

Designation of Beneficiary for Inherited 403(b) Accounts

- Some states may have laws that restrict and/or prohibit naming beneficiaries on inherited retirement accounts. It is your responsibility to ensure that applicable state laws permit you to name beneficiaries on your inherited retirement account(s).
- Beneficiary designations are not permitted for inherited 403(b)s established by minors or entities such as a trust or an estate.
- The Designation of Beneficiary, change or revocation is not effective until received in good order by the Custodian, Foresters Financial Services, Inc.

1. Inheritor Information

Beneficiary's Name who Inherited this Account (Inheritor) **(print)** _____ Last 4-digits of Social Security Number _____ 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.

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>1.</p> <p>First Name/Last Name (print) _____ Percentage _____</p> <p>Relationship _____ Date of Birth/Trust _____ SSN/Tax ID # _____</p> <p>3.</p> <p>First Name/Last Name (print) _____ Percentage _____</p> <p>Relationship _____ Date of Birth/Trust _____ SSN/Tax ID # _____</p> <p>5.</p> <p>First Name/Last Name (print) _____ Percentage _____</p> <p>Relationship _____ Date of Birth/Trust _____ SSN/Tax ID # _____</p>	<p>2.</p> <p>First Name/Last Name (print) _____ Percentage _____</p> <p>Relationship _____ Date of Birth/Trust _____ SSN/Tax ID # _____</p> <p>4.</p> <p>First Name/Last Name (print) _____ Percentage _____</p> <p>Relationship _____ Date of Birth/Trust _____ SSN/Tax ID # _____</p> <p>6.</p> <p>First Name/Last Name (print) _____ Percentage _____</p> <p>Relationship _____ Date of Birth/Trust _____ SSN/Tax ID # _____</p>
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4. Contingent Beneficiary(ies) *If more than one contingent beneficiary, allocations must equal 100%.*

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

Return by Regular Mail:

Foresters Investor Services, Inc.
Attn: New Accounts Department
P.O. Box 7837, Edison, NJ 08818-7837

Return by Overnight Mail:

Foresters Investor Services, Inc.
Attn: New Accounts Department
Raritan Plaza I, 8th Floor, Edison, NJ 08837-3620

For More Information:

First Investors Funds
800-423-4026 (Shareholder Services)
www.forestersfinancial.com