

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

Complete this form to establish an automatic required minimum distribution (RMD) program on your Pacific Funds Traditional, SEP-IRA, SAR-SEP, or SIMPLE IRA. If you currently receive Required Minimum Distribution ("RMD") payments and you do not want to make any changes to the amount or payment schedule, or if you have already satisfied your annual RMD, you DO NOT need to complete or return this form. Failure to withdraw your RMD amount by the applicable deadline date could result in a 50% penalty tax. The tax penalty would be assessed on the difference between the amount that you were required to take and the amount actually distributed, if any. Shares recently purchased may not be available to withdraw for up to 15 business days following the purchase date. Consult your tax or financial advisor for information regarding distributions and taxation. For questions regarding this form, call (800) 722-2333, option 2.

1. Account Information

Account Number _____ () _____
Daytime Telephone Number

Shareholder Name _____

Account Type: Traditional IRA SIMPLE IRA SEP-IRA/SAR-SEP IRA

2. Calculation Method

Your RMD amount is calculated in accordance with Internal Revenue Service ("IRS") regulations. The regulations are explained in IRS Publication 590, Individual Retirement Arrangements (IRAs), which includes the life expectancy tables used to calculate RMD amounts.

Your RMD will be calculated based on the Uniform Lifetime Table, unless the following exception applies to you and you have indicated so by checking the box below.

My sole primary beneficiary is my spouse who is more than 10 years younger than I am. I elect to calculate my RMD based on the Joint and Last Survivor Expectancy Table.

Spouse's Date of Birth: ____ / ____ / ____

3. Distribution Type**A. Single Sum / One-Time Distribution**

- Prior Year RMD:** Calculate and distribute immediately upon receipt of this form my prior year RMD. I attained age 70 ½ last year and I am electing to distribute my prior year deferred RMD (must be received between January 1st and April 1st).
- Current Year RMD:** Calculate and distribute immediately upon receipt of this form my current year RMD. I understand that I am responsible for ensuring any future year RMD amounts are satisfied by contacting the Custodian to request subsequent distributions.
- Fixed Amount:** Distribute the fixed amount below immediately upon receipt of this form. I understand that I am responsible for ensuring that my RMD amounts are satisfied each year and for contacting the Custodian to request any subsequent distributions.

Amount: \$ _____

B. Systematic Distribution (Important: You must complete the distribution frequency information below.)

- Current Year RMD:** Calculate and distribute my current year RMD amount for this year and all subsequent years. I understand that the Custodian will continue to calculate and distribute my RMD for all subsequent years until I notify them to discontinue the payments.
- Fixed Amount:** Distribute the fixed amount below for this year and all subsequent years until I notify to discontinue payments. I understand that I am responsible for ensuring that my RMD amounts are satisfied each year. I also understand that I am responsible for contacting the Custodian to request any adjustments to the fixed amount or frequency.

Amount: \$ _____

Start Date: _____ **Frequency:** Monthly (default) Quarterly Semiannually Annually

4. Source

Your distribution will be taken proportionately across all the funds in your account if allocations are not provided.

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

<u>Fund Name or Number</u>	<u>Dollar</u>	or	<u>Shares</u>	or	<u>% from Fund</u>
_____	\$ _____	or	_____	or	_____ %
_____	\$ _____	or	_____	or	_____ %

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)

5. Tax Withholding

A. Federal Withholding

Distributions from IRAs and qualified retirement plans that are not eligible for rollover are subject to federal income tax withholding unless you affirmatively elect NOT to have withholding apply to such payments. Generally, such distributions are subject to 10% withholding unless you elect to have an additional amount withheld or elect to have no withholding. You may make a withholding election by selecting one of the options below. Your election will remain in effect for any subsequent distributions unless you change or revoke it by providing us with a new election.

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%)

Federal income tax will be withheld from any distribution subject to the IRS withholding rules if you do not complete and return this election or if you have not previously elected out of withholding. Tax will be withheld on the gross amount of these payments 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 the payments.

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 _____ %

6. Payment Instructions

The distribution 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 Alternate Address (Medallion Signature Guarantee required).

_____ 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.

6. Payment Instructions continued

- Financial Institution Information of Record** (Medallion Signature Guarantee required if bank information is not on file.) Third Party bank information is not allowed
- Electronic Funds Transfer Wire (\$10,000 Minimum)

Financial Institution ABA Routing Number

Financial Institution Account Number

Type

- Checking
 Savings

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

7. 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 Participant authorized to make these elections and that all information provided is true and accurate. I further certify that the Custodian, the Sponsor, or the agent of either of them has given no tax or legal advice to me and shall be indemnified and held harmless, for any tax, legal or other consequences resulting from my election(s). I expressly assume responsibility for any adverse consequences which may arise from the election(s). The Custodian is hereby authorized and directed to distribute funds from my account in the manner requested. I have read and understand and agree to be legally bound by the terms of this form.

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

- 1) Distributions sent to an alternate address and/or payee
- 2) Distributions sent to a bank account not on file.
- 3) The address of record has changed within the past 15 days
- 4) The distribution request is for \$100,000 gross or more

Medallion Signature Guarantee:

SIGN
HERE

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.

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