

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  
 430 W 7th Street, STE 219294  
 Kansas City, MO 64105-1407

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 \_\_\_\_\_