

Traditional/Roth/SEP IRA Application

Effective May 2018

This form may be used to establish a new Traditional Individual Retirement Account (IRA), Rollover IRA, Roth IRA, or SEP IRA in accordance with the Custodial Account Agreement with UMB Bank, N.A. ("UMB") as Custodian. 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. 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. If you have any questions, please call Shareholder Services at 800.334.2143.

All information must be supplied. A P.O. Box is not acceptable. We cannot establish an account unless you provide at least one telephone number where you can be reached.

1. Participant Information

First Name, Middle Initial, Last Name

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Social Security Number

//
Date of Birth (MM/DD/YYYY)

Street Address (PO Box not accepted)

City State Zip Code

Daytime Telephone Number

Evening Telephone Number

Please choose one of the following:

U.S. citizen Resident Alien

Please check this box if applicant is a minor.

Relationship of guardian to minor (parent, grandparent, etc.)

Guardian First Name, Middle Initial, Last Name

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Guardian Social Security Number

//
Guardian Date of Birth (MM/DD/YYYY)

2. Mailing Address (if different from street address)

Street Address (PO Box accepted)

City State Zip Code

Street Address (P.O. 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

Select one of the following.

*If redeeming from an Inherited IRA, please use Inherited IRA Distribution Form.

If the beneficiary is a legal entity, please call DST at 1-800-334-2143 for further information before completing this IRA Account Application.

4. Type of Account

- Traditional IRA
- Rollover IRA (from employer's qualified plan)
- Roth IRA
- Simplified Employee Pension (SEP) IRA
- Inherited IRA (please provide information below)*

Decedent Name
 / / Date of Birth (MM/DD/YYYY)
 / / Date of Death (MM/DD/YYYY)

Select one of the following.

5. Type of Contribution

- Traditional IRA, contribution year 20
- Roth IRA, contribution year 20
- SEP IRA, contribution year 20 Employee Amount \$ Employer Amount \$
- SAR-SEP IRA established prior to January 1, 1997.
- Rollover of existing IRA, SEP-IRA or SAR- SEP IRA.*
- Rollover of existing Roth IRA-tax year. Original Roth IRA was established 20
- Direct Rollover from previous qualified employer sponsored retirement plan.*
- Transfer of existing Roth IRA from another custodian. Check one: Converted* OR Contribution Roth IRA*
- Transfer of existing Regular IRA or SEP-IRA from another custodian.*

*Complete the separate IRA Transfer and Direct Rollover Form and return it with this application.

Complete only if applicable.

6. Your Investment Dealer's Information

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.

First Name, Middle Initial, Last Name
 Advisor ID Number
 Branch ID Number
 Branch Address
 City
 State
 Zip Code
 Firm Name
 Telephone Number

7. Investment Selection

The minimum initial investments are as follows: \$1,000 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.

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 prospectus 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.

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"/>				



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

8. Designation of Beneficiary(ies)

I designate the individual(s) named below the Beneficiary(ies) of this IRA. I revoke all prior IRA Beneficiary designations, if any, made by me for these assets. I understand that I may change or add Beneficiaries at any time by written notice to the Custodian. If I am not survived by any Beneficiary, my Beneficiary shall be my estate.

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

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

This section should be reviewed if the account owner is married, is a resident of a community property or marital property state, and designates a beneficiary other than their spouse. It is the account owner's responsibility to determine if this section applies. The account owner may need to consult with legal counsel. Neither the Custodian nor the Funds are liable for any consequences resulting from a failure of the account owner to provide proper spousal consent.

9. Spousal Consent

I am the spouse of the above named account owner. I acknowledge that I have received a full and reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my community property interest in this IRA, I have been advised to see a tax professional or legal advisor. I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian or the Funds.

Signature of Spouse

/ /
Date (MM/DD/YYYY)

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 account by electronically debiting my 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, enclosing a pre-printed voided check or savings deposit slip 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. IRA contributions made through the Automatic Investment Program will be credited as a contribution for the year in which the shares are purchased.

11. Automatic Investment Program (does not apply to Inherited IRA's)

(\$1,000 initial minimum investment for class A and C mentioned in section 7 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)

Telephone exchange and redemption options will automatically be added to your account unless you check one of the following.

12. 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 account.

