

Form Completion Instructions: Mutual Fund Account Instructions (FIMFA)

The **Mutual Fund Account Instructions** (FIMFA) form is utilized for First Investors Fund selection and to establish optional services on First Investors Fund new or existing fund account(s). The FIMFA may be submitted with the appropriate Master Account Agreement when establishing a non-retirement account or with the appropriate retirement account application when establishing a retirement account.

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 Registration			
Choose One:		<input type="checkbox"/> New Account	<input type="checkbox"/> Update Existing Account
Choose Only One:			
<input type="checkbox"/> Individual	<input type="checkbox"/> Uniform Transfers to Minors Act (UTMA) for state of _____		
<input type="checkbox"/> JTWR0S	<input type="checkbox"/> Uniform Gifts to Minors Act (UGMA) for state of _____		
<input type="checkbox"/> Joint Other	<input type="checkbox"/> Trust	<input type="checkbox"/> Other _____	
Owner's First Name (print) _____		Owner's Last Name (print) _____	
Joint Owner's First Name (print) _____		Joint Owner's Last Name (print), if any _____	
Customer Number (10-digit) (eg: 0000012345) _____		Trust Name (print), if any _____	
Last 4-digits of Social Security Number/EIN _____			
<input type="checkbox"/> Check here and attach Joint Account Supplement Form if changing the address and all owners do not share the residential address.			
U.S. Mailing Street Address (Only complete if changing the address on existing account(s)) _____			
City _____		State _____	Zip Code _____
<small>Residential Street Address, City, State, Zip Code (Mandatory if Mailing Address contains a PO Box, "care of" or temporary address)</small>			

- Check one box to indicate if the FIMFA is for:
 - **New Account** or **Update Existing Account**.
- Check one box to indicate type of account (e.g. individual, JTWR0S).
 - If establishing a retirement account, check the "Other" box and print the type of retirement account (e.g. Roth IRA, Trad-IRA, etc.).
- Print the **Owner's Name** and **Joint Owner's Name**, if any.
- Print the **Customer Number** (10-digits).
- Print the **Trust Name**, if any.
- Print the **Last 4-digits of Social Security Number/EIN** on the account. The SSN/EIN must match the SSN/EIN on the appropriate Master Account Agreement.
- Complete the address information only if you are changing your address:
 - Check the box if you are changing your address and all owners do not share the residential address. Complete and attach a "Joint Account Supplement to the Master Account Agreement" form.
 - If the mailing address contains a P.O. Box, "care of" or temporary address, the residential address **must** be provided.

2. First Investors Fund Selection(s) Complete Part A <u>or</u> Part B	
<small>All investments will be made into Class A Shares unless specified otherwise.</small>	
A. <input type="checkbox"/> Investment by Check or Shareorder Minimum: \$1,000 per non-retirement account, \$500 per retirement account.	
Choose One:	
<input type="checkbox"/> Attached check payable to Foresters Financial Services, Inc. \$ _____	
<input type="checkbox"/> Confirmation # _____	
Amount Per Investment	First Investors Fund Name
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

- A. Investment by Check or Shareorder:**
- Check box to indicate if the account is being established via check or shareorder.
 - Check one box to indicate either:
 - a check is attached and indicate the amount of the check, OR
 - purchase is being made through a shareorder/confirmation purchase, list the confirmation number(s).
 - Indicate the **Amount Per Investment** and **First Investors Fund Name**.

B. Investment by Money Line (Also complete Section 3 for Bank Information.)

Minimum: \$50 monthly OR \$600 annually per fund account.
Allows an automatic withdrawal from a bank account and investment into your First Investors Fund account(s). This authorization may extend to certain retirement and all non-retirement mutual fund accounts registered to the same owner opened now or in the future.

If the start date and/or frequency is not provided, Money Line will be invested on the first business day of each month.

