

Form Completion Instructions:
Transfer on Death (TOD) Registration Request Form (TOD001)

The **Transfer on Death (TOD) Registration Request Form** (TOD001) is used to designate a beneficiary(ies) or to change your beneficiary(ies) on a First Investors Funds eligible TOD 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.

1. Account Registration

Choose one of the below boxes.

Re-Register **all** my (our) existing non-retirement account(s) into Transfer on Death ("TOD") registration.

Re-Register only my (our) existing non-retirement account(s) **specified below** into TOD registration.

Open new non-retirement accounts with TOD registration.

Change the Beneficiary(ies) on **all** my (our) existing non-retirement TOD account(s).

Change the Beneficiary(ies) on my (our) existing TOD account(s) **specified below**.

Owner's Name (**print**) _____ Joint Owner's Name, if any (**print**) _____ Last 4-digits of Social Security # of First Owner _____

Account Number / First Investors Fund Name _____ Account Number / First Investors Fund Name _____ Account Number / First Investors Fund Name _____

- You must choose one of the five options indicating how the account is changing.
- Provide the following information:
 - Print your first and last name for **Owner's Name**.
 - Print the first and last name for **Joint Owner's Name, if any**.
 - Print the **Last 4-digits of Social Security # of First Owner**.
 - List all of the **Account Number/First Investors Fund Name** to be registered in TOD form.

2. Beneficiary Information

Upon my (our) death, shares will be divided equally among the beneficiary(ies) who survive me (us). If I (we) name more than one beneficiary, shares will be divided equally among my (our) beneficiaries who survive me (us). (If designating more than six beneficiaries, attach a signed letter of instruction.)

<p>1.</p> <p>First Name/Last Name (print) _____ Date of Birth _____</p> <p>Relationship _____ Social Security Number _____</p>	<p>2.</p> <p>First Name/Last Name (print) _____ Date of Birth _____</p> <p>Relationship _____ Social Security Number _____</p>
<p>3.</p> <p>First Name/Last Name (print) _____ Date of Birth _____</p> <p>Relationship _____ Social Security Number _____</p>	<p>4.</p> <p>First Name/Last Name (print) _____ Date of Birth _____</p> <p>Relationship _____ Social Security Number _____</p>
<p>5.</p> <p>First Name/Last Name (print) _____ Date of Birth _____</p> <p>Relationship _____ Social Security Number _____</p>	<p>6.</p> <p>First Name/Last Name (print) _____ Date of Birth _____</p> <p>Relationship _____ Social Security Number _____</p>

Upon the death of the account owner(s), shares will be divided equally among the beneficiary(ies) who survive the account owner(s).

- Up to six (6) beneficiaries can be designated by using this form. If designating more than six beneficiaries, a signed letter of instruction must be attached to this form. For each beneficiary, provide:
 - First and Last Name,
 - Date of Birth,
 - Relationship to the account owner(s), and
 - Social Security Number.

3. Spousal Consent

I/We consent (if multiple owners) to the designation of beneficiary(ies) specified in **Section 2**.

_____ Spouse's Name (print)	_____ Signature of Spouse	_____ Date
_____ Spouse's Name (print)	_____ Signature of Spouse	_____ Date

- If the account owner(s) is(are) married and the beneficiary(ies) is/are not the spouse(s) of the account owner(s), the spouse(s) must consent to the beneficiary designation and sign here.

4. Authorization, Indemnification and Signature(s)

I (We) hereby instruct Foresters Investor Services, Inc. to register all the fund account(s) identified above in Transfer on Death form for the benefit of the beneficiary(ies) listed in **Section 2**. If I (we) have previously designated a beneficiary for this (these) account(s), I (we) hereby revoke this designation. I (We) certify that I (we) have read the Transfer on Death guidelines (which may be amended from time to time) set forth on this form and agree to be bound by them. **See below for a continuation of the Guidelines and Indemnification. By signing this Registration Request, I (we) agree to all such terms and conditions.**

_____ Signature of Owner	_____ Date	_____ Signature of Joint Owner, if any	_____ Date
-----------------------------	---------------	---	---------------

- By signing this form, the First Investors Fund account owner(s) is/are authorizing the instructions on the form.

Indemnification: I (We), the account owner(s), my (our) heirs or my (our) successors-in-interest, including all beneficiaries, shall fully indemnify and hold harmless Foresters Financial Services, Inc., its affiliates as well as its and their officers, directors, representatives, employees, agents and their successors and assigns from and against any and all claims, actions, costs and liabilities, including attorney's fees, which may be made against any of them by any person or entity regarding any actions taken by Foresters Financial Services, Inc. on my (our) First Investors Funds Transfer on Death account(s) based on certifications and instructions believed by Foresters Financial Services, Inc. to be genuine.

First Investors Funds Transfer on Death (TOD) Guidelines

- By signing this form, the account owner(s) is/are agreeing to all of the terms and conditions stated within the First Investors Funds TOD Guidelines.

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