

## Roth IRA Distribution Request

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

### 1. Owner Information

Owner's First Name (print) \_\_\_\_\_ Owner's Last Name (print) \_\_\_\_\_ Owner's Last 4-digits of Social Security # \_\_\_\_\_ Owner's Date of Birth \_\_\_\_\_

### 2. Reason for Roth IRA Distribution *Only one reason may be selected in this section.*

**Check one:**

- Transfer* A transfer to another Roth IRA may be made by the owner, surviving spouse beneficiary, or recipient under a transfer incident due to a divorce. Proof is required for transfers to a surviving spouse beneficiary or incident due to a divorce.

**Distribution:**

- Code J* Owner is under age 59 1/2.
- Code Q* Distribution is being made:  
(1) after the 5-year holding period, **AND**  
(2) owner has either reached age 59 1/2, is disabled, or deceased.  
**If you do not satisfy both conditions (1) and (2), you may not check Code Q. Check either Code J or Code T.**
- Code T* Owner is over age 59 1/2, disabled or deceased.

**If you chose "Code Q" or "Code T" and the owner is deceased, complete the information below:**

\_\_\_\_\_  
Name of Beneficiary, Trust or Estate (print)

\_\_\_\_\_  
Complete Mailing Address (Street, City, State, Zip Code) of Beneficiary, Trust or Estate

\_\_\_\_\_  
Social Security # of Beneficiary or Employer Identification # for Trust or Estate      Date of Birth of Beneficiary or Date of Trust

If owner is deceased, each beneficiary, or if not named, legal representative, must complete a separate Roth IRA Distribution Request and have his/her signature guaranteed. Unless already on file with Foresters Investor Services, Inc., enclose a certified copy of the death certificate, Affidavit of Domicile or Tax Waiver, and if applicable, the currently certified court appointment.

**Excess Contribution:**

- Excess Contribution* Remove excess contribution of \$ \_\_\_\_\_ for tax year \_\_\_\_\_. If you are removing an excess contribution by October 15 of the year following the year for which the excess contribution was made, Foresters Investor Services, Inc. will calculate and remove any earnings on that amount according to IRS rules.

**3. Distribution Options**

**(SG)** required if more than \$100,000.

Complete **Part A** for a one-time distribution or complete **Part B** to select periodic distributions from one or multiple fund account(s). Parts A and B should not be completed for the same request.

**A. One-Time Distribution**

*Note: If the stated dollar amount is greater than the current value of the fund account, the fund account will be liquidated in full.*

I request that my distribution, net any required income tax withholding as described in **Section 5**, be paid as follows:

**Select either A1 or A2 below:**

**A1)**  100% of ALL ROTH IRA Accounts under my Master Account # \_\_\_\_\_  
example: 0000123456-001

**A2)**  **Specified Dollar Amount or Percentage indicated below.**

\_\_\_\_\_ % **OR** \$ \_\_\_\_\_ from fund account # \_\_\_\_\_  
\_\_\_\_\_ % **OR** \$ \_\_\_\_\_ from fund account # \_\_\_\_\_  
\_\_\_\_\_ % **OR** \$ \_\_\_\_\_ from fund account # \_\_\_\_\_  
\_\_\_\_\_ % **OR** \$ \_\_\_\_\_ from fund account # \_\_\_\_\_  
\_\_\_\_\_ % **OR** \$ \_\_\_\_\_ from fund account # \_\_\_\_\_

**B. Periodic Distribution**

If (i) dividends and/or capital gains are currently being distributed from the fund account(s) indicated, and if (ii) an election is being made to receive periodic distributions from that (those) fund account(s), then the prior election to receive dividends and/or capital gains will be deemed to be terminated and all future dividends and/or capital gains will be reinvested into that (those) fund account(s).

