

Form Completion Instructions: Traditional 403(b) Distribution Request (T403b7dr)

The **Traditional 403(b) Distribution Request** (T403b7dr) allows clients to request a distribution(s) from Traditional 403(b) custodial accounts provided they meet a qualifying reason for distribution (other than a 72t SEPP distribution). This form is also used to establish a systematic withdrawal from a Traditional 403(b) 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. Participant and Employer Information

Participant's First Name (print) Participant's Last Name (print) Participant's Date of Birth

Employer's Name (print)

Marital Status: If married, you may be required to obtain spousal consent to take a distribution. Check with your Plan Administrator. If spousal consent is required, complete **Section 7**.

Indicate the following Participant and Employer information:

- **Participant's First Name and Participant's Last Name** (as shown in FFS account registration)
- **Participant's Date of Birth**
- **Employer's Name** (403(b) Employer on FFS account) (as shown in FFS account registration)

2. Reason for 403(b) Distribution *Only one reason may be selected in this section.*

Before completing this section, please check with the Plan Administrator to ensure that the reason for the distribution is permitted under the Employer's plan. Our general procedures require the Employer or its designated Third Party Administrator ("TPA") to sign in **Section 9**. For plan-to-plan transfers, the receiving Plan's Employer or its designated TPA must also sign in **Section 10**.

Check one:

Termination of Employment (Check one box) I terminated my employment from the Employer named above prior to the year of my attaining age 55. I terminated my employment from the Employer named above during or after the year of my attaining age 55. Year of termination: _____

Attainment of Age 59½ I am at least age 59½ and still employed by the Employer named in **Section 1**.

Financial Hardship I have incurred a Financial Hardship as defined by law. **I have completed, executed and attached a Foresters 403(b) Financial Hardship Acknowledgment Form.**

Disability I am disabled as defined by the Plan. **I certify that I have provided my Employer or, if applicable, the TPA with documentation from my doctor(s) certifying that I am disabled as defined by the Plan.**

Divorce Distribution is being made pursuant to a Domestic Relations Order. **I have attached the appropriate document(s) or certify that such document(s) have been provided to my Employer, or if applicable, TPA.**

Death Participant is deceased. Each beneficiary, or if not named, legal representative, must complete a separate Traditional 403(b) Distribution Request and have his/her signature guaranteed. Unless already on file with Foresters Investor Services, Inc., enclose a certified copy of the death certificate, Affidavit of Domicile or Tax Waiver, and if applicable, the currently certified court appointment. I am (check one box): Spouse Beneficiary Non-Spouse Beneficiary

Name of Beneficiary, Trust or Estate (print) _____

Complete Mailing Address (Street, City, State, Zip Code) of Beneficiary, Trust or Estate _____

Social Security # of Beneficiary or Employer Identification # for Trust or Estate _____ Date of Birth of Beneficiary or Date of Trust _____

Contract Exchange Exchange assets to another provider under the Employer's 403(b) Plan. **Appropriate Employer/TPA signature(s) required in Section 9.**

Plan-to-Plan Transfer Transfer assets to another Employer's 403(b) Plan. **Appropriate Employer/TPA signature(s) required in Section 9 and Section 10.**

Name of 403(b) Employer to which assets are being transferred _____

Direct Transfer (purchase service credits) Purchase service credits in a governmental defined benefit plan. * Are assets being used to purchase service credits comprised solely of "pre-tax contributions"? yes no

* I have attached a copy of the letter or form from the plan verifying the purchase amount that the governmental defined benefit plan will accept.

In **Section 4** check the box entitled "by check to financial institution" and provide requested information.

Check only **one** distribution reason. If necessary, 1099-R tax forms generated due to the distribution will be coded according to the election made in this section, and the participant must meet a qualifying reason for distribution of a 403(b) custodial account, including a rollover to an IRA.

- **Termination of Employment: Check one box to indicate if:**
 - Participant terminated employment prior to the year where he/she attained age 55.
 - Participant terminated employment during or after he/she attained age 55.
 - Indicate the year of termination.
- **Attainment of Age 59½:** Select if participant is at least age 59½ and still employed by Employer.

