Form **8937**(December 2011) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

➤ See separate instructions.

OMB No. 1545-2224

| Part I | Reporting Issue | r | | | |
|------------|---------------------------------------|--------------------|--|--|---|
| 1 Issuer's | name | | | | 2 Issuer's employer identification number (EIN) |
| PACE I | NTERNATIONAI | L FIXED IN | 13-7067506 | | |
| 3 Name o | f contact for addition | nal information | 5 Email address of contact | | |
| UBS | | | 800-647- | -1568 | WWW.UBS.COM/US/EN/ASSET_MANAGEMENT/CONTACT.HTML |
| 6 Number | and street (or P.O. | box if mail is not | 7 City, town, or post office, state, and Zip code of contact | | |
| 1285 A | VENUE OF AMI | ERICAS, 12 | NEW YORK, NY 10019 | | |
| 8 Date of | action | - | 9 Class | sification and description | |
| 03/01/ | 2012 | | DEGIH A | MED TANGEGEMENT GOMPANY | NAME OF STREET, ASSOCIATION OF STREET |
| 10 CUSIP r | | 11 Serial num | | 12 Ticker symbol | CLASS B OUTSTANDING COMMON SHARES 13 Account number(s) |
| | | | (-) | | (4) |
| 69373W | | | | PWFBX | |
| Part II | Organizational I | Action Attach | additional stat | ements if needed. See back | of form for additional questions. |
| | | | | | inst which shareholders' ownership is measured for |
| | | | | | IS A MULTIPLE CLASS OPEN END OF THE INTERNAL REVENUE CODE. ON |
| | | | . , | | JAL FIXED INCOME INVESTMENTS WERE |
| | <u> </u> | | | SAME FUND IN A TAX- | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 15 Descr | ibe the quantitative | effect of the orga | anizational actio | on on the basis of the security in | the hands of a U.S. taxpayer as an adjustment per |
| share | or as a percentage of | of old basis 🕨 💆 | HAREHOLDE | RS OF CLASS B EXCHA | ANGED THESE SHARES FOR SHARES IN |
| | | | | N 03/01/2012. FOR E | • |
| SHAREHO | LDERS RECEIV | JED 1.0043 | 4 SHARES | OF CLASS A (PWFAX). | . CLASS B SHAREHOLDERS' TOTAL |
| | | | | | OTAL BASIS IN THE OLD CLASS B |
| SHARES. | | | | | THE EXCHANGE WILL HAVE A BASIS |
| EQUAL I | O 99.57% OF | THE CLASS | B SHARE | SURRENDERED. | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | _ |
| | | | | | |
| | | | | | |
| | | | | | on, such as the market values of securities and the D ON THE RESPECTIVE NET ASSET |
| | | | | | E OF BUSINESS ON THE EXCHANGE |
| | 03/01/2012 | | | | E DETERMINED BASED ON THE MARKET |
| | · · · · · · · · · · · · · · · · · · · | | | LD BY THE FUNDS. | DETERMINED BASED ON THE MARKET |
| | | | | | LASS A WAS \$11.52 PER SHARE ON |
| | | | | | F CLASS A RECEIVED FOR EACH |
| | SHARE OF CI | | | | |
| | | | | <u>· </u> | |
| | | | | | |
| | | | | | |
| | | | | | |

Form 8937 (Rev. 12-2011)

| Part II | Ò | Organizational A | ction (continued | (k | | | | |
|------------------|---------|-----------------------------|-------------------------|------------------------|------------------------------------|--------------------------|----------------------|------------------|
| | | | | , | | | | |
| 17 List | t the | annlicable Internal R | Pevenue Code secti | ion(s) and subsect | ion(s) upon which the tax t | reatment is hased | | |
| IRC SI | ECT: | ION 1036(a)- | NO GAIN OF | LOSS IS R | ECOGNIZED | realment is based | · · | |
| IRC SI | ECT: | ION 1031(d)- | THE AGGREC | GATE BASIS | OF THE SHARES | EXCHANGED EQ | UALS THE | AGGREGATE |
| | | | BASIS OF T | HE SHARES | RECEIVED. | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | ognized? NO | | | | | |
| 18 Cai | n any | resulting loss be reco | ognized? | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 19 Pro | ovide | any other information | n necessary to imp | lement the adjustr | ment, such as the reportab | le tax year ▶ | | |
| - | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| - | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Und | ler penalties of perjury, | , I declare that I have | examined this return, | including accompanying sche | edules and statements, a | and to the best of r | ny knowledge and |
| | beli | ef, it is true, correct, ar | nd complete. Declara | tion of preparer (othe | er than officer) is based on all i | nformation of which prep | arer has any know | vledge. |
| Sign | | | | | | | | |
| Here | Siar | nature | | | | Date | | |
| | Jigi | | | | | | | |
| | Prin | t your name | | | | Title > | | |
| D-: : | | Print/Type preparer's n | name | Preparer's signatu | re | Date | Check if | PTIN |
| Paid | | | | | | | self-employed | |
| Prepar Use Or | nlv | Firm's name | | | | | Firm's EIN | |
| 230 01 | · · · y | Firm's address | | | | | Dhono no | |

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054

Phone no.

Firm's address