I request that my distribution, net any required income tax withholding as described in **Section 5**, be paid as follows:

**Method - Select either B1 or B2 below:**

**B1)**  **Specified Dollar Amount or Percentage indicated below.**

\_\_\_\_\_ % **OR** \$ \_\_\_\_\_ from fund account # \_\_\_\_\_  
\_\_\_\_\_ % **OR** \$ \_\_\_\_\_ from fund account # \_\_\_\_\_  
\_\_\_\_\_ % **OR** \$ \_\_\_\_\_ from fund account # \_\_\_\_\_  
\_\_\_\_\_ % **OR** \$ \_\_\_\_\_ from fund account # \_\_\_\_\_  
\_\_\_\_\_ % **OR** \$ \_\_\_\_\_ from fund account # \_\_\_\_\_

**B2)**  **Life Expectancy Option.**

**Check one:**

- based on my life expectancy.
- based on the life expectancy of me and my designated beneficiary, who is my spouse.

Spouse's date of birth \_\_\_\_\_

- based on the life expectancy of me and my oldest designated beneficiary, who is not my spouse.

Beneficiary's date of birth \_\_\_\_\_

To be distributed:

Exclusively from fund account # \_\_\_\_\_

Proportionately from all fund accounts under this Master Account # \_\_\_\_\_  
example: 0000123456-001

**Frequency - Check one:**  Monthly  Quarterly  Semi-Annually  Annually

*If a frequency is not indicated, distributions will be made annually on the anniversary of the initial distribution (or the following business day).*

**Start Date:** \_\_\_\_\_

*If a start date is not indicated, initial distribution will be made on the day a completed request is received in good order.*

#### 4. Payment Directions

**\* MAIL DELIVERY: Payment made by check will be sent via regular mail unless the expedited delivery option is selected below.**

- Deliver distribution proceeds via overnight mail and deduct the cost of the overnight delivery from the amount of the distribution from my Roth IRA account # \_\_\_\_\_.

*Note: If no account is specified above, the cost of the overnight delivery will be deducted from the amount of the distribution from the account with the highest market value.*

*Note: If selected, overnight delivery will be to address of record unless indicated otherwise below.*

**Check one:**

- by check to address of record.\* **SG** if address has been changed within 30 days.
- by Electronic Funds Transfer (EFT) to my pre-designated Bank Account ending with the last 5 digits of \_\_\_\_\_. A check will be issued to the address of record if this distribution request is received before the Electronic Funds Transfer (EFT) privilege is established.
- by check to Foresters Financial Services, Inc.: *Note: account must be registered to the same owner.*

\_\_\_\_\_ Existing Account Number or Name of New Fund (Attach Mutual Fund Account Instructions form)

- by check to financial institution listed below:\* **SG**

\_\_\_\_\_ Financial Institution's Name (**print**)

\_\_\_\_\_ Financial Institution's Telephone #

\_\_\_\_\_ Financial Institution's Address (Street Address, City, State, Zip Code)

\_\_\_\_\_ Financial Institution's Account Registration

\_\_\_\_\_ Financial Institution's Name of Fund or Existing Account #

- by check to an alternate payee:\* **SG**

\_\_\_\_\_ Alternate Payee's Name (**print**)

\_\_\_\_\_ Relationship to Owner

\_\_\_\_\_ Alternate Payee's Street Address, City, State, Zip Code

#### 5. Federal Tax Withholding (Form W-4P/OMB No. 1545-0074) Note: See **Page 5** of this form for "Withholding Notice Information."

**Check one:**

- do not withhold federal income tax from the distribution(s).
- withhold 10% federal income tax from the distribution(s).
- withhold \_\_\_\_\_ % federal income tax from the distribution(s). (Enter a full percentage between 11% and 100%.)

## 6. Signature

I acknowledge that account redemptions may be subject to a contingent deferred sales charge as detailed in the Fund prospectus. I certify that, if I am electing periodic payments, it is my responsibility to ensure that the beneficiary information on this form reflects my valid beneficiary designation which is on file with Foresters Financial Services, Inc. ("FFS"). I acknowledge that it is my responsibility to satisfy the Required Minimum Distribution requirement from my FFS IRA account. I further understand that Foresters Investor Services, Inc. may delay processing my Distribution Request if such request is not received in good order, for example, if the request is not properly completed, signed and dated, Foresters Investor Services, Inc. will not be held responsible for such delay. I have received, read and understand the applicable Fund prospectus(es).

