

Coverdell Education Savings Account Transfer Form

Effective March 2020

This form may be used to effect a direct transfer to a Coverdell Education Savings Account (ESA) from a Coverdell ESA with another custodian. If you do not have an existing Coverdell ESA, an application must accompany this form. If you have any questions or to ensure that all legal requirements are met, please call Shareholder Services at 800.334.2143.

Insert the name of the student benefiting. All information must be supplied.

1. Student's Information

| | | |
|---|--|--|
| <input type="text"/> | <input type="text"/> - <input type="text"/> - <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Student's First Name, Middle Initial, Last Name | Social Security Number | Date of Birth (MM/DD/YYYY) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> <input type="text"/> |
| Street Address | City | State Zip Code |
| <input type="text"/> | <input type="text"/> | |
| Fund Name | Account Number (if new account, add "New Account") | |

Provide information on the Custodian/Trustee/Financial Institution where your assets are currently held.

2. Information About Your Current Coverdell ESA

| | |
|-----------------------------------|---|
| <input type="text"/> | <input type="text"/> |
| Name of Current Custodian/Trustee | Name of Current Financial Institution |
| <input type="text"/> | <input type="text"/> <input type="text"/> |
| Street Address | City State Zip Code |
| <input type="text"/> | <input type="text"/> |
| Daytime Telephone Number | Account Number |

Transfer assets from the above account to State Street Bank and Trust Company. The transfer should be in cash according to the following instructions.

NOTE: Please include a copy of your most recent account statement.

3. Instructions to Current Custodian/Trustee/Financial Institution

Liquidate the total amount of my account.

\$ OR % of my account.

Invest the transferred amount as follows. If this is a new account, please complete a Coverdell ESA Application.

4. Investment Instructions

| | | | | | |
|-----------------------------|------------------------|-------------|----------------------------|----------------------------|----------------------------|
| 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 |

continued on the following page

4. Investment Instructions (continued)

*Class Y closed to new investors.

| | | | | | | |
|-----------------------------------|------------------------------------|-------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 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 Income 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" value="100"/> % | | | | | |

5. To be Completed by UMB Bank, n.a. (UMB)

To be reviewed and signed by the Funds' custodian.

UMB agrees to accept custodianship and the transfer described above for deposit to a First Eagle Funds Coverdell ESA established on behalf of the above-named individual. UMB accepts its appointment as successor custodian of the above ESA and requests the liquidation and transfer of assets as indicated above.

UMB Bank, n.a.

| | |
|------------------------|--|
| | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Signature of Custodian | Date (MM/DD/YYYY) |

6. Signature and Authorization of Responsible Individual

We recommend that you contact your resigning custodian to determine their transfer and signature requirements. A Medallion Signature Guarantee may be required.

The undersigned acknowledges having sole responsibility for the foregoing investment choices and having received a current prospectus for each Fund selected. The undersigned understands that the requirements for a valid transfer between Education Savings Accounts are complex and acknowledges having responsibility for complying with all requirements and for the tax results of any such transfer. If the Student is a minor under the law of Student's state of residence, the parent or guardian **must** execute this Coverdell Education Savings Account Transfer Form.

A Medallion Signature Guarantee assures that a signature is genuine and protects investors from unauthorized requests. 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.

By signing below, you are verifying that you are the responsible individual who controls the account held at the resigning custodian and that you are authorizing the transfer of assets as specified in this form.

Name of Responsible Individual (please print)

Responsible Individual's Signature

| | | | | |
|----------------------|---|----------------------|---|----------------------|
| <input type="text"/> | / | <input type="text"/> | / | <input type="text"/> |
|----------------------|---|----------------------|---|----------------------|

Date (MM/DD/YYYY)

Relationship: Parent Guardian Other

Affix Medallion Signature Guarantee stamp.

Name and Title of Guarantor

7. Mail the completed form to:

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

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

