

**CONTACT INFORMATION:**

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

Overnight Delivery:
 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

Complete this form to provide information for each new qualified retirement plan which uses Pacific Funds solely as an investment vehicle. Pacific Funds does not provide administration services.

1. Plan Sponsor Information

_____	_____
Plan Sponsor (e.g. Employer Name)	Account Number
_____	_____
Plan Name	Plan Tax ID Number
_____	_____
Primary Contact	Telephone Number

Select this box if the plan named above does not comply with ERISA. An original notarized copy of the plan document is required.

2. Plan Type

Select one;

- 401(a) (e.g. Defined Benefit, Pension, Profit Sharing, and Money Purchase Plans)
 401(k)
 403(b)
 457(b)
 Keogh/HR10

3. Third Party Administrator

Select one:

- Self Administered (use contact information provided in section 1)
 Third- Party Administrator

_____	_____
Name	Daytime Telephone Number
_____	_____
Mailing Address	City
_____	_____
Contact Person	State
_____	Zip

4. Trustee Information

Complete either A or B.

A. Individual Trustees

All individual trustees **must** sign Section 5.

Check box if trustees cannot act independently.

Trustee Name: _____

Trustee Name: _____

Trustee Name: _____

4. Trustee Information continued

B. Corporation as Trustee

An original certified copy of the Corporate Resolution specifying individuals authorized to act as the corporate trustee is required.




Trust Company or Financial Institution: _____

Contact Person: _____

Title: _____

5. Authorization, Certification, and Signature

- A. I have read the current prospectus which included complete information regarding charges and fees imposed under the account and understand the types and effect of all charges and fees that may be imposed in connection with the purchase, holding, exchange, termination, or sale of the account.
- B. I understand that the distributor of Pacific Funds pays a commission to the broker/dealer with whom my registered representative is associated. The broker/dealer then pays my registered representative according to their contractual agreement. I am aware that I must obtain information regarding commissions paid from the registered representative.
- C. I understand and acknowledge that Pacific Funds does not provide Plan Administrative Services as defined below, either directly or indirectly. Pacific Funds' role is limited to making its funds shares available to investors, including various retirement plans.
- D. I acknowledge that I have applied for the above-referenced mutual fund account for use in a tax-qualified plan and will be self-administering the plan or have hired a third party to assist with the duties necessary for compliance with the requirements under the Internal Revenue Code and/or ERISA, including but not limited to the following "Plan Administrative Services:"
 - i. Preparation and delivery of plan documents, forms, statements, and reports
 - ii. Determination of funding and distribution amounts
 - iii. Other plan administrative services
 - iv. Preparation and delivery of tax reporting documents as required by the Internal Revenue Code and state or local tax authorities.
- E. I understand and acknowledge that Pacific Funds does not accommodate and will not process any loan requests on any qualified plans, and that all provisions in the prospectus will apply in the event of any redemptions from the account.
- F. By providing the information regarding a third party administrator in Section 3 and by signing below, I authorize Pacific Funds to provide information regarding the referenced account to the third party administrator indicated. This authorization may be revoked by written notice in a form satisfactory to Pacific Funds.
- G. I acknowledge as plan trustee that, unless indicated in Section 1, this plan complies with ERISA and is excluded from non-ERISA account opening verification requirements.

_____		_____
Plan Trustee (Print)	Signature/Title	Date
_____		_____
Plan Trustee (Print)	Signature/Title	Date
_____		_____
Plan Trustee (Print)	Signature/Title	Date