

**Form Completion Instructions:
Liquidation Request (SHAR292)**

The **Liquidation Request** (SHAR292) is used to liquidate non-retirement accounts and/or non-Foresters Financial Services, Inc. prototype retirement plan accounts. If shares are issued, they must be submitted along with this request, otherwise a fee will be imposed to replace the lost certificate and additional paperwork will be required.

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. Account Information		
Owner's Name (print)	Joint Owner's Name, if any (print)	Fund Account Number

Provide the following information:

- Your first and last name for **Owner's Name** (exactly as it appears in the account registration).
- The first and last name for **Joint Owner's Name, if any**.
- The **Fund Account Number** being liquidated (ex. 42v0000012345).

Point to Remember: Only one fund account may be redeemed per form.

2. Sell (Choose only one and attach any issued share certificates.)		(SG) required if more than \$100,000
<input type="checkbox"/> Liquidate my/our entire Fund account.		
<input type="checkbox"/> Liquidate \$ _____ dollars of my/our Fund account.		
If redeeming Class B shares or Class A shares subject to a contingent deferred sales charge (CDSC), check Option A <u>or</u> Option B: (Note: If no box is checked, Option B will be used.)		
A. <input type="checkbox"/> redeem sufficient shares to <u>net</u> the above dollar amount.		
B. <input type="checkbox"/> issue a check for the above dollar amount less the applicable contingent deferred sales charge (CDSC).		
<input type="checkbox"/> Liquidate _____ % OR _____ shares of my/our Fund account.		
If shares are issued, complete the following:		
Certificate # _____	for _____ shares.	<input type="checkbox"/> Shares attached. <input type="checkbox"/> Shares lost.*
* A fee of the greater of 2% of the current market value of the certificated shares or \$35 will be required to replace a lost share certificate. Contact us for additional information.		

Check **one** box indicating the liquidation option:

- **Liquidate my/our entire Fund account.**
- **Liquidate \$ _____ dollars of my/our Fund account.**
 - Provide the dollar amount being liquidated.
 - If a contingent deferred sales charge (CDSC) is to be applied to the shares being liquidated, one of the boxes (A or B) must be checked indicating:
 - A. Redeem sufficient shares to net the dollar amount indicated, or
 - B. Issue a check for the dollar amount to be liquidated less the applicable CDSC.
- **Liquidate _____ % **OR** _____ shares of my/our Fund account.**
 - Provide the exact percentage or number of shares.
- If shares are issued, provide the certificate number for the number of shares issued, then check the box indicating if the shares are attached or if the shares are lost.

Points to Remember:

- In Section 2, if Option A or B is not checked for the dollar amount selection, Option B will be used.
- If the share certificate is lost, a fee of the greater of 2% of the current market value of the certified shares or \$35 will be required to replace the lost share certificate.
- A signature guarantee is required for any redemption over \$100,000.

3. Payment Directions

- by check to address of record.* (SG) if address has been changed within 30 days.
- by Electronic Funds Transfer to my pre-designated Bank Account ending with the last 5 digits of _____. A check will be issued to the address of record if this distribution request is received before the Electronic Funds Transfer privilege is established.
- by check to Foresters Financial Services, Inc.: *Note: account must be registered to the same owner.*

Existing Account Number or Name of New Fund (Attach Mutual Fund Account Instructions form)

- by check to financial institution listed below:* (SG)

Name of Financial Institution (print)

Telephone Number of Financial Institution

Address of Financial Institution (Street Address, City, State, Zip Code)

Account Registration at Financial Institution

Name of Fund or Existing Account Number

- by check to an alternate payee:* (SG)

Name of Alternate Payee (print)

Relationship to Owner

Street Address, City, State, Zip Code of Alternate Payee

* Payment made by check will be sent via regular mail unless the expedited delivery option is selected below.

Deliver distribution proceeds via overnight mail and:

- deduct the cost of the overnight delivery from the amount of the distribution from my non-retirement account # _____
- deduct the cost of the overnight delivery directly from my non-retirement account # _____

Note: If no account is specified above, deduct the cost of the overnight delivery from the amount of the distribution from the account with the highest market value.

Indicate who the proceeds are being made payable to. Only **one** option may be selected.

