



INDIVIDUAL(K) ACCOUNT APPLICATION

Use this application only after you have completed the Ascensus Standardized Adoption Agreement and Record Keeping Agreement

Mail this completed application and any additional forms with a check made payable to Pacific Funds:

First Class Mail:
Pacific Funds
P.O. Box 9768
Providence, RI 02940-9768

Overnight Mail:
Pacific Funds
Attn: Work Management
4400 Computer Drive
Westborough, MA 01581

Phone: (800) 722-2333, Option 2
Fax: 508-599-1885
Website: www.PacificFunds.com

1. Account Registration

A. Plan Sponsor Information

Employer Name		Employer Tax ID Number (TIN)	
Plan Name		Plan TIN (if different from above)	
Plan Mailing Address	City	State	Zip

B. Participant Information

Participant Name – First, Middle, Last		Social Security Number	
Residential Address	City	State	Zip
Date of Birth (mm/dd/yy)	Country of Citizenship	Daytime Telephone Number	

C. Plan Trustee Information

Complete only if Plan trustee is different from the Participant.

Trustee Name		Trustee SSN or TIN	
Residential Address	City	State	Zip
Date of Birth (mm/dd/yy)	Country of Citizenship	Daytime Telephone Number	

2. Registered Representative(s)

Provide ALL information requested below.

Representative Name		Representative Number	
Broker/Dealer Name		Office / Branch Number	
Branch Address	City	State	Zip
Telephone Number			

3. How to Fund Your Account

Provide the investment amount and select an option below:

- By Check** (included) – Starter checks are not accepted. Refer to the prospectus for other acceptable forms of payment.
- One-Time Electronic Funds Transfer** – Complete Section 10 to setup automated investments.
- Transfer of Assets/Rollover** – Check will be sent directly to Pacific Funds.

4. Fund Selection

Requests to purchase Class C shares must be less than \$1,000,000. Starter checks are not accepted. Refer to the prospectus for other acceptable forms of payment. The percentages provided below will apply to subsequent investments.

Fund Name	Class / Fund #		Percentage	or	Amount
	Class A	Class C			
Equity					
Pacific Funds Large-Cap	<input type="checkbox"/> 116	<input type="checkbox"/> 316	_____ %		\$ _____
Pacific Funds Large-Cap Value	<input type="checkbox"/> 118	<input type="checkbox"/> 318	_____ %		\$ _____
Pacific Funds Small/Mid-Cap	<input type="checkbox"/> 133	<input type="checkbox"/> 333	_____ %		\$ _____
Pacific Funds Small-Cap	<input type="checkbox"/> 134	<input type="checkbox"/> 334	_____ %		\$ _____
Pacific Funds Small-Cap Value	<input type="checkbox"/> 138	<input type="checkbox"/> 338	_____ %		\$ _____
Pacific Funds Small-Cap Growth	<input type="checkbox"/> 139	<input type="checkbox"/> 339	_____ %		\$ _____
Asset Allocation					
Pacific Funds Portfolio Optimization Conservative	<input type="checkbox"/> 141	<input type="checkbox"/> 341	_____ %		\$ _____
Pacific Funds Portfolio Optimization Moderate-Conservative	<input type="checkbox"/> 142	<input type="checkbox"/> 342	_____ %		\$ _____
Pacific Funds Portfolio Optimization Moderate	<input type="checkbox"/> 143	<input type="checkbox"/> 343	_____ %		\$ _____
Pacific Funds Portfolio Optimization Growth	<input type="checkbox"/> 144	<input type="checkbox"/> 344	_____ %		\$ _____
Pacific Funds Portfolio Optimization Aggressive-Growth	<input type="checkbox"/> 145	<input type="checkbox"/> 345	_____ %		\$ _____
Fixed Income					
Pacific Funds Short Duration Income	<input type="checkbox"/> 113	<input type="checkbox"/> 313	_____ %		\$ _____
Pacific Funds Core Income	<input type="checkbox"/> 106	<input type="checkbox"/> 306	_____ %		\$ _____
Pacific Funds Strategic Income	<input type="checkbox"/> 114	<input type="checkbox"/> 314	_____ %		\$ _____
Pacific Funds Floating Rate Income	<input type="checkbox"/> 110	<input type="checkbox"/> 310	_____ %		\$ _____
Pacific Funds High Income	<input type="checkbox"/> 112	<input type="checkbox"/> 312	_____ %		\$ _____
		TOTAL	_____ %		\$ _____
			Must total 100%		

