

Agent's Certification Form

For use by Guardians, Conservators, Executors or Administrators

1. Registered Owner

Check One: New Certification Amendment to Certification dated _____ (Complete Sections 1, 2, 3, 4 **and** either Section 5 or 6 on this form.)

Name of Ward, Decedent, or Estate (**print**) _____ Account Number _____ Social Security Number or Employer Identification Number of Estate _____

Registered Owner is a/an: (Check Appropriate Box)

Ward

Estate Date of Death of Decedent _____ Social Security Number of Decedent _____

2. Authorized Agent(s)

Agent's Name (**print**) _____

Title Held (Guardian, Administrator, Executor) _____

Agent's Residential Street Address _____

Agent's City, State, Zip Code _____

Agent's Social Security Number _____ Agent's Date of Birth _____

Citizenship: U.S. Citizen
 Resident Alien*

* A copy of an unexpired green card with a photograph must be attached.

Document Type and Number _____ Country of Citizenship _____

Agent's Name (**print**) _____

Title Held (Guardian, Administrator, Executor) _____

Agent's Residential Street Address _____

Agent's City, State, Zip Code _____

Agent's Social Security Number _____ Agent's Date of Birth _____

Citizenship: U.S. Citizen
 Resident Alien*

* A copy of an unexpired green card with a photograph must be attached.

Document Type and Number _____ Country of Citizenship _____

3. Authorizations

- A)** A court order is NOT required to invest in any particular securities or to sell, assign, transfer, exchange or redeem mutual funds, variable annuities or other securities accounts ("Account") opened now or in the future on behalf of the Registered Owner named in **Section 1**.
 A court order is required to engage in any of the foregoing. If this box is checked, stop here and call our Shareholder Services Department for further instructions at 800-423-4026.

B) Any one Authorized Agent acting alone and without consent of any other Authorized Agent is authorized to open accounts, purchase, sell, assign, transfer, redeem, exchange, execute written and verbal instructions regarding all mutual funds, variable annuities or other securities accounts ("Account") opened now or in the future on behalf of the Registered Owner named in **Section 1**. Any one of the Authorized Agent(s) may independently execute any transaction on behalf of the Registered Owner including authorizing account privileges such as draft check redemptions or Electronic Funds Transfers.

C) Telephone Privileges: Unless indicated below we authorize you to accept telephone exchange and redemption instructions, as permitted by the Fund prospectuses, from the Authorized Agent on behalf of the registered owner for any First Investors Fund accounts providing Foresters Investor Services, Inc. believes that the telephone instructions are genuine using the standard verification procedures such as: (1) obtaining the account number, name, and social security number for the account, (2) verifying that he/she is a named Authorized Agent, (3) recording all conversations, and (4) sending written confirmations of each transaction to the Account's address of record.

The Registered Owner does not want telephone privileges. Accept only written instructions.

D) This Authorization is not contrary to the provisions of any legal document or declaration regarding the Registered Owner.

E) Foresters Financial Services, Inc. and its affiliates may, without inquiry, act upon the instruction of any person(s) purporting to be an Authorized Agent as named in the Agent's Certification Form last received by Foresters Financial Services, Inc., until authorized written notice modifying or revoking the authority granted herein is received.

F) The Agent(s) hereby acknowledge that Foresters Financial Services, Inc. and its affiliates, as well as its directors, officers, employees, agents, managers and representatives do not have responsibility for: reviewing such document to determine whether it is valid under state or federal law or accomplishes the purpose for which it is intended; interpreting any provisions of such document; or administering any provisions contained in such document. The Agent(s) hereby acknowledge that Foresters Financial Services, Inc. and its affiliates, as well as its directors, officers, employees, agents, managers and representatives, are not liable for any damages, claims, or causes of actions resulting from their reliance on the documentation provided or authorization given by the completion of this Certification.

