



Contact Us At:
www.1290funds.com
Telephone: 888-310-0416

Regular Mail:
1290 Funds
P.O. Box 8947
Boston, MA 02266-8947

Overnight Mail:
1290 Funds
c/o Boston Financial Data Services
30 Dan Road
Canton, MA 02021-2809
Telephone: 888-310-0416

New Account Application (A Shares only)

Customer Identification Program

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you:

- When you open an account, we will ask for your name, address, date of birth, and other information and/or documentation that will allow us to identify you. This information will be verified to ensure the accurate identity of all individuals opening a mutual fund account.
If we are unable to obtain the required information and documentations within a reasonable amount of time, your application will be rejected.
If we are unable to verify your identity within a reasonable amount of time, the Fund reserves the right to freeze or liquidate your account.

1. ACCOUNT INFORMATION

A. TYPE OF ACCOUNT

Individual

Check here to add a Transfer on Death (TOD) designation to the account. If selected, please attach the TOD Beneficiary Designation Form.

Joint

Check here to add a Transfer on Death (TOD) designation to the account. If selected, please attach the TOD Beneficiary Designation Form.

The account will be registered as "Joint Tenants with Right of Survivorship" unless you indicate otherwise below:

- In Common, By Entirety, Community Property

Note: Tenants in Common and Community Property registrations are not permitted to have TOD beneficiary designations.

Uniform Gift/Transfer to Minor (UTMA/UGMA)

Custodian/Guardian

Trust

Corporation or Other Entity Specify Type:

B. INDIVIDUAL ACCOUNT/PRIMARY JOINT ACCOUNT HOLDER

Form fields for individual account holder: First Name, Middle Name, Last Name, Social Security/Tax ID Number, Date of Birth, Phone Number, Street Address, City, State, Zip Code, and resident status options.

C. SECONDARY JOINT ACCOUNT HOLDER

Form fields for secondary joint account holder: First Name, Middle Name, Last Name, Social Security/Tax ID Number, Date of Birth, Phone Number, Street Address, City, State, Zip Code, and resident status options.

D. UNIFORM GIFT/TRANSFER TO MINOR ACCOUNT (UTMA/UGMA)

Custodian (Only One Permitted)

First Name	Middle Name	Last Name	
Social Security/Tax ID Number	Date of Birth (mm/dd/yyyy)	Phone Number	
Street Address (P.O. Box not permitted, except APO or FPO)	City	State	Zip Code

Indicate your resident status: U.S. Citizen Resident Alien

As Custodian, under the _____ (state) Uniform Gifts/Transfers to Minors Act for:

Minor (Only One Permitted)

First Name	Middle Name	Last Name	
Social Security/Tax ID Number	Date of Birth (mm/dd/yyyy)	Phone Number	
Street Address (P.O. Box not permitted, except APO or FPO)	City	State	Zip Code

Indicate your resident status: U.S. Citizen Resident Alien

E. TRUST ACCOUNT

Name of Trust

Trust Tax ID Number	Date of Trust (mm/dd/yyyy)	Phone Number	
Street Address (P.O. Box not permitted, except APO or FPO)	City	State	Zip Code

Trustee(s)

1. First Name	Middle Name	Last Name	
2. First Name	Middle Name	Last Name	

Check here if extra pages are attached for additional trustees.

Trust Documents

- Copy of the first page of the trust agreement.
- Copy of the signature page of the trust agreement.
- Page(s) of the trust agreement that list the name(s) of the trustee(s).

F. CORPORATION/OTHER ENTITY ACCOUNT

Name of Corporation or Other Entity

Street Address (P.O. Box not permitted, except APO or FPO)

City

State

Zip Code

Phone Number

Tax ID Number

Please Indicate your corporate tax status:

C Corporation

S Corporation

Partnership

State or Government Agency

Other: _____

Officers/Authorized Persons

1. First Name

Middle Name

Last Name

Title (e.g. President)

2. First Name

Middle Name

Last Name

Title (e.g. President)

Check here if extra pages are attached for additional officers/authorized persons.

Organizational Documents

Certified copy of organizational documents:

Corporate Resolution

Partnership Agreement

Other: _____

Additional Contact

Additional Contact Name

Phone Number

E-Mail Address

2. ACCOUNT ADDRESS OF RECORD/CONTACT INFORMATION

Mailing Address (if different from the primary owner's street address)

City

State

Zip Code

Contact Telephone Number

Email Address

E-Delivery

Consent for E-Delivery

If you elect E-Delivery, you will receive a notification to the email address provided in Section 2 informing you when a document is available for viewing at www.1290funds.com.

