

**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**Website:** www.PacificFunds.com

Use this form to re-register your non-retirement account or to transfer shares to another account registered with Pacific Funds. Additional documentation may be required for certain registration changes and a new account number may be issued and the current account may be closed. Re-registering your non-retirement account may be a taxable event. Consult with a tax advisor or legal representative for additional information. Please contact your Registered Representative or call Pacific Funds at 800-722-2333, option 2 if you have questions regarding our requirements. **DO NOT** use this form to re-register your Education Savings Account or any other type of retirement account. All shareholders and authorized signers must sign this form. Registered representative information on the existing account will carry over to the new account.

**1. Account Information**

\_\_\_\_\_  
 Current Shareholder Name

\_\_\_\_\_  
 Account Number

\_\_\_\_\_  
 Current Joint Shareholder Name (if applicable)

**2. Transfer Instructions**

The allocations on a new account will remain the same as the existing account above. The transfer will be processed into the same fund as the existing account.

**Select a transfer amount:**

All Shares      or       Partial (select one): \$ \_\_\_\_\_ or # of Shares \_\_\_\_\_

**Is the transfer a gift:**

No

or

Yes    If yes, select this box if you, the recipient of the gift, accepts the fair market value of the transfer:

**3. Add/Remove a Shareholder**

Complete this section to add a new joint shareholder to an individual or existing joint owned account or to remove an existing shareholder from a currently registered joint owned account. The new shareholder will be listed as the secondary owner if re-registering as a joint account.

**A. Select One:**

Remove the existing shareholder listed below

Add the shareholder below to the existing account. The account will be registered as "Joint Tenants with Rights of Survivorship" unless otherwise noted:

Joint Tenants with Rights of Survivorship

Tenants by Entirety

Tenants in Common

Community Property

**B. New Shareholder Information or Shareholder being Removed**

\_\_\_\_\_  
 Shareholder Name

\_\_\_\_\_  
 Residential Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip

\_\_\_\_\_  
 Social Security Number

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Daytime Telephone Number

#### 4. Re-Register to a Transfer on Death

Complete this section to re-register an **individual or joint owned account** to a Transfer on Death (TOD) registration. Transfer on death (TOD) beneficiaries can be listed for an **individual or joint owned account only**. Each beneficiary listed is entitled to equal shares of the account. Different allocations among the beneficiaries cannot be accommodated. For additional beneficiaries, attach a separate signed sheet providing all requested information. TOD registrations are subject to state rules. Residents of Texas and Louisiana cannot open a TOD registration.

Beneficiary Name

Social Security Number

Beneficiary Name

Social Security Number

Beneficiary Name

Social Security Number

#### 5. Re-Register to an Entity

Complete this section to re-register a non-retirement account to an Entity as the owner. **NOTE: ORIGINAL MEDALLION SIGNATURE GUARANTEE STAMP REQUIRED (fax is not acceptable).**

##### A. Account Type (Select One)

- Trust – attach the Trust Certification Form with an original notary signed by all trustees  
 Corporation – attach a copy of the Corporation Resolution with an original certification dated within 60 days  
 Partnership – attach a copy of the Partnership Agreement with an original certification dated within 60 days

##### B. Entity Name

Name of Trust, Corporation, or Partnership

Residential Address

City

State

Zip

Mailing Address

City

State

Zip

Tax ID Number

Trust Date

Daytime Telephone Number

##### C. Trustee/Authorized Signer

Name – First, Middle, Last

Residential Address

City

State

Zip

Social Security Number

Date of Birth

Daytime Telephone Number

##### D. 2<sup>nd</sup> Trustee/Authorized Signer

Name – First, Middle, Last

Residential Address

City

State

Zip

Social Security Number

Date of Birth

Daytime Telephone Number

## 6. Re-Register UTMA/UGMA

Complete this section to re-register an UTMA or UGMA account to an individual owned account in the name of the former minor. By completing this section and signing this form, you are certifying the minor has reached the age of majority in the state in which he or she resides. **NOTE: ORIGINAL MEDALLION SIGNATURE GUARANTEE STAMP REQUIRED (fax is not acceptable).**

### A. Current Custodian Name

Name \_\_\_\_\_

Residential Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ ( ) \_\_\_\_\_  
Daytime Telephone Number \_\_\_\_\_

### B. Former Minor Name

Former Minor's Name \_\_\_\_\_

Residential Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ ( ) \_\_\_\_\_  
Daytime Telephone Number \_\_\_\_\_

Select this box if you, as the former minor, request to fully redeem the assets and send a check in your name to the mailing address above.

