

**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, Option 2  
**Fax:** (508) 599-1885  
**Website:** www.PacificFunds.com

Complete this form to request a distribution from your Traditional, SEP-IRA, SAR-SEP, Roth, or SIMPLE IRA. Shares recently purchased may not be available to distribute for up to 15 days following the purchase date to assure that Pacific Funds has received payment for the purchase. Deferred sales charges may apply to some withdrawals as described in the prospectus. Consult your tax advisor or financial advisor for information regarding distributions and taxation. For questions regarding this form, call (800)722-2333, Option 2.

**Note:** For trustee to trustee transfers, please complete the appropriate receiving custodian's trustee to trustee transfer form. This form is not intended to facilitate a beneficiary/inherited IRA transfer due to death, required minimum distributions, trustee to trustee transfers, or conversion requests. For revocations, refer to the Traditional and Roth Individual Retirement Account (IRA) Combined Disclosure Statement or SIMPLE Individual Retirement Account (IRA) Disclosure Statement for instructions and information regarding your revocation rights. All required documentation must be received in good order before the distribution request can be honored. All legal documents must be certified and a Medallion Signature Guarantee may be required. Please see the Participant Authorization Section for an explanation of the Medallion Signature Guarantee.

**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 Internal Revenue Service's web site [www.irs.gov](http://www.irs.gov) using the search term "IRA One-Rollover-Per-Year Rule".

**1. Account Information**

Account Number \_\_\_\_\_

( ) \_\_\_\_\_  
Daytime Telephone Number

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

**Account Type:**  Traditional IRA  Roth IRA  SEP-IRA/SAR-SEP IRA  SIMPLE IRA – Year first Established\*: \_\_\_\_\_

\* A distribution from any type of IRA received before you attain age 59½ is considered a premature distribution and is subject to a penalty tax equal to 10% of the distribution unless an exception applies. If the premature distribution is made prior to satisfying the required two year holding period (2 years from the date on which you first participated in a SIMPLE IRA maintained by your employer) and no exception applies, then the penalty tax is increased to 25% (see "Early Distributions from a SIMPLE IRA" in your SIMPLE IRA Disclosure Statement).

**2. One-Time Distribution Instructions**

Complete this section to request a one-time distribution from your Pacific Funds IRA. Your distribution will be taken proportionately across all the funds in your account if allocations are not provided.

**A. Distribution Option:** Select one of the following options (do not complete section 4A if distribution is a removal of excess):

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

Periodic withdrawals of \$50 or more are available for account(s) with balances of \$5,000 or more. You may request a specific dollar amount, a fixed number of shares (5 share minimum) or a fixed percentage of the current value of the fund. 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 distribution 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)
				<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	
_____	\$ _____	or	_____	<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 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)

**Substantially Equal Periodic Payments:** (Section 72(t) of the Internal Revenue Code), calculate under the RMD method using (select one):

- Uniform Lifetime Table
- Single Life Table
- Joint and Last Survivor Table :      Beneficiary's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**4. Distribution Election from a Traditional, Rollover, SEP-IRA, or SIMPLE IRA**

Complete this section to request a distribution from a Traditional, Rollover, SEP-IRA, or SIMPLE IRA. Continue to section 5 for a distribution from a Roth IRA.

This distribution is being made for the following reason (select one):

- Normal Distribution – You are age 59 ½ or older.
- Early (premature) distribution – You are under age 59 ½ including distributions due to medical expenses, health insurance premiums, higher education expenses, first time home buyer expenses, or other reason.
- Substantially equal periodic payments within the meaning of section 72(t) of the Internal Revenue Code. Note: Pacific Funds will report distributions as an early distribution with no known exception on a 1099-R form. Please consult your tax advisor for appropriate reporting to the IRS.
- Death / Beneficiary liquidation – if you are a beneficiary, contact Shareholder Services regarding additional document requirements.
- Permanent disability – You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code. For purposes of section 72(m)(7), an individual shall be considered disabled if he or she is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death, or to be long-continued and indefinite duration
- Transfer incident due to divorce or legal separation – Contact Shareholder Services regarding additional document requirements.
- Removal of Excess – Continue to Section 6 for Traditional, Rollover, SEP-IRA or section 7 for SIMPLE IRA (Excess Contribution Election).
- Direct rollover to a Qualified Plan, 401(k), TSP or 403(b) – You are certifying that the receiving custodian will accept the IRA assets issued. 2-year holding period for a SIMPLE IRA must have passed. **NOTE: MEDALLION SIGNATURE GUARANTEE REQUIRED**
- Qualified Natural Disaster Distribution

**5. Distribution Election from a Roth IRA**

Complete this section to request a distribution from a Roth IRA.

