

First Eagle Funds

Special Options Form *(effective March 2010)*

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 Prospectus 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 1-800-334-2143.

1. Account Information (Please print.)

Account Owner's Name

Joint Account Owner's Name *(if applicable)*

Phone Number

Email Address

Fund *(if fund is not listed, all funds will be updated)*

Account Number

2. Dividend and Distribution Options

(Please select one of the following to update your dividend and/or capital gain options.)

- | | |
|---|--|
| <input type="checkbox"/> Reinvest dividends and capital gains. | <input type="checkbox"/> Reinvest dividends and pay capital gains in cash. |
| <input type="checkbox"/> Pay dividends and capital gains in cash. | <input type="checkbox"/> Pay dividends in cash and reinvest capital gains. |

(Please select one of the following if you have checked any option for a cash distribution.)

- Send a check to my address of record.
- Send via ACH to my bank. (Please see Section 5 to add or update banking information.)

3. Name Change

(Please print and sign both your former name and new name to verify that they represent one and same person. In Section 13, sign your name exactly as it appears on the account and include a Medallion Signature Guarantee.)

Former Name

New Name

Signature of Former Name

Signature of New Name

4. Telephone Purchase, Exchange, and Redemption Options

(Please 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.)

- 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 (except IRA accounts).
- To Address of Record
- To Bank of Record (Please see Section 5. Redemptions to your bank may be made via ACH or wire.)



5. Banking Information

Bank Information: (required for bank wires, ACH transfers and the Automatic Investment Program. Please attach a pre-printed, voided check below and provide a Medallion Signature Guarantee in Section 13.)

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, whether intentionally or inadvertently, First Eagle Funds shall be under no liability whatsoever.

Please attach a pre-printed voided check here

6. Automatic Investment Program

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 the First Eagle Funds. You will receive a confirmation of each transaction. Please choose the date and frequency of your investment:

Date of Investment: 5th 20th Starting Month _____
Frequency of Investment Monthly Quarterly

Fund Name \$Amount (minimum of \$100)

Fund Name \$Amount (minimum of \$100)

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

7. Automatic Exchange

First Eagle Funds is hereby authorized to automatically exchange \$_____ (\$100 minimum processed on the 10th of each month, whole dollars only) on a monthly basis, from fund _____ to fund _____. The account registrations for the originating and receiving accounts must be identical.

8. Systematic Withdrawal Plan

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.

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

Date of Withdrawal: 3rd 15th 25th Starting Month _____
Frequency of Withdrawal: Monthly Quarterly Annually

Fund Name \$Amount (minimum of \$50) Fund Name \$Amount (minimum of \$50)

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)

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

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. 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.firsteaglefunds.com and immediately gain access to your account and set up electronic delivery.)

Account Statements

Annual/Semiannual Reports and Prospectuses

E-Mail Address

10. Letters of Intention

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

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. If applicable, please complete Section 11 below so that the accounts are linked and future breakpoints are reflected appropriately. Please refer to the First Eagle Funds Prospectus for additional information.

11. Rights of Accumulation

Please include all First Eagle Funds accounts with the same primary address and/or tax identification number as your current account as listed in Section 1. Please refer to the First Eagle Funds Prospectus for additional information.

A. _____
Account Number

Account Owner

Relationship

B. _____
Account Number

Account Owner

Relationship

12. Interested Parties/Additional Mail (to receive duplicate statements and/or confirmations)

I want the following party to receive duplicate:

Confirmations

Statements

Both

Name

Address

13. Signature and Authorization

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, please include your designated title). A Medallion Signature Guarantee may be required.

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.

By signing below, the owner(s) of the above referenced account hereby authorizes the options specified in this form.

Account Owner's Signature and Date

Joint Account Owner's Signature (if applicable)

Title (if acting on behalf of the Account Owner)

Affix Medallion Signature Guarantee stamp.

Name and Title of Guarantor

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
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.



First Eagle Funds are distributed by FEF Distributors, LLC