

Durable Power of Attorney Certification

1. Owner/Grantor Information

Owner's/Grantor's Name (**print**)

Owner's/Grantor's Social Security Number

2. 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
 Resident Alien*

Document Type and Number

Country of Citizenship

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

3. Certification by Financial Institution or Attorney

- A) Attached hereto as **Exhibit A** is a true and correct copy of the Power of Attorney dated _____ and granting _____
Date of Power of Attorney
Attorney-in-Fact's Name (print) _____, as Attorney-in-Fact, the power to purchase, sell, transfer and otherwise effect transactions in securities on behalf of _____, the Grantor;
Grantor's Name (**print**)
- B) The Grantor was able and competent at the time the Durable Power of Attorney was executed and the authorization is a continuing one and will remain in effect in the event of the Grantor's disability or incompetence;
- C) The Power of Attorney remains in full force and effect and has not been withdrawn, amended or revoked; and
- D) The Grantor is still living.

Name of Certifying Financial Institution or Attorney (**print**)

Signature of Authorized Officer or Certifying Financial Institution or Attorney

Date

Name and Title of Authorized Officer of Certifying Financial Institution (**print**)

4. Authorization, Certifications & Indemnification by Attorney-in-Fact

I, the undersigned Attorney-in-Fact, hereby certify that I am the duly authorized Attorney-in-Fact for the Grantor identified in **Section 1**; and I hereby certify that as Attorney-in-Fact, I will only exercise those powers that were validly granted to me by the Grantor, and that I will not exercise any powers granted by the Grantor if I have information or reason to believe that the Power of Attorney has been revoked, has been partly or completely terminated or suspended, or is no longer valid because of the death, entry of an order of guardianship and/or conservatorship for the Grantor by a court or for any other reason that may nullify or compromise my authority to act in a representative capacity for the Grantor; and I understand that if the Grantor lacks legal capacity I will be considered to have primary control over the account.

Please check one of the following:

I, the undersigned Attorney-in-Fact for the Grantor identified in **Section 1**, do hereby certify that:

- (i) The Grantor lacks legal capacity, as defined by the Power of Attorney or as determined by medical certification, and I will be exercising sole control over the Grantor's account(s) on behalf of the Grantor.
- (ii) The Grantor does not lack legal capacity, and I will be acting in concert with the Grantor to assist with the management of the Grantor's account(s).

(If I fail to select either option (i) or (ii) above I acknowledge that you will assume that option (ii) applies and that the corresponding certifications stated therein are true and accurate at the time this Certification is completed.)

For accepting my certifications provided above and complying with this and future requests with respect to the Grantor's account(s), I hereby agree to hold harmless and indemnify Foresters Financial Services, Inc. ("FFS"), the First Investors Funds, their affiliates, and each of their officers, directors, trustees, employees, representatives and agents or their successors and assigns, and any of them shall be entitled without any further inquiry or investigation, to act in the reliance on the authority of this Certification. I hereby request that you follow my directions in reliance upon this authorization and I agree to hold harmless and indemnify FFS, all of its affiliates and each of their respective officers, directors, employees, trustees and agents from any claims, losses, expenses, costs, damages or liabilities (including reasonable attorneys' fees and expenses) arising out of or relating to, FFS reliance upon the instructions contained herein and any subsequent instructions FFS believes to be genuine whether such instructions are provided in writing or by telephone or any other means and whether or not such instructions are consistent with the powers specified in the Grantor's Power of Attorney, and acting or failing to act as a result thereof.

I/We further agree to be bound by all the terms and conditions set forth in any and all agreements relating to the Grantor's account(s).

Signature of Attorney-in-Fact **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)

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 1, 8th Floor, Edison, NJ 08837-3620

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