

# Coverdell Education Savings Account Application

This form may be used to establish a new First Eagle Funds Coverdell Education Savings Account (ESA) in accordance with the Custodial Account Agreement with UMB Bank, n.a. ("UMB") as Custodian. To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open an account, you will be required to provide your name, address, date of birth and tax ID number. If you do not provide this information, we may not be able to establish your account. If you do not have an Investment Dealer on your account, you may only invest in I shares, which have an initial purchase minimum of \$1,000,000.\* Class A and C shares may only be established through an account transfer from an existing First Eagle Fund account invested in A and C shares. If you have any questions, please call Shareholder Services at 800-334-2143.

Escheatment: Your property may be transferred to the appropriate state (i.e., escheated) if no activity occurs in the account within the time period specified by state law. For more details, consult your state's website, or call your state government's escheatment customer service number.

\* Your ownership of I shares will be registered on the books of the Transfer Agent ("TA") in a TA shareholder account.

All information must be supplied.

## 1. Student Information

First Name  MI  Last Name

Social Security Number    Date of Birth (MM/DD/YYYY)

U.S. Citizen  Resident Alien  
 Student is a Special Needs Student\*

\*Special Needs Student is defined in the Custodial Account Agreement.

Street Address (PO Box not accepted)  
Street Address

City  State  Zip Code

Daytime Telephone Number  Evening Telephone Number

Mailing Address (if different from Street address)  
Street Address

City  State  Zip Code

If "guardian," submit proof of guardianship. Only one responsible individual should be listed.

All mailings will be sent to the responsible individual's address. **A.P.O. Box is not acceptable.** We cannot establish an account unless you provide at least one telephone number where you can be reached.

**NOTE:** The "Responsible Individual" is described in Articles I – X of the Custodial Account Agreement.

All information must be supplied.

## 2. Responsible Individual Information (Mother, Father, Guardian)

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth (MM/DD/YYYY)	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (PO Box not accepted)		
Street Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Telephone Number	Evening Telephone Number	
<input type="text"/>	<input type="text"/>	
Mailing Address (if different from Street address)		
Street Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 3. Donor Information (Complete if different from the Responsible Individual)

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth (MM/DD/YYYY)	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Telephone Number	Evening Telephone Number	
<input type="text"/>	<input type="text"/>	

**Note:** Your trusted contact must be at least 18 years old and should not be a joint owner or financial advisor on record.

## 4. Trusted Contact Information (Optional)

To designate a "trusted contact" person for your First Eagle Funds account(s), please complete this section. Adding a "trusted contact" provides us with a resource to contact on your behalf in the event we are unable to contact you after multiple attempts, if you became disabled, or if we suspect financial exploitation.

If you choose to provide information about a trusted contact person, you agree that First Eagle Funds, their transfer agent, and/or other associated persons of First Eagle are authorized to contact the trusted contact and disclose information about your account: (1) to address possible financial exploitation; (2) to confirm the specifics of your current contact information or health status or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or (3) as otherwise permitted by applicable law or regulation, including applicable FINRA rules.

Please note, assigning a trusted contact does not give the trusted contact any discretionary authority over your account; accordingly, the individual you list, on the basis of being listed as a trusted contact, will not be able to make purchases, effectuate sales or disbursements, or conduct any other activity.

**4. Trusted Contact Information (Optional)** (continued)

**Trusted Contact Name**

First Name  MI  Last Name

Relationship to Owner

Email Address  Age

**Mailing Address**

Street Address

City  State  Zip Code

Daytime Telephone Number  Evening Telephone Number

**5. Type of Contribution**

**A. Annual Contribution, contribution year:**

This contribution does not exceed the maximum permitted amount as described in the Coverdell ESA Disclosure Statement.

**B. Rollover or Transfer of Existing ESA**

- Transfer of existing Coverdell ESA. Complete the separate Coverdell ESA Transfer Form and return it with this application.
- Rollover of distribution from existing Coverdell ESA to me within 60 days after distribution. The requirements for a valid rollover are complex. See the Coverdell ESA Disclosure Statement for additional information and consult your tax advisor for help if needed.

If you are transferring or rolling over an existing Coverdell ESA, check the appropriate box below for the relationship of the Student in Section 1 above to the person who was the student for the existing Coverdell ESA. The person in Section 1 is the:

- Same Person
- Spouse
- Child or Step Child
- Parent
- Step-Parent
- Grandparent
- First Cousin
- Sibling
- Child of Sibling
- Other (Please Specify)

Select one of the following.