Choose One: Start New Money Line Change Existing Money Line

Start Date: _____ **Frequency (Choose One):** Every other week 1st & 16th of month Last day of month
 Monthly Quarterly Semi-Annually Annually

Amount Per Investment	First Investors Fund Name
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

B. Investment by Money Line:

- Check box is investment is through Money Line.
- Check one box to indicate **Start New Money Line** or **Change Existing Money Line**.
- Provide a **Start Date** for the Money Line to begin.
 - If the start date chosen is during the Money Line 10-business day pre-note period, the Money Line will begin on the next scheduled date.
- Choose the **Frequency** of payment. Only **one** option may be selected.
- Enter the **Amount Per Investment** and **First Investors Fund Name**.
- If Money Line is selected, **Section 3** must also be completed.

3. Electronic Funds Transfer ("EFT") Information

I/we, the undersigned, hereby authorize Foresters Financial Services, Inc. and its affiliates, representatives and agents and their bank to electronically transfer funds via Automated Clearing House ("ACH") at any time as requested by me/us, to and/or from the bank account designated below to and/or from all of my/our First Investors Fund accounts opened now or in the future.

Unless these privileges are specifically declined below, I/we authorize ACH debits (Fund purchases) and credits (Fund redemptions, dividends and other distributions) to and/or from the bank account listed below.

I/We decline EFT privileges for: Fund Purchases Fund Redemptions

As owner(s) or joint owner(s) of the bank account indicated below, I/we certify that my/our signature(s) as provided in Section 10 is/are sufficient to authorize credits and debits. If I/we am/are not the owner(s) of the indicated bank account, I/we understand that the signature(s) of the bank account owner(s) must be provided in Section 3B. I/we understand and agree that Foresters Financial Services, Inc. and its affiliates, representatives and agents will not be liable for any loss, expense, or costs arising out of any written or telephone transaction requests as long as the proceeds are transmitted to and/or from the bank account indicated below. I/we further understand and agree that the EFT privilege will be cancelled if Foresters Financial Services, Inc. is notified that my/our EFT was further electronically transferred via ACH to and/or from a bank located outside of the territorial United States.

NOTE: Ten business days are required to establish EFT privileges. A check will be mailed to your address of record if a distribution is scheduled before the EFT privilege is established.

Check here if you wish to authorize ACH debits (Fund purchases) and credits (Fund redemptions, dividends and other distributions) to and/or from the bank account listed below. (Please check one box for both Section 3A(1) and 3A(2).)

A. BANKING INFORMATION:

1. The attached bank information is to: (check one box)

- establish new EFT privileges or replace the current bank account on file. Any current bank account on file will be removed. (If no selection is made, we will default to this option.)
- become the active bank for EFT privileges. Any existing bank account on file will be retained and available upon request.
- be added and available upon request for future EFT privileges. Any existing bank account on file remains as the active bank account.

2. Type of bank account: (check one box)

- Checking Account: (If no selection is made, we will default to this option.)
- Voided Check enclosed.
- Savings Account: submit an account statement or encoded deposit slip, contact your financial institution to obtain the 9-digit bank ABA routing #: _____

Please tape a pre-printed voided check or encoded deposit slip here.

The check or deposit slip must be imprinted with:
 - The name of the ACH Banking Institution
 - Name of the Bank Account Owners
 - Encoded Bank Account Number

Please note: An account statement can be submitted in place of a pre-printed voided check or encoded deposit slip provided it contains all necessary information. Generic deposit slips and starter checks are not acceptable.

B. SIGNATURE(S) of bank account owner(s) required if other than the First Investors Fund account owner(s):
 I/we authorize the ACH credits and/or debits between the bank account indicated above and the First Investors Fund accounts owned now or in the future by the First Investors Fund account owner(s) identified above.

Bank Owner #1 First Name (print) (If other than First Investors Account Owner)	Bank Owner #1 Last Name (print)	Signature of Bank Owner #1 (If other than First Investors Fund Account Owner)	(SG)
Bank Owner #2 First Name (print) (If other than First Investors Account Owner)	Bank Owner #2 Last Name (print)	Signature of Bank Owner #2 (If other than First Investors Fund Account Owner)	(SG)

(SG) denotes a Signature Guarantee is required.

