

New Account Application

This form may be used to establish a new non-retirement account at First Eagle Funds. 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. **Do not use this form to open a First Eagle Funds IRA 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 Class 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.

* Joint Tenants with Rights of Survivorship unless otherwise stated. For joint accounts, the Social Security Number of the primary account owner will be used for IRS Reporting.

1. Individual Account Registration (all information must be supplied)

☐ Individual Account (Cannot be a minor)

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="checkbox"/> U.S. Citizen	<input type="checkbox"/> Resident Alien	

☐ Joint Account (Cannot be a minor)*

Joint Account Owner's Name (if applicable)

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="checkbox"/> U.S. Citizen	<input type="checkbox"/> Resident Alien	

☐ Gift/Transfer to Minor (UGMA/UTMA)

Custodian

Both the custodian's and minor's information must be provided.

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="checkbox"/> U.S. Citizen	<input type="checkbox"/> Resident Alien	

Minor

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="checkbox"/> U.S. Citizen	<input type="checkbox"/> Resident Alien	

For purpose of identification, please provide a Trust Instrument and appropriate Evidence of Authority.

1. Non-Individual Account Registration (continued)

☐ Individual Trust

Name of Trustee

First Name

MI

Last Name

Social Security Number

Date of Birth (MM/DD/YYYY)

☐ U.S. Citizen

☐ Resident Alien

Name of Co-Trustee (if applicable)

First Name

MI

Last Name

Social Security Number

Date of Birth (MM/DD/YYYY)

☐ U.S. Citizen

☐ Resident Alien

Name of Trust

Tax Identification Number

Under the Agreement Dated Below (MM/DD/YYYY)

Please provide Articles of Incorporation, Partnership Agreements, Trust Agreements, or other Organizational Documents and Certified Corporate Resolution. For purpose of verifying the account, provide information for "Authorized Traders" for all persons who will be giving instructions on an on-going basis. If there are additional Authorized Traders, please attach a sheet with all information.

☐ Legal Entity

Name of Entity (please specify entity type on next page)

Tax Identification Number

Daytime Telephone Number

Authorized Trader's Name

First Name

MI

Last Name

Social Security Number

Date of Birth (MM/DD/YYYY)

Authorized Trader's Address

Street Address

City

State

Zip Code

1. Non-Individual Account Registration (continued)

If you select any of the below, you must also complete the Beneficial Owner Legal Entity Form along with the New Account Application, which is available separately.

Is this an S Corporation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a Church or Religious Institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a Government Entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a College or University?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a Limited Liability Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a Club or Fraternal Organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a Corporation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an Investment Club?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a Partnership?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a School District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a Hospital or Medical Institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a Statutory Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this an exempt Organization or Institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a Charitable or Welfare Organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a Cemetery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a Private Annuity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a Union?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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). For Individual Trusts, if address of Trustee and Co-Trustee is different, please include separately.

Street Address

City

State

Zip Code

Daytime Telephone Number

Evening Telephone Number

Mailing Address (if different from Street address). For Individual Trusts, if address of Trustee and Co-Trustee is different, please include separately.

Street Address

City

State

Zip Code

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

3. 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Relationship to Owner

Email Address	Age
<input type="text"/>	<input type="text"/>

Mailing Address

Street Address

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"/>

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 Prospectuses for the different sales charges and expenses.
You must select a share class.

4. Investment Selection

The minimum initial investments are as follows: \$2,500 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	\$		Share Class	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> I
First Eagle Overseas Fund	\$		Share Class	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> I
First Eagle U.S. Fund	\$		Share Class	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> I
First Eagle Gold Fund	\$		Share Class	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> I
First Eagle Rising Dividend Fund	\$		Share Class	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> I
First Eagle High Yield Municipal Fund	\$		Share Class	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> I
First Eagle Global Income Builder	\$		Share Class	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> I
First Eagle Small Cap Opportunity Fund	\$		Share Class	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> I
First Eagle Global Real Assets Fund	\$		Share Class	<input type="checkbox"/> A		<input type="checkbox"/> I
First Eagle U.S. Smid Cap Opportunity Fund	\$		Share Class	<input type="checkbox"/> A		<input type="checkbox"/> I
First Eagle Short Duration High Yield Municipal Fund	\$		Share Class	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> I
Total Investment	\$					

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. Transfer on Death

☐ Add Transfer on Death to this account (only applies to Individual or Joint Tenant with Rights of Survivorship accounts)

Primary Beneficiary(ies) (Cannot be an Estate.)

I designate the individual(s) named below the Beneficiary(ies) of my account. I revoke all prior Beneficiary designations, if any, made by me for these assets.

Primary 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	

5. Transfer on Death (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(ies) (Optional. Cannot be an Estate.)

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"/>	

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 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.

Prior to completing this section, you may wish to consult your accountant or tax adviser.
Please indicate which type of cost basis reporting you would like First Eagle Funds to furnish you and the IRS for all accounts.
If you select Specific Lot, a secondary method is required. If no selection is made, it will default to First in, First out (FIFO)
Note: If no option is selected, First Eagle Funds will default your cost basis election to Average Cost.

