

Automatic Payroll Investment (API) Authorization Form

1. Employer Information

Employer's Name (print)

Employer's Street Address

Employer's City

Employer's State

Employer's Zip Code

2. Authorization to Employer

Attn: Payroll Department

Dear Employer,

I have requested Foresters Financial Services, Inc. to initiate the necessary paperwork to establish a payroll investment account. Attached is a letter including all the information you require to establish an electronic transfer.

Please consider this as my authorization to:

deduct \$ _____ dollars

OR

_____ %

from my paycheck.

The effective date of my deductions should be _____

3. Signature

Employee's Name (print)

Signature of Employee

Date

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