

Education Savings Account (ESA) Distribution Request

Use one form per Designated Beneficiary.

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

1. Owner Information

Responsible Individual's Name (**print**) _____

ESA Master Account Number (13-digits) _____

Designated Beneficiary's Name (**print**) _____

2. Reason for ESA Distribution *Only one reason may be selected in this section.*

- Qualified Education Expense** Expenses include tuition, fees, books, supplies and equipment for the enrollment or attendance of the Designated Beneficiary, as well as the purchase of computer technology or equipment if such technology equipment or services are to be used by the Designated Beneficiary and his or her family during any of the years the Designated Beneficiary is in school. Qualified elementary and secondary school education expenses include room and board, academic tutoring and special needs services in the case of a special needs beneficiary. Qualified higher education expenses include room and board if the Designated Beneficiary is at least a half-time student at an eligible education institution.
- Deemed Distribution** The Designated Beneficiary is not a special needs individual and became 30 years old on: _____
- Trustee-to-Trustee Transfer** The Responsible Individual initiated a trustee-to-trustee transfer to an ESA or 529 for the benefit of the Designated Beneficiary named above.
- Excess Contribution** Remove excess contribution of \$ _____ for tax year _____. Earnings will be removed if request is made prior to May 31st of the year following the excess contribution.
- Disability** The Designated Beneficiary is disabled.
- Death** The Designated Beneficiary is deceased and no successor Designated Beneficiary has been designated.
- Nonqualified Distribution** Distribution is not a Qualified Education Expense. A portion of the distribution may be taxable. See IRS Publication 970, Tax Benefits for Education, for help in determining the basis and earnings on the distribution.

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.

100% of ALL ESA Accounts under Master Account # _____
example: 0000123456-001

OR

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

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

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

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

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

(SG) denotes a signature guarantee is required.

3. Distribution Options (continued)

SG required if more than \$100,000.

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).

Specify 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 # _____

Frequency: 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

by check to address of record.* **SG** if address has been changed within 30 days.

Note: The redemption check will be made payable to the Responsible Individual FBO the Designated Beneficiary.

by check as trustee-to-trustee transfer to financial institution listed below:* **SG**

Name of Financial Institution (**print**)

Telephone Number of Financial Institution

Address of Financial Institution (Street Address, City, State, Zip Code)

Account Registration at Financial Institution

Name of Fund or Existing Account Number

*** 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 ESA account # _____

deduct the cost of the overnight delivery directly from ESA account # _____

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

SG denotes a signature guarantee is required.

5. Signature

I, the Responsible Individual for the above referenced ESA, certify that: 1) I have received and read the applicable fund prospectus(es) and agree to all their terms; 2) If I am requesting a distribution that is a Qualified Education Expense it is my responsibility to ensure that such distribution meets the applicable criteria; 3) I understand that neither Foresters Financial Services, Inc. nor any of its affiliates has any duty or responsibility for determining whether a distribution is a Qualified Education Expense; 4) I understand that account share redemptions may be subject to a contingent deferred sales charge as detailed in the Fund prospectus; 5) I have retained a completed copy of this Distribution Request. I 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, and that Foresters Investor Services, Inc. will not be held responsible for such delay. I certify that all statements made by me on this Distribution Request are true and correct. I hereby authorize and direct Foresters Financial Services, Inc. and their affiliates to act in accordance with the distribution instructions contained herein.

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.

Responsible Individual's Name (**print**)

Original Signature of Responsible Individual **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 _____	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