5. Dividend / Capital Gain Distribution Options

All dividend and capital gain distributions will be reinvested in shares of the fund from which they are received, unless you instruct otherwise below. Each fund must maintain a minimum balance of \$1,000 to direct distributions into another fund.

Select one for each option:

Dividends: Reinvest Direct to another fund : _____

Capital Gains: Reinvest Direct to another fund : _____

6. Duplicate Statements

Complete to request duplicate statements sent to third party listed below in addition to the shareholder and registered representative:

Name – First, Middle, Last

Mailing Address

City

State

Zip

7. NAV Authorization (Qualifying Individuals only) (Class A shares only)

Qualifying individuals may establish a Pacific Funds account at net asset value (NAV). By completing this section, I certify that I qualify for Class A shares at NAV under the terms of the current prospectus. I agree that this and future investments I make at NAV, are solely for my investment purposes. I also certify that the information provided below is accurate and agree to inform Pacific Funds should my association as indicated terminate.

Please check the box that applies and complete the lines below:

- I am an officer, director, trustee, or employee of Pacific Funds, Pacific Life or Pacific Life affiliates.
- I am a registered representative and/or employee of a broker/dealer with a current distribution or selling agreement with Pacific Funds
- I am an immediate family member of one of the above.

Employee's or Representative's Name

Pacific Life Department or BD Name

Relationship to Employee or Representative

8. Reduced Sales Charge (Class A shares only)

The initial sales charge of Class A shares can be reduced by combining multiple purchases to take advantage of breakpoints in the sales charge schedule. Review the prospectus for additional details.

RIGHTS OF ACCUMULATION (ROA):

ROA allows you and immediate family members (parents, spouse or other as recognized by state law, siblings, children, dependents and in-laws) to combine class A, B, or C shares in other Pacific Funds accounts for a reduction in sales charges on purchases in a class A share fund under the provisions in the current Pacific Funds prospectus.

Select this box if you and/or your immediate family members currently own other Pacific Funds accounts or submitted an application(s) in addition to this form. Provide account numbers or Social Security numbers below. If you and/or your immediate family members own Pacific Funds in an account through a financial intermediary, you must submit either the most recent account statement or a letter of instruction from your registered representative providing the amount of Pacific Funds assets held each time a purchase is made.

SSN or Pacific Funds Account Number

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LETTER OF INTENT (LOI):

You and your immediate family members may be eligible for reduced sales charges on purchases in class A share funds if you intend to make future purchases totaling \$50,000 (\$100,000 for the Fixed Income & Equity funds) or more within 13 months by entering into a Letter of Intent Agreement. By selecting an amount below, you agree to the terms and conditions of the LOI stated in the prospectus (including the escrow of shares).

Select One: \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

Notes: Existing Pacific Funds account(s) invested in Class A, B, or C shares that are provided for purposes of a LOI, the value on the day this request is received in good order will credit towards fulfilling the LOI on the new account. Previous purchases on existing accounts will not receive a breakpoint adjustment. Withdrawals will reduce the amount credited towards the LOI. Accounts held by a broker/dealer cannot be linked for LOI purposes. List accounts owned by you and your immediate family members above. The \$1,000,000 breakpoint will only apply to accounts invested in an asset allocation fund.

9. Electronic Information Consent

Pacific Funds Electronic Consent

By providing my e-mail address, I consent to receive documents and notices applicable to my account, including but not limited to prospectuses, prospectus supplements, annual and semi-annual reports, quarterly statements and immediate confirmations, proxy solicitation, privacy notice and other Pacific Funds notices, and documentation in electronic format when available instead of receiving paper copies of these documents by U.S. mail. Not all account documentation and notifications may be currently available in electronic format. I consent to receive in electronic format any documents added in the future. For jointly owned accounts, both shareholders are consenting to receive information electronically. I confirm that I have ready access to a computer with Internet access, an active e-mail account to receive this information electronically, and the ability to read and retain it.