- **Financial Hardship:** Select if participant has incurred a Financial Hardship as defined by the IRS. The Employer's Plan must allow for financial hardships and a completed 403(b) Financial Hardship Acknowledgment Form must be attached.
- **Disability:** Select if participant is taking a distribution due to a disability as defined by the Plan.
- **Divorce:** Select if the distribution is being requested pursuant to a Domestic Relations Order. Appropriate documentation must be submitted.
- **Death:** Select if the participant is deceased and this form is being completed and signed by either a beneficiary or, if not named, legal representative. Each beneficiary must complete a separate Distribution Request form with a Signature Guarantee. A certified copy of the death certificate, an Affidavit of Domicile or Tax Waiver, and if applicable, the currently certified court appointment must be submitted as well, unless already on file with FIS.
 - Check box for either **spouse beneficiary** or **non-spouse beneficiary**.
 - Indicate name of beneficiary/trust/estate, complete mailing address of beneficiary/trust/estate, social security # of beneficiary or employer identification # for trust or estate, date of birth of beneficiary or date of trust.
- **Contract Exchange:** Select if exchanging assets to another approved provider under the Employer's 403(b) Plan. Appropriate Employer/TPA signature(s) required in **Section 9**.
- **Plan-to-Plan Transfer:** Select if transferring assets to another Employer's 403(b) Plan. Appropriate Employer/TPA signature(s) required in **Section 9** and **Section 10**.
 - Indicate name of 403(b) Employer to which assets are being transferred.
- **Direct Transfer (purchase service credits):** Check box if purchasing service credits in a governmental defined benefit plan. Check yes/no box to indicate if assets are being used to purchase service credits comprised solely of "pre-tax contributions".

3. Distribution Options (S) required if more than \$100,000.

Complete **Part A** for a one-time distribution or complete **Part B** to select periodic distributions from one or multiple fund account(s). Parts A and B should not be completed for the same request.

A. One-Time Distribution

Note: If the stated dollar amount is greater than the current value of the fund account, the fund account will be liquidated in full.

I request that my distribution, net any required income tax withholding as described in **Section 6**, be paid as follows:

Select either A1 or A2 below:

A1) 100% of ALL Traditional 403(b) Accounts under my Master Account # _____
example: 0000123456-001

A2) **Specified Dollar Amount or Percentage indicated below.**

_____ % OR \$ _____	from fund account # _____
_____ % OR \$ _____	from fund account # _____
_____ % OR \$ _____	from fund account # _____
_____ % OR \$ _____	from fund account # _____
_____ % OR \$ _____	from fund account # _____

This section is to be completed for a **One-Time Distribution** from a single or multiple fund account(s). You must check **one** box for the following options:

- A1) 100% of ALL Traditional 403(b) Accounts: select if you are requesting a full distribution from ALL of your Traditional 403(b) Accounts and provide the **13-digit Master Account Number**, OR
- A2) **Specified Dollar Amount or Percentage indicated below.** Indicate the specific dollar amount or percentage and the fund account number(s). Multiple spaces are provided to allow multiple liquidations to be processed on one form.

Point to Remember: A specific dollar amount or percentage must be provided. Do not indicate "balance" to reach a specific total dollar amount.

B. Periodic Distribution

If (i) dividends and/or capital gains are currently being distributed from the fund account(s) indicated, and if (ii) an election is being made to receive periodic distributions from that (those) fund account(s), then the prior election to receive dividends and/or capital gains will be deemed to be terminated and all future dividends and/or capital gains will be reinvested into that (those) fund account(s).

I request that my distribution, net any required income tax withholding as described in **Section 6**, be paid as follows:

Method - Select either B1 or B2 below:

B1) Specified Dollar Amount or Percentage Indicated below.

<input type="text"/>	% OR \$	<input type="text"/>	from fund account #	<input type="text"/>
<input type="text"/>	% OR \$	<input type="text"/>	from fund account #	<input type="text"/>
<input type="text"/>	% OR \$	<input type="text"/>	from fund account #	<input type="text"/>
<input type="text"/>	% OR \$	<input type="text"/>	from fund account #	<input type="text"/>
<input type="text"/>	% OR \$	<input type="text"/>	from fund account #	<input type="text"/>

B2) Life Expectancy Option.

Check one:

based on my life expectancy.

based on the life expectancy of me and my designated beneficiary, who is my spouse.
Spouse's date of birth

based on the life expectancy of me and my oldest designated beneficiary, who is not my spouse.
Beneficiary's date of birth

To be distributed:

Exclusively from fund account #

Proportionately from all fund accounts under this Master Account #

example: 0000123456-001

Frequency - Check one: Monthly Quarterly Semi-Annually Annually

If a frequency is not indicated, distributions will be made annually on the anniversary of the initial distribution (or the following business day).

