

PIMCO Interval Funds

CLASS INSTITUTIONAL SHARES

Contact Information:

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PIMCO Interval Funds
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PIMCO Interval Funds
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 Kansas City, MO 64105-1407

This Account Options form is for clients who wish to make changes to their existing PIMCO Interval Fund account. If your PIMCO Interval Fund account is held through a financial advisor or intermediary, please contact them to make changes to your account.

Instructions

Please complete the applicable section(s) on this form. This form includes sections to change:

- Address
- Account Registration
- Dividend Reinvestment Plan (DRIP)
- Bank Account Information
- Dealer
- Authorized Signer(s)

1. Current Account Information (Required)

Account Name _____ Account Number _____
 Requestor Name _____ Telephone Number () _____

2. Address Change

Mailing Address Change Physical Address Change

New Street Address _____
 New City _____ New State _____ New ZIP Code _____
 New Daytime Telephone Number () _____

3. Registration Change

Former Account Name _____
 New Account Name _____

* Please include supporting legal documents illustrating the change. For example, marriage license, trust documents, corporate resolution, etc.

4. Dividend and Capital Gain Distributions

Select your dividend and capital gain distribution method. Check one box for dividends and/or one box for capital gains. If not specified, dividends and capital gains will be reinvested in the fund that pays them.

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Deposit via electronic transfer to my bank account. | <input type="checkbox"/> Dividends | <input type="checkbox"/> Capital Gains |
| <input type="checkbox"/> Pay by check to the mailing address of record on the account. | <input type="checkbox"/> Dividends | <input type="checkbox"/> Capital Gains |
| <input type="checkbox"/> Reinvest in the same fund that pays them. | <input type="checkbox"/> Dividends | <input type="checkbox"/> Capital Gains |

5. Bank Account Information Change

- Use the bank account information on the attached voided check.
- Use the bank account information provided below.

Bank ABA Number _____ Bank Account Number (DDA) _____

Bank Account Name _____

For Further Credit Number _____ For the Benefit of _____

Bank Name _____

Bank Contact _____ Telephone Number () _____

Please note that changes to the wire instructions must be received in writing from the account owner or Authorized Person and must contain a Medallion Signature Guarantee or Signature Validation Program Stamp.

6. Dealer Information Change

From Dealer Name _____

Representative's Name _____ Telephone Number () _____

Rep ID Number _____ Representative's Branch Office Number _____

New Dealer Name _____

Representative's Name _____ Telephone Number () _____

Rep ID Number _____ Representative's Branch Office Number _____

Branch Address _____ City _____ State _____ ZIP Code _____

New Dealer Home Office Address:

Address _____ City _____ State _____ ZIP Code _____

Telephone Number () _____

New Rep Signature X _____ Date _____

Principal or Authorized Back Office Signature X _____ Date _____

7. Authorized Signer(s) Change

Anyone currently listed as an Authorized Signer on the account and not listed in this section will be removed from the account. If you need additional space to name Authorized Signers, attach a separate sheet that includes all of the information requested below and include a copy of your Corporate Resolution, Trust documents, or similar organizational document evidencing capacity.

Name (First, Middle Initial, Last) _____ SSN _____ DOB _____

Address _____ City _____ State _____ ZIP Code _____

Signature X _____ Date _____

Name (First, Middle Initial, Last) _____ SSN _____ DOB _____

Address _____ City _____ State _____ ZIP Code _____

Signature X _____ Date _____

Name (First, Middle Initial, Last) _____ SSN _____ DOB _____

Address _____ City _____ State _____ ZIP Code _____

Signature X _____ Date _____

8. Signature of Account Owner(s) or Authorized Person(s):

Name (First, Middle Initial, Last) _____ Title _____

Telephone Number () _____ Email _____

Signature X _____ Date _____

Name (First, Middle Initial, Last) _____ Title _____

Telephone Number () _____ Email _____

Signature X _____ Date _____

Signature of Account Owner(s) or Authorized Person(s): **

This is only required if updating banking information or if making a legal name change without attaching supporting legal documents.

Medallion Signature Guarantee or Signature Validation Program Stamp***:

By:

Name of Guarantor _____

Title of Guarantor _____

Signature of Guarantor X _____ Date _____

** This section needs to be completed only if updating banking information.

***Please note that for transactions considered financial in nature, PIMCO Interval Funds requires a Medallion Signature Guarantee (MSG). A Signature Validation Program (SVP) Stamp will only be accepted for transactions non-financial in nature. If you have any questions regarding a signature validation, please contact a Client Service Representative at 844.312.2113.