You may view, change, or revoke your E-Delivery preferences and the email address we have on file for you at any time by logging into our online account access system at www.1290funds.com. Confidential account information will not be sent to you or requested from you via email.

Documents Available for E-Delivery: Prospectus, Shareholder Reports, and Proxy Materials

3. BROKER-DEALER INFORMATION (REQUIRED)

By designating a broker/dealer or financial advisor, I/we hereby authorize the Fund and its transfer agent to accept instructions from, and transmit information to, such designee concerning my/our account(s).

Registered Investment Advisor at NAV (Trades at NAV)

Broker/Dealer Name

Dealer Number

Branch Number

Street Address

City

State

Zip Code

Registered Representative's Name

Representative Number

Phone Number

4. INVESTMENT INSTRUCTIONS

List how much you are investing in each Fund you have chosen.

You can buy Class A shares of each fund where available, but the initial investment minimum for each fund in Class A shares is \$1,000 (Lower minimum of \$500 if establishing an automatic bank draft plan). See prospectus for details on Class A shares, including sales charges and expenses.

Fund Name	Fund Code	Class A	Fund Name	Fund Code	Class A
1290 GAMCO Small/Mid Cap Value Fund	5020	\$ _____	1290 Convertible Securities Fund	5036	\$ _____
1290 SmartBeta Equity Fund	5024	\$ _____	1290 High Yield Bond Fund	5028	\$ _____
1290 Global Talents Fund	5056	\$ _____	1290 Unconstrained Bond Managers Fund	5044	\$ _____
1290 Multi-Alternative Strategies Fund	5032	\$ _____	1290 DoubleLine Dynamic Allocation Fund	5048	\$ _____
			Total		\$ _____

How are you paying? Check one box.

By enclosed check made payable to 1290 Funds. Amount: \$ _____

OR

By wire transfer.

All checks must be made payable to "1290 Funds" and sent with this application. 1290 Funds does not accept payments by cash, temporary/starter checks, credit cards, traveler's checks, credit card checks, money orders, checks drawn on non-U.S. banks (even if payment may be effected through a U.S. bank), foreign checks or debit card.

Prior to making an initial investment by wire, a completed Account Application must have been received by 1290 Funds. Once an account number has been assigned, call 888-310-0416 to notify 1290 Funds of your incoming wire transaction.

For purchasing shares, please send a Fed wire payment to:

State Street Bank and Trust Company
ABA Routing Number 0110-000-28
DDA 9905-920-6
Boston, MA 02101
Attention: 1290 Funds (Name of Fund)
FFC: shareholder name/account number

5. COST BASIS ELECTIONS

Please select one of the following cost basis methods. Your election will be used when calculating the gain or loss for all future sales of shares. If no election is made, 1290 Funds' default cost basis method of Average Cost will be applied to your account(s).

- Average Cost (default) First In, First Out (FIFO) Last In, First Out (LIFO)
 Highest Cost, First Out (HIFO) Lowest Cost, First Out (LOFO)
 Specific Lot Identification (SLID) - Secondary Account Method Selection
(Average Cost is NOT a valid method): _____ (specify)

6. ACCOUNT OPTIONS

A. DISTRIBUTION OPTIONS

Indicate if you would like distributions reinvested or paid in cash. If no boxes are checked, all dividends and capital gains will be reinvested.

Income Dividends: Reinvest Cash

Capital Gains: Reinvest Cash

If any distributions are to be paid in cash, specify payment method:

Deposit to bank account (complete Section 6E)

Send check to mailing address in Section 2

B. TELEPHONE EXCHANGE, PURCHASE, AND REDEMPTION

Your account will automatically be coded with telephone exchange, purchase, and redemption privileges, unless you check a box below to decline these privileges. If banking information is not provided in Section 6E, telephone redemptions will be mailed via check to your address of record.

Decline Telephone PURCHASE Decline Telephone EXCHANGE Decline Telephone REDEMPTION

Please review the rules set forth in the prospectus regarding telephone transactions. Neither 1290 Funds nor its transfer agent will be liable for any loss, liability, cost, or expense for acting upon requests reasonably believe to be genuine. We reserve the right to modify, limit the use of, or terminate these privileges at any time.

C. AUTOMATIC BANK DRAFT PLAN

Section 6E is required when selecting this option. This option allows you to invest automatically each month by electronically debiting your checking or savings account. Funds are transferred via the Automated Clearing House (ACH) system, and the plan takes approximately 3 days to become effective. First draft cannot take place less than 10 days after an account is established.

Please invest \$_____ based on the Investment Allocation choices made in Section 4. (minimum \$50 per fund)

Please establish my automatic investment plan as allocated below:

Fund: _____ \$ _____

Fund: _____ \$ _____

Fund: _____ \$ _____

Drafting on the _____ day of the month.

