

403(b) DESIGNATION OF BENEFICIARY FOR VOLUNTARY ACCOUNTS



The Designation of Beneficiary, change in designation, or revocation of designation is not effective until it has been received and accepted by the Custodian.

Name of Owner	Social Security Number
403(b) Master Account Number ()	/ /
Phone Number	Birth Date

In accordance with the Custodial Agreement and subject to the conditions set forth below, I hereby designate the individual(s) listed below as the beneficiary(ies) of all of my First Investors voluntary 403(b) accounts which exist under this Master Account Number ("Accounts") as of the date of my death.

I understand that this Designation may be expressly revoked by my filing with the Custodian a subsequent 403(b) Designation of Beneficiary. List additional beneficiaries on reverse side if necessary.

PRIMARY BENEFICIARY(IES)

Name	Percentage	Name	Percentage
Street Address		Street Address	
City	State	City	State
	ZIP Code		ZIP Code
	/ /		/ /
Relationship	Beneficiary Social Security #	Relationship	Beneficiary Social Security #
	Birth Date		Birth Date

CONTINGENT BENEFICIARY(IES)

Name	Percentage	Name	Percentage
Street Address		Street Address	
City	State	City	State
	ZIP Code		ZIP Code
	/ /		/ /
Relationship	Beneficiary Social Security #	Relationship	Beneficiary Social Security #
	Birth Date		Birth Date

In the event of my death, payment of the balance of my Accounts shall be made to my Primary Beneficiaries, named above, who survive me. Unless I have indicated otherwise, payment to my Primary Beneficiaries shall be made in equal shares. If no Primary Beneficiary survives me, then payment of the balance of my Accounts shall be made to my Contingent Beneficiaries, named above, who survive me. Unless I have indicated otherwise, payment to my Contingent Beneficiaries shall be made in equal shares.

This Designation revokes all prior designations of beneficiaries made by me with respect to any or all of my Accounts. I reserve the right to revoke this Designation, by filing a subsequent Beneficiary Designation with the Custodian. This Designation, and any revocation of this Designation, shall be given effect only if received and accepted by the Custodian prior to my death.

OWNER SIGNATURE (Note: If additional beneficiaries are listed on the reverse side, both sides must be signed by the First Investors account owner.)

X
 Signature of Owner _____ Date _____

SPOUSAL CONSENT

Check one: I am married. I am not married.

If you are married and you designate a Primary Beneficiary other than your spouse, this Beneficiary Designation may not be effective under your state law without the consent of your spouse. Please consult your own legal adviser. If you are married and you do not get spousal consent, we will rely on this form as a representation to us that spousal consent is not necessary in your state.

By signing below, I expressly consent to the above designation of a Primary Beneficiary.

 Name of Spouse (Print)
AFRM014 Rev. 03/21/05

X
 Signature of Spouse _____ Date _____

Print Name of Owner _____

Social Security Number _____

ADDITIONAL PRIMARY BENEFICIARY(IES)

Name _____ Percentage _____

Street Address _____

City _____ State _____ ZIP Code _____

Relationship Beneficiary Social Security # Birth Date

Name _____ Percentage _____

Street Address _____

City _____ State _____ ZIP Code _____

Relationship Beneficiary Social Security # Birth Date

Name _____ Percentage _____

Street Address _____

City _____ State _____ ZIP Code _____

Relationship Beneficiary Social Security # Birth Date

Name _____ Percentage _____

Street Address _____

City _____ State _____ ZIP Code _____

Relationship Beneficiary Social Security # Birth Date

ADDITIONAL CONTINGENT BENEFICIARY(IES)

Name _____ Percentage _____

Street Address _____

City _____ State _____ ZIP Code _____

Relationship Beneficiary Social Security # Birth Date

Name _____ Percentage _____

Street Address _____

City _____ State _____ ZIP Code _____

Relationship Beneficiary Social Security # Birth Date

Name _____ Percentage _____

Street Address _____

City _____ State _____ ZIP Code _____

Relationship Beneficiary Social Security # Birth Date

Name _____ Percentage _____

Street Address _____

City _____ State _____ ZIP Code _____

Relationship Beneficiary Social Security # Birth Date

OWNER SIGNATURE FOR ADDITIONAL BENEFICIARIES

(Note: If additional beneficiaries are listed above the First Investors account owner must sign below & also on the reverse side.)

X

Signature of Owner _____ Date _____