



# IRA Beneficiary Designation Form

EFFECTIVE NOVEMBER 2010

This form may be used to add or change a beneficiary designation on your Individual Retirement Account (IRA). If you have any questions, please call Shareholder Services at 800.334.2143.

All information must be supplied.

## 1. Account Information

<input type="text"/>		<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> /	<input type="text"/>	<input type="text"/>
First Name, Middle Initial, Last Name		Social Security Number	Date of Birth	(MM/DD/YYYY)	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address		City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Daytime Telephone	Evening Telephone	Fund/Account Number			

Please note that the % of designation(s) must total 100%. Attach a separate sheet to make additional beneficiary designations.

## 2. 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

<input type="text"/>		
First Name, Middle Initial, Last Name		
<input type="text"/>		
Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/> - <input type="text"/> - <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	

### Primary Beneficiary B

<input type="text"/>		
First Name, Middle Initial, Last Name		
<input type="text"/>		
Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/> - <input type="text"/> - <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	

### Contingent Beneficiary A

<input type="text"/>		
First Name, Middle Initial, Last Name		
<input type="text"/>		
Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code

### Contingent Beneficiary B

<input type="text"/>		
First Name, Middle Initial, Last Name		
<input type="text"/>		
Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code

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.

*continued on the following page*



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## 2. Designation of Beneficiary(ies) (continued)

### Contingent Beneficiary A (continued)

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Social Security Number

/
 /
 

Date of Birth (MM/DD/YYYY)

Relationship

% of Account

### Contingent Beneficiary B (continued)

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Social Security Number

/
 /
 

Date of Birth (MM/DD/YYYY)

Relationship

% of Account

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 Fund are liable for any consequences resulting from a failure of the account owner to provide proper spousal consent.

## 3. 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 Fund.

\_\_\_\_\_  
Signature of Spouse (if applicable)

/
 /
 

Date (MM/DD/YYYY)

In order to complete your request, sign your name exactly as it appears on your account.

## 4. Signature and Authorization

For the account(s) listed above, I designate the individuals listed as beneficiary(ies). I revoke all prior 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 designated beneficiary(ies), then the account proceeds will be distributed in accordance with the terms of the applicable retirement account agreement.

\_\_\_\_\_  
Account Owner's Signature

/
 /
 

Date (MM/DD/YYYY)

If you have any questions or to ensure that all legal requirements are met, please call Shareholder Services at 800.334.2143.

## 5. Mail the completed form to:

### Regular Mail:

First Eagle Funds  
P.O. Box 219324 | Kansas City, MO 64121-9324

### Overnight Mail:

First Eagle Funds  
330 West 9th Street | Kansas City, MO 64105