

# First Eagle Funds

## New Account Application *(effective January 2008)*

Please use the application below to establish a regular account at First Eagle Funds. To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open an account, you will be required to provide your name, address, date of birth and other information that will allow us to identify you. Sections 1 or 2, and 13 must be completed, if not, we will be unable to open your account. Do not use this form to open a First Eagle Funds IRA account. Please call us at 1-800-334-2143 with any questions.

### 1. Account Registration for Individual, Joint, and Custodial Accounts

(All information must be supplied. A P.O. Box is not acceptable. We cannot establish an account unless you provide at least one telephone number where you can be reached.)

**Individual Account** (Cannot be a minor)

**Joint Owner** (Cannot be a minor)

Joint Tenants with Rights of Survivorship unless otherwise stated

\_\_\_\_\_  
First Name                      Middle Initial                      Last Name

\_\_\_\_\_  
First Name                      Middle Initial                      Last Name

\_\_\_\_\_  
Social Security Number                      Date of Birth

\_\_\_\_\_  
Social Security Number                      Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                                      State                      Zip Code

\_\_\_\_\_  
City                                      State                      Zip Code

\_\_\_\_\_  
Daytime Telephone Number                      Evening Telephone Number

\_\_\_\_\_  
Daytime Telephone Number                      Evening Telephone Number

Check here if this will be the main mailing address for your account.

Check here if you would like to establish your account as Transfer On Death (additional forms will be mailed to you.)

OR

**Gift/Transfer to Minor (UGMA/UTMA)** (Both the custodian's and minor's information must be provided)

**Custodian**

**Minor**

\_\_\_\_\_  
Custodian's First Name                      Last Name

\_\_\_\_\_  
Minor's First Name                      Last Name

\_\_\_\_\_  
Custodian's Social Security Number                      Date of Birth

\_\_\_\_\_  
Minor's Social Security Number                      Date of Birth

\_\_\_\_\_  
Custodian's Street Address

\_\_\_\_\_  
Minor's Street Address

\_\_\_\_\_  
Custodian's City                                      State                      Zip Code

\_\_\_\_\_  
Minor's City                                      State                      Zip Code

\_\_\_\_\_  
Daytime Telephone Number                      Evening Telephone Number

\_\_\_\_\_  
Daytime Telephone Number                      Evening Telephone Number

**2. Account Registration for Trusts, Corporations, Partnerships or Other Entities** (A P.O. Box is not acceptable. We cannot establish an account unless you provide one telephone number where you can be reached.)

**Individual Trust** (For purpose of identification, please provide a Trust Instrument and appropriate Evidence of Authority)

Name of Trustee _____		Name of Co-Trustee (if applicable) _____	
as trustee(s) for _____			
Name of Trust			
under agreement dated _____		Tax Identification Number _____	
Date of Trust Agreement			
Street Address _____			
City _____	State _____	Zip Code _____	Telephone Number _____

OR

**Corporation, Trust Company, Partnership, Foundation or other entity** (Please provide Articles of Incorporation, Partnership Agreements, Trust Agreements, or other Organizational Documents and Certified Corporate Resolution. For purpose of verifying the account, please provide information for "Authorized Traders" for all persons who will be giving instructions on an on-going basis.)

Name of Corporation, Trust Company, Partnership, Foundation or other entity (please specify type) _____			
Tax Identification Number _____		Stock Symbol (if publicly traded) _____	
Street Address _____			
City _____	State _____	Zip Code _____	Telephone Number _____
Authorized Trader's Name _____		Authorized Trader's Date of Birth _____	
Authorized Trader's Address _____		Authorized Trader's Social Security Number _____	

If there are additional Authorized Signatories, please attach a sheet with all information.

Check here if you are an intermediary, a fund of funds, or otherwise making this investment on behalf of or for the benefit of, other investors (the "Underlying Investors"). If you check the box, please describe your relationship with the Underlying Investors:

Relationship _____
_____

**3. Investment Selection** (Please make checks payable to First Eagle Funds. Third-party transactions, third-party checks, starter checks and cash equivalents – such as travelers checks, cashier checks and money orders – cannot be accepted to purchase shares.)

Please see the current First Eagle Funds prospectus for the different sales charges and expenses.

The minimum initial investments are as follows: \$2,500 for Class A, C: \$1,000,000 for Class I

First Eagle Global Fund	\$ _____	Share Class A__ C__ I__
First Eagle Overseas Fund	\$ _____	Share Class A__ C__ I__
First Eagle U.S. Value Fund	\$ _____	Share Class A__ C__ I__
First Eagle Gold Fund	\$ _____	Share Class A__ C__ I__
First Eagle Fund of America	\$ _____	Share Class A__ C__ Y__ (Class Y closed to new investors)
<b>Total Investment</b>	\$ _____	

*You must select a share class.*

**4. Distribution Options**

All distributions (income and capital gains) will automatically be reinvested (without a sales charge) unless one of the following options is chosen:

- Pay dividends in cash and reinvest capital gains
- Reinvest dividends and pay capital gains in cash
- Pay dividends and capital gains in cash

Please select one of the following if you have checked one of the boxes at left for cash distributions:

- Send check to Address of Record
  - Send via ACH to bank
- Please enclose a voided check or deposit slip

**5. Telephone Exchange and Redemption Option** (Please note certain business entities cannot redeem by phone. Please see prospectus for further details.)

