

Retirement Plan Investment Instructions for 403(b), 457, SIMPLE IRA, SEP-IRA, SARSEP-IRA Accounts

Only one participant per form.

1. Participant and Employer Information

Participant's Name (**print**) _____ Last 4-digits of Participant's Social Security Number _____

Employer's Name (**print**) _____

Employer's Address (Street Address, City, State, Zip Code) _____

2. Change in Investment Instructions

Please change the percentages for **all future contributions** received through payroll deductions or employer contributions sent by my employer referenced above on my behalf as follows. All investments will be made in Class A shares unless specified otherwise.

Only Check One:

- Traditional 403(b) SIMPLE IRA SEP-IRA
 SARSEP-IRA 457

(total percentage must equal 100%):

_____ %	in _____
	Existing Account # or Name of New First Investors Fund
_____ %	in _____
	Existing Account # or Name of New First Investors Fund
_____ %	in _____
	Existing Account # or Name of New First Investors Fund
_____ %	in _____
	Existing Account # or Name of New First Investors Fund
_____ %	in _____
	Existing Account # or Name of New First Investors Fund
_____ %	in _____
	Existing Account # or Name of New First Investors Fund
100%	

- Roth 403(b)

(total percentage must equal 100%):

_____ %	in _____
	Existing Account # or Name of New First Investors Fund
_____ %	in _____
	Existing Account # or Name of New First Investors Fund
_____ %	in _____
	Existing Account # or Name of New First Investors Fund
_____ %	in _____
	Existing Account # or Name of New First Investors Fund
_____ %	in _____
	Existing Account # or Name of New First Investors Fund
_____ %	in _____
	Existing Account # or Name of New First Investors Fund
100%	

3. Signature

I certify that I am of legal age. I have received and read the current prospectus for each fund I am investing in and agree to be bound by the terms and conditions of each such prospectus.

Participant's Signature _____ Date _____

Reg. Rep # _____	Office # _____	Registered Representative's Name (print) _____	Registered Representative's Signature _____	Date _____
Principal # _____	Principal's Name (print) _____	Principal's Signature _____	Date _____	

Return by Regular Mail:
Foresters Investor Services, Inc.
Attn: New Accounts Department
P.O. Box 7837, Edison, NJ 08818-7837

Return by Overnight Mail:
Foresters Investor Services, Inc.
Attn: New Accounts Department
Raritan Plaza I, 8th Floor, Edison, NJ 08837-3620

For More Information:
First Investors Funds
800-423-4026 (Shareholder Services)
www.foresters.com