- **By check to address of record**
 - A signature guarantee is required if the address has been changed within the previous 30 days.
- **By Electronic Funds Transfer (EFT) to pre-designated bank account**
 - Provide the last 5-digits of the bank account number.
 - The bank account must already be on file and the EFT privilege already established.
- **By check to Foresters Financial Services, Inc.**
 - Provide either:
 - the existing account number, or
 - if the proceeds are being invested into a new fund, provide the name of the new fund along with the Mutual Fund Account Instructions (FIMFA) form.
 - The receiving account must be registered to the same owner.
- **By check to financial institution listed on this form**
 - Provide the following information for the financial institution:
 - name of the financial institution
 - telephone number
 - complete mailing address
 - account registration at the financial institution
 - the name of the fund or existing account number
 - Signature guarantee is required.
- **By check to an alternate payee**
 - Provide the name of the alternate payee, relationship to the account owner and the complete mailing address.
 - Signature guarantee is required.
- Payments by check will be sent via regular mail unless the expedited delivery option is selected.
 - Check the appropriate box to indicate how the expedited delivery fee will be covered.

Point to Remember: For the account owner's protection, each First Investors Fund reserves the right to require additional supporting legal documentation, to require all paperwork to be dated within sixty (60) days, and to make checks payable only to the account owner(s) or a financial institution for the benefit of the account owner(s), or in the event of his/her death, to the estate or named beneficiaries.

4. Tax Certification and Signatures

I/We understand that account share redemptions may be subject to a contingent deferred sales charge as detailed in the Fund prospectus. I/We further understand that Foresters Investor Services, Inc. may delay processing my/our liquidation request if such request is not received in good order, for example, if the request is not properly completed, signed and dated, and Foresters Investor Services, Inc. will not be held responsible for such delay. I/We have received, read and understand the applicable Fund prospectus(es). I/We certify that all statements made by me/us on this liquidation request are true and correct. I/We hereby authorize and direct Foresters Financial Services and its affiliates to act in accordance with the distribution instructions contained herein. I/We certify that my/our signature(s) is/are sufficient to authorize this transaction.

TAXPAYER CERTIFICATION. Under penalties of perjury, I certify that (1) the number shown on this Application is my correct taxpayer identification number (or I am awaiting a number to be issued to me); and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service ("IRS") that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or other U.S. person (defined in the Form W-9 instructions); and (4) I am exempt from Foreign Account Tax Compliance Act reporting. You must cross out (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return. If you are claiming an exemption as a non-resident alien, you should check this box and attach an IRS Form W-8BEN to this form. **The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Print Name of Individual or Custodian _____	Social Security # or Taxpayer Identification # _____	Signature of Individual or Custodian _____	Date _____
Print Name of Joint Owner, if any _____	Social Security # or Taxpayer Identification # _____	Signature of Joint Owner, if any _____	Date _____
Print Name and Title of Corporate Officer, Partner or Trustee _____	Social Security # or Taxpayer Identification # _____	Signature of Corporate Officer, Partner or Trustee _____	Date _____
Print Name and Title of Corporate Officer, Partner or Trustee _____	Social Security # or Taxpayer Identification # _____	Signature of Corporate Officer, Partner or Trustee _____	Date _____

SG denotes a signature guarantee is required.

Affix Medallion Signature Guarantee Here, If Required:
 Stamps qualified for a specific date and/or individual, or altered in any manner, may not be accepted.



- Original signature(s) of the owner(s), appearing exactly as the account is registered, must be provided.
- In addition, if a Medallion Signature Guarantee is required, it can be provided in this section.
 - A Medallion Signature Guarantee cannot be qualified or altered in any manner (i.e. arrows, dates, etc).

Points to Remember:

- If the signature does not match how the account is registered, further documentation may be required.
- We will accept instructions from any one of the joint tenants of a joint account as long as the account has telephone privileges and a signature guarantee is not required.

I CERTIFY THAT ALL SIGNATURES THAT REQUIRE A SIGNATURE GUARANTEE ON THIS FORM ARE GENUINE.			
Reg. Rep # _____	Office # _____	Registered Representative's Name (print) _____	Registered Representative's Signature _____ Date _____
Principal # _____	Principal's Name (print) _____	Principal's Signature _____	Date _____

In lieu of a Medallion Signature Guarantee, a Foresters Financial representative may provide a Signature Guarantee.

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