

# Special Options Form

This form may be used to adopt any of the options indicated below for existing accounts only. Complete all options that apply to you. Please refer to the First Eagle Funds Prospectuses for additional information on account options and privileges. 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

Select one of the following to update your dividend and/or capital gain options.

## 2. Dividend and Distribution Options

- Reinvest dividends and capital gains.
  Pay dividends and capital gains in cash.
  Reinvest dividends and pay 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 5 to add or update banking information.)

Print both your former name and new name to verify that they represent one and same person. In Section 14, sign your name exactly as it appears on the account and include a Medallion Signature Guarantee.

## 3. Name Change

Former Name (print)

New Name (print)

Select one of the options if they are not already established on your account. If establishing an option that requires bank instructions to be added or updated to your account, please see Section 5.

## 4. Telephone Purchase, Exchange, and Redemption Options

- I wish to establish the telephone purchase option (ACH) on my/our account.
  I wish to establish the telephone exchange option on my/our account.
  I wish to establish the telephone redemption option on my/our account.
  To Address of Record
  To Bank of Record (Please see Section 5. Redemptions to your bank may be made via ACH or wire.)

**Bank Information:**

Required for bank wires, ACH transfers and the Automatic Investment Program. Please attach a pre-printed voided check or deposit slip/statement below and provide a Medallion Signature Guarantee in Section 14.

**5. Banking Information**

**(If updating banking information, any current bank instructions on file or existing telephone options, including Automatic Investment Program, and Systematic Withdrawal Plan will be deleted, unless specified. Please complete Section 4 if you wish to enable telephone purchase, exchange and redemption options.)**

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.**

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.

Dollar amount must be minimum of \$100.

**6. Automatic Investment Program**

**(If updating any Automatic Investment Program, any current program will be deleted.)**

Please choose the date(s) and frequency of your investment.

Date of Investment:  5th  20th  
Frequency of Investment:  Semi-Monthly  Monthly  Quarterly

Starting Month

Fund Number

\$ Amount (minimum of \$100)

Fund Number

\$ Amount (minimum of \$100)

The account registrations for the originating and receiving accounts must be identical.

Dollar amount must be minimum of \$100.

### 7. Automatic Exchange (If updating any Automatic Exchange, any current exchange will be deleted.)

First Eagle Funds is hereby authorized to automatically exchange:

\$ Amount

On a monthly basis, from Fund Number

to Fund Number

Date of Exchange:  5th

20th

Frequency of Exchange:  Semi-Monthly

Monthly

Quarterly

If you have an account balance of \$10,000 or greater, you can add the option to automatically have redemptions taken from your First Eagle Funds account on a regular basis. This form should not be used for establishing systematic withdrawal plans on retirement accounts.

### 8. Systematic Withdrawal Plan (If updating any Systematic Withdrawal Plan, any current plan will be deleted.)

Please choose the date(s) and frequency of the redemptions.

Date of Withdrawal:  3rd

15th

25th

Frequency of Withdrawal:  Monthly

Quarterly

Annually

Starting Month

Fund Number

\$ Amount (minimum of \$50)

Fund Number

\$ Amount (minimum of \$50)

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

How would you like to receive your redemptions? (Please check one.)

By check to the address of record

By ACH to my bank (to add or update, see Section 5)

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](http://www.firsteagle.com) and immediately gain access to your account and set up electronic delivery.)

### 9. 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

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.

### 10. 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.

## 10. Reduced Sales Charges (continued)

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.

### 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.

### 11. 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

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.

### 12. 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.

## 12. Cost Basis Election (continued)

**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

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.

## 13. 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 us at 800-334-2143.

## 14. 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

F-AP-MLF-SPECOP-D-LT