

**CONTACT INFORMATION:**

**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  
**Fax:** (508) 599-1885  
**Website:** www.PacificFunds.com

Complete this form to request a withdrawal from your Pacific Funds retail account. Shares recently purchased may not be available for redemption for up to 15 calendar days following the purchase date to ensure payment has been received. Contingent deferred sales charges (CDSC) may apply as described in the prospectus. **Cost Basis:** If applicable, Pacific Funds will report cost basis on covered shares (generally shares purchased after 1/1/2012 redeemed from your account. To change the method on your account, please complete the Cost Basis Election/Change Request **along** with this redemption form. Consult a tax or financial advisor for information regarding redemptions and taxation. For questions regarding this form, contact (800)722-2333, Option 2.

**1. Account Information**

Shareholder Name _____	Account Number _____
Joint Shareholder Name (if applicable) _____	( ) _____ Daytime Telephone Number

**2. One-Time Redemption Instructions**

Complete this section to request a one-time redemption from your Pacific Funds retail account. Your redemption will be taken proportionately across all the funds in your account if allocations are not provided. Continue to Section 3 to request a Systematic Withdrawal Plan.

**A. Redemption Options: Select one of the following options.**

- Full Account Redemption (fees and charges will be deducted from your proceeds)  
 Partial Account Redemption (provide dollar amount or # of shares below and continue to section 2B and 2C)

**Select One:**     Dollar Amount \_\_\_\_\_ - or -     Number of Shares \_\_\_\_\_

**B. Take my distribution:**     Proportionately across all funds    **or**     All funds in equal %    **or**     As indicated below:

Fund Name or Number	Dollar	or	Shares	or	% from Fund
_____	\$ _____	or	_____	or	% _____
_____	\$ _____	or	_____	or	% _____
_____	\$ _____	or	_____	or	% _____

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

- 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)

**3. Systematic Withdrawal Plan Instructions**

Periodic withdrawals of \$50 or more are available for account(s) with balances of \$5,000 or more. Any amount eligible for a CDSC waiver as described in the prospectus will be determined by the frequency of the plan. 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. Your redemption will be taken proportionately across all the funds in your account if allocations are not provided.

Fund Name or Number	Dollar	or	Shares	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	_____

**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)

**4. Payment Instructions**

The redemption can be made payable to the shareholder or third party (Medallion Signature Guarantee required). Select one of the options listed below and provide the requested information. If no box is selected, a check will be made payable to the shareholder and sent to the address of record via first class mail. If overnight mail is selected, an additional cost will be incurred and deducted from your account.

**Check to Address of Record**

Select this box to send your check via overnight mail (must be a street address)

**Check to Third Party** (Medallion Signature Guarantee required)

\_\_\_\_\_  
Name of Third Party

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Purchase into a Pacific Funds Traditional or Roth IRA** - Share class on the IRA must be the same as the Retail Account.

Existing IRA Number: \_\_\_\_\_ Fund Number: \_\_\_\_\_

New IRA: Attach the completed Individual Retirement Account Application

Current Year Traditional / Roth IRA Contribution \$ \_\_\_\_\_

Prior Year Traditional / Roth IRA Contribution \$ \_\_\_\_\_

SEP Employer Contribution \$ \_\_\_\_\_

**Financial Institution Information of Record** (An original signature is required if the account information is being provided for the first time. If EFT instructions are not received in good order, Pacific Funds will process the redemption as a check to the shareholder's address of record (if all other instructions are in good order)). Third Party bank information and/or starter checks are not allowed.

Electronic Funds Transfer

Wire (\$10,000 Minimum)

Tape copy of pre-printed voided check or deposit slip here

**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 2 3 4 5 6 7 8 9 ⑆ 1 2 3 7 8 9 1 2 3 4 5 6 7**

↑ ABA Routing Number

↑ Account Number

**5. Signature(s)**



By signing this form, I acknowledge that I have received and read the application and the current Pacific Funds prospectus. I certify that I am the shareholder(s) of this account and authorize the redemption requested. I certify that the information I have provided with respect to my account is true, complete, and correct. I understand that I am responsible for any tax consequences of this redemption. I agree that Pacific Funds and their officers, directors, agents, and employees will not be liable for any loss, liability, damage or expense relying upon these instructions believed to be genuine.

Medallion Signature Guarantee is required if (note: fax is not acceptable):

- 1) Redemptions sent to an alternate address and/or payee
- 2) The address of record has changed within the past 15 days
- 3) The redemption request is for \$100,000 gross or more

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

 _____ Shareholder/Trustee/Authorized Signer	_____ Title or Capacity	_____ Date
 _____ Joint Shareholder / Trustee/Authorized Signer	_____ Title or Capacity	_____ 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.

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