

## Roth 403(b) Distribution Request Supplement - Payment Directions for Multiple Destinations

Complete this form **ONLY** if your Roth 403(b) distribution is being disbursed to multiple destinations and you wish to allocate the pretax and after-tax amounts included in the distribution. Complete, sign and return this Supplement along with the **Roth 403(b) Distribution Request Form (R403b7dr)**.

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

### 1. Participant and Employer Information

Participant's Name (**print**) \_\_\_\_\_

Participant's Date of Birth \_\_\_\_\_

Employer's Name (**print**) \_\_\_\_\_

### 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.

**(Note: Section 2 is continued on next page.)**

**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.

**3. Signature(s)**

**Participant / Ex-Spouse if distribution due to divorce / Person Requesting Distribution**

**(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.

Name of Person Requesting Distribution (print)

Signature of Person Requesting Distribution

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 _____	

**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