

# Required Minimum Distribution (RMD) Form

This form may be used to request a Required Minimum Distribution (RMD) from your First Eagle Funds retirement account. If you are a beneficiary looking to take a distribution due to the death of an IRA account owner, please complete the Inherited IRA Distribution Form. All other types of non-mandatory distributions may be completed with an IRA Distribution Form. Due to passage of the SECURE Act 2.0, RMDs are now required to begin on or before April 1 of the year after reaching 73 if born in or after 1951. For individuals born in 1950 or earlier, RMDs must begin based on the applicable RMD age of 72 or 70 1/2, as outlined in previous IRS rules. Subsequent RMDs must be taken annually by each December 31 thereafter. 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.

**NOTE:** Based on your selection below First Eagle Funds will calculate your distribution(s) for all funds listed under the account number(s) provided unless otherwise specified.

## 1. Account Information

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="text"/>
Street Address		
<input type="text"/>		
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"/>	
Account Number(s)		
<input type="text"/>		

## 2. Required Minimum Distribution

Required Minimum Distributions (RMDs) are minimum amounts that IRA account owners (excluding Roth IRAs) must withdraw annually starting with the year they reach age 73 or, if later, the year in which they retire, with limited exceptions. The first RMD payment can be delayed until April 1 following the year in which the account owner turns 73. For all subsequent years, including the year of the original distribution, the RMD must be taken by December 31. IRA account owners are responsible for taking the correct amount of RMDs on time every year from their accounts and face potential penalties for failure to take RMDs. We encourage you to consult your accountant or tax adviser for additional information on RMD rules, penalties, and exceptions.

Select one of the following.

**NOTE:** All selections will be onetime distributions unless you complete the Systematic Distributions option in Section 3. If you take a one-time distribution, it is your responsibility to contact First Eagle Funds each year to request your RMD. First Eagle Funds is not responsible for the accuracy of your calculations.

Based on my own RMD calculation, I authorize First Eagle Funds to distribute \$

Calculate my RMD for me. I wish to set up distributions based on my age, year-end account balance, and the applicable life expectancy divisor using the Uniform Lifetime Table.

Calculate my RMD for me based upon the Joint and Last Survivor Table. (Your choice of beneficiary does not affect your RMD unless your sole beneficiary is your spouse and they are more than 10 years younger than you. If this applies to your beneficiary selection, please complete the information below):

Spouse's First Name, Middle Initial, Last Name	Date of Birth (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>

## 2. Required Minimum Distribution (continued)

Your RMD will be taken proportionately from each fund under the account number(s) provided in Section 1 unless otherwise indicated below.

Fund Number

\$  **OR**  %

Fund Number

\$  **OR**  %

Fund Number

\$  **OR**  %

Fund Number

\$  **OR**  %

Select one of the following.

## 3. Payment Method

- Send a check to my 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 7.)
- Send the redemption proceeds to my bank. (Please complete Section 4.)
- Invest the assets into my new non-retirement account. (A New Account Application is required.)
- Invest the assets in my existing First Eagle Funds non-retirement Fund/Account Number:
- 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 7.)

### Alternate Payee Name

### Alternate Payee Address

Street Address

City

State

Zip Code

- Process a systematic distribution. Please select a date and frequency in the Systematic Distributions section below.

### SYSTEMATIC DISTRIBUTIONS

Date of Distribution:  3rd  15th  25th  
Frequency of Distribution:  Monthly  Quarterly  Annually

Starting Month

How would you like to receive your redemptions?

- By check to the address of record  By ACH to my bank (to add or update, see Section 4)

Choose the date(s), frequency and method of payment for the distributions. The distribution will occur on the 15th if no election is made.

**NOTE:** The withdrawal program will start at least seven days after the initial set-up.

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 7.

#### 4. 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 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.**

Complete only if applicable.

#### 5. Foreign Payment Instructions

Payments to an address outside the United States are subject to special rules. U.S. citizens receiving payments outside the United States may not waive withholding. Withholding for foreign citizens is subject to tax treaty rules. See IRS Publication 515 for more information.

##### Certification:

- I hereby certify that I am a United States citizen living abroad. I understand that payments sent to me abroad are subject to 10% tax withholding and cannot be waived.
- I hereby certify that I am a foreign citizen. I am attaching Form W-8BEN to certify my status and comply with IRS rules. I understand that withholding, if applicable, will be applied to my distribution payments based on my certification or lack thereof.

Select one of the following.

**NOTE:** We encourage you to consult your accountant or tax adviser regarding your IRA distribution.

## 6. 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.

Please withhold federal income tax at a rate of  % from my distribution.

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

By signing below, the owner of the above referenced account hereby authorizes the redemption/transfer specified in this form.

## 7. 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 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.

Account Owner's Signature

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.

## 8. 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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