

# First Eagle Funds

## Individual Retirement Application *(effective January 2008)*

Use this form to open a new regular IRA, Rollover IRA, Roth IRA, or SEP IRA. You may use this form to establish only one type of IRA. 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. All required sections must be completed, if not, we will be unable to open your account. Please call us at 1-800-334-2143 with any questions.

### 1. Registration *(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.)*

First Name	Middle Initial	Last Name	Social Security Number	Date of Birth
Street Address				
City, State & Zip Code		Daytime Telephone Number	Evening Phone Number	

### 2. Contribution Allocation *(Please 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.)*

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

The minimum initial investments are as follows: \$1,000 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.*

### 3. Type of Account *(Select only one)*

Regular IRA  Roth Contribution IRA  Rollover IRA [from employer or 403(b)]  Simplified Employee Pension (SEP) IRA

### 4. Type of Contribution *(Select only one)*

- Regular IRA, contribution year 20\_\_\_\_ *or*  Roth IRA, contribution year 20\_\_\_\_.
- Rollover of existing IRA, SEP-IRA *or*  SAR-SEP IRA.
- Rollover of existing Roth IRA-tax year your original Roth IRA was established 20\_\_\_\_.
- Transfer of existing Roth IRA from another custodian. Check one:  Converted *or*  Contribution Roth IRA.\*
- Transfer of existing Regular IRA or SEP-IRA from another custodian.\*
- Direct Rollover or rollover from previous qualified employer plan or 403(b) plan.
- SEP IRA Contribution year 20\_\_\_\_. Employee Amount \_\_\_\_\_ Employer Amount \_\_\_\_\_
- SAR-SEP IRA established prior to January 1, 1997.

\* You must complete a Retirement Transfer Authorization Form. Call 800-334-2143.

## 5. 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%.)

### Primary Beneficiary(ies):

A. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
SS#                                      Birthdate  
\_\_\_\_\_  
Relationship                                      % of Account

B. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
SS#                                      Birthdate  
\_\_\_\_\_  
Relationship                                      % of Account

### Contingent Beneficiary(ies):

C. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
SS#                                      Birthdate  
\_\_\_\_\_  
Relationship                                      % of Account

D. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
SS#                                      Birthdate  
\_\_\_\_\_  
Relationship                                      % of Account

## 6. Spousal Consent

(This section should be reviewed if the accountholder is married, is a resident of a community property or marital property state, and designates a beneficiary other than their spouse. It is the accountholder's responsibility to determine if this section applies. The accountholder may need to consult with legal counsel. Neither the Custodian nor the Sponsor are liable for any consequences resulting from a failure of the accountholder to provide proper spousal consent.)

I am the spouse of the above named accountholder. 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 for Spouse \_\_\_\_\_ Date \_\_\_\_\_

## 7. Automatic Investment Program (Optional)

You can invest in any available First Eagle Fund automatically by completing the following information, attaching a voided, unsigned check or savings deposit slip and returning it to DST Systems, Inc., transfer agent for First Eagle Funds. Your name must appear on both your checking/savings account and your First Eagle Funds account. You will receive a confirmation of each transaction and the deduction from your bank account will appear on your monthly statement.

Please invest the amount indicated (minimum \$100 per Fund) in the following Fund(s) on or about the (check one):

Frequency of Investment:       Monthly     Quarterly     Semi-monthly     Semi-annually    Start Month \_\_\_\_\_

Date of Automatic Investment:     5th             20th

(Please enclose a voided check or deposit slip.)

If no box is checked, the 1st Monthly option will be selected for you.\* Indicate the Fund(s) in which you wish to make automatic investments:

First Eagle Global	\$ _____	First Eagle Gold Fund	\$ _____
First Eagle Overseas	\$ _____	First Eagle Fund of America	\$ _____
First Eagle U.S. Value Fund	\$ _____	(Class Y closed to new investors)	

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

As a convenience to me, you are hereby authorized to credit my retirement account by electronically debiting my bank account as stated below. This authority is to remain in effect until revoked by me, and until you receive such notice, I agree you shall be fully protected in honoring any such debit. I further agree that if any such debit is dishonored, whether with or without cause, and whether intentionally or inadvertently, you

shall be under no liability whatsoever. This option, if exercised, shall become part of the account application and the terms, representations and conditions thereof.

Name of Bank	Name on Bank Account	Bank Account Number	Bank's ABA or Routing Number
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**Important Note: IRA contributions made through the Automatic Investment Program will be credited as a contribution for the year in which the shares are purchased.**

## 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. Telephone Exchanges

You have the ability to exchange shares with other existing First Eagle Fund accounts by telephone (\$100 minimum).

If you do not want this privilege, check this box.

