

**CONTACT INFORMATION:**

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Attn: Work Management
4400 Computer Drive
Westborough, MA 01581

Phone: (800) 722-2333, Option 2
Fax: (508) 599-1885
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Complete this form to establish an automatic required minimum distribution (RMD) program on your Pacific Funds Inherited (Traditional or Roth) IRA. Money received from direct rollover or transfer investment checks may not be available for withdrawal for 10 business days following the date of the purchase. Failure to withdraw your RMD amount by the applicable deadline date could result in a 50% penalty tax. The penalty tax would be assessed on the difference between the amount that you were required to take and the amount actually distributed, if any. 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: Inherited Traditional IRA Inherited Roth IRA

2. Calculation Method

Your RMD calculation method for your Inherited IRA depends on whether you are the spouse or non-spouse of the deceased owner and if the original owner passed away before the required begin date or after the required begin date. **Note:** The Required Begin Date (RBD) is the date an IRA owner is required to begin Required Minimum Distributions at 70 ½ years of age. Consult your tax advisor regarding which method is appropriate for you.

A. Spouse as Beneficiary

Your distribution will be calculated using the Single Life Expectancy factor for your age in the year distributions begin. Then each year thereafter, the factor will change each year according to your age in the year the distribution is being taken.

Select this box to calculate your RMD using your age at the end of the year following the year of the owner's death. You are a beneficiary who set up a separate account by December 31 of the year following the year of the owner's death.

Note: Original IRA Owner Died Pre-RBD – As the spouse beneficiary, you have the option to defer payments until the original IRA owner would have turned 70 ½ or defer distribution of the assets up to December 31 of the fifth year following the year of the decedent's death. If you elect to defer payments, you do not need to complete this form.

B. Non-Spouse as Beneficiary

Your distribution will be calculated using the Single Life Expectancy factor for your age in the year distributions begin. The original calculated factor is then reduced by one each year thereafter.

Select one:

Calculate my RMD using my age at the end of the year following the year of the owner's death. I am a beneficiary who set up a separate account by December 31 of the year following the year of the owner's death.

Calculate my RMD using the oldest beneficiary's date of birth. I am one of multiple beneficiaries who did not set up separate accounts by December 31 of the year following the year of the owner's death.

Oldest Beneficiary's Date of Birth: _____ / _____ / _____

Note: Original IRA Owner Died Pre-RBD – As the non-spouse beneficiary, you have the option to full distribution of the assets up to December 31 of the fifth year following the year of the decedent's death. If you elect to defer payments, you do not need to complete this form.

C. 2nd Generation Beneficiary

Select this box if the Inherited IRA is the result of a 2nd generation IRA. Your payments will continue using the original beneficiary's single life expectancy, reduced by one ear year after. Distributions will not be calculated using your single life expectancy factor. Note: This option is only allowed if the original beneficiary was taking distributions based on their single life expectancy.

Original Beneficiary's Date of Birth: _____ / _____ / _____ Year RMD Began from Original Inherited IRA: _____ / _____ / _____

3. Inherited Accounts Transferred from Another Custodian

Complete this section only if this Inherited IRA account received assets from another financial institution during the current calendar year.

Date of Birth of Original Owner: _____ / _____ / _____ Date of Death of Original Owner: _____ / _____ / _____

Prior year December 31 value: \$ _____ Year Original Inherited RMD Began: _____

Select one:

- Single Life Expectancy (recalculated) based on my life expectancy - **Spouse as Beneficiary Only.**
- Single Life Expectancy (non-recalculated) based on my life expectancy.
- Eldest Beneficiary's Life Expectancy (non-recalculated) : Oldest Beneficiary's Date of Birth: ____ / ____ / ____
- Single Life Expectancy (non-recalculated) based on the original IRA owner's age.

4. Distribution Instructions

- One Time Distribution:** Calculate and distribute immediately upon receipt of this form. I understand that I am responsible for ensuring any future RMD amounts are satisfied by contacting the Custodian to request subsequent distributions.
- Systematic Distributions:** Calculate and distribute according to the frequency and start date below. I understand that the Custodian will continue to calculate and distribute my RMD amount for all subsequent years until I notify them to discontinue payments.

Start Date: ____ / ____ / ____ Frequency: Monthly (default) Quarterly Semiannually Annually

5. Source

Complete this select to select the funds your distribution will be taken from. 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:

Fund Name or Number	Dollar	or	Shares	or	% from Fund
_____	\$ _____	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 from to the requested amount)

6. 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. 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 _____ %

7. 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)

