

Transfer on Death Account Designation Form

This form may be used to add or update the beneficiary(ies) on your non-retirement account. All Transfer on Death (TOD) accounts are subject to the rules set forth by DST Systems, Inc. as transfer agent for First Eagle Funds. You will be provided with a copy of these rules when your account is established. If you have any questions or to ensure that all legal requirements are met, please call Shareholder Services at 800-334-2143.

Please note: If you are transferring your existing account to a new TOD account registration, a new account number will be assigned.

Please check only one box outlining your instructions:

- Update** the current beneficiary designations for an existing TOD account registration. (Medallion Signature Guarantee is not required).
- Transfer** existing account to a new TOD account registration (all current account options will carry over). (Medallion Signature Guarantee is required).

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

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.

2. 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

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.

2. Primary Beneficiary(ies) (Cannot be an Estate.) (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"/>	<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.

3. 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"/>	<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"/>	<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. The Fund is not liable for any consequences resulting from a failure of the account owner to provide proper spousal consent.

4. 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 account, 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 Fund.

Signature of Spouse

Date (MM/DD/YYYY)

In order to complete your request, the required number of authorized signers must sign below 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 beneficiary update specified in this form.

5. Signatures and Authorization

A Medallion Signature Guarantee assures that a signature is genuine and protects investors from unauthorized requests. 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

Date (MM/DD/YYYY)

Joint Account Owner's Signature (if applicable)

Title

Date (MM/DD/YYYY)

Affix Medallion Signature Guarantee stamp.

Name and Title of Guarantor

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.

6. 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