



### 3. 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 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 10** 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 3B**. 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 7A(1)** and **7A(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 Bank 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.

**MSG**

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

**MSG**

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

**MSG**

denotes a Medallion Signature Guarantee required if establishing EFT privileges.

#### 4. Dividends & Capital Gains

If not specified, both will be reinvested. If remitting, both must be made in the same manner.

**Dividends:**  Reinvest  Remit\*      **Capital Gains:**  Reinvest  Remit\*

\* To remit dividends and/or capital gains from retirement accounts (excluding Traditional IRAs / Roth IRAs), a proper distribution form must be submitted.

**Send:**  By check to the address of record.

Electronically to the pre-designated bank account ending in the last 5 digits of \_\_\_\_\_.

Electronically after establishing electronic funds transfer privileges. (Complete **Section 3.**)

By check to secondary address. (Complete **Section 9.**)

Cross Reinvest from\*\* \_\_\_\_\_ to \_\_\_\_\_  
Account\*\* / Name of First Investors Fund      Account\*\* / Name of New First Investors Fund  
\*\* Must be same Share Class and customer.

#### 5. Non-Retirement Systematic Withdrawals

Allows the systematic withdrawal of funds from an account with proceeds sent by check or electronically to a designated address or bank account. A \$5,000 balance is required to establish. Minimum payment of \$50 (both are waived for payments to Foresters Financial Services, Inc.).

(NOTE: this section is to be completed for "non-retirement systematic withdrawals only". For retirement account systematic withdrawals, a proper distribution form must be submitted.)

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

**Frequency (Choose One):**  Monthly  Quarterly  Semi-Annually  Annually

**Send Payments:**  By check to the address of record.

Electronically to the pre-designated bank account ending in the last 5 digits of \_\_\_\_\_.

Electronically after establishing electronic funds transfer privileges. (Complete **Section 3.**)

By check to secondary address. (Complete **Section 9.**)

| Amount*  |      | Account # / First Investors Fund Name |
|----------|------|---------------------------------------|
| \$ _____ | from | _____                                 |
| \$ _____ | from | _____                                 |
| \$ _____ | from | _____                                 |
| \$ _____ | from | _____                                 |
| \$ _____ | from | _____                                 |
| \$ _____ | from | _____                                 |

\* \$50 minimum per month per account.



**9. Secondary Address**

**A. Duplicate Statement**

Send duplicate quarterly account overviews and quarterly statements as requested below for:

Customer # \_\_\_\_\_

First Name, Middle Initial, Last Name (print) \_\_\_\_\_

Street Address, City, State, Zip Code \_\_\_\_\_

**B. Systematic Withdrawals, Dividends and Capital Gain Checks**

**MSG**

I/We authorize you to send systematic withdrawals, dividends and/or capital gain distributions by check to the following payee at the address listed below. This authorization may be extended to non-retirement mutual fund accounts registered to the same owner opened now or in the future. For further information see **Section 4** and **Section 5**.

Payee's First Name, Middle Initial, Last Name (print) \_\_\_\_\_

FBO (if applicable) \_\_\_\_\_

Bank Account #, Account # or Policy # (if applicable) \_\_\_\_\_

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

**10. Signature(s)**

**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 Individual Owner/First Joint Tenant/  
Custodian/First Trustee \_\_\_\_\_

**MSG** Date *if required.*

Signature of Second Joint Tenant/  
Second Trustee \_\_\_\_\_

**MSG** Date *if required.*

**MSG** denotes a Medallion Signature Guarantee required.

**11. Broker-Dealer Use Only**

Dealer's Name (print) \_\_\_\_\_

Registered Representative's Name (print) \_\_\_\_\_

Registered Representative's Signature \_\_\_\_\_

Date \_\_\_\_\_

Dealer's Branch Office Street Address, City, State, Zip Code \_\_\_\_\_

Dealer's Telephone # \_\_\_\_\_

Branch Office # \_\_\_\_\_

Rep ID # \_\_\_\_\_

Manager's Name (print) \_\_\_\_\_

Manager'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  
800-524-2803 (Broker/Dealer Services)  
800-423-4026 (Shareholder Services)  
www.foresters.com