**A. Qualified Distribution**

This Roth IRA distribution satisfies the 5-year holding period requirement: (**Note:** Distributions not meeting the 5-year required period and for all other reasons not listed under “yes” are considered non-qualified. Select “no” and continue to section 5B)

- Yes** – Select one reason below and provide original Roth IRA Open Date: \_\_\_\_\_
  - You are age 59 ½ or older
  - Death / Beneficiary liquidation – if you are a beneficiary, contact Shareholder Services regarding additional document requirements.
  - Permanent disability – You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.\*
- No** – Continue to section 5B (on page 3)

## B. Non-Qualified Distribution from a Roth IRA

This distribution is being made for the following reason (Select One):

- Normal Distribution (prior to the 5-year holding period) – You are age 59 ½ or older.
- Early (premature) distribution – You are under age 59 ½ including distributions due to medical expenses, health insurance premiums, higher education expenses, first time home buyer expenses, or other reason.
- Substantially equal periodic payments within the meaning of section 72(t) of the Internal Revenue Code. Note: Pacific Funds will report distributions as an early distribution with no known exception on a 1099-R form. Consult your tax advisor for appropriate reporting to the IRS.
- Death / Beneficiary liquidation – if you are a beneficiary, contact Shareholder Services regarding additional document requirements.
- Permanent disability – You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code. For purposes of section 72(m)(7), an individual shall be considered disabled if he or she is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death, or to be long-continued and indefinite duration
- Transfer incident due to divorce or legal separation – Contact Shareholder Services regarding additional document requirements.
- Removal of Excess – Continue to Section 6 (Excess Contribution Election).
- Qualified Natural Disaster Distribution

### 6. Excess Contribution Election for Traditional, Rollover, Roth, and SEP-IRA/SAR-SEP IRA

Earnings will be removed with the excess contribution if corrected before your federal income tax-return due date (including extensions), pursuant to Internal Revenue Code Section 408(d)(4) and Internal Revenue Service (“IRS”) Publication 590. You may be subject to an IRS penalty of 6% for each year the excess remains in the account. In addition, the IRS may impose a 10% early distribution penalty on the earnings if you are under age 59½. You will receive IRS Form 1099-R for the year in which the excess distribution takes plan (not for the year in which the excess contribution was made). Consult IRS Publication 590 for more information pertaining to excess contributions. If you are subject to a federal penalty tax due to an excess contribution, you must file IRS Form 5329.

For the purpose of the excess contribution, we will calculate the net income attributable (“NIA”) to the contribution using the method provided by the IRS Final Regulations for Earnings Calculation for Returned or Recharacterized Contributions. This method calculates the NIA based on the actual earnings and losses of the IRA during the time it held the excess contribution. Please note that a negative NIA is permitted and, if applicable, will be deducted from the amount of the excess contribution.

Amount of Excess: \$ \_\_\_\_\_

Tax Year for which excess contribution was made: \_\_\_\_\_

Date of Deposit(s): \_\_\_\_\_

A. The excess is being corrected **before** your federal income tax-filing deadline (including extensions):

- Remove excess plus/minus net income attributable. Distribute according to my instructions in Section 9 Payment Instructions.
- Remove excess plus/minus net income attributable. Re-deposit as a current year contribution.

B. The excess is being corrected **after** your federal income tax-filing deadline (including extensions).\*

- Remove Excess and distribute according to my instructions in Section 9 Payment Instructions
- Remove Excess and re-deposit as a current year contribution.

C. Re-designating an excess contribution to a later year. Please consult a tax advisor to review your specific situation and to determine your best course of action. If you should decide to carry over the excess contribution to a later year, **DO NOT RETURN THIS FORM.**

### 7. Excess Contribution Election for SIMPLE IRAs

**Instructions for the Participant:** You must indicate how the return of excess should be distributed in **Section 7 - DISTRIBUTION AMOUNT (subsection B, on page 4)**. A check for the proceeds will be mailed to your address of record unless the amounts are attributable to employer contributions that are being returned to the employer with your authorization. Amounts returned as excess contributions are not eligible for rollover.

**Important:** Please consult with your employer to discuss the appropriate steps to correct excess contributions. Amounts deferred to your SIMPLE IRA in excess of the allowable limit may be subject to a non-deductible excise tax of 6% for each year until the excess is removed. The excise tax on excess contributions will not apply if the excess contribution and earnings allocable to it are distributed by April 15th of the year following the annual deferral.

