

# Inherited IRA Distribution Form

Effective July 2015

This form may be used to transfer or redeem funds to the named beneficiary on an Individual Retirement Account (IRA). A separate form will be required for each beneficiary. 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"/> - <input type="text"/> - <input type="text"/>
Account Owner's Name	Social Security Number on the Account
<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
<input type="text"/> /	<input type="text"/> /
Account Owner's Date of Birth (MM/DD/YYYY)	Account Owner's Date of Death (MM/DD/YYYY)

Each beneficiary named on the IRA account must complete a separate form. Please consult your tax adviser to determine which method of distribution and withholding election is most appropriate for you. If the beneficiary is a minor, please have a parent or guardian complete and sign this form.

## 2. Beneficiary Information

<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"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Street Address	City State Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Telephone	Evening Telephone	Email Address

Select only one of the following. A Medallion Signature Guarantee will be required for all selections.

## 3. Method of Distribution

- Send a check by mail to my address as outlined in Section 2.\*
- Send the redemption proceeds to my bank. (Please complete Section 5.)\*
- Invest the assets in my new non-retirement account. (A New Account and IRA Application are required.)\*
- Invest the assets in my existing First Eagle Funds non-retirement Fund/Account Number \*
- Transfer the funds to my new inherited IRA account. (The inherited IRA account must be liquidated by December 31 of the fifth year following the account owner's death, unless the decedent had already begun taking their Required Minimum Distribution. This distribution may be set up on a systematic basis under Section 4.)\*

\*An IRA Application is required.

*continued on the following page*

\*An IRA Application is required.

3. Method of Distribution (continued)

ADDITIONAL OPTIONS FOR A SPOUSE BENEFICIARY

- Transfer the assets to my existing First Eagle Funds IRA Account Number [ ]
Transfer the assets to my new First Eagle Funds IRA Account. \*

IF THE IRA ACCOUNT OWNER WAS OVER AGE 70 1/2

The Internal Revenue Service determines the April 1 following attainment of age 70 1/2 as the Required Beginning Date (RBD) to take a Required Minimum Distribution (RMD) each year from an IRA. If the account owner's death occurred after the RBD, the amount of the RMD for the year of the death is not allowed to be rolled over or transferred to the spouse's IRA. You must add the value of all your IRA accounts (First Eagle Funds and any other institutions) to determine your total RMD. However, you need only withdraw that minimum from one institution.

- Withdraw the RMD and send a check by mail to my address, as outlined in Section 2.\*
Withdraw the RMD and send the redemption proceeds to my bank. (Please complete Section 5.)\*

If you have chosen to transfer the funds to your beneficiary account in Section 3, you can add the option to automatically have redemptions taken on a systematic basis.

4. Systematic Distribution

Please choose the date and frequency of your investment.

- Date of Investment: 3rd 15th 25th
Frequency of Investment: Monthly Quarterly Annually

[ ]
Starting Month

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

How would you like to receive your redemptions? Please check one.

- By check to my address as outlined in Section 2
By ACH to my bank (See Section 5)

Select one of the following methods of redemption. Please attach a pre-printed voided check or deposit slip/statement below. A Medallion Signature Guarantee is required in Section 7.

5. Banking Information

- 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.)

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

[ ]
Bank Name

[ ]
Name(s) on Bank Account

Select one of the following.

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

**6. 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

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

**7. Signature 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.

\_\_\_\_\_  
Beneficiary's Signature

Date (MM/DD/YYYY)

\_\_\_\_\_  
Parent/Guardian Signature if Beneficiary is a Minor

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