

Electronic Funds Transfer (EFT) Service Application

1. Customer Information

Individual #1's Name (print)

Individual #2's Name, if any (print)

Customer Number

Customer Number

Customer Number

Customer Number

Customer Number

Customer Number

Customer Number

Customer Number

2. Electronic Funds Transfer ("EFT") Options

I/We, the undersigned, hereby authorize Foresters Financial Services, Inc. and its affiliates, representatives and agents and their bank to electronically transfer funds via Automated Clearing House ("ACH") at any time as requested by me/us, to and/or from the bank account designated below to and/or from all of my/our First Investors Fund accounts opened now or in the future within the Customer Number(s) listed above.

Unless these privileges are specifically declined below, I/we authorize ACH debits (Fund purchases) and credits (Fund redemptions, dividends and other distributions) to and/or from the bank account listed below.

I/We decline the EFT privileges for: Fund Purchases Fund Redemptions

As owner(s) or joint owner(s) of the bank account indicated below, I/we certify that my/our signature(s) as provided in **Section 6** is/are sufficient to authorize credits and debits. If I/we am/are not the owner(s) of the indicated bank account, I/we understand that the signature(s) of the bank account owner(s) must be provided in **Section 2B**. I/We understand and agree that Foresters Financial Services, Inc. and its affiliates, representatives and agents will not be liable for any loss, expense, or costs arising out of any written or telephone transaction requests as long as the proceeds are transmitted to and/or from the bank account indicated below. I/We further understand and agree that the EFT privilege will be cancelled if Foresters Financial Services, Inc. is notified that my/our EFT was further electronically transferred via ACH to and/or from a bank located outside of the territorial United States.

NOTE: Ten business days are required to establish EFT privileges. A check will be mailed to your address of record if a distribution is scheduled before the EFT privilege is established.

A. BANKING INFORMATION: (Please check one box for both **Section 2A(1)** and **2A(2)**.)

1. The attached bank information is to:

- establish **new** EFT privileges or **replace** the current bank account on file. Any current bank account on file will be removed. **(If no selection is made, we will default to this option.)**
- become the **active** bank for EFT privileges. Any existing bank account on file will be retained and available upon request.
- be added and **available upon request** for future EFT privileges. Any existing bank account on file remains as the active bank account.

2. Type of bank account:

- Checking **(If no selection is made, we will default to this option.)**
- Savings - If submitting an account statement or deposit slip, contact your financial institution to obtain the 9-digit

Bank ABA Routing #: _____

Please tape a pre-printed voided check or encoded deposit slip here.

The check or deposit slip must be imprinted with:
 - The name of the ACH Banking Institution
 - Name of the Bank Account Owners
 - Encoded Bank Account Number

Please note: An account statement can be submitted in place of a pre-printed voided check or encoded deposit slip provided it contains all necessary information. Generic deposit slips and starter checks are not acceptable.

B. SIGNATURE(S) of bank account owner(s) required if other than the First Investors Fund account owner(s):

I/We authorize the ACH credits and/or debits between the bank account indicated above and the First Investors Fund accounts owned now or in the future by the First Investors Fund account owner(s) identified above.

Signature of Bank Account Owner if other than First Investors Fund Account Owner

(SG)

Signature of Bank Account Owner if other than First Investors Fund Account Owner

(SG)

3. Request for Electronic Funds Transfer (EFT) for Money Line

(for non-retirement, Traditional IRA, Roth IRA accounts only)

Establish Money Line for my/our non-retirement, Traditional IRA, and Roth IRA First Investors Fund account(s) listed below through Automated Clearing House directly from the bank account indicated in the Banking Information in **Section 2A**.