Please make checks payable to "First Eagle Funds." Third-party checks, starter checks and cash equivalents — such as travelers checks, cashier checks and money orders — cannot be accepted to purchase shares.

Please see the current First Eagle Funds Prospectus for the different sales charges and expenses.

**You must select a share class.**

## 6. Investment Selection

The minimum initial investments are as follows: \$1,000 for Class A, C; \$1,000,000 for Class I. If you do not have an Investment Dealer on your account, you may only invest in I shares, which have an initial purchase minimum of \$1,000,000. Class A and C shares may only be established through an account transfer from an existing First Eagle Fund account invested in A and C shares.

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. 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
First Eagle Rising Dividend Fund	\$	<input type="text"/>	Share Class	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> I
First Eagle High Yield Municipal 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
First Eagle Small Cap Opportunity Fund	\$	<input type="text"/>	Share Class	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> I
First Eagle Global Real Assets Fund	\$	<input type="text"/>	Share Class	<input type="checkbox"/> A		<input type="checkbox"/> I
First Eagle U.S. Smid Cap Opportunity Fund	\$	<input type="text"/>	Share Class	<input type="checkbox"/> A		<input type="checkbox"/> I
First Eagle Short Duration High Yield Municipal Fund	\$	<input type="text"/>	Share Class	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> I
<b>Total Investment</b>	\$	<input type="text"/>				

Please note that the % of designation(s) must total 100%. Attach a separate sheet to make additional beneficiary designations. First Eagle will assume equal percentages if you do not specify your own percentage designations.

If your beneficiary allocations do not total 100%, any unallocated remainder will be divided equally among all beneficiaries. These rules also apply for contingent beneficiary designations.

## 7. Designation of Beneficiary(ies)

Use the space below to indicate the designated beneficiary for the Account. The Student may change the beneficiary(ies) designated below at any time after the Account is established by filing a new Designation of Beneficiary with the Custodian. Any such subsequent Designation of Beneficiary will revoke all prior Designations. If the person designated as primary beneficiary does not survive the Student, the Account will pass to the contingent beneficiary (if any) named below if he or she survives the Student. If no designated beneficiary survives the Student, the Account will pass to the Student's estate (unless otherwise required under the laws of the state of the Student's residence).

### Primary Beneficiary A

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

**7. Designation of Beneficiary(ies)** (continued)

**Primary Beneficiary B**

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

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.

**Contingent Beneficiary A**

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

**Contingent Beneficiary B**

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

## 8. Electronic Delivery

By selecting the item(s) below and supplying your e-mail address, you are expressing interest in receiving these documents online instead of in paper format by regular mail.

Account Statements     Annual/Semi-Annual Reports and Prospectuses     Confirmations

Email Address

Complete only if applicable.

If you do not have an Investment Dealer on your account, you may only invest in I shares, which have an initial purchase minimum of \$1,000,000. Class A and C shares may only be established through an account transfer from an existing First Eagle Fund account invested in A and C shares.

## 9. Your Investment Dealer's Information

First Name

MI

Last Name

Branch Address

City

State

Zip Code

Firm Name

Telephone Number

Rep Number

Branch Number

Required for automatic investments and telephone redemptions by wire or ACH.

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

## 10. Bank Information

First Eagle Funds is hereby authorized to credit my/our account by electronically debiting my/our bank account. This authority is to remain in effect until notice has been received by the Funds that it has been revoked. First Eagle Funds shall be fully protected in honoring such debit and further agree that if such debit is dishonored, whether with or without cause, First Eagle Funds shall be under no liability whatsoever.

Use bank information from the attached check

Bank Name

Name(s) on Bank Account

Bank Routing Number

Bank Account Number

**10. Bank Information** (continued)

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

You can invest your funds automatically by completing the following information, enclosing a pre-printed voided check or savings deposit slip and returning it to First Eagle Funds. You will receive a confirmation of each transaction.

**NOTE:** The investment program will start at least seven days after the initial set-up. IRA contributions made through the Automatic Investment Program will be credited as a contribution for the year in which the shares are purchased.

