



PREAUTHORIZED INVESTMENT REQUEST

CONTACT INFORMATION:

Pacific Life Insurance Company
P.O. Box 2378
Omaha, NE 68123

Clients:(800) 724448
Financial Professionals:(800) 722333
Fax:(888) 838172

CONTACT INFORMATION (for New York only):

Pacific Life & Annuity Company
P.O. Box 2829
Omaha, NE 68128

Clients & Financial Professionals:(800) 748907
Fax:(800) 586096

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

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

Use this form to provide information about your finan

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When to use this form This form authorizes Pacific Life to automatically debit your financial institution account for investments (purchase and premium payments) to be applied to your annuity. Print clearly using dark ink. Provide the requested information in full. An incomplete form may delay processing. Do not highlight any information submitted in the form. Paperwork submitted to Pacific Life is scanned into an imaging system, and highlighting information could make that information unreadable.

Changes and cancellations You may change the amount, effective date, and frequency of your automatic debit at least 5 days before the next debit. This authorization also may be canceled by notifying Pacific Life at least 5 days before your next debit. If your financial institution fails to pay this automatic debit for 2 consecutive frequencies, this authorization will terminate. However, it can be reinstated by Pacific Life's consent.

INSTRUCTIONS

- 1** General Information Provide the contract owner's name, daytime telephone number, and annuity contract number.
- 2** Investment Information Your annuity may have limitations or restrictions regarding preauthorized investments. Consult the current prospectus (if applicable) for minimum preauthorized investments (purchase payments).