

Required Minimum Distribution (RMD) Request Form For 403(b) Accounts

1. Participant Information

Participant's First Name (print) _____ Participant's Last Name (print) _____ Participant's Birthdate _____ Participant's Last 4-digits of Social Security # _____
Master Account Number (13-digits) _____

2. Required Minimum Distribution Instructions

Complete either Section 2A or 2B:

Complete **Part 2A** to have Foresters Investor Services, Inc. ("FIS") calculate and distribute your Required Minimum Distribution ("RMD") based only on your First Investors Fund investments for this year and automatically for subsequent years.
Complete **Part 2B** (next page) to receive your RMD for this year only.

A) Ongoing Automatic Distributions - Calculation by FIS

I understand that: a) my RMD will be based on the previous year's December 31st market value of my First Investors Fund 403(b) account(s) registered under the Master Account Number provided in **Section 1**; b) my RMD as calculated by FIS will be distributed in accordance with my instructions as required every year; and c) I must separately calculate my RMD amount for any 403(b)s that are held at outside institutions and arrange for its distribution. I understand and agree that for my first RMD the total distribution amount taken from the account(s) registered under the Master Account Number provided in **Section 1** in the current distribution year will be used to satisfy my first RMD amount. If my total distributions in the current year are equal to or exceed my first year RMD amount, no additional distribution for RMDs will be made to me in the current year. If my total distributions in the current year are less than my first RMD amount, I will receive a distribution for the difference.

STEP 1: Prior Year-End Value

Using the two options below, identify where the assets were held as of December 31 of the prior calendar year.

Check one:

- Assets were held with First Investors Funds. Proceed to Step 2.
- Assets were **NOT** held with First Investors Funds.

You must provide the value of the assets as of December 31 of the prior calendar year \$ _____

STEP 2: Life Expectancy Option (*Dividend and capital gain payments will be reinvested to purchase additional fund shares.*)

I understand FIS will calculate my RMD each year by using the IRS Uniform Table, unless I qualify for the spousal exception (below) and provide my spouse's date of birth below, in which case the IRS Joint Life Expectancy Table will be used.
My sole primary beneficiary is:

Check one:

- my spouse, whose date of birth is: _____
- a trust (already on file), whose sole primary beneficiary is my spouse, whose date of birth is: _____

I certify that I have met the requirements regarding beneficiaries of trusts for determining RMDs outlined at the end of this form.

Distribute my entire RMD (Check one):

- From each of my First Investors Fund 403(b) account(s) registered under the Master Account Number provided in **Section 1**.

- From my single First Investors Fund 403(b) account number _____
ex: 12v 000001234-1

STEP 3: Start Date

For the first calculation year, distributions will be made on the day you receive my completed request unless instructed otherwise below.

Distribute my First RMD on: _____ / _____ / _____
Month Day Year*

** Participants attaining age 70½ or retiring after age 70½ in the current tax year have the option of delaying their first year RMD until April 1st of the following year. If a delayed date for your First RMD was indicated, payments for subsequent years will be made annually beginning the month following the initial RMD, unless you select another month below.*

Distributions for subsequent years will be made on the same date as my First RMD, unless instructed otherwise below.

Distribute my subsequent RMDs on: _____ / _____
Month Day

STEP 4: Payment Frequency:

- Check one:** Semi-Monthly (1st and 16th of each month) Monthly Quarterly Semi-Annually Annually

Distributions for subsequent years will be made with the same frequency.

If a frequency is not indicated, distributions will be made annually on the day this request is received in good order (or the following business day).

Your signature is required in Section 6.

2. Required Minimum Distribution Instructions (continued)

B) One-Time Current Year Distribution Only - Calculation by Owner

I have calculated my own Required Minimum Distribution ("RMD") based upon the aggregate year-end value of all of my 403(b)s including those I may hold with other financial institutions. **I understand that: a) Foresters Investor Services, Inc. will not calculate or distribute my RMD for subsequent years; b) For future distributions, I must provide Foresters Investor Services, Inc. with the amount to be distributed if I choose to take my RMD from my First Investors Fund 403(b) account(s); and (c) Distribution will be made on the day the request is received in good order.**

I would like to withdraw the following amount(s) from each fund indicated below (not my entire account balance):

\$ _____ First Investors Fund Account Number	\$ _____ First Investors Fund Account Number
\$ _____ First Investors Fund Account Number	\$ _____ First Investors Fund Account Number
\$ _____ First Investors Fund Account Number	\$ _____ First Investors Fund Account Number

3. Payment Method

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

If no payment method is selected, a check will be sent to the address of record.

Check one:

- by check to the address of record. **(SG)** if address has been changed within 30 days.
- by Electronic Funds Transfer (EFT) to my pre-designated Bank Account ending in the last 5-digits of _____.
- by Electronic Funds Transfer (EFT) after establishing the privilege. **(SG)** Complete **Section 5**.
- by check to Foresters Financial Services, Inc.: _____
Existing Non-Retirement Account Number or Name of New Fund

Note: recipient account must be registered (a) individually to the same owner, (b) jointly involving the same owner, or (c) as a Trust Account for which the customer serves as trustee. In addition, both the originating and recipient accounts must have the same broker/dealer and address of record.

