



WITHDRAWAL REQUEST FIXED ANNUITIES

CONTACT INFORMATION: Pacific Life Insurance Company P.O. Box 2378 Omaha, NE 68103-2378

Clients: (800) 722-4448 Financial Professionals: (800) 722-2333 Fax: (888) 837-8172 RIAs: (833) 953-1863

CONTACT INFORMATION (for New York only): Pacific Life & Annuity Company P.O. Box 2829 Omaha, NE 68103-2829

Clients & Financial Professionals: (800) 748-6907 Fax: (800) 586-0096

Email: AnnuityService@PacifiLife.com Web Site: www.PacifiLife.com

ALL OVERNIGHT DELIVERIES: Pacific Life Insurance Company 6750 Mercy Rd Omaha, NE 68106

Use this form to request a one-time withdrawal from your annuity contract or to establish or modify a preauthorized withdrawals. These transactions may also be available for processing on the Pacific Life website. Please visit www.PacifiLife.com for additional details. Do not use this form for 1035 exchanges. To start an automated required minimum distribution (RMD) program, contact Pacific Life Customer Service. Review your contract before submitting a withdrawal request. All pages of this form must be returned.

All requests must be received in good order before market close of the New York Stock Exchange to be processed the same business day. Standard market close is 4pm Eastern, Monday through Friday. This excludes certain holidays where the market may be closed or closes early.

1 GENERAL INFORMATION If contract is trust, entity, or custodially-owned, please put the name of the annuitant(s) on the owner line(s).

Owner First Name, Owner Middle Name, Owner Last Name, Annuity Contract Number, Joint Owner First Name, Joint Owner Middle Name, Joint Owner Last Name, Daytime Telephone Number, Trust/Entity Name

2 ONE-TIME WITHDRAWAL Minimum withdrawal amount is \$500.

Choose one of the following options:

A. [] Withdraw the maximum amount without incurring withdrawal charges.

B. [] Withdraw \$ _____

C. [] Terminate the contract for its full withdrawal value.

D. [] (Pacific Frontiers and Pacific Frontiers II only) Withdrawal from the guaranteed terms indicated below. (Minimum withdrawal amount of \$500 applies to each term.)

Withdraw \$ _____ from the _____ guaranteed term (specify term)

Withdraw \$ _____ from the _____ guaranteed term (specify term)

E. [] (Pacific Explorer, Pacific Expedition, Pacific Expedition 2, Pacific Mariner, Pacific Mariner 2, Pacific Harbor, or Index Products only) Percentage withdrawal _____%. The withdrawal percentage will be based on contract value at the time of the withdrawal. The requested percentage may exceed the amount to be withdrawn annually without incurring withdrawal charges. If you wish to withdraw the remaining amount without incurring withdrawal charges, check 2A above.

F. [] (Fixed Indexed Annuities only) Withdraw from the allocation options indicated below. For the Index-Linked Options, no interest is earned or credited on amounts withdrawn prior to the end of an Index Term.

Withdraw \$ _____ or _____% from the _____ option (specify option)

Withdraw \$ _____ or _____% from the _____ option (specify option)

OVERNIGHT DELIVERY (for one-time withdrawals only) Note: If the address on file is a P.O. box, please provide a physical address in Section 7. [] I authorize Pacific Life to deduct shipping and handling expenses from my contract for standard overnight delivery of my one-time withdrawal.

Pacific Life refers to Pacific Life Insurance Company (Newport Beach, CA) and its affiliates, including Pacific Life & Annuity Company. Pacific Life Insurance Company is the issuer in all states except New York. Pacific Life & Annuity Company is the issuer in New York.



