



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

Shareholder Maintenance Form

Use this form to select or change the privileges which you may exercise in connection with your existing accounts.

NOTE: A medallion signature guarantee is required for certain changes or additions made using this form, as noted on this form. If no medallion signature guarantee is required, the change can also be made by calling 888-310-0416.

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

Complete the following information about your account.

Please check one: [] Adding Privileges [] Changing Privileges/Account Information

Current Owner, Custodian, or Trustee

Form fields for Current Owner, Custodian, or Trustee: First Name, Middle Name, Last Name, Social Security/Tax ID Number, Date of Birth (mm/dd/yyyy), Phone Number, Account Number, Fund Name.

Joint Account Owner, Minor, or Plan Trustee

Form fields for Joint Account Owner, Minor, or Plan Trustee: First Name, Middle Name, Last Name, Social Security/Tax ID Number, Date of Birth (mm/dd/yyyy), Phone Number.

2. ACCOUNT REGISTRATION/ADDRESS CHANGE

Use this section for changes only. Check the applicable box(es) and provide the information requested.

[] New Account Registration (additional documentation may be required). A medallion signature guarantee is required. For additional instructions please call 888-310-0416.

Form fields for New Account Registration: First Name, Middle Name, Last Name.

[] New Address

Form fields for New Address: Mailing Address, City, State, Zip Code, Street Address (If a PO Box is provided above), City, State, Zip Code, Contact Telephone Number, Email Address.

2. Account Registration Address/Change continued

E-Delivery

Consent for E-Delivery Add Remove

If you elect E-Delivery, you will receive a notification to the email address of record 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. COST BASIS ELECTIONS CHANGES

To update your cost basis method, please select one of the following. Your election will be used when calculating the gain or loss for all future sales of shares. Do not make an election to keep your current selection.

- 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)

4. ACCOUNT OPTIONS CHANGES

A. DISTRIBUTION OPTIONS

To update, indicate if you would like distributions reinvested or paid in cash. Do not check any boxes to keep your current selections.

- 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 4E if not previously provided).
 Send check to address of record.

B. TELEPHONE EXCHANGE, PURCHASE, AND REDEMPTION

To update your telephone exchange, purchase, or redemption privileges, check the appropriate box(es) below. Do not check any boxes to keep your current selections.

- Telephone PURCHASE Add Remove
Telephone EXCHANGE Add Remove
Telephone REDEMPTION Add Remove

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 4E is required when selecting this option. This option allows you to invest automatically each month or quarter 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 discontinue my enrollment in the automatic bank draft plan.
 Please invest \$_____ based on the current Investment Allocation choices. (minimum \$100 per fund)
 Please establish my automatic investment plan as allocated below:

Fund: _____ \$ _____

Fund: _____ \$ _____

Fund: _____ \$ _____

- Frequency:** Monthly Drafting on the _____ day of the month.
 Quarterly

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 discontinue my enrollment in the automatic bank draft plan.
- Please withdraw \$_____ based on the Current Investment Allocation choices.
- 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 4E.

E. BANK ACCOUNT INFORMATION

Complete this section if you are establishing new and/or changing previously established bank instructions.

Bank Name	Bank ABA/Routing Number		
Bank Account Registration	Bank Account Number		
Bank Address	City	State	Zip Code
Type of Account	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Is this a joint account?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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. _____	_____
3. _____	_____

Letter of Intent

By checking the letter of intent box you also agree that: (Leave blank if not checked. Complete all if checked.)

- 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: _____

5. SIGNATURES

All registered account owners or legal representatives must sign this section before the Fund can update 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.

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

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Medallion Signature Guarantee

Your signature(s) must be medallion signature guaranteed by a domestic commercial bank, trust company, a member firm of a national securities exchange, or other eligible guarantor institution. A signature guarantee by notary public will NOT be accepted. Corporations, trusts, or estates may be required to submit additional documentation.