All shareholders will be able to redeem and/or exchange by telephone, unless one of the following boxes is marked.

- I do not wish to establish the **telephone redemption option** on my/our account.
- I do not wish to establish the **telephone exchange option** on my/our account.

**6. Bank Information** (Required for automatic investments and telephone redemptions by wire or ACH.)  
(Please enclose a voided check or deposit slip.)

As a convenience to me/us, you are hereby authorized to credit my/our First Eagle Account by electronically debiting my/our bank account as stated below. This authority is to remain in effect until revoked by me/us and until you receive such notice. I/We agree you shall be fully protected in honoring any such debit. I/We further agree that if any such debit be dishonored, whether with or without cause, and whether intentionally or inadvertently, First Eagle Funds shall be under no liability whatsoever.

**7. Automatic Investment Option** (Please enclose a voided check. Unfortunately, we cannot accept starter or money market checks. Any questions, please call a Service Associate at 1-800-334-2143.)

You can have the option of automatically purchasing from your bank account into any First Eagle Fund on a monthly, quarterly, semimonthly, or semiannual basis (\$100 minimum per fund). Please choose how often and which date you would like your deductions to occur:

- 5th\* or  20th\*       Monthly    Quarterly    Semimonthly    Semiannually

\*The investment program will start at least 7 business days after the initial account set-up.

Start Month \_\_\_\_\_

Please indicate the fund and amount you would like to make automatic investments:

Fund Name	\$ Amount (minimum of \$100)	Fund Name	\$ Amount (minimum of \$100)
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## 8. 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 our website (if preferred, you may login our website at [www.firsteaglefunds.com](http://www.firsteaglefunds.com) and immediately gain access to your account and set up electronic delivery.)

Account Statement     Annual/Semiannual Reports and Prospectuses

E-Mail Address

## 9. Rights of Accumulation (optional)

In order to reduce the sales charge, please link the following existing account(s) to my/our First Eagle Account.

A. \_\_\_\_\_

B. \_\_\_\_\_

Account Number

Account Number

Account Owner

Account Owner

Relationship

Relationship

## 10. Letter of Intent (optional)

Under the terms of the current 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

## 11. Dealer Information (Complete only if applicable.)

Dealer Name

Dealer Number

Branch Number

Branch Address (to receive statements)

City

State

Zip Code

Representative Name

Representative Number

Telephone Number

## 12. Interested Party (To receive duplicate statements.)

Name

Address

City

State

Zip Code

*Please turn page to sign Section 13.*

### 13. Signatures and Authorization (Please read and sign the following.)

I/We have received and read the current prospectus and wish to establish an account with the First Eagle Funds. If I/we have elected the Telephone Exchange/Redemption Options and Automatic Investments as described in the prospectus, I/we agree that the Fund(s) and its transfer agent will not be liable for any loss in acting on written or telephone instructions believed by them to be genuine.

Under penalty of perjury, I/we certify that: (i) unless otherwise disclosed on this form, I/we am/are making this investment on my/our own behalf; (ii) I/we are not involved in any money laundering schemes, and the source of this investment is not derived from any unlawful or criminal activities; (iii) the information provided on this form and documents submitted are true, correct and complete and they are provided and submitted with the intent that they will be relied upon by First Eagle Funds in determining the suitability of me/us as an investor/investors in the Funds; (iv) the taxpayer identification number(s) indicated on this application is/are correct; (v) I/we am/are a U.S. citizen(s) or Resident Alien(s); and (vi) I/We have not been notified by the IRS of failing to report all interest and dividend earnings, or if notified, I/we have received notification that back-up withholding is no longer required. I/we agree to provide further information or documents deemed necessary by First Eagle Funds or their agent(s) to comply with the applicable anti-money laundering and/or "know your customer" regulations. I/We undertake to notify the Funds immediately of any change in any representation or other information relating to me/us provided on this form.

If we are a Trust or otherwise acting as an intermediary we agree that: (i) the representations made on this form are made on behalf of the Underlying Investors, and we have all requisite power and authority from the Underlying Investors to make representations on this form; (ii) we carry out due diligence with respect to the identity, background and source of funds of all Underlying Investors, and agree to provide further assurances regarding ourself and/or the Underlying Investors as First Eagle Funds may reasonably require; and (iii) we are not aware of any reasons which would prevent First Eagle Funds from accepting an investment directly by an Underlying Investor (in particular, no Underlying Investor is named on any Office of Foreign Assets Control ("OFAC") lists, or any other lists designated by the U.S. government in relation to money laundering, or is a citizen or resident of, or located in, a country as to which OFAC sanctions would prohibit investment in the Funds).

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Signature	Title	Date
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Signature	Title	Date
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For individuals, please choose one of the following:

U.S. Citizen     Resident Alien

### 14. Mail the completed form to: (Please retain a photocopy of the completed application for your records.)

**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

***Make checks payable to "First Eagle Funds."***

*Third-party checks, starter checks and cash equivalents (such as travelers checks, cashier checks and money orders) cannot be accepted to purchase shares.*



First Eagle Funds are distributed by First Eagle Funds Distributors, a division of ASB Securities LLC