

First Investors Mutual Fund Account Instructions for Broker/Dealers



- FIAPP-BD Application on File New Fund
 FIAPP-BD Application Attached Update Existing Fund Account #:

1 Account Registration: (Please Print) Check here & attach Joint Supplement if all owners do not share this residential address.

- Individual Joint Trust TOD (If establishing attach TOD form) Uniform Gifts/Transfers to Minors Act Education Savings Accounts
 Corporation/Association Partnership Sole Proprietorship Other _____

Account Registration Social Security Number / EIN

U.S. Mailing Street Address *

 U.S. Mailing City, State, Zip Code *

Residential Street Address (Mandatory if mailing address contains a P.O. Box, "care of" or temporary address)

 Residential City, State, Zip Code (Mandatory if mailing address contains a P.O. Box, "care of" or temporary address)

* Only complete if you are changing your address;

2 FI Fund Selection(s): \$1,000 minimum per non-retirement account, \$500 minimum per retirement account. To sign up for Money Line, please complete both Sections 7 and 8 (A&B).

Establish Initial Purchase Via: Attached Check Payable to FIC \$ _____ Money Line / API Confirm # _____

FI Fund Name	A	B	Amount	Investment Kit
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

3 Dividends & Capital Gains: If not specified, both will be reinvested. If remitting, both must be made in the same manner.

Dividends: Reinvest Remit* **Capital Gains:** Reinvest Remit* * To remit dividends and/or capital gains from retirement accounts, (excluding Traditional IRAs) a proper distribution form must be submitted.

Remit to Address of Record Remit Electronically to Bank and Account # listed in Section 8. EFT privileges are already established. Remit Electronically after establishing EFT privileges. Complete Section 8(A & B). **(SG)** Remit to Secondary Address. Complete Section 10. **(SG)**

Cross Reinvest from* to
 Account # / Name of FI Fund Account #/Name of New FI Fund (*Must be same Share Class & customer)

4 Secondary Address To Receive Statements:

Send duplicate quarterly statements to address listed.

First Name, Initial, Last Name

 Street Address, City, State, Zip Code

5 Non-Retirement Systematic Withdrawals: Allows the systematic withdrawal of funds from an account with proceeds sent by check or electronically to a designated address or bank account. A \$5,000 balance is required to establish. Minimum payment of \$50 (both are waived for payments to FI). For retirement accounts, a proper distribution form must be submitted.

Frequency (Choose One): Monthly Quarterly Semi-Annually Annually Start Date: ____/____/____

Send Payments:

	Amount (\$50 Minimum Per Month Per Account)	From Account # / Name of FI Fund
<input type="checkbox"/> By Check to the Address of Record.	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> By Check to the Secondary Address in Section 10. (SG)	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Electronically establish new EFT privileges as instructed in Section 8(A & B). (SG)	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Electronically to the Bank and Account # previously established. Complete Section 8(B) if multiple banking information is on file.	<input type="text"/>	<input type="text"/>

6 Check Writing For Individually Registered Accounts: Allows redemption of Class A shares in FI non-retirement Cash Management Fund (except ESA) account(s) by writing a check. \$10,000 minimum balance required. Draft checks will not be issued on accounts opened with Money Line/API until the account balance is a minimum of \$10,000.

- Issue draft checks on the FI Cash Management Fund.

Registered Rep Name (print) _____ Rep ID # _____ Branch Office # _____ Telephone # _____ Branch Office Street Address, City, State, Zip _____ Name of Broker Dealer Firm _____ Dealer Authorized Signature _____ Date _____	For Home Office Use Only:
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7 Money Line Investments: Allows an automatic withdrawal from your bank account and investment into your FI account(s) (minimum is \$50 monthly or \$600 annually per fund account). Also complete **Section 8(A & B)**. **(SG)** If you have telephone privileges, you may increase the amount by telephone to a maximum of \$36,000 per customer per year provided your bank and FI Fund account registrations are the same and by a maximum of \$2,400 per customer per year if your bank and FI Fund account registrations are different. This authorization may be extended to certain retirement and all non-retirement mutual fund accounts registered to the same owner opened now or in the future.

