

**Form Completion Instructions:**

**Roth 403(b) Distribution Request Supplement – Payment Directions for Multiple Destinations (403-SUPP)**

The **Roth 403(b) Distribution Request Supplement – Payment Directions for Multiple Destinations** (403-SUPP) is to be completed ONLY if Roth 403(b) distributions are being disbursed to multiple destinations and the distributions are allocated to pretax and after-tax amounts. This form must be completed along with the Roth 403(b) Distribution Request Form (R403b7dr).

Snapshots of each section along with step by step instructions are provided to assist with the completion of this form.

Please take special care in reviewing the "Points to Remember" referenced within this document. They are to assist you in properly completing the form.

<b>1. Participant and Employer Information</b>	
Participant's Name (print) _____	Participant's Date of Birth _____
Employer's Name (print) _____	

Provide the following information:

- Print your first name and last name for **Participant's Name** (as shown in Foresters Financial registration).
- Print your birthdate for **Participant's Date of Birth**.
- Print the 403(b) Employer on the Foresters Financial account for **Employers Name** (as shown in Foresters Financial account registration).

**2. Payment Directions for Multiple Destinations**

\* MAIL DELIVERY: 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 Roth 403(b) account # \_\_\_\_\_  
Note: If no account is specified above, the cost of the overnight delivery will be deducted from the amount of the distribution from the account with the highest market value.

**A. Distribution of Pretax Amounts**  
**Check all that are applicable below:**

Distribute \_\_\_\_\_% of the pretax amount and purchase shares as a Direct Rollover in my name to a Foresters Financial Services, Inc. Roth IRA in the same fund(s):  
 Existing Account # (Attach Master Account Agreement and IRA Application, if not already on file) \_\_\_\_\_

Distribute \_\_\_\_\_% of the pretax amount to a Roth IRA or Roth retirement account at the financial institution below: \* (SG)  
 (Specify exact account registration for receiving investment provider.)

Name of Financial Institution (print) \_\_\_\_\_ Telephone # of Financial Institution \_\_\_\_\_  
 Address of Financial Institution (Street Address, City, State, Zip Code) \_\_\_\_\_  
 Account Registration at Financial Institution \_\_\_\_\_ Name of Fund, Existing Account # or BIN \_\_\_\_\_

Purchase First Investors Funds non-retirement shares in a new or existing account in my name:  
 Existing Account # (Attach Master Account Agreement, if not already on file, and Mutual Fund Account Instructions form) \_\_\_\_\_

Send distribution by check to the address of record: \* (SG) if address has been changed within 30 days.

Send distribution by Electronic Funds Transfer (EFT) 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 EFT privilege is established.

**2. Payment Directions for Multiple Destinations (continued)**

**B. Distribution of After Tax Amounts**  
**Check all that are applicable below:**

Distribute \_\_\_\_\_% of the after tax amount and purchase shares as a Direct Rollover in my name to a Foresters Financial Services, Inc. Roth IRA in the same fund(s):  
 Existing Account # (Attach Master Account Agreement and IRA Application, if not already on file) \_\_\_\_\_

Distribute \_\_\_\_\_% of the after tax amount to a Roth IRA or Roth retirement account at the financial institution below: \* (SG)  
 (Specify exact account registration for receiving investment provider.)

Name of Financial Institution (print) \_\_\_\_\_ Telephone # of Financial Institution \_\_\_\_\_  
 Address of Financial Institution (Street Address, City, State, Zip Code) \_\_\_\_\_  
 Account Registration at Financial Institution \_\_\_\_\_ Name of Fund, Existing Account # or BIN \_\_\_\_\_

Purchase First Investors Funds non-retirement shares in a new or existing account in my name:  
 Existing Account # (Attach Master Account Agreement, if not already on file, and Mutual Fund Account Instructions form) \_\_\_\_\_

Send distribution by check to the address of record: \* (SG) if address has been changed within 30 days.

Send distribution by Electronic Funds Transfer (EFT) 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 EFT privilege is established.

- Payments by check will be sent via regular mail unless the expedited delivery option is selected.
  - Check the box to indicate to deliver distributions via overnight mail and provide the Roth 403(b) account number the expedited delivery fee will be deducted from.

- A. Indicate Distribution of Pretax Amounts. Check all that are applicable.**
- **Distribute \_\_\_\_\_% of the pretax amount and purchase shares as a Direct Rollover in my name to a Foresters Financial Services, Inc. Roth IRA in the same fund(s)**
    - Indicate existing account number (attach Master Account Agreement and IRA Application, if not already on file)
  - **Distribute \_\_\_\_\_% of the pretax amount to a Roth IRA or Roth retirement account at the financial institution noted.**
    - Specify exact account registration for receiving investment provider
    - Provide the name, telephone number and complete mailing address of the financial institution.
    - Provide account registration and either name of fund, existing account # or BIN for the financial institution.
    - A signature guarantee is required.
  - **Purchase First Investors Funds non-retirement shares in a new or existing account in your name.**
    - Indicate existing account number (attach Master Account Agreement, if not already on file, and Mutual Fund Account Instructions form.)
  - **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.

**B. Indicate Distribution of After Tax Amounts. Check all that are applicable.**

- **Distribute \_\_\_\_\_% of the after tax amount and purchase shares as a Direct Rollover in my name to a Foresters Financial Services, Inc. Roth IRA in the same fund(s)**
  - Indicate existing account number (attach Master Account Agreement and IRA Application, if not already on file)
- **Distribute \_\_\_\_\_% of the after tax amount to a Roth IRA or Roth retirement account at the financial institution noted.**
  - Specify exact account registration for receiving investment provider
  - Provide the name, telephone number and complete mailing address of the financial institution.
  - Provide account registration and either name of fund, existing account # or BIN for the financial institution.
  - A signature guarantee is required.
- **Purchase First Investors Fund non-retirement shares in a new or existing account in your name.**
  - Indicate existing account number (attach Master Account Agreement, if not already on file, and Mutual Fund Account Instructions form.)
- **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.

**Point to Remember:** For your 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 Participant or a financial institution for the benefit of the Participant, or in the event of his/her death, to the estate or named beneficiaries.

<b>3. Signature(s)</b>	
<b>Participant / Ex-Spouse if distribution due to divorce / Person Requesting Distribution</b>	
<small>(SG) denotes a signature guarantee is required.</small>	
Name of Person Requesting Distribution (print) _____  Signature of Person Requesting Distribution _____ Date _____	<p><b>Affix Medallion Signature Guarantee Here, If Required:</b>                  Stamps qualified for a specific date and/or individual or altered in any manner, may not be accepted.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>

- An original signature of the person requesting the distribution 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).

**Point to Remember:** If signature does not match the account registration, further documentation may be required.

<b>I CERTIFY THAT ALL SIGNATURES THAT REQUIRE A SIGNATURE GUARANTEE ON THIS FORM ARE GENUINE.</b>				
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.**