

**Form Completion Instructions:**  
**Designation of Beneficiary for Inherited 403(b) Accounts (IN403)**

The **Designation of Beneficiary for Inherited 403(b) Accounts** (IN403) form provides an opportunity for an Inherited 403(b) holder to designate beneficiaries on his/her account.

It is important to remember that some states may have laws restricting or prohibiting the naming of beneficiaries on an inherited 403(b). It is the responsibility of the Inherited 403(b) holder to ensure that state laws permit the naming of beneficiaries on inherited 403(b) accounts.

These instructions will assist in the proper completion of this form. Snapshots of each section along with instructions on how to properly complete that section are available below.

Please take special care in reviewing the "Points to Remember" referenced within this document. They are to assist you in properly completing the form.

**1. Inheritor Information**

Beneficiary's Name who Inherited this Account (Inheritor) (print) \_\_\_\_\_ Last 4-digits of Social Security Number \_\_\_\_\_ Master Account Number (13-digits) \_\_\_\_\_

Provide the following information:

- Print the first and last name of Inheritor for **Beneficiary's Name who Inherited this Account**.
- Print the Inheritor's **Last 4-digits of Social Security Number**.
- Print the **Master Account Number (13-digits)**.

**2. Designation**

I hereby designate the individual(s), trust or other entity listed below as the beneficiary(ies) of all of my First Investors Fund accounts under this Master Account Number (Accounts) as of the date of my death.

If I elect to name an entity as beneficiary, I understand that I must provide the name of the entity, the tax identification number, and the percentage of the benefit that would be payable to it. Likewise, if I elect to name a trust as my beneficiary, I will indicate the name of the trust, the trust date and the tax identification number of the trust if available.

In accordance with the Disclosure Statement(s) and Custodial Agreement(s), the Inheritor designates the individual(s), trust or other entity listed on this form as the beneficiary(ies) on all of his/her inherited retirement account(s) opened now or in the future under the registration listed on this form.

**3. Primary Beneficiary(ies)** *If more than one primary beneficiary, allocations must equal 100%.*

Check here if designating more than six Primary or Contingent Beneficiaries and attach a signed letter of instruction.

<p><b>1.</b></p> <p>First Name/Last Name (print) _____ Percentage _____</p> <p>Relationship _____ Date of Birth/Trust _____ SSN/Tax ID # _____</p>	<p><b>2.</b></p> <p>First Name/Last Name (print) _____ Percentage _____</p> <p>Relationship _____ Date of Birth/Trust _____ SSN/Tax ID # _____</p>
<p><b>3.</b></p> <p>First Name/Last Name (print) _____ Percentage _____</p> <p>Relationship _____ Date of Birth/Trust _____ SSN/Tax ID # _____</p>	<p><b>4.</b></p> <p>First Name/Last Name (print) _____ Percentage _____</p> <p>Relationship _____ Date of Birth/Trust _____ SSN/Tax ID # _____</p>
<p><b>5.</b></p> <p>First Name/Last Name (print) _____ Percentage _____</p> <p>Relationship _____ Date of Birth/Trust _____ SSN/Tax ID # _____</p>	<p><b>6.</b></p> <p>First Name/Last Name (print) _____ Percentage _____</p> <p>Relationship _____ Date of Birth/Trust _____ SSN/Tax ID # _____</p>

- Indicate the Full Name, Percentage, Relationship, Date of Birth/Trust, Social Security #/Tax ID # for each primary beneficiary. (Percentages for all beneficiaries must equal 100%.)

**Points to Remember:**

- If designating more than six primary or contingent beneficiaries, check the box and attach a signed letter of instruction including all pertinent beneficiary information.
- If the Inheritor does not indicate a percentage, upon his/her death, shares will be divided equally among the beneficiaries who survive him/her.
- If naming a beneficiary other than a natural person, additional information may be requested in order for the designation to be accepted.

**4. Contingent Beneficiary(ies)** *If more than one contingent beneficiary, allocations must equal 100%.*

<b>1.</b> First Name/Last Name ( <b>print</b> ) _____ Percentage _____ Relationship _____ Date of Birth/Trust _____ SSN/Tax ID # _____	<b>2.</b> First Name/Last Name ( <b>print</b> ) _____ Percentage _____ Relationship _____ Date of Birth/Trust _____ SSN/Tax ID # _____
<b>3.</b> First Name/Last Name ( <b>print</b> ) _____ Percentage _____ Relationship _____ Date of Birth/Trust _____ SSN/Tax ID # _____	<b>4.</b> First Name/Last Name ( <b>print</b> ) _____ Percentage _____ Relationship _____ Date of Birth/Trust _____ SSN/Tax ID # _____
<b>5.</b> First Name/Last Name ( <b>print</b> ) _____ Percentage _____ Relationship _____ Date of Birth/Trust _____ SSN/Tax ID # _____	<b>6.</b> First Name/Last Name ( <b>print</b> ) _____ Percentage _____ Relationship _____ Date of Birth/Trust _____ SSN/Tax ID # _____

- Indicate the Full Name, Percentage, Relationship, Date of Birth/Trust, Social Security #/Tax ID # for each contingent beneficiary. (Percentages for all beneficiaries must equal 100%.)

**5. Inheritor Signature**

This Designation revokes all prior designations of beneficiaries made by me with respect to my Accounts under this Master Account Number. I reserve the right to revoke this Designation by filing a subsequent Designation of Beneficiary for Inherited 403(b) Accounts with Foresters Financial Services, Inc. ("FFS"). This Designation, and any revocation of this Designation, shall be given effect only if received and accepted by FFS, prior to my death.

I understand that in the event of my death, payment of the balance of my Accounts shall be made to my Primary Beneficiaries, named on this form, who survive me. Unless I have indicated otherwise, payment to my Primary Beneficiaries shall be made in equal shares. If no Primary Beneficiary survives me, then payment of the balance of my Accounts shall be made to my Contingent Beneficiaries, named on this form, who survive me. Unless I have indicated otherwise, payment to my Contingent Beneficiaries shall be made in equal shares.

I understand that neither FFS, nor its agent, Foresters Investor Services, Inc., nor its and their employees, officers, directors, agents and representatives shall have any obligation to determine if I am permitted under state law to name beneficiaries for my Inherited 403(b) Accounts and it is my responsibility to seek a determination from a qualified advisor the appropriate state authority if I need assistance.

I acknowledge that neither FFS, nor its agent, Foresters Investor Services, Inc., has any liability for any loss, damage, or expense arising out of payment to a beneficiary that is made in accordance with this Designation.

Signature of Inheritor \_\_\_\_\_ Date \_\_\_\_\_

- The Inheritor must understand:
  - this designation may be revoked by filing a subsequent Beneficiary Designation form. The designation of beneficiary is not effective until it is received and accepted by Foresters Investor Services, Inc.; and
  - it is the responsibility of the Inheritor to seek a determination from a qualified expert as to whether he/she is permitted under state law to name beneficiaries for his/her Inherited 403(b) accounts.
- The original signature of the Inheritor and the date the form was signed must be provided.

**If further assistance is needed in completing this form please contact our Shareholder Services Department at 800-423-4026.**