

WITHDRAWAL
REQUEST
VARIABLE ANNUITIES

AnnuityService@PacifiLife.comOma

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 the prospectus 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	

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Annuity Contract Number _____



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7 **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





Annuity Contract Number _____

10 FOR TSA/403(B) CONTRACTS ONLY This section must be completed for all TSA/403(b) contracts. (continued)

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Amounts attributable to elective salary deferral contributions can be withdrawn only when a distributable event occurs and must be approved by the employer/third-party administrator.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

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).

11 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.

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.

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 Paci





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11 SIGNATURE(S) AND CERTIFICATION (continued)

(For New York) 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





INSTRUCTIONS

