



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 (I 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

- Trust
Corporation or Other Entity Specify Type:
Individual (Limited eligibility, please refer to the prospectus)
If investing as an individual choose one:
Employee Other:

B. 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).

C. 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: _____

Organizational Contacts

Operational Contact Name Phone Number E-Mail Address

Additional Contact Name Phone Number E-Mail Address

Internal Account Number

Record keeping Type: Omnibus Sub-Accounting

D. INDIVIDUAL ACCOUNT HOLDER (IF ELIGIBLE)

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

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 on-line 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. INVESTMENT INSTRUCTIONS

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

If eligible, you can buy Class I shares of each Fund where available, but the initial investment minimum for each fund in Class I shares is generally \$1,000,000. See prospectus for details on Class I, including sales charges and expenses.

Fund Name	Fund Code	Class I	Fund Name	Fund Code	Class I
1290 GAMCO Small/Mid Cap Value Fund	5022	\$ _____	1290 Retirement 2020 Fund	5076	\$ _____
1290 SmartBeta Equity Fund	5026	\$ _____	1290 Retirement 2025 Fund	5080	\$ _____
1290 Global Talents Fund	5058	\$ _____	1290 Retirement 2030 Fund	5084	\$ _____
1290 Multi-Alternative Strategies Fund	5034	\$ _____	1290 Retirement 2035 Fund	5088	\$ _____
1290 Convertible Securities Fund	5038	\$ _____	1290 Retirement 2040 Fund	5092	\$ _____
1290 High Yield Bond Fund	5030	\$ _____	1290 Retirement 2045 Fund	5096	\$ _____
1290 Unconstrained Bond Managers Fund	5046	\$ _____	1290 Retirement 2050 Fund	6001	\$ _____
1290 DoubleLine Dynamic Allocation Fund	5050	\$ _____	1290 Retirement 2055 Fund	6005	\$ _____
1290 Low Volatility Global Equity Fund	5062	\$ _____	1290 Retirement 2060 Fund	6009	\$ _____
			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

4. 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	

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

Distributions are paid by ACH transfer for all institutional class accounts. Section 6C must be completed if electing cash distributions.

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 6C, 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. BANK ACCOUNT INFORMATION

Complete this section if you would like to establish electronic transfers from your checking or savings account. Funds are transferred via the Automated Clearing House (ACH) system. Please allow at least 3 business days for the bank instructions to be effective on your account and before initiating an ACH purchase.

NOTE: The initial purchase to open an account cannot be done via ACH bank draft.

Name(s) On Account _____

Bank Name	Bank ABA/Routing Number		
Bank Account Registration	Bank Account Number		
Bank Address	City	State	Zip Code
Type of Account (e.g. checking or savings)	Bank Phone Number		

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 corporation, trust, or pension plan — original signature(s) required for processing.

Name of Corporation, Trust, or Pension Plan: _____

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

Signature: _____ Title: _____ Date: _____

Signature of eligible individual account holder — original signature(s) required for processing.

Name (First, Middle Initial, Last): _____

Signature: _____ Date: _____