Start Date:

If a start date is not indicated, initial distribution will be made on the day a completed request is received in good order.

This section is to be completed to select a **Periodic Distribution** from one or multiple fund account(s).

- **Method:**
 - You must check **one** box for the following options:
 - **B1) Specified Dollar Amount or Percentage indicated below.** Indicate the specific dollar amount or percentage and the fund account number(s). Multiple spaces are provided to allow multiple liquidations to be processed on one form.
 - **B2) Life Expectancy Option.**
 - Indicate type of life expectancy.
 - **Frequency.** Check the appropriate box to indicate the frequency of the distributions. If a frequency is not indicated, the distributions will be made annually on the anniversary of the initial distribution (or the following business day).
 - **Start Date.** Provide the start date for the distributions to begin. If a start date is not indicated, initial distribution will be made on the day a completed request is received in good order.

4. Payment Directions

* 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 Traditional 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.

Note: If selected, overnight delivery will be to address of record unless indicated otherwise below.

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 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 (EFT) privilege is established.

by transfer of shares (in kind) to another broker-dealer controlled account within the same fund family. **(The account must be established by the broker-dealer prior to initiating this transaction.)** (SG)

Name of Financial Institution (print) _____ Telephone # of Financial Institution _____ BIN # _____

by check to financial institution.* (SG)

Check here if requesting Contract Exchange/Plan-to-Plan Transfer. (Attach Receiving Provider's Application or Instructions, if applicable.)

Check here if proceeds are being directly rolled over into a IRA or other eligible Employer plan.

Check here if proceeds are being directly rolled over into a Roth IRA or Roth retirement account. (Attach a completed Traditional 403(b) to Roth IRA Conversion Form.)

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 # _____

by check to an alternate payee.* (SG)

Alternate Payee's Name (print) _____ Relationship to Owner _____

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

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)

purchase shares as a Plan-to-Plan Transfer to a Foresters Financial Services, Inc. Traditional 403(b) Custodial Account for another Employer's 403(b) Plan in the same fund(s):

Name of Receiving Employer (Attach Master Account Agreement and 403(b) Application, if not already on file)

purchase shares as a Direct Rollover to a Foresters Financial Services, Inc. Traditional 403(b) Custodial Account in the same fund(s) for another Employer's 403(b) Plan:

Name of Receiving Employer (Attach Master Account Agreement and 403(b) Application, if not already on file)

purchase shares as a Direct Rollover in my name to a Foresters Financial Services, Inc. Traditional IRA in the same fund(s):

Existing Account # (Attach Master Account Agreement and IRA Application, if not already on file)

purchase shares as a roll over into a Foresters Financial Services, Inc. Roth IRA in my name, in the same fund(s). Attach Traditional 403(b) to Roth IRA Conversion Form. Attach Master Account Agreement and IRA Application, if not already on file.

transfer the shares of the Traditional 403(b) account into a Foresters Financial Services, Inc. Beneficiary Traditional 403(b) account for my benefit and invest in the same Fund(s) as the current 403(b). Attach Master Account Agreement and 403(b) Application if not already on file. Attach Required Minimum Distribution Request Form, as applicable.

roll over the Traditional 403(b) account into an Inherited Traditional IRA for my benefit and invest in the same Fund(s) as the current Traditional 403(b). Attach Master Account Agreement and IRA Application, if not already on file. Attach Required Minimum Distribution Request Form, as applicable.

Payments by check will be sent via regular mail unless the expedited delivery option is selected.

- To deliver distribution proceeds via overnight mail, check the delivery box and provide the Traditional 403(b) account number. The expedited delivery fee will be deducted from the distribution.
- Note: If no account is specified, the cost of the overnight delivery will be deducted from the amount of the distribution from the account with the highest market value.
- Note: If this option is selected, overnight delivery will be to the address of record unless indicated otherwise below.

Check only **one** box to indicate who the proceeds are being made payable to.

