



### 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  
**Website:** [www.PacificFunds.com](http://www.PacificFunds.com)

Use this form to certify that a contribution is an eligible rollover contribution.

### RESTRICTION ON INDIRECT (60-DAY) ROLLOVERS

An IRA participant is allowed only one rollover from one IRA to another (or the same IRA) across all IRAs (Traditional, Rollover, Roth, SEP, SARSEP and SIMPLE) in aggregate that a taxpayer owns in any 12-month or 365-day period. As an alternative, a participant can make an unlimited number of trustee-to-trustee transfers where the proceeds are delivered directly to the receiving financial institution, successor custodian or trustee. You must contact the receiving institution to initiate a trustee-to-trustee transfer. For more information please visit the IRS's web site [www.irs.gov](http://www.irs.gov) using the search term "IRA One-Rollover-Per-Year Rule".

### 1. Account Information

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

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

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

### 2. Participant Certification

By signing below, I certify that the following are true and correct:

- The investment is an eligible SIMPLE IRA rollover contribution being rolled over within 60 days.
- The rollover does not include required minimum distribution amounts or corrective distribution amounts.

I understand that this rollover contribution is irrevocable. I agree that I am solely responsible for all tax consequences. I also agree that neither the Custodian nor Pacific Funds shall have responsibility for any such tax consequences or any consequences resulting from this amount being ineligible for rollover. Rules regarding rollovers, and their tax implications, are complex. Please refer to IRS Publication 560 and 590 or a professional tax advisor for more information.

I have read and understand and agree to be legally bound by the terms of this form. I also understand that the Custodian will rely of my certification when accepting my rollover contribution.

**SIGN  
HERE**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date