3 PREAUTHORIZED WITHDRAWALS Unless otherwise specified, the minimum preauthorized withdrawal amount is \$500. Selections you make replace any previous preauthorized withdrawal instructions you have given us. Select one withdrawal option from either A1 or A2 or A3 depending upon your contract and select a frequency, start date, and duration. **If you want to set up preauthorized withdrawals under a Guaranteed Minimum Withdrawal Benefit (GMWB) rider, complete the Withdrawal Request for GMWB Riders form.**

A. Withdrawal Options

1. Pacific Frontiers and Pacific Frontiers II (Select one)

- Free withdraw – This is a withdrawal of previous period earnings free of withdrawal charges and market value adjustments. The minimum amount is \$250. For EFTs, the minimum is \$100, and you must complete Section 8.
- Dollar amount: \$ _____ each frequency period selected in Section 3B.

2. Pacific Explorer, Pacific Expedition, Pacific Expedition 2, Pacific Mariner, Pacific Mariner 2, Pacific Harbor, or Pacific Income Advantage (Select one)

- Earned interest only. Withdrawals of the earned interest during then selected frequency excluding the credit enhancement. The minimum amount is \$250. For EFTs, the minimum is \$100, and you must complete Section 8.
- Percentage withdrawal: _____% of contract value annually, divided by the frequency period selected below. The requested percentage may exceed the amount allowed to be withdrawn annually without incurring annual charges.
- Dollar amount: \$ _____ each frequency period selected below. The requested amount may exceed the amount allowed to be withdrawn annually without incurring annual charges.

3. Fixed Indexed Annuities (Select One) For EFTs, the minimum is \$100, and you must complete Section 8.

- Percentage withdrawal: _____% of contract value annually, divided by the frequency period selected below. The requested percentage may exceed the amount allowed to be withdrawn annually without incurring annual charges.
- Dollar amount: \$ _____ each frequency period selected below. The requested amount may exceed the amount allowed to be withdrawn annually without incurring annual charges.

B. Frequency If none selected, frequency will be annually.

- Monthly Quarterly Semiannually Annually

C. Start Date _____
mm dd yy

If submitted with an application or received after the requested start date, the start date will be the same date in the month following receipt of the request.

- Start the program ASAP

D. Duration _____ months _____ years

If no duration is indicated, the end date of the withdrawals may be when the remaining balance is less than the withdrawal amount requested or the minimum remaining cash value on the contract.

E. 72(t)/72(q) Payments

- Check box if preauthorized withdrawal is establishing or continuing a series of substantially equal periodic payments under IRC72(t) or 72(q) not calculated by Pacific Life. If you elect 72(t) or 72(q) payments, you bear the risk of any modification made and your source funds depleting (causing your payments to cease). Modifications may subject the series of 72(t) or 72(q) withdrawals to a retroactive 10% additional tax and may occur if additional purchase payments to or withdrawals from the contract are made or 72(t)/72(q) withdrawals are increased, decreased, or stopped. Exceptions continue to apply in the case of a rollover of the contract, an exchange of an annuity providing the payments, or an annuity that satisfies the required minimum distribution rules. You are fully responsible for all resulting tax consequences.

4 INCOME TAX WITHHOLDING - To avoid default tax withholding, complete this section.

Federal Income Tax Withholding: For Non-Qualified and IRA contracts, we withhold a minimum federal amount of 10% (For TSA/403(b) we will withhold 20% where you take receipt of funds and 10% for substantially equal period payments. If you have a 401a, 401k, Keogh or custodial-owned contract, taxes cannot be withheld.) or you can elect to not have us withhold taxes. To withhold a federal amount other than 10%, you must submit the current year version IRS Form W-4R with this request. You can obtain a Form W-4R by visiting the IRS website at www.irs.gov or Pacific Life's website at www.PacificLife.com. If a W-4R is not submitted, less than 10% federal election is requested, or no election is made below, the withdrawal will be processed with 10% withholding.

I elect the following for Federal Withholding: Do not withhold Withhold default I have included the W-4R form

State Income Tax Withholding: Pacific Life is required to withhold at the minimum rate required (which may be 0%) by your state of residence. Some states may require you to use specific state forms. For these states, if you do not use the proper form we may have to withhold in accordance with state default withholding rules. A State Tax Withholding Guide can be found on the Pacific Life website at www.mypacificlifeannuity.com/statetax.