- **By check to address of record**
 - A signature guarantee is required if the address has been changed within the previous 30 days.
- **By EFT to pre-designated bank account**
 - Provide the last 5-digits of the bank account number.
 - The bank account must already be on file unless an EFT Application is being submitted with this form.
- **By transfer of shares (in kind) to another broker-dealer controlled account within the same fund family.** Provide financial institution's name, telephone number and BIN #.
- **By check to financial institution** - check one option:
 - 1) If requesting a Contract Exchange/Plan-to-Plan Transfer, or
 - 2) If proceeds are being directly rolled over into an IRA or other eligible Employer plan, or
 - 3) If proceeds are being directly rolled over to a Roth IRA or Roth retirement account.
 - A Traditional 403(b) to Roth IRA Conversion Form must also be submitted.
 - Provide the name, telephone number and complete mailing address of the financial institution.
 - Provide the account registration at the financial institution as that is how the check will be made payable.
 - Signature guarantee is required.
- **By check to an alternate payee**
 - Provide the name, relationship to the account owner and the complete mailing address.
 - Signature guarantee is required.
- **Purchase First Investors Fund non-retirement shares**
 - Select if the funds are purchasing shares in a non-retirement account.
 - Indicate existing account #
 - If purchasing a new fund, indicate the fund name and attach MAA, if not already on file, and Mutual Fund Account Instructions form (FIMFA).
- **Purchase shares as a Plan-to-Plan Transfer to a FFS Traditional 403(b) Custodial Account for another Employer's 403(b) Plan in the same fund(s)**
 - Indicate name of receiving employer.

- Attach MAA & 403(b) Application, if not already on file.
- Shares will be purchased in the same funds as the source account.
- **Purchase shares as a Direct Rollover to a Foresters Financial Services, Inc. Traditional 403(b) Custodial Account in the same fund(s) for another Employer's 403(b) Plan**
 - Indicate name of receiving employer.
 - Attach MAA & 403(b) Application, if not already on file.
 - Shares will be purchased in the same funds as the source account.
- **Purchase shares as a Direct Rollover in my name to a FFS Roth IRA in the same fund(s)**
 - Attach MAA & IRA Application, if not already on file.
 - Shares will be purchased in the same funds as the source account.
- **Purchase shares as a roll over in my name to a FFS Traditional IRA in the same fund(s)**
 - Indicate existing account #.
 - A Traditional 403(b) to Roth IRA Conversion Form must also be submitted.
 - Attach MAA & IRA Application, if not already on file.
 - Shares will be purchased in the same funds as the source account.
- **Transfer the shares of the Traditional 403(b) account into a FFS Beneficiary Traditional 403(b) account for my benefit and invest in the same Fund(s) as the current 403(b).**
 - Attach MAA and 403(b) Application, if not already on file.
 - Attach Required Minimum Distribution Request Form, as applicable.
 - Shares will be purchased in the same funds as the source account.
- **Roll over the Traditional 403(b) account into an Inherited Traditional IRA for my benefit and invest in the same Fund(s) as the current Traditional 403(b).**
 - Attach MAA and IRA Application, if not already on file.
 - Attach Required Minimum Distribution Request Form, as applicable.
 - Shares will be purchased in the same funds as the source account.

Point to Remember: For the Participant's 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.

5. Required Minimum Distribution Instructions

Complete this section only if you are age 70½, required to take Required Minimum Distributions ("RMD") and wish to roll over the assets.

You must take the first RMD by April 1st of the year following the later of age 70½ or your termination of employment with the employer sponsoring the 403(b). RMDs are not eligible for rollover. Therefore, they must be taken before assets are rolled over. **If you are age 70½, have terminated employment with the employer sponsoring this 403(b) and you do not complete this section, your distribution may not be processed.**

Check one:

- I authorize and direct Foresters Investor Services, Inc. to distribute my RMD amount to me for the current year prior to transferring/rolling over my assets.
- My RMD has already been taken for the current year.

I understand that I am responsible for any penalties that result from failure to take my RMDs. I further understand that it is my responsibility to complete and submit to Foresters Investor Services, Inc., separate instructions to establish a new RMD from my qualified retirement accounts invested with First Investors Funds.

- Complete this section only if you are age 70½, required to take Required Minimum Distribution and wish to roll over the assets.
- Check **one** of the two boxes:
 - I authorize and direct Foresters Investor Services, Inc. to distribute my RMD amount to me for the current year prior to transferring/rolling over my assets.
 - My RMD has already been taken for the current year.

6. Federal Tax Withholding

If your distribution is an "eligible rollover distribution", mandatory 20% income tax withholding will be deducted. No mandatory withholding will apply if an eligible rollover distribution is transferred directly to an eligible retirement plan or if it is rolled over to an IRA.

See the attached Internal Revenue Service Notice for a detailed explanation of your options. Then, if applicable, check the appropriate box.