- Optional: You may choose between two options to decline Electronic Funds Transfer (EFT) privileges for:
 - **Fund Purchases** or **Fund Redemptions**.
- Check box to authorize ACH debits and credits to and/or from the bank account listed.

A1. Banking Information

Select the bank information option:

1. establish new EFT privileges or replace the current bank account on file.
 - Any bank information currently on file will be replaced.
 - If no option is selected, this will be the default.
2. become the active bank for EFT privileges.
 - Any bank information currently on file will be retained for future use.
3. be added and available upon request for future EFT privileges.
 - Any bank information currently on file will be retained and continued to be used.

A2. Banking Information/Type of bank account

Select the type of bank account (checking or savings) the bank information is listed for.

- If you select "checking account", check the box next to "Voided Check enclosed" and attach a voided check.
- If you select "savings account", an account statement or encoded deposit slip must be attached.
- If no option is selected, checking account will be the default.

B. Signature(s) of Bank Account Owner(s) Required If Other Than First Investors Fund Account Owner(s)

- The bank account owner(s), if other than the First Investors Fund account owner(s) must sign in this section.
- The bank account owner(s) must sign exactly as the bank account is registered and the signature(s) must be guaranteed.
- In cases where the bank account owner is a third party, all mutual fund and bank account owners' signatures will be required and all signatures must be medallion guaranteed.
- For an individual account where the individual is either the sole owner of the bank account or is also a joint owner of the bank account, only the signature of the individual is required for the bank account authorization. A Sole Proprietorship EFT Enrollment & Participation Agreement must be used to provide additional information concerning a sole proprietorship.
- The bank account and fund account must be registered identically to establish Money Line for entity accounts, except for a sole proprietorship or a revocable trust account where the grantor and the trustee are the same person.
- The bank account and fund account must be registered identically to establish EFT Distributions, EFT Systematic Withdrawals and/or EFT redemptions for UGMA/UTMA, trust and entity accounts, except for a sole proprietorship or a revocable trust account where the grantor and the trustee are the same person.

Points to Remember:

- A pre-printed voided check or encoded deposit slip must be attached. Starter checks will not be accepted.
- If Foresters Investor Services, Inc. is notified that the EFT was further electronically transferred to and/or from a bank located outside the territorial U.S., the EFT privilege will be cancelled.
- 10 business days are required to establish EFT privileges. A check will be mailed to the address of record if a distribution is scheduled before the EFT privilege is established.

4. Dividends & Capital Gains

If not specified, both will be reinvested. If remitting, both must be made in the same manner.

Dividends: Reinvest Remit*

Capital Gains: Reinvest Remit*

* To remit dividends and/or capital gains from retirement accounts (excluding Traditional IRAs / Roth IRAs), a proper distribution form must be submitted.

Send (Choose One):

By check to the address of record.

Electronically to the pre-designated bank account ending in the last 5 digits of _____.

Electronically after establishing Electronic Funds Transfer privileges. (Complete **Section 3**.)

By check to secondary address. (Complete **Section 9**.)

Cross Reinvest from** _____ to _____
Account** / Name of First Investors Fund Account** / Name of New First Investors Fund

** Must be same Share Class and customer.

- Check appropriate box if dividends and capital gains are to be reinvested or remitted.
 - If not specified, both will be reinvested.
- If remitting, choose a payment option.
 - If remitting, both must be made in the same manner.
 - Certain payment options require further section completion.
 - If selecting the EFT payment option, **Section 3** must be completed.
 - If EFT is selected as an option but not established by the requested start date, the initial dividend and/or capital gains distributions will be sent by check to the address of record.
- If cross reinvesting, the receiving account must be for the same customer and class of shares.
- To remit dividends and/or capital gains from retirement accounts (excluding Traditional IRAs & Roth IRAs), a proper distribution request form must be submitted.

