

**Payment Form** (for existing First Investors Fund accounts)

**1. Account Information**  Check box if payment is for an account under our **Associate Investment** program.

Owner's First Name (**print**) \_\_\_\_\_ Owner's Last Name (**print**) \_\_\_\_\_ Joint Owner's First Name (**print**) \_\_\_\_\_ Joint Owner's Last Name, if any (**print**) \_\_\_\_\_

Customer Number \_\_\_\_\_ Outside Company Name, if Rollover Assets are being applied to First Investors Funds \_\_\_\_\_

**2. Direct Purchases** (*All checks must be made payable to Foresters Financial Services, Inc.*)

Check attached for: \$ \_\_\_\_\_ Check Number: \_\_\_\_\_

Provide the First Investors (FI) fund account number(s) or FI fund name to which this payment is being applied:

<p><b>Check if NEW fund account for Existing Registration</b></p> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<p><b>FI Fund Account # or FI Fund Name</b></p> <p>_____</p> <p>FI Fund Account # or FI Fund Name</p>	<p><b>Amount of Purchase</b></p> <p>\$ _____ OR _____ %</p>	<input type="checkbox"/> Current <input type="checkbox"/> Prior <input type="checkbox"/> Rollover <input type="checkbox"/> Current <input type="checkbox"/> Prior <input type="checkbox"/> Rollover <input type="checkbox"/> Current <input type="checkbox"/> Prior <input type="checkbox"/> Rollover <input type="checkbox"/> Current <input type="checkbox"/> Prior <input type="checkbox"/> Rollover
	<p>_____</p> <p>FI Fund Account # or FI Fund Name</p>	<p>\$ _____ OR _____ %</p>	
	<p>_____</p> <p>FI Fund Account # or FI Fund Name</p>	<p>\$ _____ OR _____ %</p>	
	<p>_____</p> <p>FI Fund Account # or FI Fund Name</p>	<p>\$ _____ OR _____ %</p>	

Total \$ \_\_\_\_\_ 100%

**3. Representative Signature**

Reg. Rep # \_\_\_\_\_ Office # \_\_\_\_\_ Registered Representative's Name (**print**) \_\_\_\_\_ Registered Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

<p><b>Return by Regular Mail:</b> Foresters Investor Services, Inc. Attn: Cashier Department P.O. Box 7837, Edison, NJ 08818-7837</p>	<p><b>Return by Overnight Mail:</b> Foresters Investor Services, Inc. Attn: Cashier Department Raritan Plaza I, 8th Floor, Edison, NJ 08837-3620</p>	<p><b>For More Information:</b> First Investors Funds 800-423-4026 (Shareholder Services) www.foresters.com</p>
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