

Non-Retirement Redemption Form

This form may be used to take a redemption from your First Eagle Funds non-retirement account. For redemptions out of your Institutional Account, please complete the Institutional Redemption Form. Please refer to the First Eagle Funds prospectus for additional information regarding redemptions. If you have any questions or to ensure that all legal requirements are met, please call Shareholder Services at 800-334-2143.

All information must be supplied.

1. Account Information

Account Name (Exactly as it appears on your statement)

Tax ID or Social Security Number

Account Number

Street Address

City

State

Zip Code

Daytime Telephone Number

Evening Telephone Number

Enter the dollar amount or number of shares to be redeemed from each Fund/Account or check the box for full redemption.

2. Redemption Amount(s)

Fund Number

Account Number

\$

OR

shares

Full Redemption

Fund Number

Account Number

\$

OR

shares

Full Redemption

Fund Number

Account Number

\$

OR

shares

Full Redemption

Select one of the following options.

NOTE: A Medallion Signature Guarantee (as described in Section 6) may be required.

3. Payment Method

- Send a check by mail to my/our address of record. (If sending to a new address or to an address that has been updated with the Funds within the last 15 days, a Medallion Signature Guarantee is required in Section 6.)
- Send the redemption proceeds to my/our bank. (Please complete Section 5.)
- Make the check payable as indicated below and mail to the following alternate payee and/or address. (A Medallion Signature Guarantee is required in Section 6.)

Alternate Payee Name

Alternate Payee Address

Street Address

City

State

Zip Code

Prior to completing this section, you may wish to consult your accountant or tax adviser.

4. Cost Basis Information for Partial Redemption

You do not need to complete this section if you are redeeming all shares from an account(s) listed above, or if you are redeeming shares purchased prior to January 1, 2012. If you are using your current cost basis method for this partial redemption you do not need to complete this step.

Your current cost basis method will be used for partial redemptions unless you specify the shares to be redeemed below. If the share amount(s) you provide do not equal the total amount of shares indicated in Section 2, your current cost basis method will be utilized to complete this redemption. If your current method is "average cost," then shares will be depleted using "first-in, first-out" (FIFO).

If the current cost basis method on your account is "average cost" you cannot use another method for this partial redemption unless you first change or revoke your average cost election. Changing or revoking average cost will then apply to this partial redemption and all future redemptions for this account.

To change or revoke the cost basis method for an account or for all future accounts please log into your account at www.firsteagle.com or you may fill out and submit the cost basis election form. For further assistance you may contact us by phone or by e-mail using the information provided at the beginning of this form.

If you would like to utilize another cost basis method on your account for this redemption only select one of the methods below.

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> First-In First-Out (FIFO) | <input type="checkbox"/> High Cost | <input type="checkbox"/> Loss/Gain Utilization |
| <input type="checkbox"/> Last-In First-Out (LIFO) | <input type="checkbox"/> Low Cost | <input type="checkbox"/> Specific Lot* |

*If "specific lot" is selected please include the date of purchase and number of shares below. If nothing is provided we will redeem using the "first-in, first-out" (FIFO) method.

Date of Purchase (MM/DD/YYYY)

	/		/	
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Number of Shares

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Date of Purchase (MM/DD/YYYY)

	/		/	
--	---	--	---	--

Number of Shares

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Date of Purchase (MM/DD/YYYY)

	/		/	
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Number of Shares

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Select one of the following methods of redemption. If bank instructions are not already on file, please attach a pre-printed, voided check or deposit slip/statement below and provide a Medallion Signature Guarantee in Section 6.

5. Bank Instructions

- ACH (requires up to three business days, at no charge.)
- Fed Wire (next day, for an additional charge of \$7.50 deducted directly from the redemption proceeds.)

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.

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.

In order to complete your request, the required number of authorized signers must sign below. Sign your name exactly as it appears on your account. If signing on behalf of the account owner(s), please include your designated title. A Medallion Signature Guarantee may be required.

By signing below, the owner(s) of the above referenced account hereby authorizes the options specified in this form.

6. Signatures and Authorization

A Medallion Signature Guarantee assures that a signature is genuine and protects investors from unauthorized requests. It is required on this form if you are changing your name (Section 3), adding bank instructions (Section 5), 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 a member firm of a domestic stock exchange. Notarization by a notary public is **not** acceptable.

Account Owner's Signature

Title (if applicable)

Date (MM/DD/YYYY)

Joint Account Owner's Signature (if applicable)

Title (if applicable)

Date (MM/DD/YYYY)

Affix Medallion Signature Guarantee stamp.

Name and Title of Guarantor

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

7. 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