

**Form Completion Instructions:  
IRA/403(b) Beneficiary Designation Form (BENEFORM)**

The **IRA/403(b) Beneficiary Designation Form** (BENEFORM) is used to designate, change or revoke a beneficiary for Foresters Financial Services retirement accounts. You are permitted to use one BENEFORM for all of your Foresters Financial Services retirement registrations selected in **Section 2** of this form; however, the beneficiary designations must be the same.

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. Customer Information**

Customer's Name (print) \_\_\_\_\_ Last 4-digits of Social Security Number \_\_\_\_\_

Customer's Street Address, City, State, Zip Code \_\_\_\_\_

- Provide your name, last 4-digits of your social security number and your complete mailing address.

**2. Type of Foresters Financial Services, Inc. Retirement Accounts**

All retirement registration types selected will be updated according to the beneficiary designation(s) provided. (Check all that apply)

|  |   |
|--|---|
| <input type="checkbox"/> Traditional IRA<br>Master Account Number(s) (13-digits) _____ | <input type="checkbox"/> SEP-IRA<br>Master Account Number(s) (13-digits) _____    |
| <input type="checkbox"/> Roth IRA<br>Master Account Number(s) (13-digits) _____        | <input type="checkbox"/> SARSEP-IRA<br>Master Account Number(s) (13-digits) _____ |
| <input type="checkbox"/> 403(b)<br>Master Account Number(s) (13-digits) _____          | <input type="checkbox"/> SIMPLE IRA<br>Master Account Number(s) (13-digits) _____ |

- Select the type(s) of Foresters Financial Services retirement account(s).
- List the 13-digit Master Account Number(s) (e.g.: 0000123456-001).

**3. Designation**

I hereby revoke any prior designation of beneficiary and designate the individual(s), trust or other entity listed below as the beneficiary(ies) on all Foresters Financial Services, Inc. retirement account(s) opened now or in the future under the registration(s) selected above.

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), by submitting this form you are revoking any prior designation of beneficiary and designating the name(s) listed on this form as the beneficiary(ies) on all of your First Investors Fund retirement account(s) opened now or in the future under the registration(s) listed on this form.

**4. 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.

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

- Indicate the Full Name, Percentage, Relationship, Date of Birth/Trust, Social Security #/Tax ID # for each primary beneficiary. (Percentages for all primary 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 listed above.

- If a percentage is not indicated on this form, upon death, shares will be divided equally among the beneficiaries who survive you.
- If naming a beneficiary other than a natural person, additional information may be requested in order for the designation to be accepted.

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

|   |   |
|---|---|
| <p><b>1.</b></p> <p>First Name/Last Name (<b>print</b>) _____ Percentage _____</p> <p>Relationship _____ Date of Birth/Trust SSN/Tax ID # _____</p> | <p><b>2.</b></p> <p>First Name/Last Name (<b>print</b>) _____ Percentage _____</p> <p>Relationship _____ Date of Birth/Trust SSN/Tax ID # _____</p> |
| <p><b>3.</b></p> <p>First Name/Last Name (<b>print</b>) _____ Percentage _____</p> <p>Relationship _____ Date of Birth/Trust SSN/Tax ID # _____</p> | <p><b>4.</b></p> <p>First Name/Last Name (<b>print</b>) _____ Percentage _____</p> <p>Relationship _____ Date of Birth/Trust SSN/Tax ID # _____</p> |
| <p><b>5.</b></p> <p>First Name/Last Name (<b>print</b>) _____ Percentage _____</p> <p>Relationship _____ Date of Birth/Trust SSN/Tax ID # _____</p> | <p><b>6.</b></p> <p>First Name/Last Name (<b>print</b>) _____ 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 contingent beneficiary. (Percentages for all contingent beneficiaries must equal 100%.)

**6. Marital Status**

I am married.     I am not married.

**For IRA Accounts and 403(b) plans that are not subject to ERISA:** If you are married and you designate a Primary Beneficiary other than your spouse, this Beneficiary Designation may not be effective under your state law without the consent of your spouse. If you are married, your spouse is your Primary Beneficiary, and you are subsequently divorced or separated, your Beneficiary Designation may not be effective under your state law. Please consult with your own legal advisor.

