

**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

Complete this form for trust-owned accounts when establishing a new account, changing ownership to a Trust, or changing Trustees.

1. Trust Information

Title of Trust	Date of Trust
Account Number	Tax Identification Number of Trust

2. Trustee Information (Attach a separate signed sheet providing all requested information if additional Trustees need to be provided)

Trustee Name	Social Security Number	Date of Birth	
Residential Address	City	State	Zip
Trustee Name	Social Security Number	Date of Birth	
Residential Address	City	State	Zip

Check this box if Trustees cannot act independently.

3. Trustee Change Reason**Reason for Removal of Trustee:**

- Death of Trustee – Include the death certificate with this form. Name of Deceased Trustee: _____
- Incapacitation of Trustee – Include a letter from the attending physician with this form. The letter must state the incapacitation of the Trustee and be on the physician's letterhead.
- Resignation of the Trustee. The resigning Trustee must complete and sign the following statement.

I, _____ certify that I am resigning as the Trustee of the name Trust.

 Resigning Trustee's Signature

 Date

 Signature Guarantee of Resigning Trustee

4. Certification and Signature

All Trustees must sign this form. If this form is submitted for a change of Trustee, this form will supersede any previously provided certifications.

By signing below, all Trustees:

- A. Represent that they constitute all the trustees of the trust, that they have read and understand the information of this form, and they all have requisite authority to complete this form and to bind the Trust and all its beneficiaries with respect to all matters relating to the account;
- B. Certify that they have obtained all legal and tax advice (from sources other than Pacific Funds, its employees and agents) necessary to complete this form correctly;
- C. Acknowledge and agree that they, not Pacific Funds, are solely responsible for any consequences of having the account held by the Trust, including by not limited to estate tax consequences;
- D. Agree that they will notify Pacific Funds promptly of any change in circumstances, and
- E. That they, not Pacific Funds, are solely responsible for any tax consequences of this account being owned by a non-natural person.

PACIFIC FUNDS' ACCEPTANCE OF THIS FORM DOES NOT CONSTITUTE ITS CONCLUSION OR ADVICE AS TO THE TAX OR OTHER CONSEQUENCES ARISING FROM THE TRUST OWNING THE ACCOUNT.

SIGN
HERE

Trustee Signature _____
Date

SIGN
HERE

Trustee Signature _____
Date

5. Original Notary Public (Required)

County of _____

(Seal)

This agreement was acknowledged before me on _____

by _____ as Trustee (s) of
(Name of Trustees)

My commission expires: _____

Notary Public Signature: _____