

(for exclusive use by Cetera Investors Representatives)

457(b) Employer Application

1. Employer Information

Employer's Name (**print**) _____ Employer's Taxpayer Identification Number _____

Employer's Mailing Address, City, State, Zip Code _____

Employer's Contact Person (**print**) _____ Employer's Contact Telephone Number _____ Employer Contact's E-mail Address _____

Name of 457(b) Plan as it appears in Plan Document ("Plan") (**print**) _____ Plan Identification Number _____

2. Certifications

The undersigned certifies that:

- (A) The Employer maintains a tax deferred plan that is qualified under Section 457(b) of the Code. If applicable, the Employer or Third Party Administrator ("TPA") will provide Foresters Financial Services, Inc. and/or its affiliates (collectively "FFS") with a copy of the Plan document and any updates, amendments or other changes in a timely fashion.
- (B) FFS, as sponsor of First Investors Funds, is an approved vendor under the Plan and, is eligible to receive contributions and trustee-to-trustee transfers, and, if permitted under the Plan and agreed to in writing by FFS, rollovers and/or transfers.
- (C) Upon FFS's receipt of a properly completed Application, FFS is authorized and directed to establish and maintain a custodial account for said employee.
- (D) The Employer understands that unless FFS is notified otherwise:
 - FFS will accept Employer contributions provided they are 100% vested at all times. If Employer contributions are sent to FFS, FFS will accept remittance as representation that such contributions are 100% vested.
 - Beneficiary Designations for First Investors Funds will be maintained by FFS.
 - FFS will permit distributions for unforeseeable emergencies provided that the TPA or Employer determines an employee's eligibility for unforeseeable emergencies and that the TPA or Employer approves the distributions.
 - FFS will permit loans in accordance with the FFS Loan Program which requires that the TPA or Employer approve the loans.
- (E) The Employer understands and agrees that:
 - FFS will not track earnings on contribution types.
 - The TPA or Employer must approve distributions under the Plan unless otherwise agreed to in writing.
- (F) The Plan may permit the Employer to engage the services of a TPA to perform record keeping, compliance and administrative functions on its behalf. If a TPA is engaged by the Employer, FFS will be advised accordingly.
- (G) If no TPA has been engaged by the Employer, FFS is authorized to accept purchase and redemption instructions and other authorizations relating to the 457(b) Plan transactions in First Investors Funds from any of the Authorized Individuals listed below.

Authorized Individual(s) for the Plan:

Name of Authorized Individual for Plan (**print**) _____ Signature of Authorized Individual for Plan _____ Date _____

Name of Authorized Individual for Plan (**print**) _____ Signature of Authorized Individual for Plan _____ Date _____

Name of Authorized Individual for Plan (**print**) _____ Signature of Authorized Individual for Plan _____ Date _____

Section 2 continued on next page.

2. Certifications (continued)

(H) The Employer has designated the entity named below as the Third Party Administrator ("TPA") and authorizes Foresters Financial Services, Inc. ("FFS") to share with the TPA any information necessary for compliance with the requirements of Section 457(b) of the Code and other applicable laws and regulations. FFS is directed and authorized to accept TPA instructions and authorizations relating to 457(b) administration and transactions from those individuals designated to perform such functions by the TPA.

TPA's Name **(print)**

TPA's Mailing Address, City, State, Zip Code

TPA's Contact Person and Title **(print)**

TPA's Contact Telephone Number

TPA Contact's E-mail Address

- (I)** The undersigned certifies that he/she is authorized to execute documents on behalf of the Employer and the Plan.
- (J)** The undersigned understands and agrees on behalf of itself, the Employer and the Plan that: (i) FFS's duties will be limited to providing an alternate investment arrangement under the Plan; (ii) FFS will not serve as a Plan fiduciary or a Plan Administrator; (iii) FFS makes no representation as to whether any actions or inactions by the Employer, TPA or employee affect the qualified status of the Plan; and (iv) FFS has no responsibility with respect to any action or inaction taken by the Employer, TPA or any employee.
- (K)** The undersigned shall hold harmless, indemnify and defend FFS and its affiliates, representatives and agents from and against any claim, loss or liability resulting in whole or in part, directly or indirectly, from its reliance on these certifications, authorizations and directives and any resolutions, certifications, and supporting documentation furnished by the undersigned without any further inquiry, until FFS receives written notice modifying or revoking authority granted hereunder.
- (L)** The undersigned agrees that any unresolved dispute between the Employer and FFS concerning the Plan will be submitted for arbitration by Financial Industry Regulatory Authority ("FINRA") in accordance with its Code of Arbitration Procedures. If, for any reason, FINRA arbitration is unavailable, the dispute will be submitted for arbitration by the American Arbitration Association in accordance with its Rules and Procedures.

This Employer Application will remain in effect until it is revoked in writing by the Employer. The Employer hereby agrees to immediately notify FFS in writing if, at any time after signing this Employer Application, any of the above certifications, authorizations, directives and/or statements change.

Employer's Authorized Signatory and Title **(print)**

Signature of Employer's Authorized Signatory

Date

Return by Regular Mail:
Foresters Investor Services, Inc.
Attn: 403(b) Administration
P.O. Box 7837, Edison, NJ 08818-7837

Return by Overnight Mail:
Foresters Investor Services, Inc.
Attn: 403(b) Administration
Raritan Plaza I, 8th Floor, Edison, NJ 08837-3620

For More Information:
First Investors Funds
800-423-4026 (Shareholder Services)
www.foresters.com