5. Non-Retirement Systematic Withdrawals

Allows the systematic withdrawal of funds from an account with proceeds sent by check or electronically to a designated address or bank account. A \$5,000 balance is required to establish. Minimum payment of \$50 (both are waived for payments to Foresters Financial Services, Inc.).
(NOTE: this section is to be completed for "non-retirement systematic withdrawals only". For retirement account systematic withdrawals, a proper distribution form must be submitted.)

Start Date: _____

Frequency (Choose One): Monthly Quarterly Semi-Annually Annually

Send Payments: By check to the address of record.

Electronically to the pre-designated bank account ending in the last 5 digits of _____.

Electronically after establishing Electronic Funds Transfer privileges. (Complete Section 3.)

By check to secondary address. (Complete Section 9.)

Amount*	Account # / First Investors Fund Name
\$ _____ from _____	_____
\$ _____ from _____	_____
\$ _____ from _____	_____
\$ _____ from _____	_____
\$ _____ from _____	_____
\$ _____ from _____	_____

* \$50 minimum per month per account.

A systematic withdrawal from a non-retirement account requires a \$5,000 fund account balance and must be for a minimum of \$50. Both of these requirements are waived for payments made to Foresters Financial Services, Inc.

- Provide a "Start Date" for the systematic withdrawal to begin.
- Choose a "Frequency" of payment. Only **one** option may be selected.
- Choose a payment option.
 - Certain payment options require further section completion.
 - If selecting the EFT payment option, **Section 3** must be completed.
 - If EFT is selected as an option but not established by the requested start date, the initial systematic withdrawal will be sent by check to the address of record.

6. Check Writing for First Investors Government Cash Management Fund

Allows the redemption of certain Class A shares in First Investors non-retirement Government Cash Management Fund (except Education Savings Accounts) account(s) by writing a draft check. \$10,000 minimum balance required. Draft checks will not be issued on accounts opened with Money Line/Automatic Payroll Investment until the account balance is a minimum of \$10,000. Any one owner (or Authorized Individual for Entities*), acting alone and without consent of any other person (or Authorized Individual), may redeem shares via draft check.

* Only for Entities that have previously authorized any one Authorized Individual to execute all transactions on behalf of the Entity.

Issue draft checks on my/our First Investors Government Cash Management Fund account(s).

- Check the box if you are requesting draft checks on your First Investors Class A Government Cash Management Fund account(s).

Points to Remember:

- A \$10,000 minimum balance is required to request draft checks.
- Draft checks will not be ordered for retirement or Education Savings Account registrations.
- Draft checks will not be issued on accounts opened with Money Line/Automatic Payroll Investment until the account balance is a minimum of \$10,000.
- Draft checks must be written for a minimum of \$500.

7. Expedited Redemption for First Investors Government Cash Management Fund (SG)

To establish the Expedited Redemption privilege for all your First Investors Government Cash Management Fund accounts opened now or in the future, please check the box below and complete Section 3. Please verify the Bank Routing Number with your bank.

If a different number is necessary for Federal Funds wire transfers, please reference Bank Routing Number here: _____

I/We authorize you to wire redemption proceeds from all my/our First Investors Class A Government Cash Management Fund accounts opened now or in the future directly to the bank account listed in Section 3.

Expedited Redemption allows you to wire proceeds via Federal Funds from your First Investors Government Cash Management Fund account to the designated bank account listed in **Section 3**.

- Check the box if you wish to establish this privilege for a First Investors Class A Government Cash Management Fund account(s).

Points to Remember:

- Expedited Redemptions are not available on certain retirement or Education Savings Account registrations.
- A signature guarantee is required to establish expedited redemptions

8. Statement of Intent ("SOI")

I/We wish to qualify for a sales charge discount by establishing a non-binding Statement of Intent to purchase a specific dollar amount of shares within 13 months. I/We agree to the terms of the Statement of Intent described in the applicable fund prospectus and Statement of Additional Information. I/We understand that I/we am/are not legally required to complete the Statement of Intent. However, if I/we fail to do so, my/our share balance will be reduced to reflect the appropriate sales charge without the Statement of Intent.