## 7. Optional Features

Optional features on your account will not automatically carry over to the new account. Please complete the Account Maintenance form to request optional features such as a Dollar Cost Averaging or Systematic Investment program on your account.

### A. Telephone Exchange and Redemption

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

I do not elect the telephone exchange privilege.

I do not elect the telephone redemption privilege.

### B. Reduced Sales Charges (Class A Shares Only)

You have the option to carry over Rights of Accumulation (ROA) and Letter of Intent (LOI) to the new account if these privileges are on the existing account. You certify that this new account qualifies for ROA and / or LOI as stated in the Pacific Funds prospectus. Please select the appropriate box below.

I elect to carry over Rights of Accumulation from my existing account to my new account

I elect to carry over Letter of Intent from my existing account to my new account.

### C. Sales Charges Waiver (Class A Shares Only)

Select the box below to carry over Net Asset Value (NAV) privileges on the new account. Refer to the prospectus for more information.

I elect to carry over NAV privileges on my new account. I certify that as the new shareholder, I qualify for NAV.

### D. Automatic Investment Program

Select the box below to carry over the Automatic Investment Program to the new account. The Pacific Funds account owner must be authorized to act on behalf of the bank account being used for the draft. **Note:** The existing program must be for at least \$50 per fund or the program will be terminated.

I elect to carry over the automatic investment program to my new account. I certify that I am authorized to act on behalf of the existing bank information on the account

### E. Cost Basis Election

Select to carry over the Cost Basis Method to the new account. To change the election submit the Cost Basis Election Form along with this request.

I elect to carry over my cost basis election to the new account.

## 8. Authorization, Certification, and Signature

By signing this form, I acknowledge that I have received and read the application and the current Pacific Funds prospectus. I agree to all their terms and I authorize the instructions in this application. I hold harmless and indemnify Pacific Funds and/or its administrator or sub-administrator; any of its affiliates; and each of their respective directors, trustees, officers, employees, and agents from any losses, expenses, costs, or liability (including attorney fees) that may be incurred in connection with these instructions or the exercise of the telephone purchase, exchange and/or redemption privileges. I understand that exchanges between the funds may be taxable transactions. I certify that all of the information I have provided in this application is true, complete, and correct. I warrant that I have full authority and, if a natural person, I am of legal age to purchase shares pursuant to this account application. I acknowledge that the cost basis election will automatically carry over to any new account established unless I elect otherwise by completing the Cost Basis Election / Change Request form.

I understand that federal law requires all financial institutions to obtain the name, residential address, date of birth, and Social Security or taxpayer identification number, and any other information necessary to sufficiently verify the identity of each customer. I understand that failure to provide this information could result in unopened accounts, delayed or unprocessed transactions, or account closures. If you fail to provide the requested information and/or if any of the information cannot be confirmed, Pacific Funds reserves the right to redeem the account.

*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 specified time period specified by state law.

For entity and non-custodial qualified plan accounts, a certified list of authorized persons and their signatures is required. For corporations or partnerships: I hereby certify that each of the persons listed below has been duly elected, and is now legally holding the office set forth opposite his/her name and has the authority to make this authorization.

SIGN  
HERE

\_\_\_\_\_  
Primary Shareholder's/Trustee's/Authorized Signer

\_\_\_\_\_  
Title or Capacity

\_\_\_\_\_  
Date

SIGN  
HERE

\_\_\_\_\_  
Joint Shareholder's / Trustee's/Authorized Signer

\_\_\_\_\_  
Title or Capacity

\_\_\_\_\_  
Date

SIGN  
HERE

\_\_\_\_\_  
Trustee's / Authorized Signer

\_\_\_\_\_  
Title or Capacity

\_\_\_\_\_  
Date

### Medallion Signature Guarantee:

Medallion Signature Guarantee Stamp and Signature: An eligible guarantor is a domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchanges Medallion Program (SEMP), and the Medallion Signature Program (MSP). A notarization from a notary public is NOT acceptable substitute for a signature guarantee.

Distributor: **Pacific Select Distributors, Inc.** (member FINRA) 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/dealers 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, Inc.  
Attn: Compliance Department  
700 Newport Center Drive  
Newport Beach, CA 92660  
Telephone: 800-800-7681