completion of the Beneficiary Relationship Form, both available separately.

for further details.)*

Inherited IRA Distribution Form

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.

1. Account Owner Information All information must be supplied. First Name Last Name Social Security Number Date of Birth (MM/DD/YYYY) Date of Death (MM/DD/YYYY) Account Number(s) Each beneficiary named 2. Beneficiary Information on the IRA account must complete a separate First Name Last Name MI form. Please consult your tax adviser to determine which method of distribution Social Security Number Date of Birth (MM/DD/YYYY) and withholding election is most appropriate for you. If the beneficiary is a minor, please have Street Address a parent or guardian complete and sign this form City Zip Code State Daytime Telephone Number Evening Telephone Number 3. Method of Distribution Select only one of the following. ☐ Send a check by mail to my address as outlined in Section 2. A Medallion Signature Guarantee will be ☐ Send the distribution proceeds to my bank. (Please complete Section 6.) required for all selections. ☐ Invest the assets in my new non-retirement account. (A New Account Application is required.) *An IRA Application is required along with ☐ 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 must be liquidated in accordance with IRS rules, dependent upon beneficiary relationship to deceased account owner. Please consult your tax advisor

| | 3. Method of Distribution (continued) | | |
|--|---|-----------------------------|--|
| An IRA Application is equired. | 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 THE REQUIRED MINIMUM DISTRIBUTION (RMD) AGE** | | |
| | The Internal Revenue Service determines April 1 following attainment of age 72 (or 70 ½)** 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 or beneficiary's Inherited IRA. These amounts must be paid out to you. (Note under the CARES Act, RMDs are waived for calendar year 2020.) 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 distribution proceeds to my bank. (Please complete Section 6.) | | |
| f you have chosen to ransfer the funds to our beneficiary account in Section 3, you can add he option to automatially have redemptions aken on a systematic lasis. | 4. Systematic Distribution Please choose the date(s) and frequency of the redem Date of Withdrawal: 3rd Frequency of Withdrawal: Monthly Starting Month | ☐ 15th ☐ 25th | |
| | Fund Number | \$ Amount (minimum of \$50) | |
| | Fund Number | \$ Amount (minimum of \$50) | |
| IOTE: The withdrawal program will start at east seven days after the initial set-up. | How would you like to receive your redemptions? (Please check one.) By check to the address of record By ACH to my bank (to add or update, see Section 6) | | |
| | 5. 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. | | |

% from my distribution.

☐ Please withhold federal income tax at a rate of

| 6. Banking Information |
|---|
| \square ACH (requires up to three business days, at no charge.) |
| \square Fed Wire (next day, for an additional charge of \$7.50 deducted directly from the distribution proceeds.) |
| First Eagle Funds is hereby authorized to credit my account by electronically debiting my 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. Bank Name |
| |
| Name(s) on Bank Account |
| |
| Bank Routing Number Bank Account Number |
| |
| |
| Please attach a pre-printed voided check or deposit slip/statement here. |

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

7. Signature and Authorization

A Medallion Signature Guarantee assures that a signature is genuine and protects investors from unauthorized requests. It is required on this form in order to have your distribution sent to your bank if instructions are not on file, to a name or address other than that shown on your account, if a distribution by check is more than \$100,000, or if you are signing on behalf of the account owner. 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.

Tax certification: Under penalties of perjury, I certify that: (1) the Social Security or tax identification number (TIN) shown on this form is correct (or I am waiting for a number to be issued to me); (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. person (including a U.S. resident alien). Note: The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

| Account Owner's Signature | |
|---|--|
| | |
| | |
| Parent/Guardian Signature (if Beneficiary is a Minor) | |
| | |
| Date (MM/DD/YYYY) | |
| Affix Medallion Signature Guarantee stamp. | |

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:

Name and Title of Guarantor

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

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