**Earnings on Salary Deferral and Employer Contributions** - For the purpose of the excess contribution, we will calculate the net income attributable (“NIA”) to the contribution using the method provided for in the IRS Final Regulations for Earnings Calculation for Returned or Recharacterized Contributions. This method calculates the NIA based on the actual earnings and losses of the SIMPLE IRA during the time it held the excess contribution. Please note that a negative NIA is permitted and, if applicable, will be deducted from the amount of the excess contribution. The IRS may impose an early distribution penalty tax on the earnings if you are under age 59½. You must file IRS Form 5329 to report any excise tax.

#### A. Salary Deferral Corrections

Amount of Excess: \$ \_\_\_\_\_ Date of Deposit(s) \_\_\_\_\_

Select One:

- Within the same calendar that the excess deferral was deposited. Earnings (if any) will be calculated through the date of correction.

Between January 1 and April 15<sup>th</sup> following the calendar year in which excess deferral was deposited. Earnings (if any) will be calculated based on the December 31<sup>st</sup> value for the deferral calendar year.

After April 15<sup>th</sup> following the calendar year in which the excess deferral was deposited. Earnings (if any) will be calculated through the date of correction.

**B. Employer Contribution Corrections**

Amount of Excess: \$ \_\_\_\_\_ Date of Deposit(s): \_\_\_\_\_

Important: The participant must complete section 4 and sign the Participant Authorization section to facilitate this request. Please indicate how we should distribute the proceeds. Earnings (if any) will be calculated through the date of correction.

The check will be made payable to the company and mailed to the following address (original **Medallion Signature Guarantee Required**):

_____		_____	
Company Name		Daytime Telephone Number	
_____		_____	_____
Address	City	State	Zip Code
_____		_____	
Employer's Signature (required)		Date	
_____			
Employer's Printed Name (required)			

**8. Tax Withholding**

**A. Federal Withholding**

Federal income tax will be withheld at the rate of 10% from any distribution, subject to IRS withholding rules, unless you elect or have previously elected out of withholding. Tax will be withheld on the gross amount of the payment even though you may be receiving amounts that are not subject to withholding because they are excluded from gross income. This withholding procedure may result in excess withholding on payments. If you elect to have no federal taxes withheld from your distribution, or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. If you are completing this form, your below election will remain in effect until such time as you make a different election in writing to the Custodian.

**Select one:**

- I elect **TO NOT** have federal income tax withheld. (This option is only available for accounts registered with an address in the United States.)
- Withhold 10% federal income tax
- Withholding \_\_\_\_\_ % federal income tax (must be greater than 10%)

**B. State Withholding**

Your state of residence will determine your state income tax withholding requirements, if any. Those states with mandatory withholding will require state income tax to be withheld from payments if federal income taxes are withheld or may mandate a fixed amount regardless of your federal tax election. Voluntary states let individuals determine whether they want state taxes withheld. Some states have no income tax on retirement payments. Please consult with a tax advisor or your state's tax authority for additional information on your state requirements.

- Do not withhold (only for residents of states that do not require mandatory state tax withholding).
- I elect **TO** have the following dollar amount or percentage from my retirement account distribution withheld for state income taxes (for residents of states that allow voluntary state tax withholding).  
\$ \_\_\_\_\_ or \_\_\_\_\_ %

**9. Payment Instructions**

The distribution can be made payable to the shareholder or third party (original 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 Alternate Address** (Medallion Signature Guarantee required)

_____	_____	_____	_____
Mailing Address	City	State	Zip

**Qualified Plan, 401(k), TSP, or 403(b) Direct Rollover Deposit** (Medallion Signature Guarantee required)

Receiving Custodian		Account Number	
Mailing Address	City	State	Zip

**Purchase into my existing Non-Retirement Account** - Share class on the Retail Account must be the same as the IRA.

Existing Account Number: \_\_\_\_\_ Fund Number \_\_\_\_\_

**Purchase into a new Non-Retirement Account** – Completed Retail Account Application attached

**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) – not available on systematic plans

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: 123456789 1: 123 7891234567**

↑                      ↑  
ABA Routing Number                      Account Number

**10. Shareholder Authorization**

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 individual authorized to make these elections and that all information provided is true and accurate. I further certify that the Custodian, the Pacific Funds, or any agent of either of them has given no tax or legal advice to me, and that all decisions regarding the elections made on this form are my own. The Custodian is hereby authorized and directed to distribute funds from my account in the manner requested. The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that the Custodian, Pacific Funds, and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form.

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

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

**Medallion Signature Guarantee:**



Shareholder's Signature \_\_\_\_\_ 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.