

PIMCO Funds

CLASS A AND CLASS C SHARES

Contact Information:

Phone: 800.426.0107
Website: www.pimco.com

Direct Mail:

PIMCO Funds
P.O. Box 219294
Kansas City, MO 64121-9294

Overnight Mail:

PIMCO Funds
Global Investor &
Distribution Solutions, Inc.
430 W. 7th Street, STE 219294
Kansas City, MO 64105-14079

The following form may be used only to designate a beneficiary(ies) or to change a designation of beneficiary(ies) for a PIMCO Funds Individual Retirement Account (IRA) or 403(b)(7) Custodial Account for which SS&C Global Investor & Distribution Solutions, Inc. serves as transfer agent for the Custodian. The designation must be received by SS&C Global Investor & Distribution Solutions, Inc. as agent for the Custodian, and replaces any previously submitted beneficiary designation including the designation contained in the Account Application establishing the IRA or 403(b)(7) Custodial Account. This form may be used for individual and spousal IRAs (each spouse must complete a separate designation form), Rollover IRAs, SEP IRAs, SAR-SEPs, Roth IRAs, SIMPLE IRAs and 403(b)(7) Custodial Accounts.

1. Account Information

I hereby revoke any beneficiary designations previously made under my PIMCO Funds IRA or 403(b)(7) Custodial Account, and make the beneficiary designation set forth below under my UMB Bank, n.a. Custodial Account Agreement.

Type of Retirement Account

☐ Individual ☐ Roth ☐ Rollover ☐ SEP ☐ SAR-SEP ☐ SIMPLE ☐ 403(b)(7) Custodial Account

Name (First, Middle Initial, Last) _____

Date of Birth (mm/dd/yyyy) _____ / _____ / _____ Social Security Number _____ / _____ / _____

Account Number(s) _____

Daytime Telephone Number () _____

Address _____

City _____ State _____ ZIP Code _____

2. Beneficiary Designations

Shareowner (or Inherited IRA Owner) may designate beneficiaries below. If the primary or contingent status is not indicated, the individual or entity will be considered a primary beneficiary. After your death, the account assets will be distributed in equal shares (unless indicated otherwise) to the primary beneficiaries who survive you. If no primary beneficiaries are living when you die, the account assets will be distributed in equal shares (unless otherwise indicated) to the contingent beneficiaries who survive you. You may revoke or change the beneficiary designation at any time by completing a new Change of Beneficiary Form and providing it to the custodian. Any subsequent designation filed with the custodian will revoke all prior designations. After your death, if no primary beneficiary survives the owner, and no contingent beneficiary survives all primary beneficiaries, the account proceeds will be paid to the owner's estate.

If you need additional space to name beneficiaries, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

To name a trust as a beneficiary, attach a copy of the trust agreement to this form.

Choose ONE only (If no selection is made or if you select a trust or estate beneficiary, your account will default to Per Capita):

☐ **Per Capita:** Only surviving named beneficiaries receive a share of the account.

☐ **Lineal Descendants Per Stirpes (LDPS):** A beneficiary's share of the inheritance will go to his or her descendants if the beneficiary does not survive you.

I hereby designate the following person(s) as my beneficiary(ies) under my UMB Bank, n.a. Custodial Account Agreement:

Type: ☐ Primary ☐ Contingent Share Percentage _____ %

Relationship to Shareowner: ☐ Spouse ☐ Nonspouse

Name _____

Residence Address _____

Apt. No. _____

City _____ State _____ ZIP Code _____

Taxpayer ID Number _____ Date of Birth (mm/dd/yyyy) _____ / _____ / _____

Type: ☐ Primary ☐ Contingent Share Percentage _____ %

Relationship to Shareowner: ☐ Spouse ☐ Nonspouse

Name _____

Residence Address _____

Apt. No. _____

City _____ State _____ ZIP Code _____

Taxpayer ID Number _____ Date of Birth (mm/dd/yyyy) _____ / _____ / _____

Type: ☐ Primary ☐ Contingent Share Percentage _____ %

Relationship to Shareowner: ☐ Spouse ☐ Nonspouse

Name _____

Residence Address _____

Apt. No. _____

City _____ State _____ ZIP Code _____

Taxpayer ID Number _____ Date of Birth (mm/dd/yyyy) _____ / _____ / _____

2. Beneficiary Designations *(continued)*

Type: ☐ Primary ☐ Contingent Share Percentage _____ %

Relationship to Shareowner: ☐ Spouse ☐ Nonspouse

Name _____

Residence Address _____

Apt. No. _____

City _____ State _____ ZIP Code _____

Taxpayer ID Number _____ Date of Birth (mm/dd/yyyy) _____ / _____ / _____

Spousal Consent (if applicable)

Complete this section only if you, the shareowner, have your legal residence in a community or marital property state and you wish to name a beneficiary other than or in addition to your spouse as primary beneficiary. This section may have important tax consequences to you and your spouse, so please consult with a competent advisor prior to completing. If you are not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions. If this is an Inherited IRA, seek competent legal/tax advice to see if spousal consent is required.

Consent of Spouse

By signing below, I acknowledge that I am the spouse of the shareowner and agree with and consent to my spouse's designation of a primary beneficiary other than, or in addition to, me. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The custodian has not provided me any legal or tax advice.

Signature of Spouse X _____ Date _____

Witness X _____ Date _____

3. Signature(s)

Please accept this authorization to designate a beneficiary(ies) or to change a designation of beneficiary(ies). The instructions I have provided replace any previously submitted beneficiary designation including the designation contained in the Account Application establishing the Account Number(s) referenced in Section 1. I hereby consent to the designation of beneficiary as stated in Section 2.

Your Signature X _____ Date _____

