

First Investors Agent's Certification ("FIAC")

For use by Guardians, Conservators, Executors or Administrators



New FIAC Amendment to FIAC dated ____ / ____ / _____. (Complete Sections A, B, C, D **and** either Section E or F on the Reverse)

A. Registered Owner:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Ward, Decedent, or Estate	Account Number	Social Security # or EIN of Estate

Registered Owner is a/an: (Check Appropriate Box)

Ward

Estate

Date of Death of Decedent Social Security # of Decedent

B. Authorized Agent(s):

<input type="text"/>
Name of Agent
<input type="text"/>
Title Held (Guardian, Administrator, Executor)
<input type="text"/>
Residential Street Address
<input type="text"/>
City, State, Zip Code
<input type="text"/>
Social Security # <input type="text"/>
Date of Birth
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien
<input type="text"/>
Document Type and Number <input type="text"/>
Country of Origin

<input type="text"/>
Name of Agent
<input type="text"/>
Title Held (Guardian, Administrator, Executor)
<input type="text"/>
Residential Street Address
<input type="text"/>
City, State, Zip Code
<input type="text"/>
Social Security # <input type="text"/>
Date of Birth
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien
<input type="text"/>
Document Type and Number <input type="text"/>
Country of Origin

C. Appointment Documents:

Attached is: Certified Copy of Letters Testamentary/Administration Court Order of Appointment

Certified Copy of Letters of Guardianship/Conservatorship Affidavit of Small Estate

D. Authorizations:

- A court order is NOT required to invest in any particular securities or to sell, assign, transfer, exchange or redeem mutual funds, variable annuities or other securities accounts ("Account") opened now or in the future on behalf of the Registered Owner named in Section A.
 A court order is required to engage in any of the foregoing. If this box is checked, stop here and call Client Relations for further instructions at 1(800)423-4026.
- Any one Authorized Agent acting alone and without consent of any other Authorized Agent is authorized to open accounts, purchase, sell, assign, transfer, redeem, exchange, execute written and verbal instructions regarding all mutual funds, variable annuities or other securities accounts ("Account") opened now or in the future on behalf of the Registered Owner named in Section A. Any one of the Authorized Agent(s) may independently execute any transaction on behalf of the Registered Owner including authorizing account privileges such as draft check redemptions or Electronic Fund Transfers.
- Telephone Privileges: Unless indicated below we authorize you to accept telephone exchange and redemption instructions, as permitted by the Fund prospectuses, from the Authorized Agent on behalf of the registered owner for any First Investors mutual fund accounts providing First Investors believes that the telephone instructions are genuine using the standard verification procedures such as: (1) obtaining the account number, name, and social security number for the account, (2) verifying that he/she is a named Authorized Agent, (3) recording all conversations, and (4) sending written confirmations of each transaction to the Account's address of record.
 The Registered Owner does not want telephone privileges. Accept only written instructions.
- This Authorization is not contrary to the provisions of any legal document or declaration regarding the Registered Owner.
- FIC and its affiliates may, without inquiry, act upon the instruction of any person(s) purporting to be an Authorized Agent as named in the First Investors Agent's Certification last received by FIC, until authorized written notice modifying or revoking the authority granted herein is received.
- The Agent(s) hereby acknowledge that FIC and its affiliates, as well as its directors, officers, employees, agents, managers and representatives do not have responsibility for: reviewing such document to determine whether it is valid under state or federal law or accomplishes the purpose for which it is intended; interpreting any provisions of such document; or administering any provisions contained in such document. The Agent(s) hereby acknowledge that FIC and its affiliates, as well as its and their directors, officers, employees, agents, managers and representatives, are not liable for any damages, claims, or causes of actions resulting from their reliance on the documentation provided or authorization given by the completion of this Certification.

Complete Reverse Side

For Home Office Use Only.

Name of Individual

Social Security Number

Complete ONE of the Following Certifications

E. Guardian/Conservator Certification:

I/We are the Agent(s) named above, hereby certify(ies) that: there are no other agents for the Registered Owner; each Agent is now legally holding the title indicated; the attached documentation provided is a true and correct copy of my/our legal appointment; the documentation has not been modified, amended, rescinded or otherwise changed; and I(we) have full authority to complete this FIAC, and enter into investment transactions on behalf of the Registered Owner. Pursuant to the powers and duties conferred upon the Guardian(s)/Conservator(s), each Agent named in Section B hereby authorizes and directs First Investors Federal Savings Bank ("FIFSB"), First Investors Life Insurance Company ("FIL"), each of the First Investors Funds ("FI Funds"), Administrative Data Management Corp. ("ADM"), First Investors Corporation ("FIC") and their affiliates (collectively, "First Investors") to accept instructions from any one of the Authorized Agent(s) for all First Investors accounts owned now or in the future by the Registered Owner in Section A. Any and all actions taken by any one of the Agent(s), in all respects, is ratified and confirmed as authorized acts of each of the Guardian(s)/Conservator(s). I/We hereby certify that First Investors may rely on this document until First Investors receives written notice that any or all of the undersigned have ceased to act as an Agent by reason of resignation, death or removal by the court. Written notice shall be sent promptly to First Investors, at its office at PO Box 7837, Edison, New Jersey 08818-7837.

Name of Guardian/Conservator (print)

Sworn to before me this ____ day of _____, _____.

X_____
Signature of Guardian/Conservator* Date

X_____
Notary Public, Signature, Stamp, Seal & Expiration Date

Name of Guardian/Conservator (print)

Sworn to before me this ____ day of _____, _____.

X_____
Signature of Guardian/Conservator* Date

X_____
Notary Public, Signature, Stamp, Seal & Expiration Date

*Note: If more than one Guardian/Conservator is named, each signature must be separately notarized.

F. Executor(s)/Administrator(s) Certification:

I/We are the Agent(s) named above, hereby certify(ies) that: there are no other agents for the Registered Owner; each Agent is now legally holding the title indicated; the attached documentation provided is a true and correct copy of my/our legal appointment; the documentation has not been modified, amended, rescinded or otherwise changed; and I(we) have full authority to complete this FIAC, and enter into investment transactions on behalf of the Registered Owner. Pursuant to the powers and duties conferred upon the Executor(s)/Administrator(s), each Authorized Agent named in Section B hereby authorizes and directs First Investors Federal Savings Bank ("FIFSB"), First Investors Life Insurance Company ("FIL"), each of the First Investors Funds ("FI Funds"), Administrative Data Management Corp. ("ADM"), First Investors Corporation ("FIC") and their affiliates (collectively, "First Investors") to accept instructions from any one of the Authorized Agent(s) for all First Investors accounts owned now or in the future by the Registered Owner in Section A. Any and all actions taken by any one of the Agent(s), in all respects, is ratified and confirmed as authorized acts of each of the Executor(s)/Administrator(s). I/We hereby certify that First Investors may rely on this document until First Investors receives written notice that any or all of the undersigned have ceased to act as an Agent by reason of resignation, death or removal by the court. Written notice shall be sent promptly to First Investors, at its office at PO Box 7837, Edison, New Jersey 08818-7837.

Name of Executor/Administrator (print)

Sworn to before me this ____ day of _____, _____.

X_____
Signature of Executor/Administrator* Date

X_____
Notary Public, Signature, Stamp, Seal & Expiration Date

Name of Executor/Administrator (print)

Sworn to before me this ____ day of _____, _____.

X_____
Signature of Executor/Administrator* Date

X_____
Notary Public, Signature, Stamp, Seal & Expiration Date

*Note: If more than one Executor/Administrator is named, each signature must be separately notarized.