



RETAIL ACCOUNT APPLICATION

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. Type of Account

Select One: Some types of accounts require additional information which has been noted.

- Individual
 Joint Owned (complete 2A & 2B)
 Trust¹
 UGMA / UTMA
 Partnership^{2 & 7}
 Guardianship³
 Non-Custodial Retirement Plan⁴
 Transfer on Death⁵
 C-Corporation^{6 & 7}
 S-Corporation^{6 & 7}
 Other Entity (Foundation, Charity, Insurance Company)^{6 & 7}: _____

¹Notarized Trust Certification Form

²Certified Partnership Agreement

³Court Certified Appointment Document

⁴Retirement Plan Disclosure

⁵Transfer on Death Registration Form

⁶Certified Corporate Resolution

⁷Customer Due Diligence Form

2. Account Registration

A. Shareholder / Minor / Entity Information

Shareholder information below includes individual owner, primary joint owner, minor of an UGMA/UTMA or guardianship account, and Entity such as Trust or Retirement Plan.

Shareholder Name – First, Middle, Last / Entity Name

Social Security Number / TIN

Date of Birth (MM/DD/YY)

Country of Citizenship

Daytime Telephone Number

Residential Address

City

State

Zip

Mailing Address

City

State

Zip

B. Joint Shareholder / Custodian Information

Account will be established as a Joint Tenants with Rights of Survivorship unless otherwise elected: Tenants by Entirety Tenants in Common

Shareholder Name – First, Middle, Last

Social Security Number

Date of Birth (MM/DD/YY)

Country of Citizenship

Daytime Telephone Number

Residential Address (if different from above)

City

State

Zip

C. Transfer on Death

Transfer on death (TOD) beneficiaries can be listed for an **individual or joint owned account only**. To designate a Transfer on Death beneficiary, complete and attach a *Pacific Funds Transfer on Death Registration Form*. If my state of residence has not adopted the uniform TOD Act, I understand that this account will be established under the Delaware TOD Act.

D. Non-Custodial Retirement Plan Participant

Name

Social Security Number

E. Authorized Individual, Guardian, and Trustee Information

List all individuals who will have authority to open and/or transact business for this account on behalf of the person or legal entity whose name will be registered. This section applies to the following accounts: Non-Custodial Retirement Plan, Trust Account, Partnership, Guardianships, and Corporation. If more than one authorized individual, attach supporting documentation.

Name – First, Middle, Last

Residential Address

City

State

Zip

Social Security Number

Date of Birth

Daytime Telephone Number

3. Registered Representative(s)

Representative Name _____

Representative Number _____

Broker/Dealer Name _____

Office / Branch Number _____

Telephone Number _____

Branch Address _____

City _____

State _____

Zip _____

4. How to Fund Your Account

Provide the investment amount or expected transfer 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 13 to setup automated investments.
- Transfer of Assets** – The Retail Account Transfer of Assets Form is attached

Expected Transfer Amount: \$ _____

5. Fund Selection

The minimum initial investment for each fund is \$1,000 with \$50 subsequent investments. Purchases into Class C shares must be less than \$1,000,000. 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%		

6. 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. Dividends directed to another fund must be for the same share class as the original fund. If option to pay in cash is chosen, complete section 16 to send proceeds electronically to a bank account.

Select one for each option:

Dividends: Reinvest Pay in Cash Direct to another fund : _____

Capital Gains: Reinvest Pay in Cash Direct to another fund : _____

7. 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

8. Cost Basis Election

The cost basis method elected below will apply to when covered shares are redeemed on your account. The cost basis method will also apply to all the funds you hold in your global account unless otherwise instructed. If a cost basis method is not provided, Pacific Funds will apply Average Cost as the default method to each fund in your account. Refer to www.PacificFunds.com for additional cost basis methods available to you. Consult a tax advisor for more information. **This section should not be completed for accounts owned by C-Corporations and Non-Custodial Retirement Plan.**

Revocation: If Average Cost was either elected or defaulted to your account, you may revoke this election prior to the first redemption, transfer, or exchange of any covered shares from the fund in your account. **If a change request is received after the first redemption, transfer, or exchange, shares purchased under the Average Cost method will always have a basis of Average Cost.**

Select One:

Average Cost (default)

First In, First Out

Specific Identification

Other Method _____

9. 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.

Select one box and complete the information 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

10. 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.

11. Telephone Authorization

Telephone Exchanges & Redemptions

You and your registered representative automatically have the right to make exchanges and redemptions by telephone, unless you elect otherwise. Note: Guardianship accounts cannot have telephone redemption unless stated in the Court Appointment Document

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

12. Electronic Information 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: _____

13. Automated Investment Authorization

Complete the section to make automated investments (one-time or recurring) directly from your bank account. Complete Section 16.

- 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 16. If more than one fund was selected in Section 5, 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 16 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 5 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	_____

14. 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	_____

15. Systematic Withdrawal Plan (Optional)

Periodic withdrawals of \$50 or more are available for account(s) with balances of \$5,000 or more. You may request a specific dollar amount, a fixed number of shares (5 share minimum) or a fixed percentage of the current value of the fund. Deferred sales charges may apply to some withdrawals as described in the prospectus. Shares recently purchased may not be available for redemption for 10 calendar days. The first systematic withdrawal will be processed 30 days from the day all requirements are received in good order if a start date is not provided. Distribution will be sent by check to the address of record unless elected otherwise instructed in section 16.

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

Indicate Gross or Net (if no option is selected, the request will be processed as a gross redemption)

- Gross** (applicable charges, taxes, and fees will be deducted from the requested amount)
- Net** (applicable charges, taxes, and fees will be added to the requested amount)

16. 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 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

17. 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.

18. Terms, Conditions and Signature(s)

By signing this application, 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 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) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. 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.

Sign your name below exactly as your account is registered.

	_____	_____	_____
	Shareholder's, Trustee or Authorized Signer's Signature	Title (if applicable)	Date
	_____	_____	_____
	Joint Shareholder's, Trustee or Authorized Signer's Signature	Title (if applicable)	Date

Distributor: **Pacific Select Distributors, LLC** (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.

Pacific Funds refers to Pacific Funds Series Trust.

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