Amount Per Investment	First Investors Fund Name or Existing Account #	Account Type	Amount Per Investment	First Investors Fund Name or Existing Account #	Account Type
\$ _____	_____	<input type="checkbox"/> Non-Retirement <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA	\$ _____	_____	<input type="checkbox"/> Non-Retirement <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA
\$ _____	_____	<input type="checkbox"/> Non-Retirement <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA	\$ _____	_____	<input type="checkbox"/> Non-Retirement <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA
\$ _____	_____	<input type="checkbox"/> Non-Retirement <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA	\$ _____	_____	<input type="checkbox"/> Non-Retirement <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA

Start Date*: _____

Frequency* (Choose One): Monthly Quarterly Semi-Annually Every other week
 Annually Last day of month 1st & 16th of month

**If the start date and/or frequency is not provided, Money Line will be invested on the first business day of each month.*

4. Request for Electronic Funds Transfer (EFT) for Dividends & Capital Gains

Remit my/our dividends and/or capital gain distributions from my/our First Investors Fund account(s) listed below through Automated Clearing House directly to the bank account indicated in the Banking Information in **Section 2A**. For First Investors Fund retirement accounts (other than Traditional IRAs and Roth IRAs), a proper distribution request form must also be submitted.

_____	<input type="checkbox"/> Remit dividends	<input type="checkbox"/> Remit capital gains
First Investors Fund Account Number		
_____	<input type="checkbox"/> Remit dividends	<input type="checkbox"/> Remit capital gains
First Investors Fund Account Number		
_____	<input type="checkbox"/> Remit dividends	<input type="checkbox"/> Remit capital gains
First Investors Fund Account Number		

NOTE: Dividends and/or capital gains may be sent via Electronic Funds Transfer (EFT) provided this option is either selected for both dividends and capital gains or this option is selected for one and the other is reinvested into the same fund account.

5. Request for Electronic Funds Transfer (EFT) for Systematic Withdrawals

Remit my/our systematic withdrawals from my/our First Investors Fund account(s) listed below through Automated Clearing House directly to the bank account indicated in the Banking Information in **Section 2A**. For First Investors Fund retirement accounts, a proper distribution request form must also be submitted.

_____	<input type="checkbox"/> Instructions on file with Foresters Investor Services, Inc.	<input type="checkbox"/> Withdraw	\$ _____	OR	_____ %
First Investors Fund Account Number					
_____	<input type="checkbox"/> Instructions on file with Foresters Investor Services, Inc.	<input type="checkbox"/> Withdraw	\$ _____	OR	_____ %
First Investors Fund Account Number					
_____	<input type="checkbox"/> Instructions on file with Foresters Investor Services, Inc.	<input type="checkbox"/> Withdraw	\$ _____	OR	_____ %
First Investors Fund Account Number					

Only complete the information below if your systematic withdrawal instructions are NOT already on file with Foresters Investor Services, Inc.:

Start Date: Begin distributions on _____

Frequency* (Choose One): Monthly Quarterly Semi-Annually Annually

**If frequency is not provided, distributions will be made annually on the day this request is received in good order (or the following business day).*

6. Authorization and Signature(s) *(All First Investors Fund Account Owners must sign in this section.)*

I/We, the undersigned, understand that my/our instructions will become effective upon the bank's acceptance and electronic verification of the bank account information. I/We also understand that such instructions will remain in full force and effect unless and until I/we revoke said instructions in writing or by telephone, at the address or telephone number on this form. Such request received in good order will normally be processed within five (5) business days. I/We also understand that account share redemptions may be subject to a contingent deferred sales charge as detailed in the First Investors Fund prospectus(es).

*A **(SG)** is not required if the First Investors Fund account owner(s) and bank account owner(s) are identical.

(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.

Signature of Individual #1 Date **(SG) ***

Signature of Individual #2, if any Date **(SG) ***

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: Control Department
P.O. Box 7837, Edison, NJ 08818-7837

Return by Overnight Mail:
Foresters Investor Services, Inc.
Attn: Control Department
Raritan Plaza I, 8th Floor, Edison, NJ 08837-3620

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