

**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
Website: www.PacificFunds.com

Use this form to authorize a liquidation of proceeds from a non-IRA Certificate of Deposit (CD), mutual fund, or other investment to Pacific Funds. This completed form must be accompanied by the current statement from the residing financial institution and a Pacific Funds application, if applicable. Please contact the releasing financial institution for additional requirements such as a Medallion Signature Guarantee stamp.

1. Account Information

Shareholder Name (as it appears on account statement)

Social Security Number

Daytime Telephone Number

2. Investment Instructions

Complete items A and B. The minimum initial investment of \$1,000 per fund must be met. Note – If proceeds from the transfer do not meet the minimum of \$1,000 per fund, the proceeds will **not** be applied.

A. I am opening a new retail account and have the required Retail Account Application.

Deposit the proceeds into my existing account number: _____

B. Invest as follows:

Fund Name or Number: _____ Dollar: \$ _____ or Percentage: _____ %

Fund Name or Number: _____ Dollar: \$ _____ or Percentage: _____ %

Fund Name or Number: _____ Dollar: \$ _____ or Percentage: _____ %

3. Transfer Instructions

Complete items A and B.

A. Releasing Financial Institution Information

Name of Releasing Financial Institution

Telephone Number

Street Address for Overnight Delivery

City

State

Zip

B. Please attach your most recent statement. Your current custodian may require a Medallion Signature Guarantee to process your transfer or rollover request. Refer to Authorization, Certification, and Signature section for more information. If no options are selected, all assets will be liquidated.

1. Name of Investment _____ Account # _____

Select One: Liquidate Transfer-in-kind

Select One: All Partial \$ _____ or # of shares _____

For Certificates of Deposit: Immediately* At Maturity Date: _____

3. Transfer Instructions continued

2. Name of Investment _____ Account # _____

Select One: Liquidate Transfer-in-kind

Select One: All Partial \$ _____ or # of shares _____

For Certificates of Deposit: Immediately* At Maturity Date: _____

***Note:** If you wish to have certificates of deposit transferred immediately and they have not matured, you may incur a redemption penalty. We cannot accept requests to transfer assets from certificates of deposit more than 60 days before maturity.

4. Delivery Instructions for Releasing Financial Institution

Redeem the account(s) as indicated in Section 3. If applicable, issue a check made payable to:

Pacific Funds FBO _____

Reference # _____

Mail the check and any other instructions to Pacific Funds:

First Class Mail:	Overnight Mail:
Pacific Funds	Pacific Funds
P.O. Box 9768	Attn: Work Management
Providence, RI 02940-9768	4400 Computer Drive
	Westborough, MA 01581

5. Authorization, Certification, and Signature

By signing this form, I acknowledge that I have read and understand this form and the Pacific Funds prospectus. I agree to all their terms and I authorize the instructions on this form. I hold harmless and indemnify Pacific Funds and its agent, 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. I authorize Pacific Funds or its agent to initiate the liquidation and transfer. I understand that it is my responsibility to assure the prompt liquidation and transfer of assets by the releasing financial institution. I understand that there may be tax consequences on this liquidation and transfer that I am solely responsible for such tax consequences, and that Pacific Funds or its agent will not have responsibility for any tax consequences.

If you are not signing as an individual, state your title or capacity. Each person signing on behalf of an entity represents that their actions are authorized.

SIGN HERE _____ Title or Capacity _____ Date _____
 Shareholder / Trustee Signature / Authorized Signer

SIGN HERE _____ Title or Capacity _____ Date _____
 Joint Shareholder / Trustee Signature / Authorized Signer

Medallion Signature Guarantee

Medallion Signature Guarantee Stamp and Signature (if required by your current custodian or transfer agent): 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.