

PIMCO Funds & Allianz Funds Non-Retirement Plan Transfer Request Form

Please use one form for each account being transferred.
Send completed form to: Allianz Global Investors Distributors LLC, P.O. Box 8050, Boston, MA 02266-8050

1. Print Your Name and Address Here

Name _____

Address _____

City _____ State _____ Zip _____
() ()

Your Social Security Number _____ Home Telephone Number _____ Business Telephone Number _____

2. Information About the Account You Are Transferring From (Please refer to your statement for the following information)

Your Account Number _____ Title of Account _____ Name of Firm or Fund Company _____

Attention _____ Address of Firm or Fund Company _____

City _____ State _____ Zip _____

3. Mutual Fund Transfer

Please liquidate all or part (\$ _____) of the account listed in Section 2 and transfer the proceeds of liquidation directly to my PIMCO Funds & Allianz Funds Account immediately at maturity
I understand that there may be fees and/or penalties if I opt to transfer an investment before maturity.

X _____ **X** _____
Your Signature Date Joint Account Holder Signature Date

An important note: Your current Firm or Fund Company may require your signature to be medallion guaranteed. Call them for requirements to avoid delays. Medallion Signature guarantee by:

X _____
Stamp of bank or firm (Notary public is not an acceptable guarantor) Signature of Officer and Title

4. Investment Instructions

- Open a new account (attached is a completed application)
- Transfer to an existing account

Fund Number _____ Account Number _____ Investment Amount \$ _____

5. Establishment of Account by PIMCO Funds & Allianz Funds

PIMCO Funds & Allianz Funds has established the account referenced in Section 4 and requests the transfer of non-retirement dollars as indicated above in Section 4. To ensure proper crediting, make check payable to:

Allianz Global Investors Distributors LLC and reference the following:

(Name of Fund) _____ Account of (Participant's Name) _____ Participant's account number _____

ATTENTION CURRENT RESIGNING INSTITUTION:

Mail check and copy of this form identifying it as a transfer of Non-Retirement Plan dollars to:
Allianz Global Investors Distributors LLC, P.O. 8050, Boston, MA 02266-8050

Authorized signature of PIMCO Funds & Allianz Funds _____ Date _____

FOR BANK USE ONLY

Bank Number _____ Branch Number _____ Bank Representative I.D. _____