Please consult with your tax advisor or visit your state government website to determine what may be required in your situation.

I elect the following for State Withholding: Do not withhold Withhold default Withhold _____%



Annuity Contract Number _____

5 CHECK AMOUNT (not applicable for full surrenders) If not specified, a withdrawal for the gross amount will be processed.

Gross Applicable charges, taxes and any adjustments will be deducted from the requested amount.

Net Applicable charges, taxes and any adjustments will be added to the requested amount. (Net amount not applicable if Section 2A or 3A-2 is selected.)

6 DISABILITY/CHRONICALLY ILL CERTIFICATION Complete this section only if you are a disabled or chronically ill beneficiary. You are considered disabled if you can furnish proof that you cannot do any substantial gainful activity because of your physical or mental condition. A physician must determine that your condition can be expected to result in death or to be of long, continued, and indefinite duration. **You must also provide a signed Pacific Life Disability/Chronical Illness Certification form.** It is your responsibility to notify Pacific Life in the event that your condition no longer meets the definition of disabled according to IRC section 72(m)(7).

Check this box if the distribution(s) requested by this firm is/are because of your disability and **you have included a Pacific Life Disability/Chronical Illness Certification form, which has been signed by a physician.**

You are considered chronically ill if you an furnish proof that you are unable to perform, without substantial assistance from another individual, at least two daily living activities (eating, toileting, transferring, bathing, dressing, and continence) for at least 90 days due to a loss of functional capacity or require substantial supervision to protect against threats to health and safety due to severe cognitive impairment. It is your responsibility to notify Pacific Life in the event that your condition no longer meets the definition of chronically ill according to IRC section 7702B.

Check this box if the distribution(s) requested by the firm is/are because of chronic illness and you have included a Pacific Life Disability/Chronical Illness Certification form, which has been signed by a physician.

7 ALTERNATE DELIVERY/PAYEE INSTRUCTIONS Unless indicated below, the check will always be made payable to the contract owners and sent to the primary owner's address of record. Only complete this section if check is to be made payable to an alternate payee or if the check should be mailed to an alternate address for the primary owner. Acceptable third-party payees include financial institutions, trusts, and charities. **NOTE: Individual third-party payees are not allowed. The owner's original signature is required for a check being mailed to an alternate address, or to a third-party payee (not applicable for checks payable to financial institutions for benefit of the owner).** If distribution is to be treated as a qualified direct transfer, indicate the plan type and account number for the accepting institution. Qualified direct transfers can be set up for one-time withdrawal (partial or full) and scheduled withdrawals. For qualified direct rollovers, a Letter of Acceptance from the accepting financial institution will be required; please call the appropriate toll-free service number for Pacific Life provided on this form for additional information regarding the Letter of Acceptance. For qualified direct transfers and rollovers, once you reach RMD age, the entire amount of the RMD must be distributed prior to any direct transfer/rollover. If you request a direct transfer/rollover, it is your responsibility to ensure you have met your RMD requirement.

Name of Payee _____

Account Number (if applicable)	Plan Type at Accepting Institution (if applicable)		
Street Address	City	State	ZIP

8 ELECTRONIC FUNDS TRANSFERS (EFTS)

Complete this section if you want withdrawals to be electronically transferred to the contract owner's checking or savings account. If account type is not indicated, the information provided will be processed as a checking account. From the time the withdrawal is processed from your contract to the time the funds are received by your financial institution generally takes 2-3 business days. **If the contract is owned by a trust, the bank account must reflect the trust name.**

Note: If EFT instructions are not received in good order, Pacific Life will process the withdrawal as a check to the owner's address of record (if all other instructions are in good order).

