WITHDRAWA REQUEST FIXED ANNUITIE

CONTACT INFORMATION: Pacific Life Insurance Company P.O. Box 2378 Omaha, NE 681**23**78

Clients:(800) 72**2**Financial Professionals: (800)-**222**Fax:(888) 83**8**RIAs:(833) 95**3** CONTACT INFORMATION (for New York on Email:AnnuityT32 97.56 re W n B1 Pacific Life & Annuity Company P.O. Box 2829 Omaha, NE 6812829

Clients & Financial Professiona**8**00) 74**8**907 Fax:(800) 58**6**096

Annuity Contract Number _____

Annuity Contract Number _____

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ly in dark ink. Provide requested information in full. An incomplete form may delay proce
any information submitted on this form. Paperwork submitted to Pacific Life is scanned into an ind highlighting could make that information unreadable.
sts must be received in good order before market close of the New York Stock Exchange to siness day. Standard market close is 4pm Eastern, Monday through Friday. This excludes certain ho et may be closredoses early.
vour Financial Professional or call Pacific Life Customer Service 48(600)c222btain I copies of this form by visiting our verbait@atificLife.com
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INSTRUCTIONS

1 General Informatio Provide the contract owner's name, daytime telephone number, and annuity contract number.

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