

# Traditional/Roth/Inherited/SEP IRA Application

This form may be used to establish a new Traditional Individual Retirement Account (IRA), Rollover IRA, Roth IRA, Inherited or SEP IRA 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.

\* 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. 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.

## 1. Participant Information

First Name

MI

Last Name

Social Security Number

Date of Birth (MM/DD/YYYY)

☐ U.S. Citizen

☐ Resident Alien

☐ Please check this box if applicant is a minor

**Name of Guardian** (if applicable)

First Name

MI

Last Name

Social Security Number

Date of Birth (MM/DD/YYYY)

☐ U.S. Citizen

☐ Resident Alien

**Relationship of guardian to minor (parent, grandparent, etc.)**

All information must be supplied. **At least one residential street address is required.**

We cannot establish an account unless you provide at least one telephone number where you can be reached.

The Funds typically do not offer shares to non-U.S. residents.

## 2. Address (Required)

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

Select one of the following.

### 3. Type of Account

\*You must identify your relationship to the original IRA owner by completing the Beneficiary Relationship Form, available separately.

If the beneficiary is a legal entity, please call DST at 1-800-334-2143 for further information before completing this IRA Account Application.

- ☐ Traditional IRA
- ☐ Rollover IRA (from employer's qualified plan)
- ☐ Roth IRA
- ☐ Simplified Employee Pension (SEP) IRA
- ☐ Inherited IRA (please provide information below)\*

Decedent Name

First Name

MI

Last Name

Date of Birth (MM/DD/YYYY)

Date of Death (MM/DD/YYYY)

**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.

#### 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

Select one of the following.

\*Complete the separate IRA Transfer and Direct Rollover Form and return it with this application.

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.**

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.

## 5. Type of Contribution

- ☐ Traditional IRA, contribution year:
- ☐ Roth IRA, contribution year:
- ☐ SEP IRA, contribution year:  Employee Amount \$  Employer Amount \$
- ☐ SAR-SEP IRA established prior to January 1, 1997
- ☐ Rollover of existing IRA, SEP-IRA or SAR- SEP IRA\*
- ☐ Rollover of existing Roth IRA. Original Roth IRA was established in year: \*
- ☐ Direct Rollover from previous qualified employer sponsored retirement plan\*
- ☐ Transfer of existing Roth IRA from another custodian. Check one: ☐ Converted\* **OR** ☐ Contribution Roth IRA\*
- ☐ Transfer of existing Regular IRA or SEP-IRA from another custodian\*

## 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>	<b>\$ <input type="text"/></b>				

## 7. Designation of Beneficiary(ies)

I designate the individual(s) named below the Beneficiary(ies) of this IRA. I revoke all prior IRA Beneficiary designations, if any, made by me for these assets. I understand that I may change or add Beneficiaries at any time by written notice to the Custodian. If I am not survived by any Beneficiary, my Beneficiary shall be my estate.

### 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"/>

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

Social Security Number

Date of Birth (MM/DD/YYYY)

Relationship

% of Account

### Primary Beneficiary B

First Name

MI

Last Name

Street Address

City

State

Zip Code

Social Security Number

Date of Birth (MM/DD/YYYY)

Relationship

% 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.

### Contingent Beneficiary A

First Name

MI

Last Name

Street Address

City

State

Zip Code

Social Security Number

Date of Birth (MM/DD/YYYY)

Relationship

% 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.

### Contingent Beneficiary B

First Name

MI

Last Name

Street Address

City

State

Zip Code

Social Security Number

Date of Birth (MM/DD/YYYY)

Relationship

% of Account

This section should be reviewed if the account owner is married, is a resident of a community property or marital property state, and designates a beneficiary other than their spouse. It is the account owner's responsibility to determine if this section applies. The account owner may need to consult with legal counsel. Neither the Custodian nor the Funds are liable for any consequences resulting from a failure of the account owner to provide proper spousal consent.

Once your account statements are available, you will receive an email prompting you to login to our website. (If preferred, you may login to our website at [www.firsteagle.com](http://www.firsteagle.com) and immediately gain access to your account and set up electronic delivery.)

Complete only if applicable.

Please note 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.

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

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

## 8. Spousal Consent

I am the spouse of the above named account owner. I acknowledge that I have received a full and reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my community property interest in this IRA, I have been advised to see a tax professional or legal advisor. I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian or the Funds.

Signature of Spouse

Date (MM/DD/YYYY)

## 9. 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

## 10. Your Investment Dealer's Information

First Name

MI

Last Name

Branch Address

City

State

Zip Code

Firm Name

Telephone Number

Rep Number

Branch Number

## 11. 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

## 11. 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.

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

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.

## 12. 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)

## 13. 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.

## 14. Reduced Sales Charges

### A. Letter of Intent

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.

14. Reduced Sales Charges (continued)

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	Account Number
Account Number	Account Number
Account Owner	Account Owner
Relationship	Relationship

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

15. 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

If the Depositor is a minor, under the laws of the Depositor's state of residence, a parent or guardian must sign the IRA Application. Until the Depositor reaches the age of majority, the parent or guardian will exercise the duties of the Depositor. (If acting as guardian, provide a copy of Letters of Appointment).

16. Custodian Acceptance

UMB will accept appointment as Custodian of the Depositor's account. However, this Agreement is not binding upon the Custodian until the Depositor 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 UMB's Account.

Please read and sign the following.

## 17. Signature and Authorization

By signing this application, I certify 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 Funds 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.

Under penalty of perjury, I certify that: (i) the taxpayer identification number indicated on this application is correct; I am a U.S. citizen or Resident Alien; and (iii) I have not been notified by the IRS that I am subject to backup withholding as a result of failing to report all interest and dividend earnings, or if notified, I have 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 that: (i) I am establishing an Individual Retirement Account pursuant to the Internal Revenue Code of 1986, as amended, and in accordance with all the terms of the Custodial Agreement on Form 5305-A (5305-RA for Roth IRAs, and 5305-SEP/5305A-SEP for SEP IRAs) and that all contributions to the IRA will meet the requirements of the Code governing such contributions; (ii) I have read the applicable sections of the UMB Universal Individual Retirement Account Disclosure Statement and the UMB Universal Individual Retirement Account 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 IRA and agree to promptly give instructions to the Custodian necessary to enable the Custodian to carry out its duties under the Custodial Agreement; (iv) I consent to a one time new account setup fee of \$10.00 and custodian's fee (currently \$15.00 per year, per account) and its liquidation from the account if not paid by separate check by the end of the year; (v) if I am making a Traditional IRA Rollover or Direct Rollover, that I have not made another rollover within the one-year period immediately preceding this rollover, that such distribution was received within 60 days of making the rollover to this Account, and that no portion of the amount rolled over is a required minimum distribution under the required distribution rules; (vi) if I have indicated a Conversion or a Rollover of an existing Traditional IRA to a Roth IRA, I acknowledge that the amount converted will be treated as taxable income (except for prior nondeductible contributions) for federal income tax purposes; (vii) 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; (viii) unless otherwise disclosed on this form, I am making this investment on my own behalf; (ix) 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 (x) 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.

Account Owner's Signature

Date (MM/DD/YYYY)

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

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

## 18. 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

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