



IRA Transfer and Direct Rollover Form

EFFECTIVE JANUARY 2012

This form may be used to effect a direct transfer to a First Eagle Funds Individual Retirement Account (IRA) from an IRA with another custodian or a direct rollover from a Qualified Plan. If you do not have an existing First Eagle Funds IRA, an IRA Application must accompany this form. 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. Participant 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	<small>(MM/DD/YYYY)</small>	
<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"/>			
Fund Name	Account Number (if new account, add "New Account")			

Provide information on the Custodian/Trustee/Financial Institution where your assets are currently held.

2. Information About Your Current IRA or Qualified Plan

<input type="text"/>	<input type="text"/>			
Name of Current Custodian/Trustee	Name of Current Financial Institution			
<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"/>			
Daytime Telephone Number	Account Number			

Select one of the following.

3. Type of Account Transfer/Rollover

- Traditional IRA to Traditional IRA
- Traditional IRA to Roth IRA
- Rollover IRA to Rollover IRA
- Inherited IRA to Inherited IRA
- Roth to Roth IRA Date account opened /
- Rollover from my Employer's Qualified Plan (401(k), 403(b)) to a Traditional IRA
- SEP-IRA to SEP IRA or Traditional IRA
- SAR-SEP IRA to SAR-SEP IRA or Traditional IRA (for plans established prior to 1/1/97)



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Transfer assets from the above account to State Street Bank and Trust Company. The transfer should be in cash according to the following instructions.

NOTE: Please include a copy of your most recent account statement.

4. Instructions to Current Custodian/Trustee/Financial Institution

- Liquidate the total amount of my account.
- \$ OR % of my account.

If you are liquidating a certificate of deposit IRA, select one of the following:

- Liquidate prior to maturity date. I am aware that I may incur a penalty for early withdrawal.
- Liquidate at maturity. (Maturity date must be within 60 days. If the maturity date is less than 15 days from the date of this request, you may want to contact your custodian bank to prevent automatic reinvestment.)

Invest the transferred amount as follows. If this is a new account, please complete an IRA Application.

*Class Y closed to new investors.

5. Investment Instructions

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. Value 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 Fund of America	<input type="text"/>	%	Share Class	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> Y*
First Eagle High Yield Fund	<input type="text"/>	%	Share Class	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> I
Total Investment	<input type="text" value="100"/>	%				

NOTE: We encourage you to consult your accountant or tax adviser.

6. Federal Income Tax Withholding

If you are rolling over your assets from a Qualified Plan, the Custodian/Trustee/Financial Institution named above is required to withhold 10% of the taxable distribution unless you check a box below.

- I elect not to have federal income tax withheld from my rollover
- Please withhold federal income tax at a rate of % from my rollover.

To be reviewed and signed by the Funds' custodian.

7. To be Completed by State Street Bank and Trust Company

State Street Bank and Trust agrees to accept custodianship and the transfer described above for deposit to a First Eagle Funds IRA established on behalf of the above-named individual. State Street Bank and Trust accepts its appointment as successor custodian of the above IRA and requests the liquidation and transfer of assets/rollover as indicated above.

STATE STREET BANK AND TRUST COMPANY

Signature of Custodian

/ /
Date (MM/DD/YYYY)



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In order to complete your request, sign your name exactly as it appears on your account (if signing on behalf of the account owner, please include your designated title).

By signing below, the owner of the above referenced account hereby authorizes the transfer/rollover specified in this form.

8. Signatures and Authorization

The undersigned certifies to the current custodian that a successor Individual Retirement Account has been established meeting the requirements of Internal Revenue Code Section 408(a), 408A, or 408(k) to which assets will be transferred, and certifies to State Street Bank and Trust that the IRA from which the assets are being transferred meets the requirements of Internal Revenue Code Section 408(a), 408A, or 408(k). I understand that this transfer of assets/rollover is to be executed as a fiduciary-to-fiduciary transfer so as not to put me in actual or constructive receipt of all or any part of transferred assets. We recommend that you contact your resigning custodian to determine their transfer and signature requirements. A Medallion Signature Guarantee may be required.

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 (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 Shareholder Services at 800.334.2143.

9. 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

