

New Account Application

Effective June 2018

This form may be used to establish a new non-retirement account at First Eagle Funds. To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open an account, you will be required to provide your name, address, date of birth, and tax ID number. If you do not provide this information, we may not be able to establish your account. **Do not use this form to open a First Eagle Funds IRA account.** If you do not have an Investment Dealer on your account, you may only invest in I shares, which have an initial purchase minimum of \$1,000,000. Class A and Class C shares may only be established through an account transfer from an existing First Eagle Fund account invested in A and C shares. If you have any questions, please call Shareholder Services at 800.334.2143.

*Joint Tenants with Rights of Survivorship unless otherwise stated. For joint accounts, the Social Security Number of the primary account owner will be used for IRS Reporting.

1. Individual Account Registration (all information must be supplied)

<input type="checkbox"/> Individual Account (Cannot be a minor)		<input type="checkbox"/> Joint Account (Cannot be a minor)*	
<input type="text"/> First Name, Middle Initial, Last Name (Primary)		<input type="text"/> Joint Account Owner's Name (if applicable)	
<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Resident Alien	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Resident Alien
Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/>	Date of Birth (MM/DD/YYYY) <input type="text"/> / <input type="text"/> / <input type="text"/>	Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/>	Date of Birth (MM/DD/YYYY) <input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/> Gift/Transfer to Minor (UGMA/UTMA)			

Both the custodian's and minor's information must be provided.

<input type="text"/> First Name, Middle Initial, Last Name		<input type="text"/> First Name, Middle Initial, Last Name	
<input type="text"/> - <input type="text"/> - <input type="text"/> Social Security Number	<input type="text"/> / <input type="text"/> / <input type="text"/> Date of Birth (MM/DD/YYYY)	<input type="text"/> - <input type="text"/> - <input type="text"/> Social Security Number	<input type="text"/> / <input type="text"/> / <input type="text"/> Date of Birth (MM/DD/YYYY)
<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Resident Alien		

For purpose of identification, please provide a Trust Instrument and appropriate Evidence of Authority.

<input type="checkbox"/> Individual Trust			
<input type="text"/> Name of Trustee		<input type="text"/> Name of Co-Trustee (if applicable)	
<input type="text"/> - <input type="text"/> - <input type="text"/> Social Security Number	<input type="text"/> / <input type="text"/> / <input type="text"/> Date of Birth (MM/DD/YYYY)	<input type="text"/> - <input type="text"/> - <input type="text"/> Social Security Number	<input type="text"/> / <input type="text"/> / <input type="text"/> Date of Birth (MM/DD/YYYY)
<input type="text"/> Name of Trust			
<input type="text"/> Tax Identification Number		<input type="text"/> / <input type="text"/> / <input type="text"/> Under the Agreement Dated Above (MM/DD/YYYY)	

Please provide Articles of Incorporation, Partnership Agreements, Trust Agreements, or other Organizational Documents and Certified Corporate Resolution. For purpose of verifying the account, provide information for "Authorized Traders" for all persons who will be giving instructions on an on-going basis. If there are additional Authorized Traders, please attach a sheet with all information.

1. Non-Individual Account Registration (continued)

Legal Entity

Name of entity (please specify entity type below)

Tax Identification Number

Daytime Telephone Number

Authorized Trader's Name

Social Security Number

Date of Birth (MM/DD/YYYY)

Authorized Trader's Street Address

City

State

Zip Code

If you select any of the below, you must also complete the Beneficial Owner Legal Entity Form along with the New Account Application, which is available separately.

Is this an S Corporation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a Church or Religious Institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a Government Entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a College or University?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a Limited Liability Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a Club or Fraternal Organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a Corporation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an Investment Club?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a Partnership?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a School District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a Hospital or Medical Institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a Statutory Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this an exempt Organization or Institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a Charitable or Welfare Organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a Cemetery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a Private Annuity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a Union?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

All information must be supplied. **At least one residential street address is required.** We cannot establish an account unless you provide at least one telephone number where you can be reached.

The Funds typically do not offer shares to non-U.S. residents.

2. Address (Required)

Street Address (PO Box not accepted). For Individual Trusts, if address of Trustee and Co-Trustee is different, please include separately.

Street Address

City

State

Zip Code

Daytime Telephone Number

Evening Telephone Number

Mailing Address (if different from Street address). For Individual Trusts, if address of Trustee and Co-Trustee is different, please include separately.

