

# POSTDEATH NONQUALIFIED EXCHANGE DISCLOSURE & DISTRIBUTION REQUEST

Annuity Contract Number \_\_\_\_\_

**CONTACT INFORMATION:**  
Pacific Life Insurance Company  
P.O. Box 2378  
Omaha, NE 68123

Clients: (800) 722-4448  
Financial Professionals: (800) 223-3863  
RIAs: (833) 953-8663  
Fax: (888) 838-1772

**CONTACT INFORMATION (for New York only)**  
Pacific Life & Annuity Company  
P.O. Box 2829  
Omaha, NE 68129

Clients & Financial Professionals: (800) 748-9077  
Fax: (800) 586-0966

Email: [AnnuityService@PacificLife.com](mailto:AnnuityService@PacificLife.com)  
Web Site: [www.PacificLife.com](http://www.PacificLife.com)

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

Use this form to initiate a Nonqualified Stretch 1035 exchange and to establish an automatic life expectancy distribution program for your Nonqualified Stretch annuity contract. By electing a Nonqualified life expectancy (stretch), you will be required to take payments calculated based on your life expectancy, beginning no later than one year after the decedent's date of death. Please note that this of business is available for variable annuity products, except Pacific Choice Income Pacific Destinations-Series and Pacific Life Retirement Growth and Income Annuity Guaranteed Minimum Withdrawal Benefit and Guaranteed Minimum Accumulation Benefits. This of business is available for this line of business. The maximum issue age is 75. Does not apply for Schwab Retirement Income Variable Annuity, Pacific Odyssey, and Pacific Advisory Variable Annuity.

<b>1 GENERAL INFORMATION</b>		Annuity Contract Number
Decedent Owner's Name (First, Middle, Last)		
SSN	Date of Birth (mm/dd/yy)	Date of Death (mm/dd/yy)
Beneficiary's Name (First, Middle, Last)		Daytime Telephone Number
SSN	Date of Birth (mm/dd/yy)	

**2 REQUIRED LIFE EXPECTANCY PAYMENTS**

**Important Note:** Please ensure your current year's life expectancy distribution is taken from your current carrier prior to the funds to Pacific Life. Your current carrier has the needed information to calculate and distribute the correct amount. If the carrier is unable to facilitate the distribution, you may request it after the contract is issued by completing the applicable Withdrawal Request form. This form may be accessed at our website, [www.PacificLife.com](http://www.PacificLife.com). Pacific Life is not responsible for calculating or verifying the amount for the current year's life expectancy distribution. For internal transfers, Pacific Life will process the current year's life expectancy stretch payment amount from the original contract the day following the receipt of claim in good order.

The following terms and conditions apply to Pacific Life's life expectancy distribution program:

- Payments must begin within the first calendar year following the year in which this contract is issued.
- Once payments begin, they may be increased, but not decreased or stopped. Increases are allowed and will not affect the payments distributed through this program.
- Tax withholding will be calculated using the instructions provided in Section 5.

A. **FREQUENCY** If none selected, frequency will be monthly.   ..Monthly   ..Quarterly   ..Semiannually   ..Annually

B. **START DATE** If a start date is not provided, payments will begin on January 1 in the year following the year the contract is issued.

Distribution Start Date: \_\_\_\_\_  
mm / dd

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.

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**6** CERTIFICATION & SIGNATURE

By signing below, I certify the following:

1. I am a beneficiary of the nonqualified annuity contract owner indicated in Section 1 and that the death claim has been filed at the releasing carrier.
2. I understand, except for the beneficiary proceeds that are being exchanged for the same deceased, no additional personal payments can be made under the contract.
3. I understand that, if I want to elect annuitization to meet the life expectancy payout requirement, I will have to take applicable year lifetime (Nonqualified Stretch) and then elect annuitization after 12 months from contract issue. The annuitization selected must satisfy the life expectancy payout requirement.
4. I understand that no changes can be made to the ownership or annuitant.
5. I understand that funds must be transferred directly via 1035 exchange from the other carrier.
6. I understand that, by taking my life expectancy payments, I am not annuitizing this contract and that applicable existing provisions will continue to apply.
7. I understand that, if I am establishing a new contract, withdrawal charges may apply to the required life expectancy payment excess of the applicable free withdrawal amount under the contract.
8. I understand that Pacific Life will administer my Nonqualified Stretch contract and calculate my life expectancy payments as interpreted under the limited guidance of Internal Revenue Code Section 72(s) ("Code") beginning in the first calendar year account is established and based only on the funds held in this account. Any change in the Code, future IRS guidance, or Regulations, may result in a change in my payments. If I have other Nonqualified Stretch annuity contracts, I should consult tax advisor regarding taking required distributions from those contracts.
- 9.

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When to use this form Use this form to initiate a Nonqualified Stretch 1035 exchange and to establish an automated required life e distributions program for your Nonqualified Stretch annuity. The rules regarding required life expectancy payments are complex and vary depending on individual circumstances. Consult with your legal advisor prior to completing this form.

To complete this form Print clearly in dark ink. Provide requested information in full. An incomplete form may delay processing of your request.