

**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:** (833) 748-3937**Website:** www.PacificFunds.com

Complete this form to make changes to your Pacific Funds Retail or Individual Retirement Account. For questions regarding this form, call (800)722-2333. Please consult IRS Publication 590 or a tax professional for additional information regarding changes to an Individual Retirement Account.

1. Account Information

Shareholder Name

Account Number

Joint Shareholder Name (if applicable)

2. Change of Address or Telephone Number

Shareholder Name

Daytime Telephone Number

New Mailing Address

City

State

Zip

3. Name Change

Complete this section to change your name on your Pacific Funds account(s). Attach a copy of your marriage license, driver's license, or court documentation. This form must be signed with your previous name and your current name and include your Social Security number below.

SSN: _____

From: _____
First Middle Last Name

To: _____
First Middle Last Name

4. NAV Authorization (Qualifying Individuals only) (Class A shares only)

Qualifying individuals may establish a Pacific Funds account at net asset value (NAV). By completing this section, I certify that I qualify for Class A shares at NAV under the terms of the current prospectus. I agree that this and future investments I make at NAV are solely for my investment purposes. I also certify that the information provided below is accurate and agree to inform Pacific Funds should my association as indicated terminate.

Please check the box that applies and complete the lines below:

- ☐ I am an officer, director, trustee, or employee of Pacific Funds, Pacific Life or Pacific Life affiliates
- ☐ I am a registered representative and/or employee of a broker/dealer with a current distribution or selling agreement with Pacific Funds
- ☐ I am an immediate family member of one of the above

Employee's or Representative's Name

Pacific Life Department or BD Name

Relationship to Employee or Representative

5. Reduction in Sales Charge (Class A shares only)

The initial sales charge of Class A shares can be reduced by combining multiple purchases to take advantage of breakpoints in the sales charge schedule. Review the prospectus for additional details.

RIGHTS OF ACCUMULATION (ROA):

ROA allows you and immediate family members (parents, spouse or other as recognized by state law, siblings, grandparents, children, dependents and in-laws) to combine Class A, B, or C shares in other Pacific Funds accounts for a reduction in sales charges on purchases in a Class A share fund under the provisions in the current Pacific Funds prospectus. **SEP IRA, SIMPLE IRA, and SARSEP IRA Owners ONLY:** Select an option below (note, you cannot combine family members accounts with your SEP, SIMPLE, or SARSEP plan):

I elect to link my SEP/SIMPLE/SARSEP IRA for ROA to: ☐ My Plan Group ☐ My immediate family members

List the account numbers of the other family members or participants in the Plan below.

☐ Select this box if you and/or your immediate family members currently own other Pacific Funds accounts or submitted an application(s) in addition to this form. Provide account numbers or Social Security numbers below. If you and/or your immediate family members own Pacific Funds in an account through a financial intermediary, you must submit either the most recent account statement or a letter of instruction from your registered representative providing the amount of Pacific Funds assets held each time a purchase is made.

SSN or Pacific Funds Account Number

SSN or Pacific Funds Account Number

SSN or Pacific Funds Account Number

LETTER OF INTENT (LOI):

You and your immediate family members may be eligible for reduced sales charges on purchases in Class A share funds if you intend to make future purchases totaling \$50,000 (\$100,000 for the Pacific Funds Fixed Income & Equity funds) or more within 13 months by entering into a Letter of Intent Agreement. By selecting an amount below, you agree to the terms and conditions of the LOI stated in the prospectus (including the escrow of shares).

Select One: ☐ \$50,000 ☐ \$100,000 ☐ \$250,000 ☐ \$500,000 ☐ \$1,000,000

Notes: Existing Pacific Funds account(s) invested in Class A, B, or C shares that are provided for purposes of a LOI, the value on the day this request is received in good order will credit towards fulfilling the LOI on the new account. Previous purchases on existing accounts will not receive a breakpoint adjustment. Accounts held by a broker/dealer cannot be linked for LOI purposes. List accounts owned by you and your immediate family members above. The \$1,000,000 breakpoint will only apply to accounts invested in an Asset Allocation fund.

6. Dividend & Capital Gain Distribution Options

All dividend and capital gain distributions will be reinvested in shares of the fund from which they are received unless you instruct otherwise below. Each fund must maintain a minimum balance of \$1,000 to direct distributions into another fund. Dividends directed to another fund must be for the same share class as the original fund. **For IRAs:** If you are over the age of 59 ½, you may elect to receive distributions in cash. If the option to pay in cash is chosen, complete Section 11 to send proceeds electronically to a bank account. Dividends and capital gains **cannot** be distributed in cash on Coverdell ESAs and Individual(k) Accounts.

