

Transfer on Death Account Designation Form

Effective July 2015

This form may be used to add or update the beneficiary(ies) on your non-retirement account. All Transfer on Death (TOD) accounts are subject to the rules set forth by DST Systems, Inc. as transfer agent for First Eagle Funds. You will be provided with a copy of these rules when your account is established. 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.

1. Account Information

<input type="text"/>	<input type="text"/>
First Name, Middle Initial, Last Name	Joint Account Owner's Name (if applicable)
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>
Social Security Number	Daytime Telephone
<input type="text"/> /	<input type="text"/>
Date of Birth (MM/DD/YYYY)	Evening Telephone
<input type="text"/>	<input type="text"/>
Street Address	City
<input type="text"/>	<input type="text"/>
Fund Name	State
	Zip Code
	<input type="text"/>
	Account Number

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

2. 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

<input type="text"/>
First Name, Middle Initial, Last Name
<input type="text"/>
Street Address
<input type="text"/>
City
<input type="text"/>
State
<input type="text"/>
Zip Code
<input type="text"/> - <input type="text"/> - <input type="text"/>
Social Security Number
<input type="text"/> /
Date of Birth (MM/DD/YYYY)
<input type="text"/>
Relationship
<input type="text"/>
% of Account

Primary Beneficiary B

<input type="text"/>
First Name, Middle Initial, Last Name
<input type="text"/>
Street Address
<input type="text"/>
City
<input type="text"/>
State
<input type="text"/>
Zip Code
<input type="text"/> - <input type="text"/> - <input type="text"/>
Social Security Number
<input type="text"/> /
Date of Birth (MM/DD/YYYY)
<input type="text"/>
Relationship
<input type="text"/>
% 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.

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

Contingent Beneficiary A

[Text box for name]

First Name, Middle Initial, Last Name

[Text box for address]

Street Address

[Text boxes for city, state, zip]

City

State

Zip Code

[Text boxes for SSN]

Social Security Number

[Text boxes for DOB]

Date of Birth (MM/DD/YYYY)

[Text box for relationship]

Relationship

[Text box for % of account]

% of Account

Contingent Beneficiary B

[Text box for name]

First Name, Middle Initial, Last Name

[Text box for address]

Street Address

[Text boxes for city, state, zip]

City

State

Zip Code

[Text boxes for SSN]

Social Security Number

[Text boxes for DOB]

Date of Birth (MM/DD/YYYY)

[Text box for relationship]

Relationship

[Text box for % of account]

% of Account

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

4. Signatures and Authorization

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, the owner(s) of the above referenced account hereby authorizes the beneficiary update specified in this form.

Account Owner's Signature

[Text box for signature]

Title (if applicable)

[Text boxes for date]

Date (MM/DD/YYYY)

Joint Account Owner's Signature (if applicable)

[Text box for signature]

Title (if applicable)

[Text boxes for date]

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.

5. 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