<input type="checkbox"/> Use latest EFT instructions on file	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage Account
Financial Institution Name	Account Owner's Name
Financial Institution ABA Routing Number	Financial Institution Account Number



9 FOR TSA/403(B) CONTRACTS ONLY This section must be completed for all TSA/403(b) contracts.**A. Special Tax Information Notice**

- By checking this box, I confirm I've read the Special Tax Information Notice within the last 180 days and (if applicable) waive my rights to wait 30 days prior to requesting this withdrawal. I also confirm that I was able to access the notice online at www.PacificLife.com or have contacted Customer Service to request a copy be sent free of charge. The Special Tax Information Notice provides important details about the taxation of your withdrawal and rollover options. If you have any questions regarding your options, Pacific Life recommends you work with a Financial Professional for assistance.

B. Employer's/Third-Party Administrator's Authorization

Amounts attributable to elective salary deferral contributions can be withdrawn only when a distributable event occurs and must be approved by the employer/third-party administrator. Check the applicable event.

- Attainment of age 59½ Disability Return of excess elective salary deferral contributions
 Hardship (no earnings) Separation from employment Termination of Plan

By signing below, I am acknowledging that:

- (a) I am authorizing this withdrawal/distribution request.
(b) All information provided in this section is accurate.

**SIGN
HERE** _____
Employer's/Third-Party Administrator's Signature_____
mm / dd / yy**C. Employee Self-Certification**

If your contract is exempt from the final 403(b) regulations, your employer does not have to approve this withdrawal/distribution request. If your contract is not exempt, your employer that sponsored this 403(b)/TSA contract **MUST** approve the transaction.

My contract is exempt from the final 403(b) regulations due to the following reason(s): (Select all that apply)

- I did not make any salary deferral contributions to this contract after December 31, 2004.
 My contract was issued with a 90-24 transfer initiated prior to September 25, 2007 and no additional contributions have been made.
 My employer that sponsored this contract no longer exists (i.e., out of business).

10 SIGNATURE(S) AND CERTIFICATION

Certain states require Financial Professionals to ensure that recommendations to you (including surrenders or withdrawals) are in your best interest and to determine that related standards are met. If this transaction was not recommended, such a determination would not be required by your Financial Professional.

If I am requesting a full surrender, I affirm that the original contract has been lost or destroyed. To the best of my knowledge, no one else has any rights, title, or interest in the contract and it has not been assigned, pledged or encumbered.

I understand that any distributions from my contract may be subject to withdrawal charges. I also acknowledge that withdrawals containing a taxable amount may be subject to federal and state income taxes, and if taken prior to age 59½, a 10% IRS additional tax may apply.

For Pacific Frontiers, Frontiers II and Fixed Indexed Annuities I UNDERSTAND THAT AMOUNTS WITHDRAWN OR APPLIED FOR AN ANNUITY BEFORE THE END OF A GUARANTEED TERM/INITIAL GUARANTEE PERIOD MAY BE SUBJECT TO APPLICABLE WITHDRAWAL CHARGES AND MAY BE ADJUSTED UPWARD OR DOWNWARD BASED ON THE MARKET VALUE ADJUSTMENT FORMULA SPECIFIED IN THE CONTRACT.

For Fixed Indexed Annuities: For the Index-Linked Options, no interest is earned or credited on amounts withdrawn prior to the end of an Index Term.

I agree to return all funds withdrawn if I exercise my right to cancel the contract within the free-look period.

I understand that withdrawals may reduce any death benefit.

If distributions other than qualified transfers are made from an IRA or qualified plan, I understand that they will be subject to income tax, and if taken prior to age 59½, a 10% additional tax may apply. I further understand that withdrawals from the qualified plan may be restricted by the plan document, information sharing agreement, or IRS and I should consult my Financial Professional.

If there is an active 72(t) or 72(q) preauthorized withdrawal program, I understand that any additional one-time distributions may subject all prior and succeeding distributions to the 10% additional tax. If I elect 72(t) or 72(q) payments, I bear the risk of any modification made and my source funds depleting (causing my payments to cease). Modifications may subject the series of 72(t) or 72(q) withdrawals to a 10% additional tax and may occur if **withdrawals from** the contract are made or 72(t)/72(q) withdrawals are increased, decreased, or stopped. I am fully responsible for all resulting tax consequences.