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

Financial Institution's Name (print) _____ Financial Institution's Telephone # _____

Financial Institution's Address (Street Address, City, State, Zip Code) _____

Financial Institution's Account Registration _____ Financial Institution's Name of Fund or Existing Account Number _____

4. Tax Withholding Election

Complete an IRS Form W-4P to indicate your tax withholding election.

Your signature is required in Section 6.

(SG) denotes Signature Guarantee required.

5. Electronic Funds Transfer ("EFT") Option

I, 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, to the bank account designated below from all of my First Investors Fund accounts opened now or in the future.

I authorize ACH credits (Fund redemptions, dividends and other distributions) to the bank account listed below.

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 6** is/are sufficient to authorize 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 5B**. 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 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 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 credits (Fund redemptions, dividends and other distributions) to the bank account account listed below. *(Please check one box for both **Section 5A(1)** and **5A(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) Bank Owner #1 Last Name (print)
(if other than First Investors Account Owner)

Signature of Bank Owner #1
(if other than First Investors Fund Account Owner)

SG

Bank Owner #2 First Name (print) Bank Owner #2 Last Name (print)
(if other than First Investors Account Owner)

Signature of Bank Owner #2
(if other than First Investors Fund Account Owner)

SG

SG denotes a Signature Guarantee is required.

6. Signature See **Section 7** if Employer/Third Party Administrator (TPA) signature is required.

I understand that (a) it is my responsibility to satisfy the Required Minimum Distribution ("RMD") requirement for my 403(b)s; (b) dividends and capital gains must be reinvested for purposes of calculating my RMD; (c) account share redemptions may be subject to a contingent deferred sales charge as detailed in the Fund prospectus; and (d) if I am electing the Life Expectancy Option under **Section 2(A)**, it is my responsibility to ensure that the beneficiary information on this form reflects my valid beneficiary designation which is on file with Foresters Financial Services, Inc. I acknowledge that if I request a distribution from my 403(b) to be deposited into an account registered under a different customer number other than my 403(b), such distribution will be deposited at the applicable offering price unless such distribution represents a distribution upon my attainment of 70½ years of age. Such funds are to be deposited into a customer number of which I am a joint owner at the NAV. I further understand that Foresters Investor Services, Inc. may delay processing my RMD request if such request is not received in good order, for example, if the request is not properly completed, signed and dated or if the beneficiary information on this request differs from the beneficiary designation on file, and Foresters Investor Services, Inc. will not be held responsible for such delay. I have received, read and understand the applicable Fund prospectus(es). I hereby authorize and direct Foresters Financial Services, Inc. and its affiliates to act in accordance with the distribution instructions contained herein. I certify that all statements made by me on this request are true and correct and that I fully understand the tax and other consequences of this request.

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.

Participant's First Name (**print**) _____ Participant's Last Name (**print**) _____

Signature of Participant _____ Date _____

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 _____	

7. 403(b) Employer or Third Party Administrator ("TPA") Signature

To be completed for distributions requiring Employer/TPA approval.

A. To be completed if 403(b) Plan is maintained by a governmental entity.

I certify that I am eligible to make this certification on behalf of the 403(b) employer. I certify that I have reviewed all records and required documentation regarding this distribution request and that; (a) the plan participant named on this form is eligible for a required minimum distribution for he/she is either 70½ years of age or is retired from the employer (whichever is later); and (b) the request is in accordance with the provisions of the Plan and the distribution is hereby authorized.

Authorized Individual or TPA's First Name and Last Name (**print**)

Signature of Authorized Individual or TPA **Date**

If TPA, Name of TPA Firm (**print**) Employer's or TPA's Telephone Number

B. To be completed if 403(b) Plan is maintained by a Tax-Exempt Organization 501(c)(3).

I certify that I am eligible to make this certification on behalf of the 403(b) employer. I certify that I have reviewed all records and required documentation regarding this distribution request and that; (a) the plan participant named on this form is eligible for a required minimum distribution for he/she is either 70½ years of age or is retired from the employer (whichever is later); and (b) the request is in accordance with the provisions of the Plan and the distribution is hereby validated.

Authorized Individual or TPA's First Name and Last Name (**print**)

Signature of Authorized Individual or TPA **Date**

If TPA, Name of TPA Firm (**print**) Employer's or TPA's Telephone Number

Important Information Regarding Required Minimum Distributions where the Beneficiary is a Trust

If you wish to treat the beneficiaries of a trust as designated beneficiaries for purposes of determining Required Minimum Distributions during your lifetime, the following IRS requirements must be satisfied:

1. The trust must be a valid trust under state law, or would be valid but for the fact that there is no corpus.
2. The trust must be irrevocable or will, by its terms, become irrevocable upon your death.
3. The beneficiaries of the trust who are beneficiaries with respect to the trust's interest in your account are identifiable from the trust instrument.
4. You must provide us with either a copy of the trust instrument with an agreement that if the trust instrument is amended, you will provide us with a copy of the amendment within a reasonable time **or** you must provide us with all of the following:
 - a list of the beneficiaries of the trust (including contingent and remainderman beneficiaries) with a description of the conditions of their entitlement.
 - certification that to the best of your knowledge, the list is correct and complete and that the requirements **1, 2 and 3** above are met.
 - an agreement that, if the trust instrument is amended at any time in the future, you will, within a reasonable time, provide to us corrected certifications to the extent that the amendment changes any information previously certified; and
 - an agreement to provide us with a copy of the trust instrument upon our demand.

For additional information see the Disclosure Statement which was previously provided to you.

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.foresters.com