Street Address (PO Box accepted)

City

State

Zip Code

Street Address (PO Box accepted)

Once your account statements are available, you will receive an email prompting you to login to our website. (If preferred, you may login to our website at www.feim.com and immediately gain access to your account and set up electronic delivery.)

3. Electronic Delivery

By selecting the item(s) below and supplying your e-mail address, you are expressing interest in receiving these documents online instead of in paper format by regular mail.

- Account Statements Annual/Semi-Annual Reports and Prospectuses Confirmations

Email Address

4. Transfer on Death

- Add Transfer on Death to this account (only applies to Individual or Joint Tenant with Rights of Survivorship accounts)

Please note that the % of designation(s) must total 100%. Attach a separate sheet to make additional beneficiary designations.

Primary Beneficiary(ies) (Cannot be an Estate.)

I designate the individual(s) named below the Beneficiary(ies) of my account. I revoke all prior Beneficiary designations, if any, made by me for these assets.

Primary Beneficiary A

First Name, Middle Initial, Last Name

Street Address

City

State

Zip Code

Social Security Number

Date of Birth (MM/DD/YYYY)

Relationship

% of Account

Primary Beneficiary B

First Name, Middle Initial, Last Name

Street Address

City

State

Zip Code

Social Security Number

Date of Birth (MM/DD/YYYY)

Relationship

% of Account

Contingent Beneficiary(ies) (Optional. Cannot be an Estate.)

Contingent Beneficiary A

First Name, Middle Initial, Last Name

Street Address

City

State

Zip Code

Social Security Number

Date of Birth (MM/DD/YYYY)

Relationship

% of Account

Contingent Beneficiary B

First Name, Middle Initial, Last Name

Street Address

City

State

Zip Code

Social Security Number

Date of Birth (MM/DD/YYYY)

Relationship

% of Account

Contingent beneficiaries will only receive the account if the Primary Beneficiary predeceases the account owner. Please list any other contingent beneficiaries on a separate page.

Complete only if applicable.

Please note if you do not have an Investment Dealer on your account, you may only invest in I shares, which have an initial purchase minimum of \$1,000,000. Class A and C shares may only be established through an account transfer from an existing First Eagle Fund account invested in A and C shares.

5. Your Investment Dealer's Information

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name, Middle Initial, Last Name	Advisor ID Number	Branch ID Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch Address	City	State Zip Code
<input type="text"/>	<input type="text"/>	
Firm Name	Telephone Number	

Please make checks payable to "First Eagle Funds." Third-party checks, starter checks and cash equivalents — such as travelers checks, cashier checks and money orders — cannot be accepted to purchase shares.

Please see the current First Eagle Funds Prospectuses for the different sales charges and expenses.

You must select a share class.

*First Eagle Overseas Fund is closed to certain new investors. Please see the prospectus for additional information.

**Class Y closed to new investors

6. Investment Selection

The minimum initial investments are as follows: \$2,500 for Class A, C; \$1,000,000 for Class I. If you do not have an Investment Dealer on your account, you may only invest in I shares, which have an initial purchase minimum of \$1,000,000. Class A and C shares may only be established through an account transfer from an existing First Eagle Fund account invested in A and C shares.

First Eagle Global Fund	\$ <input type="text"/>	Share Class	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> I
First Eagle Overseas Fund*	\$ <input type="text"/>	Share Class	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> I
First Eagle U.S. Value Fund	\$ <input type="text"/>	Share Class	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> I
First Eagle Gold Fund	\$ <input type="text"/>	Share Class	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> I
First Eagle Fund of America	\$ <input type="text"/>	Share Class	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> I <input type="checkbox"/> Y**
First Eagle High Yield Fund	\$ <input type="text"/>	Share Class	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> I
First Eagle Global Income Builder	\$ <input type="text"/>	Share Class	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> I
Total Investment	\$ <input type="text"/>				

Prior to completing this section, you may wish to consult your accountant or tax adviser.

Please indicate which type of cost basis reporting you would like First Eagle Funds to furnish you and the IRS for all accounts.

If you select Specific Lot, a secondary method is required. If no selection is made, it will default to First in, First out (FIFO)

Note: If no option is selected, First Eagle Funds will default your cost basis election to Average Cost.