Select one for each option:

Dividends: ☐ Reinvest ☐ Pay in Cash ☐ Direct to another fund : _____

Capital Gains: ☐ Reinvest ☐ Pay in Cash ☐ Direct to another fund : _____

7. Electronic Information Consent

By providing my e-mail address, I consent to receive documents and notices applicable to my account, including but not limited to prospectuses, prospectus supplements, annual and semi-annual reports, quarterly statements and immediate confirmations, proxy solicitations, privacy notice and other notices, and documentation in electronic format when available instead of receiving paper copies of these documents by U.S. mail. Not all account documentation and notifications may be currently available in electronic format. I consent to receive in electronic format any documents added in the future. I confirm that I have ready access to a computer with Internet access, an active e-mail account to receive this information electronically, and the ability to read and retain it.

I understand that:

- There is no charge for electronic delivery, although my Internet provider may charge for Internet access.
- I must provide a current e-mail address and notify Pacific Funds promptly when my e-mail addresses changes.
- I must update any e-mail filters that may prevent me from receiving e-mail notifications from Pacific Funds.
- I may request a paper copy of the information at any time for no charge, even though I consented to electronic delivery, or if I decide to revoke my consent.
- For jointly owned accounts, both shareholders are consenting that the primary shareholder will receive information electronically. (Only the primary shareholder will receive e-mail notices.)
- Electronic delivery will be cancelled if e-mails are returned undeliverable.
- This consent will remain in effect until I revoke it.

Pacific Funds is not required to deliver this information electronically and may discontinue electronic delivery in whole or in part at any time. Please call (800) 722-2333, if you would like to revoke your consent, wish to receive a paper copy of the information above, or need to update your e-mail address.



E-mail address: _____

8. Telephone Authorization

You and your registered representative automatically have the right to make exchanges and redemptions by telephone unless you elect otherwise. **Redemptions via telephone are not allowed on the following accounts: SIMPLE IRAs, Coverdell ESAs, 403(b)s, Individual(k)s, Minor IRAs, SAR-SEPs and Guardianship accounts.** Select one option below to change the telephone exchange and/or redemption election on your account(s).

A. Telephone Exchanges

- ☐ I do elect the telephone **exchange** privilege on my account(s).
- ☐ I **do not** elect the telephone **exchange** privilege on my account(s).

B. Telephone Redemptions

- ☐ I do elect the telephone **redemption** privilege on my account(s).
- ☐ I **do not** elect the telephone **redemption** privilege on my account(s).

9. Preauthorized Investment Plan

You can establish preauthorized investments from your financial institution account to your Pacific Funds account. Confirm that your financial institution allows funds to be withdrawn by means of electronic funds transfer and complete Section 11. When providing a start date, please allow 2 business days for initial setup. The first draft will be processed 30 days from the day all requirements are received in good order if a start date is not provided. Your preauthorized investments will be proportional to your current allocations if a fund name or number is not provided.

Select One: ☐ Add ☐ Change (will replace all existing information)

| Fund Name or Number | Dollar Amount (\$50 minimum per fund) | Frequency (default is monthly) | Start Date (mo/day/yr) |
|---------------------|--|--|---------------------------|
| | \$ | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually | |
| | \$ | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually | |

10. Dollar Cost Averaging (DCA)

You can establish systematic exchanges between funds. All funds must maintain minimum balances of \$1,000 and each exchange must be for at least \$50. Exchanges are allowed only within the same account. Dollar cost averaging does not allow cross-class exchanges. The first systematic exchange will be processed 30 days from the day all requirements are received in good order if a start date is not provided.

Select One: ☐ Add ☐ Change (will replace all existing information)

| From Fund | To Fund | Dollar Amount or % | 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 | |

11. Financial Institution Information

A pre-printed voided check or deposit slip is **required**. **An original signature is required if the account information is being provided for the first time.** Third party bank information will not be accepted. **Banking information will not be accepted via fax.**

Select One: ☐ Add ☐ Change (will replace all existing information)

| | | |
|---|--|---------------------|
| Your Name 1234 Address Rd City, ST 56789 | | 123 12-34 367 |
| Pay To The Order of | | \$ |
| FINANCIAL INSTITUTION 1234 Anywhere Lane City, ST 56789 | | Dollars |
| For | | |
| I: 123456789 I: 123 7891234567 | | |
| ABA Routing Number | | Account Number |

12. Duplicate Statements

Complete to request duplicate statements sent to third party listed below in addition to the shareholder and registered representative.

Name – First, Middle, Last

Mailing Address

City

State

Zip

13. Change of Beneficiary Designation (Individual Retirement Accounts and 403(b)s only)

I hereby revoke any previous beneficiary designation.