**11. Automatic Investment Program (does not apply to Inherited IRAs)**

(\$1,000 initial minimum investment for class A and C mentioned in section 5 does not apply on an Automatic Investment Program)

Please choose the date and frequency of your investment.

Date of Investment:  5th  20th  
Frequency of Investment:  Semi-Monthly  Monthly  Quarterly

Starting Month

Fund Name

\$ Amount (minimum of \$100)

Fund Name

\$ Amount (minimum of \$100)

Telephone exchange and redemption options will automatically be added to your account unless you check one of the following.

**12. Telephone Exchange and Redemption Option**

Shareholders will be able to redeem and/or exchange by telephone, unless one of the following boxes is marked.

- I do not wish** to establish **the telephone exchange option** on my/our account.
- I do not wish** to establish **the telephone redemption option** on my/our account.

For each investment you make, you must notify us that a Letter of Intent is on file, along with the account numbers associated with the letter. **You must list all accounts in Section B to ensure they are linked appropriately for future breakpoints.** Shares you currently own may be used toward completing the Letter of Intent. Please refer to the First Eagle Funds Prospectus for additional information.

**13. Reduced Sales Charges**

**A. Letter of Intention**

If you intend to purchase additional shares of any Eligible Fund in the next 13 months you may qualify for reduced sales charges.

Under the terms of the prospectus, I agree to accumulate in a 13-month period an amount equal to or in excess of:

- \$25,000\*  \$50,000\*  \$100,000
- \$250,000\*\*  \$500,000  \$1,000,000

\* The initial breakpoint for the First Eagle High Yield Municipal Fund and First Eagle Short Duration High Yield Municipal Fund is \$100,000. Please read the First Eagle Funds Prospectus for additional information.  
\*\* There will be no sales charge for purchases of \$250,000 or more in the First Eagle High Yield Municipal Fund, First Eagle Short Duration High Yield Municipal Fund and First Eagle Global Income Builder Fund.

Please link the Letter of Intent to all existing eligible accounts on file.

Linking to a brokerage account will require a copy of an account statement, showing current investment in First Eagle Funds. Each future subsequent purchase will also require a copy of up-to-date account statements.

**B. Rights of Accumulation**

You may purchase Class A shares at a reduced sales charge by combining the amount being invested with the current value of any Eligible Funds you already own.

Please list all First Eagle accounts related to the new account you are establishing if you wish to link them for Rights of Accumulation or a Letter of Intent. (Accounts must have the same primary address or tax identification number.) Refer to the First Eagle Funds Prospectus for additional information.

Account Number <input type="text"/>	Account Number <input type="text"/>
Account Number <input type="text"/>	Account Number <input type="text"/>
Account Owner <input type="text"/>	Account Owner <input type="text"/>
Relationship <input type="text"/>	Relationship <input type="text"/>

Complete this section to receive duplicate statements and/or confirmations. To add additional names and addresses, please include a separate letter of instruction.

**14. Interested Parties/Additional Mail** (To receive duplicate statements and/or confirmations)

I want the following party to receive duplicate:

- Statements     Confirmations     Both

First Name  MI  Last Name

Street Address

City  State  Zip Code

Upon reaching the age of majority in the state in which the Student then resides, the Student may advise the Custodian in writing (accompanied by such supporting documentation as the Custodian may require) that he or she is assuming sole responsibility to exercise all powers and duties associated with the administration of the Account. Absent such written notice by Student, Custodian shall have no responsibility to acknowledge Student's exercise of such powers and duties of administration.

**15. Custodian Acceptance**

UMB will accept appointment as Custodian of the Depositor's account. However, this Agreement is not binding upon the Custodian until the Custodian has received a statement confirming the initial transaction in the Account. Receipt by the Depositor of a confirmation of the purchase of the Fund shares indicated above will serve as notification of UMB's acceptance of appointment as Custodian of the Depositor's Account.

If Student is a minor under the laws of Student's state of residence, acceptance by the Custodian of the contribution to this Account is expressly conditioned upon the agreement of the Responsible Individual (identified above in Section 2) to be responsible for all requirements of the Student under the documents governing the Account, and to exercise the powers and duties of the Student, with respect to the operation of the Account.



