

First Eagle Funds

IRA Beneficiary Designation Form *(effective March 2010)*

This form may be used to add or change a beneficiary designation. If you have any questions, please call Shareholder Services at 1-800-334-2143.

1. Shareholder Information *(All information should match the registration on your account.)*

First Name	Last Name	Account Number
Social Security Number	Date of Birth	Daytime Phone Number
Street Address	City, State & Zip Code	

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

a) Primary Beneficiary(ies)

Name	
Address	
SS#	Date of Birth
Relationship	% of Account

Name	
Address	
SS#	Date of Birth
Relationship	% of Account

b) Contingent Beneficiary(ies)

Name	
Address	
SS#	Date of Birth
Relationship	% of Account

Name	
Address	
SS#	Date of Birth
Relationship	% of Account

3. Spousal Consent

(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 holder's responsibility to determine if this section applies. The account owner may need to consult with legal counsel. Neither the Custodian nor the Sponsor are liable for any consequences resulting from a failure of the account owner to provide proper spousal consent.)

I am the spouse of the above named account holder. 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 Sponsor.

Signature of Spouse

Date

Signature of Witness (other than the shareholder)

Date



4. Signature and Authorization (Important: Please read before signing.)

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.

Signature of Shareholder

Date

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

If you have any questions or to ensure that all legal requirements are met, please call us at 1-800-334-2143.



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