section of the Inherited IRA Distribution Form.



Beneficiary Relationship Form - For Inherited IRAs

The Setting Every Community Up for Retirement Enhancement Act (SECURE Act) of 2020, previously signed into law at the end of 2019, has added new beneficiary categories and changed how beneficiaries may distribute assets from deceased accounts. As a result of this new law, you must identify your beneficiary relationship with the original IRA/Roth IRA owner in order to open an Inherited IRA. If you require further guidance, please contact your tax advisor.

This form should be completed and accompanied by a new IRA Application (and Inherited IRA Distribution Form if applicable). A separate form will be required for each beneficiary.

| All information must | 1. Original Account Owner Information | | | | | | | |
|----------------------|---|----|--|--|--|--|--|--|
| pe supplied. | First Name N | ΊI | Last Name | | | | | |
| | | | | | | | | |
| | Social Security Number | | | | | | | |
| | | | | | | | | |
| | Date of Birth (MM/DD/YYYY) | | Date of Death (MM/DD/YYYY) | | | | | |
| | First Eagle Account Number(s) (if applicable) | | | | | | | |
| | | | | | | | | |
| | O Paradiaiam Information | | | | | | | |
| | 2. Beneficiary Information | | | | | | | |
| | First Name N | 1I | Last Name | | | | | |
| | Date of Birth (MM/DD/YYYY) | | Destina Telanhara Number | | | | | |
| | | | Daytime Telephone Number | | | | | |
| | | | | | | | | |
| | 3. Beneficiary Relationship (Please select only one beneficiary type. If you select a beneficiary type marked by an asterisk (*), you must also be sure to provide your distribution instructions by completing the Inherited IRA Distribution Form, available separately.) | | | | | | | |
| | Inheriting Directly from the | | Inheriting from a Beneficiary | | | | | |
| | Original Account Owner: | | (not the Original Account Owner): | | | | | |
| | ☐ First Generation Non-Designated Beneficiary* (1st Gen NDB) | | ☐ Succeeding Generation Beneficiary when First Generation was Eligible Designated Sole Spouse | | | | | |
| | , | | Beneficiary* (2nd or Greater Gen EDB – Sole | | | | | |
| | Select this option if the Inherited IRA is being transferred to an entity beneficiary such as an | | Spouse) | | | | | |
| | estate, charity or trust. | | Select this option if you are a second generation or greater beneficiary when the first generation beneficiary was an Eligible Designated Sole | | | | | |
| | | | Spouse. If you select this beneficiary option, you must additionally complete Method of Distribution | | | | | |

| Inheriting Directly from the Original Account Owner: | | | Inheriting from a Beneficiary (not the Original Account Owner): | | |
|--|-----------------|------|---|--|--|
| First Generation Eligible Designated Sole Spouse Beneficiary (1st Gen EDB – Sole Spouse) Select this option if you are a sole spouse and you are not electing to treat this account as your own IRA. If you are treating the IRA as your own, please complete the "Method of Distribution" section of the Inherited IRA Distribution Form and indicate your transfer instructions as spouse beneficiary. | | | Succeeding Generation Beneficiary when First generation was Eligible Designated Minor of Deceased Owner* (2nd or Greater Gen EDB – Minor) Select this option if you are a second generation or greater beneficiary when the first generation beneficiary was a minor son or daughter (under the age of 18) of the original account owner. | | |
| First Generation Eligible Designated Beneficiary – Other* (1st Gen DB) Select this option if you are eligible for Life Expectancy payments (chronically ill beneficiary, disabled beneficiary, eligible designated benefi- ciary less than 10 years younger than original account owner). | | | Succeeding Generation Beneficiary when First Generation was Eligible Designated Beneficiary - Other* (2nd or Greater Gen EDB – Other) Select this option if you are a second generation or greater beneficiary when the first generation beneficiary was eligible for Life Expectancy payments and was not the sole spouse or minor direct decedent of the original account owner. | | |
| First Generation Designated Beneficiary Select this option if you are not eligible for Life Expectancy payments (sibling of deceased, grandchild of deceased, child over the age of 18). | | | □ Succeeding Generation Beneficiary when First Generation was a Designated Beneficiary (2nd or Greater Gen DB) Select this option if you are a second generation or greater beneficiary when the first generation beneficiary was a designated beneficiary who was not eligible for Life Expectancy payments. | | |
| Prior Owners of IRA/Roth IRA Complete this section only if you selected one the names of all previous owners of this IRA/R Generation Beneficiary Option above, First Eag | Roth IRA. If yo | ou c | | | |
| Date of Birth (MM/DD/YYYY) First Name Date of Birth (MM/DD/YYYY) | MIL | _ast | of Death (MM/DD/YYYY) Name of Death (MM/DD/YYYY) | | |
| | | | | | |

continued on the following page

| Beneficiary's | Signature | | | |
|---------------|-----------------------------------|------------|--|--|
| | | | | |
| | | | | |
| | | | | |
| Parent/Guard | dian Signature (if Beneficiary is | s a Minor) | | |
| | | | | |
| | | | | |

If you have any questions or to ensure that all legal requirements are met, please call Shareholder Services at 800-334-2143.

5. Mail the completed form to:

Regular Mail:

Date (MM/DD/YYYY)

4. Signature

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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