4. Appointment Documents

- Attached is: Certified Copy of Letters Testamentary/Administration Affidavit of Small Estate
 Certified Copy of Letters Guardianship/Conservatorship Court Order of Appointment

Complete the Certification under Section 5 or Section 6

5. Guardian/Conservator Certification

I/We are the Agent(s) named in **Section 2**, hereby certify(ies) that: there are no other agents for the Registered Owner; each Agent is now legally holding the title indicated; the attached documentation provided is a true and correct copy of my/our legal appointment; the documentation has not been modified, amended, rescinded or otherwise changed; and I (we) have full authority to complete this Agent's Certification Form, and enter into investment transactions on behalf of the Registered Owner. Pursuant to the powers and duties conferred upon the Guardian(s)/Conservator(s), each Agent named in **Section 2** hereby authorizes and directs Foresters Financial Services, Inc., Foresters Life and Annuity Company, each of the First Investors Funds, Foresters Investor Services, Inc., and their affiliates to accept instructions from any one of the Authorized Agents for all accounts owned now or in the future by the Registered Owner in **Section 1**. Any and all actions taken by any one of the Agents, in all respects, is ratified and confirmed as authorized acts of each of the Guardians/Conservators. I/We hereby certify that Foresters Financial Services, Inc. may rely on this document until Foresters Financial Services, Inc. receives written notice that any or all of the undersigned have ceased to act as an Agent by reason of resignation, death or removal by the court. Written notice shall be sent promptly to Foresters Financial Services, Inc., at its office at PO Box 7837, Edison, New Jersey 08818-7837.

Note: If more than one Guardian/Conservator is named, each signature must be separately notarized.

Name of Guardian / Conservator (**print**)

Name of Guardian / Conservator (**print**)

Signature of Guardian / Conservator **Date**

Signature of Guardian / Conservator **Date**

Notary Public:

State of _____ County of _____

This instrument was acknowledged before me this _____ day of
month _____, year _____, by

Customer's Name (print)

Signature of Notary Public **Commission Expiration Date**

(SEAL)

Name of Notary Public (typed, stamped, printed)

Notary Public:

State of _____ County of _____

This instrument was acknowledged before me this _____ day of
month _____, year _____, by

Customer's Name (print)

Signature of Notary Public

(SEAL)

Name of Notary Public (typed, stamped, printed)

6. Executor(s)/Administrator(s) Certification

I/We are the Agent(s) named in **Section 2**, hereby certify(ies) that: there are no other agents for the Registered Owner; each Agent is now legally holding the title indicated; the attached documentation provided is a true and correct copy of my/our legal appointment; the documentation has not been modified, amended, rescinded or otherwise changed; and I/we have full authority to complete this Agent's Certification Form, and enter into investment transactions on behalf of the Registered Owner. Pursuant to the powers and duties conferred upon the Executor(s)/Administrator(s), each Authorized Agent named in **Section 2** hereby authorizes and directs Foresters Financial Services, Inc., Foresters Life and Annuity Company, each of the First Investors Funds, Foresters Investor Services, Inc. and their affiliates to accept instructions from any one of the Authorized Agents for all accounts owned now or in the future by the Registered Owner in **Section 1**. Any and all actions taken by any one of the Agents, in all respects, is ratified and confirmed as authorized acts of each of the Executors/Administrators. I/We hereby certify that Foresters Financial Services, Inc. may rely on this document until Foresters Financial Services, Inc. receives written notice that any or all of the undersigned have ceased to act as an Agent by reason of resignation, death or removal by the court. Written notice shall be sent promptly to Foresters Financial Services, Inc., at its office at PO Box 7837, Edison, New Jersey 08818-7837.

Note: If more than one Executor/Administrator is named, each signature must be separately notarized.

Name of Executor / Administrator (**print**)

Name of Executor / Administrator (**print**)

Signature of Executor / Administrator

Date

Signature of Executor / Administrator

Date

Notary Public:

State of _____ County of _____

This instrument was acknowledged before me this _____ day of
month _____, year _____, by the
Executor/Administrator named above.

Personally Known

Produced Identification

Type and # of ID: _____

Signature of Notary Public

(SEAL)

Name of Notary Public (typed, stamped, printed)

Notary Public:

State of _____ County of _____

This instrument was acknowledged before me this _____ day of
month _____, year _____, by the
Executor/Administrator named above.

Personally Known

Produced Identification

Type and # of ID: _____

Signature of Notary Public

(SEAL)

Name of Notary Public (typed, stamped, printed)

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
800-423-4026 (Shareholder Services)
www.foresters.com