

SIMPLE IRA Application

This form may be used to establish a new First Eagle Funds SIMPLE IRA in accordance with the Custodial Account Agreement with UMB Bank n.a. 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. Form 5304 must be submitted if opening an initial account under an employer. 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.

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

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

Daytime Telephone Number

Evening Telephone Number

Mailing Address (if different from Street address)

Street Address

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

3. Trusted Contact Information (Optional) (continued)

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"/>

If the employer will be making contributions to the account, they must sign under "Employer Acceptance" below.

4. Employer Information

Employer Name

Employer Address
Street Address

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact Person
First Name MI Last Name

Email Address Daytime Telephone Number

Only required if Employer contributions are made.

5. Employer Acceptance

The employer named in Section 3 has received, read and hereby agrees to the terms and conditions of the First Eagle Funds Custodial Account Agreement and the current prospectus of the applicable Fund.

Authorized Signature

Date (MM/DD/YYYY)
 / /

Title	Employer Identification Number
<input type="text"/>	<input type="text"/>

Select one of the following.

*Complete the separate SIMPLE IRA Account Transfer Form and return it with this application. We recommend that you contact your resigning Custodian to determine their transfer requirements.

6. Type of Contribution

- Regular SIMPLE IRA, contribution year:
- Regular Rollover, contribution year:
- Transfer of Assets*
- Direct Rollover from a Traditional IRA.

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. Must include 5304 SIMPLE Form.

Please see the current First Eagle Funds prospectus for the different sales charges and expenses.

You must select a share class.

7. 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
Total Investment	\$ <input type="text"/>				

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.

8. 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"/>
Social Security Number	Date of Birth (MM/DD/YYYY)	
<input type="text"/>	<input type="text"/>	
Relationship	% of Account	
<input type="text"/>	<input type="text"/>	

8. Designation of Beneficiary(ies) (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 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"/>	

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.

9. 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
<input type="text"/>
Date (MM/DD/YYYY)
<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.)

10. 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

Complete only if applicable.

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.

11. Your Investment Dealer's Information

First Name

MI

Last Name

Branch Address

City

State

Zip Code

Firm Name

Telephone Number

Rep Number

Branch Number

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

12. Interested Party/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

To be reviewed by the Funds' custodian.

13. Custodian Acceptance

UMB Bank n.a. 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 Bank n.a.'s acceptance of appointment as Custodian of the Depositor's Account.

Please read and sign the following

14. Employee Signature and Authorization

By signing this form, 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 Fund(s) 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; (ii) I am a U.S. citizen or a 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 a SIMPLE IRA pursuant to the Internal Revenue Code of 1986, as amended, and in accordance with all the terms of the Custodial Agreement on Forms 5305-SA and 5305-SIMPLE 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 Bank n.a. SIMPLE IRA Disclosure Agreement and the UMB Bank n.a. SIMPLE IRA Custodial Agreement located at 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 Bank n.a., or its successors as Custodian of the SIMPLE 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 have indicated a Conversion or a Rollover of an existing SIMPLE IRA, I acknowledge that the amount converted will be treated as taxable income (except for prior nondeductible contributions) for federal income tax purposes; (vi) 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; (vii) unless otherwise disclosed on this form, I am making this investment on my own behalf; (viii) 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 (ix) 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.

Employee's Signature

Date (MM/DD/YYYY)

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

Make checks payable to "First Eagle Funds."

15. 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