

5. Contingent Beneficiary(ies) *If more than one contingent beneficiary, allocations must equal 100%.*

1.

 First Name/Last Name **(print)** Percentage

 Relationship Date of Birth/Trust SSN/Tax ID #

3.

 First Name/Last Name **(print)** Percentage

 Relationship Date of Birth/Trust SSN/Tax ID #

5.

 First Name/Last Name **(print)** Percentage

 Relationship Date of Birth/Trust SSN/Tax ID #

2.

 First Name/Last Name **(print)** Percentage

 Relationship Date of Birth/Trust SSN/Tax ID #

4.

 First Name/Last Name **(print)** Percentage

 Relationship Date of Birth/Trust SSN/Tax ID #

6.

 First Name/Last Name **(print)** Percentage

 Relationship Date of Birth/Trust SSN/Tax ID #

6. Inheritor Signature

This Designation revokes all prior designations of beneficiaries made by me with respect to my Accounts under this Master Account Number. I reserve the right to revoke this Designation by filing a subsequent Designation of Beneficiary for Inherited IRAs with Foresters Financial Services, Inc. ("FFS"). This Designation, and any revocation of this Designation, shall be given effect only if received and accepted by the FFS, prior to my death.

I understand that in the event of my death, payment of the balance of my Accounts shall be made to my Primary Beneficiaries, named on this form, who survive me. Unless I have indicated otherwise, payment to my Primary Beneficiaries shall be made in equal shares. If no Primary Beneficiary survives me, then payment of the balance of my Accounts shall be made to my Contingent Beneficiaries, named on this form, who survive me. Unless I have indicated otherwise, payment to my Contingent Beneficiaries shall be made in equal shares.

I understand that neither FFS, nor its agent, Foresters Investor Services, Inc., nor its and their employees, officers, directors, agents and representatives shall have any obligation to determine if I am permitted under state law to name beneficiaries for my Inherited IRAs and it is my responsibility to seek a determination from a qualified advisor the appropriate state authority if I need assistance.

I acknowledge that neither FFS, nor its agent, Foresters Investor Services, Inc., has any liability for any loss, damage, or expense arising out of payment to a beneficiary that is made in accordance with this Designation.

Signature of Inheritor **Date**

Return by Regular Mail:
 Foresters Investor Services, Inc.
 Attn: New Accounts Department
 P.O. Box 7837, Edison, NJ 08818-7837

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

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