



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

Regular Mail:
1290 Funds
PO Box 219166
Kansas City, MO 64121-9166

Overnight Mail:
1290 Funds
430 W 7th Street STE 219166
Kansas City, MO 64105-1407
Telephone: 888-310-0416

New Account Application (R Shares only)

This application is for any employee-sponsored retirement plan that would like to use the 1290 Funds on an investment only basis. No Third Party Administrator or Recordkeeper will be provided. For this purpose, employer-sponsored retirement plans do not include SEP IRAs, SIMPLE IRAs or SARSEPs.

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. PLAN/TRUST INFORMATION

Name of Employer/Organization/Plan Sponsor
Type of Account (401(k), 403(b), Profit Sharing, etc.)
Name of Trustee/Custodian
Name of Plan/Trust
For the Benefit of (e.g., 401(k) Plan Participants)
Plan/Trust Tax ID Number*
Date of Plan/Trust (mm/dd/yyyy)
Phone Number
Street Address (P.O. Box not permitted, except APO or FPO)
City
State
Zip Code

*If no TIN for the plan/trust has been established, please provide the TIN for the employer.

Employer/Organization/Plan Sponsor Contact

First Name
Middle Name
Last Name
Title (i.e. president)

Check here if extra pages are attached for additional contacts.

Plan Documents

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

2. 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).

Broker/Dealer Name	Dealer Number	Branch Number	
Street Address	City	State	Zip Code
Registered Representative's Name	Representative Number	Phone Number	

3. THIRD PARTY PLAN ADMINISTRATOR – RECORDKEEPER (IF APPLICABLE)

Third Party Administrator Name (Recordkeeper)

First Name	Middle Name	Last Name	Title
Third Party Plan Administrator Number		Phone Number	
Street Address (P.O. Box not permitted, except APO or FPO)		City	State Zip Code

4. INVESTMENT INSTRUCTIONS

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

See prospectus for details on Class R, including sales charges and expenses.

Fund Name	Fund Code	Class R	Fund Name	Fund Code	Class Rs
1290 GAMCO Small/Mid Cap Value Fund	5023	\$ _____	1290 High Yield Bond Fund	5031	\$ _____
1290 SmartBeta Equity Fund	5027	\$ _____	1290 Diversified Bond Fund	5047	\$ _____
1290 Multi-Alternative Strategies Fund	5035	\$ _____	1290 DoubleLine Dynamic Allocation Fund	5051	\$ _____
			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. ACCOUNT OPTIONS

- All dividends and capital gains will be automatically reinvested.
- All accounts will be opened on a pooled basis.

A. TELEPHONE/ONLINE EXCHANGE

Your account will automatically be coded with telephone exchange privileges, unless you check a box below to decline these privileges.

Decline Telephone EXCHANGE

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.

6. 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 Certification

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

1. The Taxpayer Identification number listed in Section 1A is the Plan's current Tax Identification number or I have applied, or will apply for such a number and will provide it within sixty (60) days after signing this application (if I do not supply such number within sixty (60) days, the Plan will be subject to withholding tax), and
2. The Plan HAS NOT been notified by the IRS that the Plan is subject to backup withholding as a result of:
 - a. Failure to report all interest or dividend, or
 - b. Rescinded a previously imposed backup withholding requirement.

(Check this box if you ARE subject to backup withholding)

I am aware that if the Tax Identification number I have provided is incorrect, the Plan is subject to backup withholding. 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 Plan Trustee(s)

Name (First, Middle Initial, Last): _____

Signature: _____ Title: _____ Date: _____

Name (First, Middle Initial, Last): _____

Signature: _____ Title: _____ Date: _____