized Individual for Entities*), acting alone and without consent of any other person (or Authorized Individual), may redeem shares via draft check.

* Only for Entities that have previously authorized any one Authorized Individual to execute all transactions on behalf of the Entity.

Issue draft checks on my/our First Investors Government Cash Management Fund account(s).

4. Expedited Redemption for First Investors Government Cash Management Fund

SG

(Not available on certain retirement or Education Savings Account registrations.)

To establish the Expedited Redemption privilege for all your First Investors Government Cash Management Fund accounts opened now or in the future, please check the box below and complete **Section 2**. Please verify the Bank Routing Number with your bank.

If a different number is necessary for Federal Funds wire transfers, please reference Bank Routing Number here: _____

I/We authorize you to wire redemption proceeds from all my/our First Investors Class A Government Cash Management Fund accounts opened now or in the future directly to the bank account listed in **Section 2A**.

5. Signature(s)

I/We also understand that such instructions will remain in full force and effect unless and until I/we revoke said instructions in writing or by telephone, at the address or telephone number on this form. Such request received in good order will normally be processed within five (5) business days. I/We also understand that account share redemptions may be subject to a contingent deferred sales charge as detailed in the First Investors Fund prospectus(es).

A **SG** is not required if the First Investors Fund account owner(s) and bank account owner(s) are identical in **Section 2**.

SG denotes a Signature Guarantee is required.

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 Owner #1 or Authorized Individual Date **SG** if required.

Signature of Owner #2 or Authorized Individual Date **SG** if required.



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.
Attn: Control Department
P.O. Box 7837, Edison, NJ 08818-7837

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

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