10 SIGNATURE(S) AND CERTIFICATION (continued)

I understand that current tax law only permits one rollover distribution for all of my IRAs every 12 months. For purposes of this one-rollover-per-year limitation, all IRAs, including Roth, SIMPLE, and SEP IRA are aggregated, such that a rollover involving any one of them precludes a rollover involving any other account (except qualified plans) within the next year.

If I have elected a withdrawal due to disability, I certify that I am disabled and have provided a Disability Certification form from my physician stating that I am disabled according to the definition under IRC Section 72(m)(7). If I have elected a scheduled withdrawal, it is my responsibility to notify Pacific Life in the event that my condition no longer meets the definition of "disabled" according to IRC Section 72(m)(7).

If I have requested a withdrawal from a TSA/403(b) contract, I confirm that there is an information sharing agreement in place with Pacific Life and that Pacific Life may share information with my employer regarding activity on my contract.

If any withdrawal reduces the contract value to an amount less than the required minimum value as stated in the contract, Pacific Life may terminate the contract and pay the full withdrawal value. Payment of the full withdrawal value will end the contract and Pacific Life will have no further obligations under the contract.

Contracts with a Guaranteed Minimum Withdrawal Benefit (GMWB) rider: Withdrawals in excess of the annual protected payment amount, called "excess withdrawals", will result in a permanent reduction in future guaranteed withdrawal amounts. Pre-Authorized withdrawals, or other withdrawals made while Pre-Authorized withdrawals are active on your contract, may also result in an excess withdrawal. If you are uncertain how an excess withdrawal will reduce or may have reduced your future guaranteed withdrawal amounts, then you may contact Pacific Life to obtain a personalized, transaction-specific calculation showing the effect of an excess withdrawal. If your request is received prior to an excess withdrawal, the calculation will be based on the contract value as of the close of business on the day immediately preceding the day Pacific Life receives your request for the calculation. Actual future guaranteed withdrawal amounts may vary depending on the amount of the withdrawal and the contract value on the date your excess withdrawal is processed. If your request is received following an excess withdrawal, the calculation will show the actual effect of the excess withdrawal.

I agree that if I am providing this form to Pacific Life by email, it is as valid as the original. I also understand that an original signature is required for withdrawal amounts greater than \$250,000 (gross), if the check is payable to the contract owner(s) and mailed to an alternate address, or if an address change has occurred within the last 30 days.

**SIGN
HERE**

_____ mm / dd / yy
Owner's Signature

**SIGN
HERE**

_____ mm / dd / yy
Joint Owner's Signature (if applicable)

SIGNATURE GUARANTEE
Guarantor to Affix Stamp Here

Pacific Life Back Office Use Only

SIGNATURE(S) MUST BE ORIGINAL if the distribution amount is greater than \$250,000 gross (Section 2), if the check is payable to the contract owner(s) and mailed to an alternate address (Section 7), and/or if an address change has occurred within the last 30 days.



When to use this form:	Use this form to request a one-time withdrawal from your fixed annuity contract or to request preauthorized withdrawals. For a one-time withdrawal from your fixed annuity contract, complete all applicable sections except Section 3. For preauthorized withdrawals, complete all applicable sections except Section 2. If your contract is a TSA/403(b), your employer/third-party administrator must sign and complete Section 9.
To complete this form:	Print clearly in dark ink. Provide requested information in full. An incomplete form may delay processing. Do not highlight any information submitted on this form. Paperwork submitted to Pacific Life is scanned into an imaging system and highlighting could make that information unreadable.
Important information:	All requests must be received in good order before market close of the New York Stock Exchange to be processed the same business day. Standard market close is 4pm Eastern, Monday through Friday. This excludes certain holidays where the market may be closed or closes early.
For help or questions:	Contact your Financial Professional or call Pacific Life Customer Service at (800) 722-4448. You can obtain additional copies of this form by visiting our website at www.PacificLife.com .