I am not subject to 20% income tax withholding because the distribution is not an "eligible rollover distribution." The distribution is:

Check one:

- due to financial hardship
- payable over my life expectancy.
- payable over the joint life expectancy of me and my designated beneficiary.
- one of a series of equal payments that will be made at least once a year and will continue for a period of at least 10 years.

If you are not subject to 20% income tax withholding due to an exception noted above, **you must complete and return an IRS Form W-4P or your request will not be processed.** However, if you request a financial hardship and do not complete and return an IRS Form W-4P, the distribution will be processed and 10% federal tax will automatically be withheld.

Indicate one of the following federal tax withholding elections:

- 20% federal tax withholding is mandatory and will be deducted as long as the distribution constitutes an "eligible rollover distribution." In this case, nothing needs to be completed in this section.
- All exceptions require the selection of the appropriate box and the submission of a W-4P.
- Please see the "Special Tax Notice regarding 403(b) Retirement Plan Payments" attached to this distribution request for further information.

Point to Remember: IRS Form W4-P must be submitted with this form if the client is electing a different tax withholding election (due to an exception) than the standard 20%.

7. Spousal Consent (if applicable)

This section must be completed if you are married and your spouse must consent to the distribution. Your spouse's signature must be witnessed by the Plan Administrator or by a Notary Public. See your Plan Administrator to determine if spousal consent is required.

I, the spouse of Participant, hereby voluntarily consent to the distribution of benefits requested. I also agree to waive the remainder of the 30 day notice period during which time I may consider the distribution options available. I understand that the effect of this consent will be to forfeit benefits I would have been entitled to receive upon my spouse's death and that my consent is irrevocable unless my spouse revokes this waiver.

Spouse's First Name (print) Spouse's Last Name (print) Signature of Spouse Date

Spouse's signature must be witnessed **either by the Plan Administrator or a Notary Public:**
Witnessed by Plan Administrator: **OR** **Witnessed by Notary Public:**

Plan Administrator's First Name (print) Plan Administrator's Last Name (print)

Signature of Plan Administrator Date

Notary Public:

State of _____ County of _____

This instrument was acknowledged before me this _____ day of month _____, year _____, by

Affiant's Name (print)

Signature of Notary Public Commission Expiration Date
 (SEAL)

Name of Notary Public (typed, stamped, printed)

- This section must be completed if the participant is married and the spouse must consent to the distribution.
- The spouse's signature must be witnessed by the Plan Administrator or by a Notary Public whose commission is still in effect.
- The Participant should consult with their Plan Administrator to determine if spousal consent is required.

8. Signature

Our procedures generally require your Employer or its designated Third Party Administrator ("TPA") to sign in Section 9 and/or 10.

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

I acknowledge that I have received, read and understand the 403(b) Custodial Agreement and Disclosure Statement as well as the attached IRS notification explaining the tax consequences of a distribution of my Traditional 403(b) assets, my right to make a direct rollover of an eligible rollover distribution, and how making a direct rollover avoids mandatory 20% income tax withholding. I understand that unless I make an affirmative election otherwise, the law requires a notice period of not less than 30 days nor more than 180 days prior to making a distribution and that, if I am requesting a distribution within the 30 day notice period, I am affirmatively waiving any unexpired portion of the 30 day notice period during which I may consent to a plan distribution. I acknowledge that neither Foresters Financial Services, Inc. ("FFS"), nor any of its affiliates has any duty or responsibility for determining whether a distribution, rollover, transfer or exchange is permitted or complies with the Employer's plan or applicable laws. I understand that, upon my divorce, state law may automatically revoke the designation of my spouse as beneficiary. I certify that I have reviewed, and, if applicable, updated my beneficiary designation. I certify, on behalf of my beneficiaries and heirs, that neither FFS, nor any of its affiliates will incur any liability if, upon my death, payments are made in accordance with my beneficiary designation on file and my beneficiary designation is subsequently determined to be in violation of state law, federal law or a valid domestic relations order. If a distribution is being requested by an ex-spouse beneficiary upon the death of or divorce from the participant, I, the ex-spouse, certify that I am eligible to receive the distribution requested and that such distribution is not in violation of any state law, federal law or domestic relations order. I further understand and agree that Foresters Investor Services, Inc. ("FIS") may delay processing my Distribution 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 FIS will not be held responsible for such delay. I understand that the Employer has certain responsibilities to ensure that the 403(b) plan complies with federal and state laws and that the Employer may engage the services of a TPA to carry out some or all of those responsibilities. I understand that, after processing a full redemption of my FIS 403(b) Custodial Account, FIS reserves the right to automatically return residual contributions received on my behalf to my Employer/TPA without my authorization. If FIS exercises this right, I agree to the return of such contributions to the remitting Employer/TPA. I hereby authorize FIS to notify the Employer and/or TPA of this distribution and any future distributions and give my permission for a copy of this document to be sent to the receiving institution listed in Section 4, if applicable. For transfer of shares (in kind), I authorize FIS to sell any non-transferable money market fund shares and transfer the proceeds as cash.