**For 403(b) plans that are subject to ERISA:** If you are married and designating a person other than your spouse as the sole Primary Beneficiary, spousal consent is required. Please complete and attach the **403(b) ERISA Spousal Consent Supplement Form**. Please consult with your Plan Administrator and your own legal advisor for guidelines relating to naming beneficiaries under your ERISA plan.

- Indicate your marital status by checking the applicable box in this section.
- For **IRA Accounts and 403(b) plans not subject to ERISA**, if the "I am married" box is checked, and the Primary Beneficiary is not the spouse, the spouse may be required to sign in **Section 7**.
- For **403(b) plans subject to ERISA**, if the "I am married" box is checked, and the Primary Beneficiary is not the spouse, spousal consent is required. The 403(b) ERISA Spousal Consent Supplement Form must be attached to this form.

**7. Spousal Consent for Non-ERISA Plans** (If Applicable)

For ERISA Plans, complete and attach the **403(b) ERISA Spousal Consent Supplement Form**.  
 I am the spouse of the Customer named in **Section 1**. By signing below, I expressly consent to the beneficiary(ies) designated on this form. I understand that by consenting to my spouse's Beneficiary Designation, I may be forfeiting benefits I would be entitled to receive.

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_ Spouse's Name (**print**) \_\_\_\_\_

- For **IRA and 403(b) plans not subject to ERISA**, if the "I am married" box is checked in **Section 6**, and the Primary Beneficiary is not the spouse, the spouse may be required sign in this section.
  - Be sure to consult with your legal advisor to determine if spousal consent is necessary.

**8. Customer Signature**

I authorize Foresters Financial Services Inc. ("FFS") and its affiliates, officers, directors, representatives, employees and agents to act in accordance with these instructions. I understand that it is my sole responsibility to ensure that my Beneficiary Designation complies with applicable state law, federal law and valid domestic relations orders at all times and to review my Beneficiary Designations periodically and whenever I have a change in circumstance to ensure such compliance. If I am married and have designated a Primary Beneficiary other than my spouse, I understand that this Beneficiary Designation may not be effective under state law without the consent of my spouse. If I am designating beneficiaries for my 403(b) account, I certify that I have consulted with the Plan Administrator to determine if the Plan is subject to ERISA and if spousal consent is required. I understand that the 403(b) plan documents and/or administrative agreements may limit my ability to designate beneficiaries. I certify that I have obtained the necessary information to determine my ability to designate beneficiaries, I am permitted to designate the listed beneficiary(ies) and am authorized to file my beneficiary designation with FFS. I authorize FFS to share my beneficiary information with my Employer and/or Third Party Administrator, as required to ensure compliance. I understand that FFS has no obligation to determine my marital status at the time of my death and that FFS shall not be liable for any claim, loss, damage or expense if, upon my death, payments are made in accordance with my Beneficiary Designation on file and my Beneficiary Designation is subsequently determined to be in violation of state law, federal law or a valid domestic relations order. I certify that I have obtained the necessary information to determine the validity of my designated beneficiary(ies), I am permitted to designate the listed beneficiary(ies) and am authorized to file my beneficiary designation with FFS.

I understand that if spousal consent is not provided, I am certifying that it is not necessary. If the signature of my spouse is provided, I am certifying that it is genuine.

I understand that in the event of my death, payment of the balance of my accounts as referenced in **Section 2** shall be made to my Primary Beneficiaries 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 who survive me. Unless I have indicated otherwise, payment to my Contingent Beneficiaries shall be made in equal shares.

I reserve the right to revoke this Designation by filing a subsequent Beneficiary Designation with FFS. This Designation, and any revocation of this Designation, shall be given effect only if received in good order and accepted by FFS.

Signature of Customer \_\_\_\_\_ Date \_\_\_\_\_

- In the event of your death, payment of the balance of your account(s) will be made to the Primary Beneficiary(ies), who are named on this form, who survive you. Unless indicated otherwise, payment to the Primary Beneficiary(ies) will be made in equal shares. If no Primary Beneficiary survives you, then payment of the account(s) will be made to the Contingent Beneficiary(ies), who survive you. Unless indicated otherwise, payment to the Contingent Beneficiary(ies) will be made in equal shares.
- 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 Financial Services.
- An original signature and date must be provided.

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