

## Durable Power of Attorney

### 1. Customer Information

Customer Number \_\_\_\_\_

### 2. Appointment

I, the Grantor named below, do hereby appoint the Attorney-in-Fact named in **Section 2A** and whose specimen signature appears on this form, as my true and lawful attorney-in-fact ("Attorney-in-Fact") to exercise the powers described herein. I also authorize and direct Foresters Financial Services, Inc., the First Investors Funds, their affiliates and each of their officers, directors, employees and agents, or the successors and assigns of any of them, to treat directions from my Attorney-in-Fact concerning matters within his or her authority with the same force and effect as if they had come from me personally. This authorization is a continuing one and will remain in effect in the event of my disability or incompetence.

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

Grantor's Social Security Number \_\_\_\_\_

Grantor's Street Address \_\_\_\_\_

Grantor's City, State, Zip Code \_\_\_\_\_

#### A. Attorney-in-Fact Information

**Important Notice:** In compliance with the USA PATRIOT Act of 2001, we are required to obtain, verify and record information that identifies each person who opens an account or is granted authority to act on an account. Since you are acting as an "agent" for the client named above, we must have **all** information as listed below.

Attorney-in-Fact's Name (**print**) \_\_\_\_\_

Attorney-in-Fact's Social Security Number \_\_\_\_\_

Attorney-in-Fact's Residential Street Address \_\_\_\_\_

Attorney-in-Fact's Date of Birth \_\_\_\_\_

Attorney-in-Fact's Residential City, State, Zip Code \_\_\_\_\_

Attorney-in-Fact's Home Phone Number \_\_\_\_\_

Attorney-in-Fact's Work Phone Number \_\_\_\_\_

Attorney-in-Fact's Cell Phone Number \_\_\_\_\_

**Citizenship:**  U.S. Citizen  
 U.S. Resident Alien\*

Document Type and Number \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

\* A copy of an unexpired green card with a photograph must be attached.

#### B. Standard Powers

**I, the undersigned Grantor, grant my Attorney-in-Fact full and complete power:**

- 1) to purchase, redeem, exchange, transfer, or change the ownership of shares with respect to all retirement and non-retirement accounts registered in my name (whether singly or jointly or as tenants in common) opened now or in the future within the First Investors Funds;
- 2) to make, draw, sign, endorse, negotiate, cash, deliver and stop payment on checks drawn on such First Investors Fund accounts;
- 3) to apply for, surrender in whole or in part, make policy loans, make subaccount reallocations and exercise all incidences of ownership with respect to life insurance or annuity policies issued by or sold through Foresters Life Insurance and Annuity Company now or in the future with ownership in my name; and
- 4) to enter into any and all other lawful transactions with respect to any and all such account(s) and to exercise any privileges I may have.

#### C. Optional Powers

**The following powers will not be considered to be granted to my Attorney-in-Fact unless I, the undersigned Grantor, initials below.**

- 1) **Transfers to Attorney-in-Fact** \_\_\_\_\_ (initials) I authorize my Attorney-in-Fact to direct transfers or proceeds of redemptions to himself/herself.
- 2) **Gifts** \_\_\_\_\_ (initials) I authorize my Attorney-in-Fact to make gifts with my assets.

### 3. Termination of Powers

I, the undersigned Grantor, understand and acknowledge that this Power of Attorney shall remain in full force and effect until Foresters Financial Services, Inc. ("FFS") has received written notice that the Power of Attorney has been revoked or that I, the Grantor, have died. I agree to provide FFS with written notice of my intent to revoke the Power of Attorney one full day prior to the date the revocation is to take effect; and notwithstanding the foregoing, FFS shall not be held liable for any claim, loss, damage or expense incurred as a result of or in connection with any transactions effected or processed if such transaction was effected or processed in good faith and without actual knowledge that the Power of Attorney has been revoked or that I, the Grantor, have died. Revocation of the powers granted herein shall be given effect only if such written notification is received by FFS, at its office at PO Box 7837, Edison, New Jersey 08818-7837.

### 4. Signatures

This Durable Power of Attorney document shall be governed by the laws of the State of New Jersey.

#### Grantor:

I, the undersigned Grantor, have read the foregoing before signing.

To this I have agreed and placed my signature on this,

\_\_\_\_\_ day of month \_\_\_\_\_, year \_\_\_\_\_.

\_\_\_\_\_  
Signature of Grantor

#### Affidavit of Attorney-in-Fact:

I, the Attorney-in-Fact named on this form, duly sworn says that the

Grantor named on this form has appointed me his/her lawful attorney on this, \_\_\_\_\_ day of month \_\_\_\_\_, year \_\_\_\_\_.

I have read this document and accept the appointment hereby conferred.

\_\_\_\_\_  
Signature of Attorney-in-Fact

#### 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)

#### 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)

**Return by Regular Mail:**  
Foresters Investor Services, Inc.  
P.O. Box 7837, Edison, NJ 08818-7837

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

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