Choose One: Start New Money Line Change Existing Money Line Instructions Begin Money Line On: ____/____/____

Payment Frequency (Choose One): Monthly Quarterly Semi-Annually Annually Every Other Week 1st & 16th of the Month Last day of the Month

\$ Amount	Account # or FI Fund Name	A	B	\$ Amount	Account # or FI Fund Name	A	B
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

8 Electronic Fund Transfer (EFT) Options: Unless a box is checked below, I/we direct the Funds' agent, its bank(s) and my/our bank to electronically transfer funds via Automated Clearing House (ACH) to and/or from the bank account listed below to and/or from all retirement and non-retirement mutual fund accounts registered to the same owner opened now or in the future.

A. **I/We decline EFT privileges for fund redemptions.** I/We authorize only ACH debits from the bank account listed below for investment to all mutual fund accounts registered to the same owner opened now or in the future. **(SG)**

I/We decline EFT privileges for fund purchases. I/We authorize only ACH deposits to the bank account listed below of dividend and capital gains distributions, systematic withdrawals and redemption proceeds from all mutual fund accounts registered to the same owner opened now or in the future. **(SG)**

Choose One: (A Pre-Printed Voided Check, Pre-Printed Deposit Slip or Bank Statement must be attached)

Establish new EFT privileges with the bank information below. **(SG)**

Update Existing EFT Information with the bank information below. **(SG)**

B. Bank Information:

Account Type: Checking (Attach Voided Check or Pre-Printed Deposit Slip) Statement Savings (Attach Bank Statement or Pre-Printed Deposit Slip)

<input type="text"/>	<input type="text"/>
Bank Name	Name(s) on Bank Account
<input type="text"/>	<input type="text"/>
Bank Account #	Bank Street Address, City, State, Zip Code
<input type="text"/>	<input type="text"/>
Bank Routing # (Speak with bank rep. to obtain this information.)	Bank Phone #

Please allow at least 10 business days to establish the EFT privilege.

All FI Owners and Bank Account Owners must sign and have their signatures guaranteed. **(SG)**

X _____ **(SG)**
Bank Account Owner's Signature (if other than FI Owner)

X _____ **(SG)**
Bank Account Owner's Signature (if other than FI Owner)

C. Expedited Redemption for FI Cash Management Fund: (A Pre-Printed Voided Check, Pre-Printed Deposit Slip or Bank Statement must be attached)

I/We authorize you to wire my/our redemption proceeds from my/our Class A FI Cash Management Fund account(s) directly to my/our bank account listed above. I/We have referred to the procedures in the Prospectus and Statement of Additional Information for the rules regarding Federal Funds wiring. **(SG)**

Note: If you have additional bank accounts other than the bank account listed in Section 8B to which you wish to wire redemption proceeds, complete the First Investors Mutual Fund Privilege Application and attach it to this form.

9 Check Writing For Joint Accounts and Certain Entities*: Allows the redemption of Class A shares from your FI Cash Management Fund non-retirement account(s) by writing a check. (\$10,000 minimum balance required.) We want check writing privileges on our non-retirement FI Cash Management Fund account(s). We understand that any one of the owners (or Authorized Individuals for Entities*), acting alone and without consent of any other registered owner (or Authorized Individuals), may redeem shares via draft check.

* For Entities that have previously authorized any one of the Authorized Individuals to execute all transactions on behalf of the Entity.

Issue draft checks on the FI Cash Management Fund.

10 Secondary Address to Receive Systematic Withdrawals, Dividends and Capital Gain Checks: I/We authorize you to send systematic withdrawals, dividends and/or capital gains distributions to the following payee at the address listed below. **(SG)** This authorization may be extended to non-retirement mutual fund accounts registered to the same owner opened now or in the future. For further information see **Section 3** (Dividends & Capital Gains) and **Section 5** (Non-Retirement Systematic Withdrawals). **(SG)** is not required to send checks to a major financial institution FBO the customer.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Payee	FBO (if applicable)	Bank Account or Policy # (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Payee Street Address	Payee City, State, Zip Code	

11 Signature(s): **(SG)** denotes signature guarantee required.

X _____
Owner's Signature Date

X _____
Joint Owner's Signature (if any) Date

Affix Medallion Signature Guarantee Here, If Required:

Stamps qualified for a specific date and/or individual, or altered in any manner, may not be accepted.