7. Cost Basis Election

On October 3, 2008, the Emergency Economic Stabilization Act, HR 1424, was signed into law, which included provisions from the Energy Improvement and Extension Act of 2008, requiring mutual funds to provide cost basis reporting to their customers and the IRS. First Eagle Funds will provide cost basis information to you and the IRS for shares purchased on and after January 1, 2012 (covered shares). If you have purchases or transfers made into your account with shares purchased prior to January 1, 2012 (non-covered shares), we may be able to provide you an average cost for these shares. The cost basis accounting method elected below will be used for all accounts established by this application and any future accounts established unless you provide a different method.

- Average Cost** – Calculates the cost of shares in an account by averaging the cost of all purchases made after January 1, 2012. Shares will be redeemed in a first-in first-out order for the average cost method.
- First-In First-Out** – Shares acquired first in the account are the first shares depleted.
- Last-In First-Out** – Shares acquired last in the account are the first shares depleted.
- High Cost** – Shares acquired with the highest cost per share are the first shares depleted.
- Low Cost** – Shares acquired with the lowest cost per share are the first shares depleted.
- Loss/Gain Utilization** – Depletes shares with losses before gains, consistent with the objective of minimizing taxes. For shares that yield a loss, shares owned one year or less (short-term) will be redeemed before shares owned more than one year (long-term). For gains, long-term shares will be redeemed before short-term gains. With favorable long-term gains rates, long-term gains are given priority over short-term gains to reduce tax liability.
- Specific Lot** – Shareholder selects which lots to deplete at time of each redemption. When selecting Specific Lot, please choose a secondary method to be used as an alternate in the event specific lot depletion information is not provided:
 - First-In First-Out
 - Last-In First-Out
 - Loss/Gain Utilization
 - High Cost
 - Low Cost

Select one of the following to add dividend and/or capital gain options. If no selection is provided, dividends and capital gains will be reinvested.

8. Distribution Options

- Reinvest dividends and capital gains.
- Pay dividends and capital gains in cash.
- Reinvest dividends and pay capital gains in cash.
- Pay dividends in cash and reinvest capital gains.

Select one of the following if you have checked any option for a cash distribution.

- Send a check to my/our address of record.
- Send via ACH to my/our bank. (Please see Section 10 to add banking information.)

NOTE: Certain business entities cannot redeem by phone. Please refer to the First Eagle Funds' Prospectuses for further details on exchanges and redemptions.

9. Telephone Exchange and Redemption Option

Shareholders will be able to redeem and/or exchange by telephone, unless one of the following boxes is marked.

- I do not wish to establish the telephone exchange option on my/our account.
- I do not wish to establish the telephone redemption option on my/our account.

Required for automatic investments and telephone redemptions by wire or ACH.

Please attach a pre-printed voided check or deposit slip/statement below.

10. Bank Information

First Eagle Funds is hereby authorized to credit my/our account by electronically debiting my/our bank account. This authority is to remain in effect until notice has been received by the Funds that it has been revoked.

First Eagle Funds shall be fully protected in honoring such debit and further agree that if such debit is dishonored, whether with or without cause, First Eagle Funds shall be under no liability whatsoever.

- Use bank information from the attached check

Bank Name

Name(s) on Bank Account

Please attach a pre-printed voided check or deposit slip/statement here.

You can invest your funds automatically by completing the following information, attaching a pre-printed, voided check or savings deposit slip/statement above, and returning it to First Eagle Funds. You will receive a confirmation of each transaction.

NOTE: The investment program will start at least seven days after the initial set-up.

11. Automatic Investment Program

(\$2,500 initial minimum investment for class A and C mentioned in section 6 does not apply on an Automatic Investment Program)

Please choose the date and frequency of your investment:

- Date of Investment: 5th 20th
- Frequency of Investment: Semi-Monthly Monthly Quarterly

Starting Month

Fund Name

\$ Amount (minimum of \$100)

Fund Name

\$ Amount (minimum of \$100)



For each investment you make, you must notify us that a Letter of Intent is on file, along with the account numbers associated with the letter. If applicable, please complete Section 13 below so that the accounts are linked and future breakpoints are reflected appropriately. Please refer to the First Eagle Funds Prospectus for additional information.

12. Letter of Intent

Under the terms of the prospectus, I agree to accumulate in a 13-month period an amount equal to or in excess of:

- Input boxes for \$25,000*, \$50,000*, \$100,000, \$250,000, \$500,000, \$1,000,000

*The initial breakpoint for the First Eagle High Yield Fund is \$100,000. Please read the First Eagle Funds Prospectus for additional information.

