



CONTACT INFORMATION

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
Web Site: www.PacificFunds.com

Complete this form to request a one-time investment change on your Pacific Funds account. This form should not be used for changes to an automatic investment program or systematic dollar cost averaging program. For questions regarding this form, call (800) 722-2333, Option 2. **Retail Accounts Only:** If applicable, the cost basis method on the "From Fund" will automatically carry over to the "To Fund". Also note, If applicable, Pacific Funds will report cost basis on covered shares exchanged from the "From Fund" in your account. To change the method on your account, please complete the Cost Basis Election/Change Request **along** with this form. Consult a tax advisor for more information.

1. Account Information

Shareholder Name

Account Number

Joint Shareholder Name (if applicable)

2. Reallocation Change Request

Exchanges changes between different share classes are not allowed. New allocations indicated below will be set for future investments with the exception of an automatic investment program (box must be selected below). **Exchange Limitations:** No more than 2 exchanges per calendar month and 12 exchanges per calendar year are allowed out of any of the Fixed Income funds.

Check this box to move your automatic investment program to the allocations indicated below. **If the box is not selected, the automatic investment program will remain on the current fund.**

A. Total Account Reallocation

The total of the current account value will be reallocated to the funds indicated below. Total must equal 100%. Note: The allocations will also be set for future investments, with the exception of an automatic investment program.

<u>To Fund</u>	<u>Percentage</u>
_____	%
_____	%

B. Partial Account Reallocation

To reallocate part of the current balance, indicate the percentage of the fund value to be exchanged.

<u>From Fund</u>	<u>To Fund</u>	<u>Percentage</u>
_____	_____	%
_____	_____	%

3. Authorization and Signature

By signing this form, I acknowledge receiving and reading the current prospectus for each fund that I have designated for investment. I authorize the change in my investment indicated above. I understand that all future deposits will be invested based on the new allocations. I agree that Pacific Funds, the fund(s) and their officers, directors, agents and employees will not be liable for any loss, liability, damage, or expense for relaying upon any instruction believed to be genuine.

If you are not signing as an individual, state your title or capacity. Each person signing on behalf of an entity represents that their actions are authorized.

SIGN HERE _____
Shareholder's/Participant's/Authorized Signer's Signature

_____ Date

SIGN HERE _____
Joint Shareholder's/Authorized Signer's Signature

_____ Date