

IRA/403(b) Beneficiary Designation Form

The Beneficiary designation, change or revocation is not effective until received in good order by the Custodian, Foresters Financial Services, Inc.

1. Customer Information

Customer's Name (**print**) _____ Last 4-digits of Social Security Number _____

Customer's Street Address, City, State, Zip Code _____

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)

Traditional IRA _____
Master Account Number(s) (13-digits)

Roth IRA _____
Master Account Number(s) (13-digits)

403(b) _____
Master Account Number(s) (13-digits)

SEP-IRA _____
Master Account Number(s) (13-digits)

SARSEP-IRA _____
Master Account Number(s) (13-digits)

SIMPLE IRA _____
Master Account Number(s) (13-digits)

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.

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.

1. _____
First Name/Last Name (**print**) Percentage

Relationship Date of Birth/Trust SSN/Tax ID #

2. _____
First Name/Last Name (**print**) Percentage

Relationship Date of Birth/Trust SSN/Tax ID #

3. _____
First Name/Last Name (**print**) Percentage

Relationship Date of Birth/Trust SSN/Tax ID #

4. _____
First Name/Last Name (**print**) Percentage

Relationship Date of Birth/Trust SSN/Tax ID #

5. _____
First Name/Last Name (**print**) Percentage

Relationship Date of Birth/Trust SSN/Tax ID #

6. _____
First Name/Last Name (**print**) Percentage

Relationship Date of Birth/Trust SSN/Tax ID #

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

1.

First Name/Last Name (print) Percentage

Relationship Date of Birth/Trust SSN/Tax ID #

3.

First Name/Last Name (print) Percentage

Relationship Date of Birth/Trust SSN/Tax ID #

5.

First Name/Last Name (print) Percentage

Relationship Date of Birth/Trust SSN/Tax ID #

2.

First Name/Last Name (print) Percentage

Relationship Date of Birth/Trust SSN/Tax ID #

4.

First Name/Last Name (print) Percentage

Relationship Date of Birth/Trust SSN/Tax ID #

6.

First Name/Last Name (print) Percentage

Relationship Date of Birth/Trust SSN/Tax ID #

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.

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)

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

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