I certify that all statements made by me on this Distribution Request are true and correct. I hereby authorize and direct FFS and its affiliates to act in accordance with the distribution instructions contained herein.

TAXPAYER CERTIFICATION. Under penalties of perjury, I certify that (1) the number shown on this form 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.

- Check this box 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.
- Non-Resident Aliens: Check this box if you are claiming an exemption as a non-resident alien 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.

 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.

First and Last Name of Person Requesting Distribution (print) _____

Signature of Person Requesting Distribution _____ Date _____

- Provide name and signature of person requesting distribution.
- 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 the signature does not match how the account is registered, further documentation may be required.

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, a Foresters Financial representative may provide a Signature Guarantee.

9. 403(b) Employer or Third Party Administrator ("TPA") Signature(s)

Our procedures generally require the Employer or TPA to sign below before we will process distributions.

For governmental and church 403(b) Plans and Plans subject to ERISA: I certify that I am eligible to make this certification on behalf of the Employer named in **Section 1**. I certify that I have reviewed all records and required documentation regarding this distribution request, the request is in accordance with the provisions of the Plan, and the distribution is hereby authorized.

For non-ERISA 403(b) Plans maintained by a Tax-Exempt 501(c)(3) Organization: I certify that I am eligible to make this certification on behalf of the Employer named in **Section 1**. I certify that I have reviewed all records and required documentation regarding this distribution request, the request is in accordance with the provisions of the Plan and the facts stated on this distribution request form are true and correct.

I certify that the Provider designated to receive Traditional 403(b) assets from First Investors Funds ("Receiving Provider") is either an approved vendor under the Employer's Plan or has entered into an Information Sharing Agreement with the Employer or its TPA. For TPAs, I also certify that the Employer named in **Section 1** has authorized the TPA to act on behalf of the Employer. This includes approving contract exchange requests. I certify that the assets received by the Receiving Provider will be placed into an account that meets the requirements of IRS Code 403(b) and complies with the Employer's Plan.

Authorized Individual's First and Last Name for Employer or TPA (print) _____ Title _____ Employer's or TPA's Telephone Number _____

Signature of Authorized Individual for Employer or TPA _____ Date _____

If TPA, Name of TPA Firm (print) _____

- Provide name and signature of an authorized individual for Employer or TPA for the 403(b) Employer on the account.
- Indicate Employer or TPA's telephone number.

Point to Remember: This section must be completed to process Plan-to-Plan Transfers, Contract Exchanges or other distributions requiring Employer/TPA approval.

10. Plan-to-Plan Transfers/Rollovers:

Receiving Employer or Authorized Third Party Administrator ("TPA") Information

This section must be completed if requesting a Plan-to-Plan Transfer/Rollover.

I certify that the Provider designated to receive Traditional 403(b) assets from First Investors Funds ("Receiving Provider") is either an approved vendor under the receiving Employer's Plan or has entered into an Information Sharing Agreement with the receiving Employer, or, if applicable, the Employer's TPA. In addition, I certify that the assets received by the Receiving Provider will be placed into an account that meets the requirements of IRS Code 403(b) and complies with the receiving Employer's Plan.

I certify that I am authorized to make this certification and the transfer/rollover requested by the Participant or, if applicable, the Participant's Beneficiary may be made since it is allowed under the Employer's plan and complies with the requirements of the IRS Code Section 403(b). For TPAs, I also certify that the Employer of the receiving plan has authorized the TPA to act on behalf of the Employer.

Authorized Individual's First and Last Name for Employer or TPA (print) _____ Title _____ Employer's or TPA's Telephone Number _____

Signature of Authorized Individual for Employer or TPA _____ Date _____

If TPA, Name of TPA Firm (print) _____

- Provide name and signature of an authorized individual for Employer or TPA for the 403(b) Employer on the account.
- Indicate Employer or TPA's telephone number.

Point to Remember: This section must be completed to process Plan-to-Plan Transfers.