I do not wish to establish the telephone redemption option on my account.

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 14 below so that the accounts are linked and future breakpoints are reflected appropriately. Only Class A shares may be used toward completing the Letter of Intent. Please refer to the First Eagle Funds Prospectus for additional information.

13. Letter of Intention

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

- Options for accumulation amounts: \$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 the account you are establishing. Refer to the First Eagle Funds Prospectus for additional information.

14. Rights of Accumulation

Linking to a brokerage account will require a copy of an account statement, showing current investment in First Eagle Funds. Each future subsequent purchase will also require a copy of up-to-date account statements.

Form with two columns for account information: Account Number, Account Number, Account Owner, Relationship.

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

15. Interested Party/Additional Mail (To receive duplicate statements and/or confirmations)

I want the following party to receive duplicate: [] Statements [] Confirmations [] Both

Form for interested party details: First Name, Middle Initial, Last Name, Street Address, City, State, Zip Code.

If the Depositor is a minor, under the laws of the Depositor's state of residence, a parent or guardian must sign the IRA Application. Until the Depositor reaches the age of majority, the parent or guardian will exercise the duties of the Depositor. (If acting as guardian, provide a copy of Letters of Appointment).

16. Custodian Acceptance

UMB will accept appointment as Custodian of the Depositor's account. However, this Agreement is not binding upon the Custodian until the Depositor has received a statement confirming the initial transaction in the Account. Receipt by the Depositor of a confirmation of the purchase of the Fund shares indicated above will serve as notification of UMB's acceptance of appointment as UMB's Account.

Please read and sign the following.

17. Signature and Authorization

By signing this application, I certify that I have received and read First Eagle Funds’ Prospectus and/or Summary Prospectus for each of the First Eagle Funds in which I am investing in. I understand the investment objectives and policies of the Fund(s), understand the risks of investing in the Funds and agree to be bound by the terms of the Prospectus, as amended from time to time, for this account and for any First Eagle Funds account I establish or exchange into at a later date. I certify that I am of legal age in the state of my 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 certify that: (i) the taxpayer identification number indicated on this application is correct; I am a U.S. citizen or Resident Alien; and (iii) I have not been notified by the IRS that I am subject to backup withholding as a result of failing to report all interest and dividend earnings, or if notified, I 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 also certify that: (i) I am establishing an Individual Retirement Account pursuant to the Internal Revenue Code of 1986, as amended, and in accordance with all the terms of the Custodial Agreement on Form 5305-A (5305-RA for Roth IRAs, and 5305-SEP/5305A-SEP for SEP IRAs) and that all contributions to the IRA will meet the requirements of the Code governing such contributions; (ii) I have received and read the applicable sections of the UMB Universal Individual Retirement Account Disclosure Statement and the UMB Universal Individual Retirement Account Custodial Agreement; (iii) I appoint UMB, or its successors as Custodian of the IRA and agree to promptly give instructions to the Custodian necessary to enable the Custodian to carry out its duties under the Custodial Agreement; (iv) I consent to a one time new account setup fee of \$10.00 and custodian’s fee (currently \$15.00 per year, per account) and its liquidation from the account if not paid by separate check by the end of the year; (v) if I am making a Traditional IRA Rollover or Direct Rollover, that I have not made another rollover within the one-year period immediately preceding this rollover, that such distribution was received within 60 days of making the rollover to this Account, and that no portion of the amount rolled over is a required minimum distribution under the required distribution rules; (vi) if I have indicated a Conversion or a Rollover of an existing Traditional IRA to a Roth IRA, I acknowledge that the amount converted will be treated as taxable income (except for prior nondeductible contributions) for federal income tax purposes; (vii) if I have elected the Telephone Exchange/ Redemption Options and Automatic Investments as described in the prospectus, I 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; (viii) unless otherwise disclosed on this form, I am making this investment on my own behalf; (ix) I am not involved in any money laundering schemes, the source of this investment is not derived from any unlawful or criminal activities, and I 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 (x) the information provided on this form is true, correct and complete. I undertake to notify the Funds immediately of any change in any representation or other information relating to me provided on this form.

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

_____ Account Owner’s Signature

/ / Date (MM/DD/YYYY)

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

Make checks payable to “First Eagle Funds.”

18. 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

