

Required Minimum Distribution (RMD) Form

Effective July 2015

This form may be used to request a Required Minimum Distribution (RMD) from your First Eagle Funds retirement account. If you are a beneficiary looking to take a distribution due to the death of an IRA account owner, please complete the Inherited IRA Distribution Form. All other types of non-mandatory distributions may be completed with an IRA Distribution Form. If you have any questions or to ensure that all legal requirements are met, please call Shareholder Services at 800.334.2143.

All information must be supplied.

NOTE: Based on your selection below First Eagle Funds will calculate your distribution(s) for the fund/account(s) provided. If you wish to take distributions from all of your First Eagle Funds retirement accounts, please list each fund/account number.

1. Account Information

<input type="text"/>		<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> /	<input type="text"/>	<input type="text"/>
First Name, Middle Initial, Last Name		Social Security Number	Date of Birth (MM/DD/YYYY)		
<input type="text"/>					
Street Address					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Telephone	Evening Telephone	Fund/Account Number			

Select one of the following.

NOTE: All selections will be one-time distributions unless you complete the Systematic Distributions option in Section 3. If you take a one-time distribution, it is your responsibility to contact First Eagle Funds each year to request your RMD. First Eagle Funds is not responsible for the accuracy of your calculations.

2. Required Minimum Distribution

Required Minimum Distributions (RMDs) are minimum amounts that IRA account owners (excluding Roth IRAs) must withdraw annually starting with the year they reach age 70 ½ or, if later, the year in which they retire, with limited exceptions. The first RMD payment can be delayed until April 1 following the year in which the account owner turns 70 ½. For all subsequent years, including the year of the original distribution, the RMD must be taken by December 31. IRA account owners are responsible for taking the correct amount of RMDs on time every year from their accounts and face potential penalties for failure to take RMDs. We encourage you to consult your accountant or tax adviser for additional information on RMD rules, penalties, and exceptions.

- Based on my own RMD calculation, I authorize First Eagle Funds to distribute
- \$ OR % of my account balance.
- Calculate my RMD for me. I wish to set up distributions based on my age, year-end account balance, and the applicable life expectancy divisor using the Uniform Lifetime Table.
- Calculate my RMD for me based upon the Joint and Last Survivor Table. (Your choice of beneficiary does not affect your RMD unless your sole beneficiary is your spouse and they are more than 10 years younger than you. If this applies to your beneficiary selection, please complete the information below):

<input type="text"/>	<input type="text"/> /	<input type="text"/>	<input type="text"/>
Spouse's First Name, Middle Initial, Last Name	Date of Birth (MM/DD/YYYY)		

Select one of the following.

3. Payment Method

- Send a check to my address of record. (If sending to a new address or to an address that has been updated with the Funds within the last 15 days, a Medallion Signature Guarantee is required in Section 7.)
Send the redemption proceeds to my bank. (Please complete Section 4.)
Invest the assets into my new non-retirement account. (A New Account Application is required.)
Invest the assets in my existing First Eagle Funds non-retirement Fund/Account Number

[Empty text box]

- Make the check payable as indicated below and mail to the following alternate payee and/or address. (A Medallion Signature Guarantee is required in Section 7.)

[Empty text box]

Alternate Payee Name

[Empty text box]

Street Address

[Empty text box]

City

[Empty text box]

State

[Empty text box]

Zip Code

- Process a systematic distribution in the amount of \$ [Empty text box] (minimum of \$50.) Please select a date and frequency in the Systematic Distributions section below.

Choose the date(s) and frequency of the redemptions. Complete Section 2 if you wish for the Funds to calculate your RMD for you.

SYSTEMATIC DISTRIBUTIONS

Date of Distribution: [] 3rd [] 15th [] 25th

Frequency of Distribution: [] Monthly [] Quarterly [] Annually

[Empty text box]

Starting Month

Select one of the following.

How would you like to receive your redemptions?

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

- By check to the address of record [] By ACH to my bank (to add or update, see Section 4)

Select one of the following methods of redemption. If bank instructions are not already on file, please attach a pre-printed voided check or deposit slip/statement below and provide a Medallion Signature Guarantee in Section 7.

4. Bank Instructions

- ACH (requires up to three business days, at no charge.)
Fed Wire (next day, for an additional charge of \$7.50 deducted directly from the redemption proceeds. This option is for a one-time distribution only, as wires are not available for systematic distributions.)

[Large empty box for attaching a pre-printed voided check or deposit slip/statement]

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

[Empty text box]

Bank Name

[Empty text box]

Name(s) on Bank Account

Select one of the following.

NOTE: We encourage you to consult your accountant or tax adviser regarding your IRA distribution.

5. Federal Income Tax Withholding

We are required to withhold 10% of the taxable distribution unless you elect no withholding. Withholding amounts are sent to the IRS as a prepayment of federal income tax. You may withhold additional amounts.

Please be aware the IRS may impose a penalty for under-withholding.

- I elect not to have federal income tax withheld from my distribution.
- Please withhold federal income tax at a rate of % from my distribution.

6. Foreign Payment Instructions

Complete only if applicable.

Payments to an address outside the United States are subject to special rules. Withholding for foreign citizens is subject to tax treaty rules. See IRS Publication 515 for more information.

Certification:

- I hereby certify that I am a United States citizen living abroad. I understand that payments sent to me abroad are subject to 10% tax withholding and cannot be waived.
- I hereby certify that I am a foreign citizen. I am attaching Form W-8BEN to certify my status and comply with IRS rules. I understand that withholding, if applicable, will be applied to my distribution payments based on my certification or lack thereof.

In order to complete your request, please sign your name below exactly as it appears on your account (if signing on behalf of the account owner, please include your designated title.) A Medallion Signature Guarantee may be required.

By signing below, the owner of the above referenced account hereby authorizes the redemption/transfer specified in this form.

7. Signatures and Authorization

A **Medallion Signature Guarantee** assures that a signature is genuine and protects investors from unauthorized requests. It is required on this form in order to have your distribution sent to your bank if instructions are not on file, to a name or address other than that shown on your account, if a distribution by check is more than \$100,000, or if you are signing on behalf of the account owner. A Medallion Signature Guarantee may be obtained from an officer of a commercial bank or trust company, savings and loan or savings bank, or a member firm of a domestic stock exchange. Notarization by a notary public is **not** acceptable.

Account Owner's Signature

Title (if applicable)

Date (MM/DD/YYYY)

Affix Medallion Signature Guarantee stamp.

Name and Title of Guarantor

If you have any questions or to ensure that all legal requirements are met, please call Shareholder Services at 800.334.2143.

8. 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

