

PIMCO Funds

CLASS A AND CLASS C SHARES

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If you have separated from service with your employer, do NOT use this Form; instead you should request a regular distribution. If your 403(b)(7) Custodial Account was not established under a 403(b) plan sponsored by a state or local government or government agency, do not use this form—you are not eligible for a hardship withdrawal under the PIMCO 403(b) agreement. Effective January 1, 1999, hardship withdrawals are not eligible to be rolled over to an IRA, and are not subject to 20% mandatory withholding. 10% income tax withholding must be taken from a hardship distribution unless you elect to waive withholding. Also, if you are under age 59½, your hardship withdrawal may be subject to a 10% premature distribution tax.

If you are an active participant in a 403(b)(7) custodial account, your employer must sign this Form to confirm your eligibility for a hardship withdrawal and acknowledge the requirement that you must suspend your salary reduction contributions to the plan for six (6) months following a hardship withdrawal.

1. Shareholder Information

Shareowner Name

Social Security Number

Address

Date of Birth

Fund Name

Account Number

2. Amount Allowable for Hardship Withdrawal

I am applying for a hardship withdrawal, as defined in Internal Revenue Code Section 403(b)(7), and the applicable Treasury regulations, from my account referenced above. My employer is a state or local government or government agency.

I understand that contributions made under a salary reduction agreement are eligible for hardship withdrawal, and that earnings attributable to my contributions are not eligible for hardship withdrawal. I certify that the amount requested does not include earnings made on the account after December 31, 1988, or any employer contributions.

Amount of Withdrawal

I am requesting a withdrawal of \$ _____ from my 403(b)(7) custodial account.

3. Reason for Withdrawal

This withdrawal request is due to the following immediate and heavy financial need, and does not exceed the amount needed to meet my hardship or the hardship of a primary beneficiary, including amounts needed to pay taxes or penalties on the hardship withdrawal. I have provided all documents required by my employer in support of my request.

I agree to provide any additional documentation that my employer may request in order for it to confirm the existence of my hardship.

Check Appropriate Reason(s) Below:

Medical expenses not covered by insurance incurred for myself, my spouse, and/or my dependents as defined in Section 152 of the Internal Revenue Code, or a primary beneficiary.

Purchase of a principal residence for me.

Tuition, educational-related fees and room and board expenses for the next 12 months of post-secondary education for me, my spouse, my children, or other dependents, or a primary beneficiary.

Prevention of eviction from, or foreclosure on the mortgage on, my principal residence.

To pay for expenses for the repair of damage to my residence or to the residence of a primary beneficiary, that would qualify for the casualty deduction under Section 165 of the Internal Revenue Code.

Funeral expenses for my immediate family member(s), or a primary beneficiary.

4. Declaration

By law, hardship withdrawals are only permitted to the extent that other resources are not available to meet your hardship needs. By signing this Form, you affirm the following statements.

I certify that my heavy and immediate financial need or that of my spouse, and/or my dependents as defined in Section 152 of the Internal Revenue Code, or a designated beneficiary, cannot be met from other reasonable sources. I certify that the need cannot be met:

- ☐ Through reimbursement or compensation by insurance or otherwise.
- ☐ By reasonable liquidation of my assets or those of my spouse or my minor children, to the extent that such liquidation would not in itself cause an immediate and heavy financial need.
- ☐ By borrowing from commercial sources on reasonable commercial terms.
- ☐ By taking loans or distributions from any retirement plan in which I am a participant.
- ☐ By stopping salary reduction contributions to my account.

5. Tax Withholding Election

A qualifying hardship withdrawal must be reported as a taxable distribution and is subject under IRS rules to 10% income tax withholding, unless you elect to take more than 10% or to waive all withholding. State tax withholding may also apply if federal income tax is withheld. **By signing this form you are electing no tax withholding unless you check the box below to indicate that you wish to withhold taxes.** In so doing you acknowledge that you may be required to pay estimated tax and that insufficient tax withholding or payments may result in penalties.

Withhold 10% for federal income taxes. If you wish to withhold a greater percentage indicate this here: _____ %

6. Signature and Medallion Signature Guarantee or Signature Verification Program Stamp

Please sign this Form exactly as the account is registered. Your signature must be guaranteed by an eligible guarantor institution. A notarization by a notary public is not acceptable. Under penalty of perjury, I hereby attest that the foregoing facts and declarations are true and correct. By signing this Form I agree that, per IRS rules, I must suspend my salary withdrawal contributions for a period of six months that commences on the date of my requested hardship distribution. I understand that my employer must be notified of the hardship distribution request to ensure compliance with the six-month suspension rule.

Shareowner signature

Date

Print Name

Daytime Phone Number

Medallion Signature Guarantee or Signature Verification Program Stamp

7. Employer Acknowledgment

As employer of the above-signed 403(b) Shareowner/403(b)(7) participant, I confirm that such participant is eligible for a hardship withdrawal in the amount requested and I acknowledge that I am aware that IRS rules require that all the participant's salary reduction contributions to the 403(b)(7) plan must be suspended for a period of six months, beginning on the date of the requested hardship withdrawal.

Employer Name and Address

Date

Employer signature

Daytime Phone Number

Print Name