

Mutual Fund Account Instructions *for use by Third Party Broker-Dealers*

1. Account Registration **Choose One:** New Account Update Existing Account

Choose Only One: Individual Uniform Transfers to Minors Act (UTMA) for state of _____

JTWR0S Uniform Gifts to Minors Act (UGMA) for state of _____

Joint Other Trust Other _____

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

Customer Number (10-digit) (eg: 0000012345) Trust Name (**print**), if any Last 4-digits of Social Security Number/EIN

Check here and attach Joint Account Supplement Form if changing the address and all owners do not share the residential address.

U.S. Mailing Street Address (*Only complete if changing the address on existing account(s)*) City State Zip Code

Residential Street Address, City, State, Zip Code (Mandatory if Mailing Address contains a PO Box, "care of" or temporary address)

2. First Investors Fund Selection(s) *Complete Part A or Part B*

All investments will be made into Class A Shares unless specified otherwise.

A. Investment by Check Minimum: \$1,000 per non-retirement account, \$500 per retirement account.

Attached check payable to Foresters Financial Services, Inc. \$ _____

Amount Per Investment	First Investors Fund Name
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

B. Investment by Money Line *(Also complete Section 3 for Bank Information.)*

Minimum: \$50 monthly OR \$600 annually per fund account.
 Allows an automatic withdrawal from a bank account and investment into your First Investors Fund account(s). This authorization may extend to certain retirement and all non-retirement mutual fund accounts registered to the same owner opened now or in the future.

If the start date and/or frequency is not provided, Money Line will be invested on the first business day of each month.

Choose One: Start New Money Line Change Existing Money Line

Start Date: _____ **Frequency (Choose One):** Every other week 1st & 16th of month Last day of month
 Monthly Quarterly Semi-Annually Annually

Amount Per Investment	First Investors Fund Name
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

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.

Check here if you wish to authorize ACH debits (Fund purchases) and credits (Fund redemptions, dividends and other distributions) to and/or from the bank account listed below. (Please check one box for both **Section 3A(1)** and **3A(2)**.)

A. BANKING INFORMATION:

1. The attached bank information is to: (check one box)

- 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: (check one box)

- Checking Account **(If no selection is made, we will default to this option.)**
 - Voided Check enclosed.
- Savings Account: submit an account statement or encoded 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.

Bank Owner #1 First Name (print) _____ Bank Owner #1 Last Name (print) _____
(if other than First Investors Account Owner)

Signature of Bank Owner #1 _____
(if other than First Investors Fund Account Owner)

MSG

Bank Owner #2 First Name (print) _____ Bank Owner #2 Last Name (print) _____
(if other than First Investors Account Owner)

Signature of Bank Owner #2 _____
(if other than First Investors Fund Account Owner)

MSG

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 (Choose One):

- 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.

6. 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 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).

7. Expedited Redemption for First Investors Government Cash Management Fund



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 3**. 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 3**.

8. Statement of Intent ("SOI")

I/We wish to qualify for a sales charge discount by establishing a non-binding Statement of Intent to purchase a specific dollar amount of shares within 13 months. I/We agree to the terms of the Statement of Intent described in the applicable fund prospectus and Statement of Additional Information. I/We understand that I/we am/are not legally required to complete the Statement of Intent. However, if I/we fail to do so, my/our share balance will be reduced to reflect the appropriate sales charge without the Statement of Intent.

I/We want to enter a SOI on purchases of First Investors Funds for: \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

Link to existing Statement of Intent.

My/Our account(s) is (are) already covered by an existing Statement of Intent under customer account # _____.

I/We elect the following Eligible persons to be included in my/our Statement of Intent:

Spouse's First Name (**print**) _____ Spouse's Last Name (**print**) _____ Spouse's Social Security Number _____

Child #1 First Name (**print**) _____ Child #1 Last Name (**print**) _____ Child #1 Social Security Number _____

Child #2 First Name (**print**) _____ Child #2 Last Name (**print**) _____ Child #2 Social Security Number _____

Child #3 First Name (**print**) _____ Child #3 Last Name (**print**) _____ Child #3 Social Security Number _____

Name of Trust (**print**) _____ Trust's Taxpayer Identification Number _____

Trustee's First Name (**print**) _____ Trustee's Last Name (**print**) _____ Trustee's Social Security Number _____



denotes a Medallion Signature Guarantee required.

9. Secondary Address

A. Duplicate Statement

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

Customer Number (10-digit) (eg: 0000012345)

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)

(MSG) denotes a Medallion Signature Guarantee required.

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

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 Date if required. (MSG)

Name of Second Joint Tenant/
Second Trustee (print)

Signature of Second Joint Tenant/
Second Trustee Date if required. (MSG)



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