I certify that all statements made by me on this Distribution Request are true and correct. I hereby authorize and direct FFS and its affiliates to act in accordance with the distribution instructions contained herein.

**TAXPAYER CERTIFICATION.** Under penalties of perjury, I certify that (1) the number shown on this form 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.
- Non-Resident Aliens: Check this box if you are claiming an exemption as a non-resident alien and attach an IRS Form W-8BEN to this form.

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

**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.

\_\_\_\_\_  
First and Last Name of Person Requesting Distribution (**print**)

\_\_\_\_\_  
**Signature of Person Requesting Distribution** **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	Principal's Signature	Date

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

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

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

## **7. Withholding Notice Information**

### **Rules & Conditions Applicable to Distributions:**

#### **General Information**

Roth IRA distributions are not mandatory during the lifetime of the Roth IRA owner.

#### **Explanation of Statutory Exceptions to Penalty**

- Distributions that are part of a series of substantially equal periodic payments (not less frequently than annually) made for the life (or life expectancy) of the Roth IRA owner or for the joint lives (or joint life expectancies) of the owner and his or her designated beneficiary.
- Distributions made to the Roth IRA owner to pay for medical expenses to the extent that such distributions do not exceed 7.5% of the Roth IRA owner's adjusted gross income.
- Distributions made to the unemployed Roth IRA owner to pay for health insurance premiums if the Roth IRA owner has received at least 12 consecutive weeks of unemployment compensation and if such distributions are made during any taxable year during which such unemployment compensation is paid or the succeeding taxable year.
- Distributions to the Roth IRA owner used for qualified first-time homebuyer expenses as defined by the Internal Revenue Code. (The lifetime maximum for this distribution is \$10,000.)
- Distributions used to pay qualified higher education expenses for the Roth IRA owner, the owner's spouse, or any child or grandchild of either.
- Distributions attributable to the Roth IRA owner becoming disabled. Disability must render the Roth IRA owner unable to engage in any substantial gainful activity and it must be medically determined that the condition will last continuously for at least 12 months or lead to death.
- Distributions made to a beneficiary (or to the estate of the Roth IRA owner) on or after the death of the Roth IRA owner.

#### **Non-Spouse Beneficiary Information**

If you are a non-spouse beneficiary, you must receive your payment either:

1. by December 31 of the year containing the fifth anniversary of the accountholder's death; or
2. over your life expectancy starting no later than December 31 of the year following the accountholder's death.

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### **Withholding Notice Information (Form W-4P/OMB. No. 1545-0074)**

#### **Basic Information About Withholding From Pensions and Annuities**

Generally, Federal income tax withholding applies to payments made from pension, profit sharing, stock bonus, annuity and certain deferred compensation plans, IRAs, and commercial annuities. However, certain distributions from a Roth IRA are nontaxable and, therefore, are not subject to withholding.

#### **Purpose of Form W-4P**

Federal income tax will not be withheld from a Roth IRA distribution unless you elect to have such tax withheld. You can use Form W-4P or a substitute form, such as that contained on this form, furnished by the custodian, to make your withholding election.

For more information, please see Publication 505, Tax Withholding and Estimated Tax, available from most IRS offices.

Caution: Remember that there are penalties for not paying enough tax during the year, through either withholding or estimated tax payments. See Publication 505. It explains the estimated tax requirements and penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your IRA using Form W-4P or a substitute form.

#### **Revoking Your Withholding Election**

If you want to revoke your previously filed withholding election, file another Form W-4P with the Custodian and check the appropriate box on that form.

#### **Statement of Income Tax Withheld from your Roth IRA**

You will receive a tax form 1099-R from your Custodian showing the total amount of your Roth IRA distributions and the total Federal income tax withheld during the year.