Please include all First Eagle Funds accounts with the same primary address and/or tax identification number as this account you are establishing. Please refer to the First Eagle Funds Prospectuses for additional information.

13. Rights of Accumulation

A.

Input box for Account Number A

Account Number

Input box for Account Number A

Account Number

Input box for Account Owner A

Account Owner

Input box for Relationship A

Relationship

B.

Input box for Account Number B

Account Number

Input box for Account Number B

Account Number

Input box for Account Owner B

Account Owner

Input box for Relationship B

Relationship

Complete this section to receive duplicate statements and/or confirmations. To add additional names and addresses, please include a separate letter of instruction.

14. Interested Parties/Additional Mail (To receive duplicate statements and/or confirmations)

I want the following party to receive duplicate:

- Input boxes for Statements, Confirmations, Both

Input box for First Name, Middle Initial, Last Name

First Name, Middle Initial, Last Name

Input box for Street Address

Street Address

Input box for City

City

Input box for State

State

Input box for Zip Code

Zip Code

Please read and sign the following.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

15. Signatures and Authorization

By signing this application, I/we certify that I/we have received and read a current Prospectus for each First Eagle Fund ("Fund") in which I/we am/are investing in. I/We understand the investment objectives, policies, and risks of investing in the Fund(s) and it is consistent with my/our investment objectives, income, assets, experience, and risk tolerances, and as the account owner, I/we are fully responsible for monitoring the account and for all investment decisions and instructions concerning the account and agree to be bound by the terms of each Fund's Prospectus, as amended from time to time, for existing and future First Eagle Funds accounts I/we establish or exchange into at a later date. I/We certify that I/we am/are of legal age in the state of my/our residence and have full authority to purchase or redeem shares of the Fund(s) and to establish and use any related privileges.

Under penalty of perjury, I/we certify that: (i) the taxpayer identification number(s) indicated on this application is/are correct; (ii) I/we am/are a U.S. citizen(s)/person or Resident Alien(s); and (iii) I/we have not been notified by the IRS that I/we am/are subject to backup withholding as a result of failing to report all interest and dividend earnings, or if notified, I/we have received notification that backup withholding is no longer required. (If you have been notified that backup withholding is required, strike out this item.)

By signing this application I/we also certify that: (i) unless otherwise disclosed on this form, I/we am/are making this investment on my/our own behalf; (ii) if I/we have elected the Telephone Exchange/Redemption Options and Automatic Investments as described in the prospectus, I/we agree that the Funds and its transfer agent will not be liable for any loss in acting on written or telephone instructions believed by them to be genuine; (iii) I/we am/are not involved in any money laundering schemes, the source of this investment is not derived from any unlawful or criminal activities, and I/we agree to provide further information or documents deemed necessary by First Eagle Funds or their transfer agent to comply with the applicable anti-money laundering and/or "know your customer" regulations; and (iv) the information provided on this form is true, correct and complete. I/We undertake to notify the Funds immediately of any change in any representation or other information relating to me/us provided on this form.

If we are a Trust or otherwise acting as an intermediary we agree that: (i) the representations made on this form are made on behalf of the Underlying Investors, and we have all requisite power and authority from the Underlying Investors to make representations on this form; (ii) we carry out due diligence with respect to the identity, background and source of funds of all Underlying Investors, and agree to provide further assurances regarding ourselves and/or the Underlying Investors as First Eagle Funds may reasonably require; and (iii) we are not aware of any reasons which would prevent First Eagle Funds from accepting an investment directly by an Underlying Investor (in particular, no Underlying Investor is named on any Office of Foreign Assets Control ("OFAC") lists, or any other lists designated by the U.S. government in relation to money laundering, or is a citizen or resident of, or located in, a country as to which OFAC sanctions would prohibit investment in the Funds).

Account Owner's Signature

/ /
Date (MM/DD/YYYY)

Joint Account Owner's Signature (if applicable)

/ /
Date (MM/DD/YYYY)

Please retain a photocopy of the completed application for your records.

Make checks payable to "First Eagle Funds."

11. Mail the completed form to:

Regular Mail:
First Eagle Funds
P.O. Box 219324
Kansas City, MO 64121-9324

Overnight Mail:
First Eagle Funds
330 West 9th Street
Kansas City, MO 64105