I understand that:

- There is no charge for electronic delivery, although my Internet provider may charge for Internet access.
- I must provide a current e-mail address and notify Pacific Funds promptly when my e-mail addresses changes.
- I must update any e-mail filters that may prevent me from receiving e-mail notifications from Pacific Funds.
- I may request a paper copy of the information at any time for no charge, even though I consented to electronic delivery, or if I decide to revoke my consent.
- For jointly owned accounts, both shareholders are consenting that the primary shareholder will receive information electronically. (Only the primary shareholder will receive e-mail notices.)
- Electronic delivery will be cancelled if e-mails are returned undeliverable.
- This consent will remain in effect until I revoke it.

Pacific Funds is not required to deliver this information electronically and may discontinue electronic delivery in whole or in part at any time. Please call (800) 722-2333, Option 2, if you would like to revoke your consent, wish to receive a paper copy of the information above, or need to update your e-mail address.



E-mail address: _____

10. Telephone Exchange Authorization

You and your registered representative automatically have the right to make exchanges by telephone, unless you elect otherwise.

I do not elect the telephone exchange privilege on my account.

11. Automated Investment Authorization

Complete the section to make automated investments (one-time or recurring) directly from your bank account.

One-Time Investment through Electronic Funds Transfer: By selecting this option, you are authorizing Pacific Funds to request a one-time debit of the requested amount directly from the bank instructions provided in Section 13. If more than one fund was selected in Section 4, the amount requested will be allocated accordingly. Requests in good order will usually be completed within three business days after Pacific Funds receives this application.

Investment Amount: \$ _____

Pre-Authorized Investment Plan: By selecting this option, you are authorizing Pacific Funds to withdraw funds from the bank instructions in Section 13 on a re-occurring basis for the amount requested below. Please allow 2 business days for initial setup. The first draft will be processed 30 days from the day all requirements are received in good order if a start date is not provided. The allocations will be proportional to your fund selections in Section 4 if no fund information is provided. Complete the section below.

Fund Name or Number	Dollar Amount (must meet \$50 minimum per fund)	Frequency (default is monthly)	Start Date (mo/day/yr)
_____	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually	_____
_____	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually	_____

12. Dollar Cost Averaging (DCA) (Optional)

You can establish systematic exchanges between funds. All funds must maintain minimum balances of \$1,000 and each exchange must be for at least \$50 or more. Exchanges are allowed only within the same account. Dollar cost averaging does not allow cross-class exchanges. The first systematic exchange will be processed 30 days from the day all requirements are received in good order if a start date is not provided.

From Fund	To Fund	Dollar Amount or %	Frequency (default is monthly)	Start Date (mo/day/yr)
_____	_____	\$ _____ or _____ %	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually	_____
_____	_____	\$ _____ or _____ %	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually	_____

13. Financial Institution Information (Optional)

Add financial institution information to receive distributions to a bank account or to make purchases over the telephone. Refer to the prospectus for Add financial institution information to receive distributions to a bank account or to make purchases over the telephone. Refer to the prospectus for more information. Activation of bank information typically takes 20 calendar days. Pre-printed voided check or deposit slip is required. **An original signature is required if the account information is being provided for the first time.** Third party bank information will not be accepted.

Tape copy of pre-printed voided check or deposit slip

Your Name
1234 Address Rd
City, ST 56789

123
12 - 34
567

Pay To
The Order of _____ \$ _____

_____ Dollars

FINANCIAL INSTITUTION
1234 Anywhere Lane
City, ST 56789

For _____

1: 123456789 1: 123 7891234567

↑ ABA Routing Number ↑ Account Number

14. Householding

By signing this application, you consent to Pacific Funds mailing one copy of shareholder documents including prospectuses, supplements, announcements, and annual and semi-annual reports, to multiple shareholders who share the same household address. This service, known as "householding", reduces environmental waste, the volume of mail you receive from Pacific Funds, and provides cost benefits to shareholders through reduced printing and mailing expenses. If you do not wish to participate in this service and prefer to receive your own shareholder documents, please check the box below.

