WITHDRAWAL REQUE FORCOMPLIANT WITHDRAWALS FROM GUARANTEED MINIMUM WITHDRAWAL BENEFIT RIDERS

CONTACT INFORMATION: Pacific Life Insurance Company P.O. Box 2378 Omaha, NE 68120378

Clients:(800) 72**2**448 Financial Professional(800) 72**2**333

Fax:(888) 838172 RIAs: (833)9531863 CONTACT INFORMATION (for New York only)Email:<u>AnnuityService@PacificLife.cc</u>
Pacific Life & Annuity Company Web Site<u>www.PacificLife.com</u>

P.O. Box 2829 Omaha, NE 68120829

Clients & Financial Profession (800) 746907

Fax:(800) 58**6**096

ALL OVERNIGHT DELIVERIES: Pacific Life Insurance Company 6750 Mercy Rd

PaymentAmount or to satisfy 72(t)/72(q) requirements. To start an automated required minimum distribution (RMD) program only or a 72(t) program, contact Pacific Life Customer Service. To withdraw in excess of your Annual Protected Paymenta Amountant year may result in reduced benefits from the rider, and the amoun initially protected may no longer be guaranteed. All pages of this foresturnued be r

Withdrawals will be processed proportionately from all funds as a gross amount, with taxes and any charges deducted from the requested amount. Review the prospectus (if applicable) or your contract before submitting your withdrawal request.



WITHDRAWAREQUES'
FORCOMPLIANT WITHDRAWALS
FROM GUARANTEED MINIMUM

WITHDRAWAREQUES' FORCOMPLIANT WITHDRAWALS FROM GUARANTEED MINIMUM WITHDRAWAL BENEFIT RIC

Annuity Contract Number

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Annuity Contract Number

10 SIGNATURE(S) AND CERTIFIC A TO ONLY IN 10 CERTIFICATION IN
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If I have elected a withdrawal due to disability, I certify that I am disabled and Disability Widerdfire ation form from my phystating that I am disabled according to the definition under IRC Section 72(m)(7). If I have elected a scheduled withdrawal, it



Page5 of 5