If no date is selected, the plan will be established for all months and the 15th of the month will be selected as the investment date.

D. SYSTEMATIC WITHDRAWAL PLAN (SWP)

This option allows you to withdraw automatically a fixed amount from your 1290 Funds account. Proceeds can be transferred into your checking or savings account, or you may have a check mailed. Funds are transferred via the Automated Clearing House (ACH) system, and the plan takes approximately 3 days to become effective. **Refer to the prospectus for minimum account requirements to enroll in SWP.**

Please withdraw \$_____ based on the Investment Allocation choices made in Section 4.

Please establish my systematic withdrawal plan as allocated below:

Fund: _____ \$ _____

Fund: _____ \$ _____

Fund: _____ \$ _____

Frequency: Quarterly Semi-Annually Annually

All transfers will occur on the 15th day of the month or the following business day.

Delivery Method/Destination:

Please have a check mailed to my address of record.

Please deposit the proceeds electronically into my bank account listed in Section 6E.

E. BANK ACCOUNT INFORMATION

Complete this section if you have asked to have money taken from or paid into a bank account.

Use the bank account information from my investment check.

Use the bank information provided below.

Bank Name	Bank ABA/Routing Number		
_____	_____		
Bank Account Registration	Bank Account Number		
_____	_____		
Bank Address	City	State	Zip Code
_____	_____	_____	_____

Type of Account Checking Savings

Is this a joint account? Yes No

Please attach a voided check or deposit slip. They must be preprinted; starter or counter checks will not be accepted.

F. QUANTITY DISCOUNT

Complete this section if you qualify for a quantity discount on the sales charge you pay to buy Class A shares.

If you are not sure, see the prospectus or ask your registered representative. If you qualify for a discount, it will apply to purchases of Class A shares. Check one box for the quantity discount that applies to you.

Rights of Accumulation

You qualify for this discount based on this investment and the 1290 Funds account(s) listed below:

Fund Name:	Account Number
1. _____	_____
2. _____	_____

F. Quantity Discount continued

Letter of Intent (Leave blank if not checked. Complete all if checked.)

By checking the letter of intent box you also agree that:

- Purchase of Class A shares made within the preceding 90 days may be included under this Letter of Intent.
- Any adjustments to the sales charges made in connection with those prior purchases will be made based on the price per share at the time of purchase.

Are you already investing under a Letter of Intent? (check one)

I am already investing under a Letter of Intent.

I plan, but am not obligated, to buy over a 13-month period, 1290 Funds Class A shares. I have read and agree to the terms and conditions of the Letter of Intent as described in the prospectus. The current value of my 1290 Funds Class A shares, plus the shares I'll be buying over the next 13 months, will total at least (check one box):

- \$50,000 \$100,000 \$250,000
 \$500,000 \$750,000 \$1,000,000

Net Asset Value (NAV)

I am eligible to purchase shares at NAV as outlined in the prospectus. Reason: _____

7. SIGNATURES

All registered account owners or legal representatives must sign this section before the Fund can open your account. The undersigned warrant(s) that the undersigned has (have) full authority and is (are) of legal age to purchase shares of the Fund and has (have) received and read a current prospectus of the Fund and agree(s) to its terms. The Fund and its transfer agent shall not be liable for acting upon instructions or inquiries believed to be genuine. I/We understand that in accordance with applicable state regulations, this account balance may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law. I/We represent I/we understand that one copy of prospectuses and annual/semiannual reports will be mailed to a single household ("householding"), thereby eliminating wasteful duplication, and a household is defined as two or more investors with the same last name and address. Check here if you do not want your account to be combined with others in your household.

Taxpayer Identification Number(s) Certification

As required by Federal law, I/we certify under penalties of perjury that:

1. The Social Security Number(s) or Taxpayer Identification Number(s) listed above is correct, and
2. I/we HAVE NOT been notified by the IRS that I/we am/are subject to backup withholding, and
 (Check this box if you ARE subject to backup withholding)
3. I/we am/are a U.S. person (including a U.S. resident alien).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Only citizens, legal residents, and legal entities of the United States providing a valid social security or tax identification number will be allowed to purchase shares of the Funds.

Signature of account holder, trustee, or custodian — original signature(s) required for processing.

Name (First, Middle Initial, Last): _____

Signature: _____ Title: _____ Date: _____

Signature of joint account holder or co-trustee

Name (First, Middle Initial, Last): _____

Signature: _____ Title: _____ Date: _____

Signature of corporation, trust, or pension plan

Name of Corporation, Trust, or Pension Plan: _____

Name of person completing this application (First, Middle Initial, Last): _____

Signature: _____ Title: _____ Date: _____