When exercising an exchange privilege, I should request and review the appropriate prospectus prior to making an exchange. Before making an exchange, it is recommended that I consult a tax advisor. Neither the custodian nor any of its service contractors will be liable for any loss in acting upon any telephone instructions believed genuine unless it acts with willful misfeasance, bad faith or gross negligence. First Eagle Funds, unless otherwise indicated on this application, is authorized to act on any instruction received by telephone from me or any other person claiming to act as my representative who can provide First Eagle with my account registration, tax identification or social security number, and address as they appear on First Eagle Funds' records. In attempting to confirm that telephone instructions are genuine, First Eagle Funds will use such reasonable procedures as recording those instructions and requesting information as to account registration. To the extent that First Eagle Funds fails to use reasonable procedures, it and/or its service contractors may be liable for instructions that prove to be fraudulent or unauthorized.

## 10. Payment of Fees

The one-time new account set-up fee is \$10.00 per account. The annual custodial charge is \$15.00 per account. If you do not pay your fee by check at any time during the year, your fee will be deducted from your account at the end of the year.

## 11. Certification and Signatures (Important: Please read before signing)

By signing below, the applicant:

1) establishes an Individual Retirement Account pursuant to the Internal Revenue Code of 1986, as amended, and in accordance with all the terms of the Custodial Agreement on Form 5305-A or 5305-RA; 2) certifies that all contributions to the IRA meet the requirements of the Code governing such contributions; 3) agrees that if he/she has indicated a Conversion or a Rollover of an existing Regular IRA to a Roth IRA, Depositor acknowledges that the amount converted will be treated as taxable income (except for prior nondeductible contributions) for federal income tax purposes. If Depositor has indicated a Rollover from another Roth IRA, Depositor certifies that the information given above is correct and acknowledges that adverse tax consequences or penalties could result from giving incorrect information; 4) agrees that he/she has received and read the applicable sections of the "First Eagle Funds Individual Retirement Account Disclosure Statement" relating to this Account (including the Custodian's fee schedule), the Custodial Account document, and the "Instructions" pertaining to this Application Agreement; 5) appoints State Street Bank and Trust, or its successors as Custodian of the Account; 6) acknowledges receipt of the current prospectus of First Eagle Global Fund, Inc. and/or First Eagle Funds, Inc. (collectively "The First Eagle Funds") in which the assets will be invested; 7) consents to the Custodian's fee (currently \$15.00 per year, per account) and its liquidation from the account if not paid by separate check or payment by the Depositor; 8) agrees to promptly give instructions of the Custodian necessary to enable the Custodian to carry out its duties under the Custodial Agreement and (9) represents that whenever information as to any taxable year is required to be filed with the Internal Revenue Service, the individual will file such information with the Internal Revenue Service unless filed by the Custodian.

The undersigned understands that by signing below: (a) Unless otherwise indicated on this application, this account will have the telephone account maintenance and exchange privilege capability with other First Eagle Funds and all information provided in the above items will apply to any First Eagle Fund into which shares may be exchanged; (b) any instructions given on this account and any account into which exchanges are made are hereby ratified and neither the relevant fund nor any of its service providers will be liable for any loss, cost or expense for acting upon such instructions (by telephone or writing) believed to be genuine and in accordance with the procedures described in the appropriate prospectus; (c) the responsibility to read the prospectus of any fund into which exchanges are made is hereby accepted; and (d) the terms, representations and conditions in this application will apply to any First Eagle Fund account established at a later date by the undersigned.

(over please)

**Certification:** “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 indicated on this application is 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.”

Signature of Depositor \_\_\_\_\_

Date \_\_\_\_\_

For Individuals, please choose one of the following:     U.S. Citizen             Resident Alien

## 12. Custodian Acceptance

State Street Bank and Trust will accept appointment as Custodian of the Depositor’s account. However, this Agreement is not binding upon the Custodian until the Depositor has received a statement confirming the initial transaction in the Account. Receipt by the Depositor of a confirmation of the purchase of the Fund shares indicated above will serve as notification of State Street and Trust Company’s acceptance of appointment as Custodian of the Depositor’s Account.

### STATE STREET BANK AND TRUST COMPANY CUSTODIAN

If the depositor is a minor, under the laws of the Depositor’s state of residence, a parent or guardian must sign the Adoption Agreement. Until the Depositor reaches the age of majority, the parent or guardian will exercise the duties of the Depositor. (If guardian, provide a copy of Letters of Appointment).

## 13. Rights of Accumulation (Optional)

For the purpose of reducing the sales charge, please link the following account(s) to my new First Eagle Funds account:

**A.** \_\_\_\_\_  
Account Number

\_\_\_\_\_

Account Owner

\_\_\_\_\_

Relationship  
See prospectus for details.

**B.** \_\_\_\_\_  
Account Number

\_\_\_\_\_

Account Owner

\_\_\_\_\_

Relationship

## 14. Dealer Information (For dealer use only)

We submit this application for the purchase of shares in accordance with the terms of our selling agreement to distribute shares of the funds. We agree to notify DST Systems, Inc., transfer agent for First Eagle Funds, of any purchases made in accordance with Rights of Accumulation.

Dealer Name & Number	Branch Office & Number	Rep. Name & Number
Branch Address (to receive statement)		
Branch Phone Number		

## 15. 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.*

