

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

Overnight Mail:

PIMCO Funds

801 Pennsylvania Avenue, Ste 219294

Kansas City, MO 64105-1307

In conjunction with new FINRA Rule 2165 and amendments to FINRA Rule 4512, that became effective on February 5, 2018, we are seeking to obtain the name and contact information for a "trusted contact" person for shareholder accounts. We could reach out to the "trusted contact" if, for example, we were unable to contact you after multiple attempts, or if you became subject to a disability, or we had reason to believe that you were being abused or exploited by a third party.

If you choose to provide information about a trusted contact person, you agree that the trusted contact you have listed below may be contacted by the firm about your account. You are also agreeing that the firm, or an associated person of the firm, is authorized to contact the trusted contact, and disclose information about your account, to address possible financial exploitation, to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by FINRA Rule 2165. You are not required to provide a trusted contact person to us.

Please note, assigning a trusted contact does **not** give the trusted contact any discretionary authority over your account; accordingly, the individual you list, on the basis of being listed as a trusted contact, will not be able to make purchases, effectuate sales or disbursements, or conduct any other activity.

The designation below will replace any previously submitted trusted contact information.

1. Account Information

Account Name _____

Account Number(s) _____

2. Trusted Contact Information

Trusted Contact Name _____ Relationship to Owner _____

Home Phone Number () _____ Cell Phone Number () _____

Email Address _____ Age _____

Mailing Address _____

City _____ State _____ Zip Code _____

3. Authorized Signer(s)

Account Owner Signature X _____ Date _____

Print Name _____

Account Owner Signature X _____ Date _____

Print Name _____