

Liquidation Request

Non-Retirement Accounts & Non-Foresters Financial Services, Inc. Prototype Retirement Plans

Alterations to provided information will not be accepted unless initialed next to the alteration by the customer.

1. Account Information

Owner's Name (print) _____

Joint Owner's Name, if any (print) _____

Fund Account Number _____

2. Sell (Choose only one and attach any issued share certificates.)

(SG) required if more than \$100,000

Liquidate my/our entire Fund account.

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 **or** Option B:
(Note: If no box is checked, Option B will be used.)

A. redeem sufficient shares to net the above dollar amount.

B. issue a check for the above dollar amount less the applicable contingent deferred sales charge (CDSC).

Liquidate _____ % **OR** _____ shares of my/our Fund account.

If shares are issued, complete the following:

Certificate # _____ for _____ shares. Shares attached. 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.

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.

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.

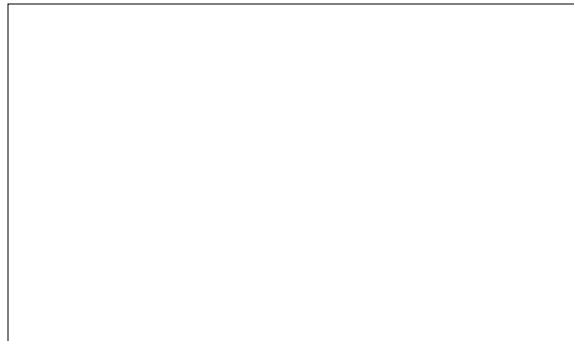
TAXPAYER CERTIFICATION. Under penalties of perjury, I certify that (1) the number shown on this Application is my correct taxpayer identification number (or I am awaiting a number to be issued to me); and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) 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.



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

Return by Regular Mail:

Foresters Investor Services, Inc.
Attn: Redemptions & Exchanges Department
P.O. Box 7837, Edison, NJ 08818-7837

Return by Overnight Mail:

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

For More Information:

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