I elect not to participate in householding.

15. Terms, Conditions and Signature(s)

As the Trustee of this Individual(k) Plan (the "Plan"), I certify and acknowledge that:

- A. The Plan is intended to be a 401(a) qualified plan, and I will maintain the qualified status of the Plan in the future by adhering to any applicable conditions required. The Plan, by being "qualified" under Internal Revenue Code Section 401(a), provides for tax-deferred retirement accumulation.
- B. Pacific Funds is not responsible for the selection or supervision of any service providers that the Plan has engaged or may engage from time to time (e.g., Investment Managers, Investment Advisors, Third-Party Administrators, or Consultants). I understand that the Plan is responsible for maintaining a relationship with a service provider or otherwise fulfilling any service or administrative responsibilities of the Plan, including tax reporting, and that Pacific Funds is not responsible for and will not act in the capacity of service provider or plan administrator. In the event an agent of Pacific Funds is also a service provider to the Plan or undertakes a fiduciary role with respect to the Plan, I understand that such agent is not acting on behalf of Pacific Funds or its affiliates when providing those services or when acting in a fiduciary capacity. I further understand that any compensation for such services is the responsibility of the Plan.
- C. There may be fees associated with taking withdrawals, including participant loans made by the Plan, from the Pacific Funds investments that I have selected for the Plan. These fees may include a contingent deferred sales charge or other administrative charges, and would be in addition to the fees assessed by the third-party plan administrator.
- D. I have received materials describing the actual or estimated charges, fees, discounts, penalties, or adjustments that may be applied in connection with Pacific Funds, including the current prospectus, and have distributed the current prospectus to the participant of the Plan. I understand that I am responsible for providing all subsequent materials to the participant of the Plan, including prospectuses, prospectus supplements, transaction confirmations, quarterly statements, and other documents.
- E. Pacific Funds may provide or verify account information necessary to support the account to Ascensus, the record keeper of this Plan.
- F. Pacific Funds will not be providing legal, investment, or tax advice to the Plan, and I agree to obtain from third-parties such legal, investment, and tax advice as the Plan may require.
- G. I am authorized to sign on behalf of the Plan sponsor. Federal law requires all financial institutions to obtain the name, residential address, date of birth, Social Security or taxpayer identification number, and any other information necessary to sufficiently verify the identity of each customer, and I understand that failure to provide this information could result in unopened accounts, delayed or unprocessed transactions, or account closures.

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number; and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. person (including a U.S. resident alien); and (4) I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. NOTE: The IRS does not require my consent to any provision on this application other than the certification required to avoid backup withholding

Unclaimed Property Notice

Please be aware, that under various state laws, the assets in your account may escheat to or transfer to the state if no activity occurs on this account for more than the time period specified by state law.

**SIGN
HERE** 

Trustee's Signature _____

Title (if applicable) _____

Date _____

Distributor: **Pacific Select Distributors, LLC** (member FINRA & SPIC) a subsidiary of Pacific Life Insurance Company.

Shares of Pacific Funds are offered by the distributor. The distributor is not a bank, and shares of the Fund are not deposits or obligations of, or guaranteed or endorsed by any bank, nor are they federally insured or otherwise supported by the FDIC, the Federal Reserve Board or any other agency.

The distributor has instituted a Client Identification Program in its obligations under the U.S.A. Patriot Act (Act). This important federal regulation is designed to prevent, deter, and, where necessary, prosecute those who seek to manipulate the U.S. financial system. Consistent with the Act, the provisions of the distributor's Client Identification Program serve to reinforce key elements of a broker/dealer's responsibility of becoming familiar with its clients. The distributor may therefore ask you to provide identification documents or other information.

Should you ever have a complaint regarding your account, contact us at the following address:

Pacific Select Distributors, LLC
Attn: Compliance Department
700 Newport Center Drive
Newport Beach, CA 92660
Telephone: 800-800-7681