

**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 request a distribution from your Pacific Funds Coverdell Education Savings Account (ESA). Consult your tax or financial advisor for information regarding distributions and taxation. For questions regarding this form, call (800)722-2333, Option 2. 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.

1. Account Information

Account Number _____ () _____
Daytime Telephone Number

Responsible Individual's Name _____

Designated Beneficiary's Name _____

2. Reason for Distribution

Complete either A, B, or C.

A. Qualified Distribution

This distribution is being used for qualified education expenses of the Designated Beneficiary.

B. Non-Qualified Distribution**Select One:**

- This distribution is not being used for qualified education expenses and none of the other reasons listed below apply.
- Permanent disability of the Designated Beneficiary (within the meaning of section 72(m)(7) of the Internal Revenue Code).
- Removal of excess contribution plus earnings before the tax-filing deadline. Tax year contribution was made:
Is the contribution plus earnings being removed in the same year? Yes No
- Liquidation of the account for the Designated Beneficiary has attained the age of 30.
- Transfer incident due to divorce or legal separation – Contact Shareholder Services regarding additional document requirements.
- The Coverdell ESA is being rolled over to another Coverdell ESA for another eligible family member – Contact Shareholder Services regarding additional document requirements.

C. Distribution due to Death

The Responsible Individual or representative of the Designated Beneficiary's estate must furnish a W-9 (or Coverdell ESA application), Certified copy of the Affidavit of Domicile, and **Medallion Signature Guarantee** stamp on this form. Select from one of the options below:

- Distribute assets payable to the estate of the Designated Beneficiary following the mailing instructions.
Estate Tax Identification Number: _____
- Distribute assets payable to the named Designated Death Beneficiary following the mailing instructions.
Beneficiary's Name: _____ Social Security Number: _____
- The Coverdell ESA is being rolled over to another Coverdell ESA for another eligible family member who is under the age of 30.
Coverdell ESA Recipient's Name: _____
 - Attached is a new Pacific Funds Coverdell ESA Application indicating a rollover contribution investment.
 - Deposit as a rollover into an existing Pacific Funds Coverdell ESA. Account Number: _____
 - Issue proceeds to a Coverdell ESA in the recipient's name at another institution following the mailing instructions.

5. Signature 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 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 the 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) 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 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 an acceptable substitute for a signature guarantee.

Medallion Signature Guarantee:



Responsible Individual's Signature _____

Title (required if change due to death) _____

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