In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). I understand that, unless I have specified otherwise, if I name multiple Primary Beneficiaries and a beneficiary does not survive me, such interest is terminated and that percentage will be divided proportionately among the remaining Primary Beneficiaries. Similarly, unless I have specified otherwise, if no Primary Beneficiary survives me and I have named multiple Contingent Beneficiaries and a beneficiary does not survive me, such interest is terminated and that percentage will be divided proportionately among the remaining Contingent Beneficiaries. I understand that I may change my beneficiaries at any time by giving written notice to the Custodian. If I do not designate a beneficiary, or if all designated beneficiaries predecease me, my surviving spouse will become the beneficiary of my IRA. If I do not have a surviving spouse at the time of my death, my estate will become the beneficiary of my IRA.

Participant's Designation: In the event of my death, I hereby designate the following individuals as the Primary and Contingent Beneficiary(ies) to receive all benefits that may become due and payable under my IRA. If I name a beneficiary that is a Trust, I understand that I must provide certain information concerning the Trust to the Custodian.

Per Stirpes Beneficiary Designations: The Custodian shall accept as complete and accurate all written instructions provided in good order by the estate/executor with regard to the identification of the beneficiaries and the allocations hereto.

| Name | Birth Date | Type | Relationship | SSN/TIN | Percentage |
|-------|------------|---|--------------|---------|------------|
| _____ | _____ | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | _____ | _____ | _____ |
| _____ | _____ | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | _____ | _____ | _____ |
| _____ | _____ | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | _____ | _____ | _____ |
| _____ | _____ | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | _____ | _____ | _____ |

Community Property Spousal Consent: Consent of the Participant's spouse may be required in a community property or marital property state to effectively designate a beneficiary other than, or in addition to, the Participant's spouse.

Disclaimer for Community and Marital Property States: The Participant's spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, any sponsors, issuers, depositories and other persons or entities associated with the investments and the Custodian specifically disclaim any warranty as to the effectiveness of the Participant's beneficiary designation or as to the ownership of the account after the death of the Participant's spouse. For additional information, please consult your legal advisor.

I consent to the Beneficiary Designation.

Spouse's Signature (if applicable)

Date

14. Change of Designated Beneficiary (Coverdell ESAs Only)

You can change the designated beneficiary at any time to another qualifying member who has not yet attained age 30. The beneficiary designated below cancels and supersedes the current designated beneficiary. Consult your tax or financial advisor for information regarding changing a beneficiary on a Coverdell Education Savings account.

Designated Beneficiary's Name

Relationship to Current Designated Beneficiary

Social Security Number

Date of Birth

15. Change of Designated Death Beneficiary (Coverdell ESAs Only)

I, the Contributor, designate the following family member of the Designated Beneficiary (must be under age 30 upon the death of the Designated Beneficiary) to receive any benefits to which the Designated Death Beneficiary may be entitled in the event of the death of the Designated Beneficiary. If the Designated Death Beneficiary predeceases the Designated Beneficiary or the Designated Death Beneficiary attains age 30 before the Designated Beneficiary's death, all assets will be paid to the estate of the Designated Beneficiary.

Death Beneficiary's Name

Relationship to Designated Beneficiary

Social Security Number

_____/_____/_____
Date of Birth

16. Authorization, Certification, and Signature

By signing this form, I acknowledge that I have received and read the current Pacific Funds prospectus. I agree to all their terms and I authorize the instructions in this form. I am authorized to act on behalf of the Plan Sponsor for entity owned accounts. I hold harmless and indemnify Pacific Funds and/or its administrator or sub-administrator; 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 or the exercise of the telephone purchase, exchange and/or redemption privileges. I understand that exchanges between the funds may be taxable transactions. I certify that all of the information I have provided in this form is true, complete, and correct. I warrant that I have full authority and, if a natural person, I am of legal age to purchase shares pursuant to this account application.

I understand that federal law requires all financial institutions to obtain the name, residential address, date of birth, and Social Security or taxpayer identification number, and any other information necessary to sufficiently verify the identity of each customer. I understand that failure to provide this information could result in unopened accounts, delayed or unprocessed transactions, or account closures. If you fail to provide the requested information and/or if any of the information cannot be confirmed, Pacific Funds reserves the right to redeem the account.

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number; and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. person (including a U.S. resident alien); and (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. NOTE: The IRS does not require my consent to any provision on this application other than the certification required to avoid backup withholding.

Coverdell ESA Authorization:

I authorize to update the Coverdell ESA for the benefit of the above named designated beneficiary under the terms and conditions contained in the accompanying Coverdell ESA Custodial Agreement, which is incorporated herein by reference. At the time the designated beneficiary reaches the age of majority under state law, the designated beneficiary becomes the responsible individual, unless otherwise notified by the responsible individual. Upon the attainment age of majority, the designated beneficiary must provide proof of age to the custodian.

**SIGN
HERE**

Shareholder's/Trustee's/Authorized Signer Signature

Title or Capacity

Date

**SIGN
HERE**

Shareholder's / Trustee's/Authorized Signer Signature

Title or Capacity

Date

**SIGN
HERE**

Former Signature (required if name change is being requested)

Title or Capacity

Date