## 16. Signature and Authorization

By signing this application, I certify on behalf of the Student that I have received and read First Eagle Funds' Prospectus and/or Summary Prospectus for each of the First Eagle Funds in which I am investing in. I understand the investment objectives and policies of the Fund(s), understand the risks of investing in the Fund(s) and agree to be bound by the terms of the Prospectus, as amended from time to time, for this account and for any First Eagle Funds account I establish or exchange into at a later date. I certify that I am of legal age in the state of my residence and have full authority to purchase or redeem shares of the Fund(s) and to establish and use any related privileges on behalf of the Student.

Under penalty of perjury, I certify that: (i) the Student's taxpayer identification number indicated on this application is correct; (ii) the Student is a U.S. citizen or Resident Alien; and (iii) the Student has not been notified by the IRS that he/she is subject to backup withholding as a result of failing to report all interest and dividend earnings, or if notified, has received notification that backup withholding is no longer required. (If you have been notified that backup withholding is required, strike out this item.)

By signing this application, I also certify on behalf of the Student that: (i) I am establishing a Coverdell Education Savings Plan pursuant to the Internal Revenue Code of 1986, as amended, and in accordance with all the terms of the Custodial Agreement on Form 5305-EA and that all contributions will meet the requirements of the Code governing such contributions. The Student identified in Section I above is either the person for whose benefit the prior ESA was maintained or a member of such persons family (within the meaning of Internal Revenue Code Section 529(e)(2)); (ii) I have read the applicable sections of the UMB ESA Disclosure Statement and the UMB ESA Custodial Agreement located at [www.firsteagle.com](http://www.firsteagle.com). If internet access is unavailable, I have ordered and read a copy of the agreement by calling 800-334-2143; (iii) I appoint UMB, or its successors as Custodian of the Student's Account and agree to promptly give instructions to the Custodian necessary to enable them to carryout its duties under the Custodial Agreement; (iv) I consent to a one time new account setup fee of \$10.00 and to a custodian's fee (currently \$15.00 per year, per account) and its liquidation from the account if not paid by separate check or payment by the Depositor; (v) if this is an Annual Contribution ESA, that the Student is less than 18 years old or is a Special Needs Student and that all contributions made on the Student's behalf to this or any other ESAs do not exceed the maximum permitted amount in a single tax year; (vi) if this is a Rollover ESA that any assets transferred in kind are the same assets received in the distribution being rolled over, that no other rollover from the transferring ESA has been made within the one-year period immediately preceding this rollover, that the assets being rolled over into this Account were not previously rolled over into the transferring ESA within the one-year period immediately preceding this rollover; and that such distribution was received within 60 days of making the rollover to this Account; (vii) if this is a Transfer or Rollover of an existing ESA, the Student is less than 30 years old or is a Special Needs Student (defined in the Coverdell Education Savings Custodial Agreement) and that the relationship indicated in Section 4 of this application is correct; (viii) if this is a contribution from a corporate entity that he/she has the requisite authority to sign this Account Application on behalf of such entity and that the establishment of the Account and contribution thereto have been duly approved by all requisite corporate actions; (ix) if I have elected the Telephone Exchange/Redemption Options and Automatic Investments as described in the prospectus, I agree that the Funds and its transfer agent will not be liable for any loss in acting on written or telephone instructions believed by them to be genuine; (x) unless otherwise disclosed on this form, I am making this investment on behalf of the Student; (xi) I am not involved in any money laundering schemes, the source of this investment is not derived from any unlawful or criminal activities, and I agree to provide further information or documents deemed necessary by First Eagle Funds or their transfer agent to comply with the applicable anti-money laundering and/or "know your customer" regulations; and (xii) the information provided on this form is true, correct and complete. I undertake to notify the Funds immediately of any change in any representation or other information relating to me provided on this form.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

**16. Signature and Authorization** (continued)

Responsible Individual's Signature

Date (MM/DD/YYYY)

 /  / 

The student must sign if they have attained the age of majority in state of residence.

Student's Signature (if applicable)

Date (MM/DD/YYYY)

 /  / 

Please retain a photocopy of the completed application for your records.

**Make checks payable to "First Eagle Funds."**

**17. Mail the completed form to:**

**Regular Mail:**

First Eagle Funds  
P.O. Box 219324  
Kansas City, MO 64121-9324

**Overnight Mail:**

First Eagle Funds  
801 Pennsylvania Avenue  
Suite 219324  
Kansas City, MO 64105-1307