I/We want to enter a SOI on purchases of First Investors Funds for: \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

Link to existing SOI. My/Our account(s) is (are) already covered by an existing SOI under customer account # _____.

I/We elect the following Eligible persons to be included in my/our SOI:

Spouse's First Name (print) _____ Spouse's Last Name (print) _____ Spouse's Social Security Number _____

Child #1 First Name (print) _____ Child #1 Last Name (print) _____ Child #1 Social Security Number _____

Child #2 First Name (print) _____ Child #2 Last Name (print) _____ Child #2 Social Security Number _____

Child #3 First Name (print) _____ Child #3 Last Name (print) _____ Child #3 Social Security Number _____

Name of Trust (print) _____ Trust's Taxpayer Identification Number _____

Trustee's First Name (print) _____ Trustee's Last Name (print) _____ Trustee's Social Security Number _____

Complete this section to either establish a Statement of Intent (SOI) or to link to an existing SOI.

- Indicate the amount of the SOI.
- If linking to an existing SOI, check the appropriate box and print the existing customer account number.
- To link accounts for the benefit of your spouse and child(ren) to the SOI, the name and social security number for each MUST be provided.
- If either spouse serves as trustee of a trust and elects to have the trust account included in the SOI, provide the name of the trust, the taxpayer identification number of the trust as well as the name and social security number of the trustee.

Points to Remember:

- An SOI is a non-binding commitment to purchase a specific dollar amount of First Investors Fund Class A shares, at the current offering price, within a 13-month period. You are entitled to receive a discounted sales charge rate that you would have received if you invested the entire SOI amount at the outset.
- The 13-month period begins on the date the SOI request is received in good order by Foresters Investor Services, Inc.
- Once the SOI is established, it cannot be amended to add Eligible Accounts that were not identified initially nor can it be backdated to cover prior purchases.

9. Secondary Address

A. Duplicate Statement

Send duplicate quarterly account overviews and quarterly statements as requested below for Customer #:

Customer Number (10-digit) (eg: 0000012345) _____

First Name, Middle Initial, Last Name (print) _____

Street Address, City, State, Zip Code _____

B. Systematic Withdrawals, Dividends and Capital Gain Checks (SG)

I/We authorize you to send systematic withdrawals, dividends and/or capital gain distributions by check to the following payee at the address listed below. This authorization may be extended to non-retirement mutual fund accounts registered to the same owner opened now or in the future. For further information see **Section 4** and **Section 5**.

Payee's First Name, Middle Initial, Last Name (print) _____

FBO (if applicable) _____

Bank Account #, Account # or Policy # (if applicable) _____

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

This section needs to be completed to provide authorization to send statements, systematic withdrawals, dividends and/or capital gain distributions to an alternate address and/or payee.

- If establishing a secondary address for statements, check the box provided and print the name and address to receive the statements.
 - Duplicate statements are sent on a quarterly basis.
- If establishing a secondary address for any type of distribution, check the box provided and print the name, address and bank account number (if applicable) for the recipient.
 - A signature guarantee is required for checks made payable to anyone other than the registered owner or mailed to any address other than the address of record on file.

10. Signature(s)

(SG) denotes Signature Guarantee 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.

Name of Individual Owner/First Joint Tenant/ Custodian/First Trustee (print)	
Signature of Individual Owner/First Joint Tenant/ Custodian/First Trustee	Date <i>if required.</i>
Name of Second Joint Tenant/ Second Trustee (print)	
Signature of Second Joint Tenant/ Second Trustee	Date <i>if required.</i>

- Original signature(s) must be provided exactly as the account is registered. By signing this form, you are authorizing the instructions on the form.
- 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).

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, your Foresters Financial representative may provide a Signature Guarantee.

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