



Complete this form to request a distribution from your Pacific Funds 529 College Savings Plan (MT) account. Consult your tax adviser for information regarding distributions and taxation. If you have questions regarding this form, call (800) 722-2333 for assistance.

1. Account Information

Account Number _____

Account Owner's Name (first, middle initial, last or entity name)
(_____)

Social Security Number/Taxpayer ID Number _____

Daytime Telephone _____

Joint Account Owner's Name (first, middle initial, last name)
(_____)

Social Security Number _____

Daytime Telephone _____

Designated Beneficiary's Name (first, middle initial, last name) _____

Social Security Number _____

2. Distribution Information

Distributions from a Pacific Funds 529 College Savings Plan (MT) that are used for qualified higher education expenses of the designated beneficiary are not subject to federal income tax (qualified withdrawal). A distribution due to the death or disability of the designated beneficiary or the receipt of scholarship by the designated beneficiary will be subject to federal income tax, but will not incur a 10% federal tax penalty (qualified withdrawal). Federal tax law permits one tax-free rollover in any 12-month period from one 529 plan to another 529 plan for the same designated beneficiary. Distributions for any other purpose are subject to federal income tax and a 10% federal tax penalty on the earnings portion of the withdrawal (nonqualified withdrawal). It is your responsibility to determine whether a withdrawal is qualified or nonqualified and whether a penalty applies. See the Plan Description Handbook for more details on qualified and nonqualified withdrawals.

Check here if this distribution is due to the death or disability of the designated beneficiary or the receipt of scholarship by the designated beneficiary. Attach appropriate documentation.

Amount of Distribution (Select one):

Full Account Distribution (Distribute all funds within this account.)

Partial Account Distribution

Write in the name of the fund(s) or Portfolio Optimization model from which the distribution will be taken and the dollar amount from each. If you do not provide this information, you will need to resubmit your request before any distribution is made. If you request a partial distribution from a model, the dollar amount will be taken pro rata from the funds of the model. If you request a distribution that is greater than the current value of the fund(s) or model, we will send you only the current value. We will not automatically withdraw the difference from any other fund. You must make a separate request for the difference.

| Fund Name or Model Name | Dollar Amount | Full Fund/Model Distribution (check all that apply) |
|-------------------------|---------------|--|
| _____ | \$ _____ | or <input type="checkbox"/> |
| _____ | \$ _____ | or <input type="checkbox"/> |
| _____ | \$ _____ | or <input type="checkbox"/> |
| _____ | \$ _____ | or <input type="checkbox"/> |

Indicate Gross or Net If no box is checked the default is gross.

Gross (total amount requested; total distribution will be grossed up to include fees or charges)

Net (total amount requested less fees or charges)

2. Distribution Information (continued)

Montana Residents only: Complete this section only if you are a Montana resident.

Montana Recapture Tax: If you claimed a Montana income tax deduction with respect to a contribution to your account and your withdrawal is nonqualified, you will be subject to a Montana recapture tax on the withdrawal. All withdrawals made within three years of the date you opened your account, as well as all rollovers to another 529 plan, are considered nonqualified withdrawals for state tax purposes.

If you are taking a nonqualified distribution as defined for Montana residents, indicate the dollar amount: \$ _____

3. Payment Instructions

The distribution can be made payable to the account owner, the designated beneficiary, or an eligible educational institution. Select one of the options listed below and provide the requested information.

- Make check payable to account owner
- Make check payable to the designated beneficiary
- Wire to account owner's bank account on record
- Wire to the following bank account:

| | | |
|--------------|-------------------------|---------------------|
| Name of Bank | Bank ABA Routing Number | Bank Account Number |
|--------------|-------------------------|---------------------|

- Make payment directly to the following eligible educational institution:

| | | | |
|---------------------------------|------|-------|-----|
| Name of Educational Institution | | | |
| Mailing Address | City | State | ZIP |

4. Signature(s)

I authorize the Pacific Funds 529 College Savings Plan (MT) to make the distribution specified in these instructions. I have received, read and agree to the terms and conditions of the Plan Description Handbook and Trust Agreement. I certify that the information I have provided with respect to my account is true, complete and correct. I understand that it is my responsibility to determine whether a withdrawal is qualified or nonqualified and whether a penalty applies and that I am responsible for any tax consequences of this distribution.

I agree that Pacific Life, Pacific Funds and the Plan, and their officers, directors, agents and employees will not be liable for any loss, liability, damage or expense for relying upon these instructions believed to be genuine. I understand that a Pacific Funds 529 College Savings Plan (MT) account is not insured by the state of Montana, Pacific Life or Pacific Funds and neither the principal invested nor the investment return is guaranteed by Montana, Pacific Life or Pacific Funds.

A Medallion Signature Guarantee is required if: (1) distribution requests are going to a bank account other than the bank account on record, or (2) your address or the beneficiary's address of record has changed within the past 30 days or (3) the distribution request is for \$50,000 or more.

Medallion Signature Guarantee Stamp if required.

If you are not signing as an individual, state your title or capacity. Each person signing on behalf of an entity represents that their actions are authorized.

Account Owner's / Responsible Individual's Signature Date

Joint Account Owner's Signature (if applicable) Date

Mail this completed form to:

First Class Mail:
Pacific Funds
P.O. Box 9768
Providence, RI 02940-9768

Overnight Mail:
Pacific Funds
Attn: Work Management
101 Sabin Street
Pawtucket, RI 02860
(800) 722-2333