6. 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

7. Your Investment Dealer's Information

First Name

MI

Last Name

Branch Address

City

State

Zip Code

Firm Name

Telephone Number

Rep Number

Branch Number

8. Cost Basis Election

On October 3, 2008, the Emergency Economic Stabilization Act, HR 1424, was signed into law, which included provisions from the Energy Improvement and Extension Act of 2008, requiring mutual funds to provide cost basis reporting to their customers and the IRS. First Eagle Funds will provide cost basis information to you and the IRS for shares purchased on and after January 1, 2012 (covered shares). If you have purchases or transfers made into your account with shares purchased prior to January 1, 2012 (non-covered shares), we may be able to provide you an average cost for these shares. The cost basis accounting method elected below will be used for all accounts established by this application and any future accounts established unless you provide a different method.

- ☐ **Average Cost** – Calculates the cost of shares in an account by averaging the cost of all purchases made after January 1, 2012. Shares will be redeemed in a first-in first-out order for the average cost method.
- ☐ **First-In First-Out** – Shares acquired first in the account are the first shares depleted.
- ☐ **Last-In First-Out** – Shares acquired last in the account are the first shares depleted.
- ☐ **High Cost** – Shares acquired with the highest cost per share are the first shares depleted.
- ☐ **Low Cost** – Shares acquired with the lowest cost per share are the first shares depleted.
- ☐ **Loss/Gain Utilization** – Depletes shares with losses before gains, consistent with the objective of minimizing taxes. For shares that yield a loss, shares owned one year or less (short-term) will be redeemed before shares owned more than one year (long-term). For gains, long-term shares will be redeemed before short-term gains. With favorable long-term gains rates, long-term gains are given priority over short-term gains to reduce tax liability.
- ☐ **Specific Lot** – Shareholder selects which lots to deplete at time of each redemption. When selecting Specific Lot, please choose a secondary method to be used as an alternate in the event specific lot depletion information is not provided:

- ☐ First-In First-Out ☐ Last-In First-Out ☐ Loss/Gain Utilization
☐ High Cost ☐ Low Cost

Select one of the following to add dividend and/or capital gain options. If no selection is provided, dividends and capital gains will be reinvested.

Note: Certain business entities **cannot** redeem by phone. Please refer to the First Eagle Funds' Prospectuses for further details on exchanges and redemptions.

Required for automatic investments and telephone redemptions by wire or ACH. Please attach a pre-printed voided check or deposit slip/statement below.

9. Distribution Options

- ☐ Reinvest dividends and capital gains.
- ☐ Reinvest dividends and pay capital gains in cash.
- ☐ Pay dividends and capital gains in cash.
- ☐ Pay dividends in cash and reinvest capital gains.

Select one of the following if you have checked any option for a cash distribution.

- ☐ Send a check to my/our address of record.
- ☐ Send via ACH to my/our bank. (Please see Section 10 to add banking information.)

10. 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.

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

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

You can invest your funds automatically by completing the following information, attaching a pre-printed, voided check or savings deposit slip/statement above, 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.

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.

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.

12. Automatic Investment Program

(\$2,500 initial minimum investment for class A and C mentioned in section 3 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. 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.

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.

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

Please read and sign the following.

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

15. Signatures and Authorization

By signing this application, I/we certify that I/we have received and read a current Prospectus for each First Eagle Fund ("Fund") in which I/we am/are investing in. I/We understand the investment objectives, policies, and risks of investing in the Fund(s) and it is consistent with my/our investment objectives, income, assets, experience, and risk tolerances, and as the account owner, I/we are fully responsible for monitoring the account and for all investment decisions and instructions concerning the account and agree to be bound by the terms of each Fund's Prospectus, as amended from time to time, for existing and future First Eagle Funds accounts I/we establish or exchange into at a later date. I/We certify that I/we am/are of legal age in the state of my/our 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/we certify that: (i) the taxpayer identification number(s) indicated on this application is/are correct; (ii) I/we am/are a U.S. citizen(s)/person or Resident Alien(s); and (iii) I/we have not been notified by the IRS that I/we am/are subject to backup withholding as a result of failing to report all interest and dividend earnings, or if notified, I/we 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/we also certify that: (i) unless otherwise disclosed on this form, I/we am/are making this investment on my/our own behalf; (ii) if I/we have elected the Telephone Exchange/Redemption Options and Automatic Investments as described in the prospectus, I/we 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; (iii) I/we am/are not involved in any money laundering schemes, the source of this investment is not derived from any unlawful or criminal activities, and I/we 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 (iv) the information provided on this form is true, correct and complete. I/We undertake to notify the Funds immediately of any change in any representation or other information relating to me/us provided on this form.

If we are a Trust or otherwise acting as an intermediary we agree that: (i) the representations made on this form are made on behalf of the Underlying Investors, and we have all requisite power and authority from the Underlying Investors to make representations on this form; (ii) we carry out due diligence with respect to the identity, background and source of funds of all Underlying Investors, and agree to provide further assurances regarding ourselves and/or the Underlying Investors as First Eagle Funds may reasonably require; and (iii) we are not aware of any reasons which would prevent First Eagle Funds from accepting an investment directly by an Underlying Investor (in particular, no Underlying Investor is named on any Office of Foreign Assets Control ("OFAC") lists, or any other lists designated by the U.S. government in relation to money laundering, or is a citizen or resident of, or located in, a country as to which OFAC sanctions would prohibit investment in the Funds).

15. Signatures and Authorization (continued)

Account Owner's Signature

Date (MM/DD/YYYY)

 / /

Joint Account Owner'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."

16. 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