INSTRUCTIONS

- 1 General Information:** Provide the contract owner's name, daytime telephone number, and annuity contract number.
- 2 One-Time Withdrawal:** Refer to your contract for withdrawal minimums. Any amount up to the total account value, less outstanding debt, may be withdrawn on a one-time basis. Withdrawals may be taken from qualified plans if allowed. (You must complete Section 4 indicating income tax withholding.) If the full surrender box is checked, the cash surrender value will be as of the date all requirements are received in good order. If this is a full surrender, attach the original contract, if available. For overnight delivery, shipping and handling charges will be deducted proportionately from all guaranteed terms. The amount of the charge may be considered to be a distribution and you will be fully responsible for all resulting tax consequences. If additional space is needed, attach a separate sheet and include the same information requested. The separate sheet must be signed and dated by the owner. In cases of joint ownership, both owners must sign.
- 3 Preauthorized Withdrawal:** Refer to your contract for withdrawal minimums. If this form is received by Pacific Life after the selected start date, the first withdrawal will be processed the following month on the date selected or the next business day if the date falls on a weekend or a holiday. (If no start date is selected, the first preauthorized withdrawal will be processed on the day all requirements are received in good order.) Payment will reflect deduction of taxes if withholding is selected (Section 4) and will be taken proportionally from all guaranteed terms or allocation options if none selected. If the withdrawal is a percentage of contract value, withdrawals will be taken proportionally from all existing guaranteed terms relative to the account value in each option. Preauthorized withdrawals may be stopped or modified by contacting Pacific Life at least five days prior to the next withdrawal date. If the withdrawals are based on a 72(t)/72(q) election, any changes to the distribution amount may subject all prior and succeeding distributions to the 10% additional tax and you bear the risk of your contract value depleting and causing your payments to cease. The annual percentage amount is calculated as follows: on the effective date of the request, the contract value amount will be multiplied by the percentage and that amount will be divided by the frequency to determine the withdrawal amount. This calculation will be repeated at each frequency thereafter (for example, monthly, if monthly frequency is selected), using the contract value amount at that time.
- 4 Income Tax Withholding:** If not indicated, taxes will be withheld automatically based on the taxable amount and contract type. However, taxes may not be withheld on 401a, 401k, Keogh, or custodial-owned accounts.
Note to Indiana Taxpayers: Effective January 1, 2009, Indiana provides for county taxes to be withheld when state taxes are withheld. If you wish to withhold county taxes, please include completed and signed Form WH-4P (R2/8-08) which can be found on the Indiana Department of Revenue website. Please call Pacific Life Customer Service for instructions.
- 5 Check Amount:** If neither box is selected, Pacific Life will process a gross check amount, which reflects the deduction of taxes and any charges from the requested amount.
- 6 Disability:** Complete this section if the requested withdrawal(s) is(are) because of your disability. A Pacific Life Disability Certification form must also be included with this request.
- 7 Delivery Instructions:** If distributions are to be mailed to a third-party payee, complete this section.
- 8 Electronic Funds Transfers (Optional):** If distributions are to be electronically transferred to the contract owner's checking or savings account, complete this section.
- 9 For TSA/403(b) Contracts Only:** Complete this section only if requesting a withdrawal/distribution from a TSA/403(b) contract. Employer's/third-party administrator's authorization and signature is required. Please note that 12/31/88 annuity balances may be distributed without the occurrence of a triggering event. The Special Tax Information Notice is available on the Pacific Life website at www.PacificLife.com. Elective deferrals (i.e., employee contributions) received on or after 1/1/89 cannot be distributed prior to age 59½ or the occurrence of one of the events listed on this form. Hardship distributions may be subject to the 10% additional tax.
- 10 Signature(s) and Certification:** The form must be signed by the owner. In cases of joint ownership, both owners must sign. A Signature Guarantee may be required whenever we believe that verification of authenticity is necessary to protect you or us.