



QUALIFIED PLAN AND 457(B) PLAN DISCLOSURE

CONTACT INFORMATION

Pacific Life Insurance Company
P.O. Box 2378
Omaha, NE 68103-2378

Owners: (800) 722-4448
Fax: (888) 837-8172
Web Site: www.PacificLife.com

All Overnight Deliveries:
6750 Mercy Rd, 4th Floor, RSD
Omaha, NE 68106

Registered Representatives: (800) 722-2333

CONTACT INFORMATION (for New York only)

Pacific Life & Annuity Company
P.O. Box 2829
Omaha, NE 68103-2829

Phone: (800) 748-6907
Fax: (800) 586-0096
Web Site: www.PacificLifeandAnnuity.com

Complete this form to provide plan information for each annuity contract. Pacific Life provides no Plan Administration Services.

1 GENERAL INFORMATION Annuitant/Participant's Name (First, Middle, Last)	Annuity Contract Number (if known)
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2 PLAN/EMPLOYER INFORMATION Employer's Name		
Plan Name [i.e., xyz 401(a)]	Plan Tax ID Number	
Address		
City	State	Zip
Primary Contact	Telephone Number	

PLAN TYPE

Actual plan type, plan type selected on this form, and plan type selected on the application must be the same.

Qualified Plan Types



- 401(a) (i.e., defined benefit pension plans, money purchase pension plans)
- 401(k)
- Keogh/HR10

Section 457 Plan Types (Not applicable for New York)



- 457(b) – government entity plans
- 457(b) – 501(c) tax exempt plans

3 THIRD-PARTY ADMINISTRATOR (TPA) Select one box only.



- Self-administered; use contact information provided above.
- Third-party; use contact information provided below. If the TPA is also a trustee of the plan and can authorize transactions on behalf of the plan, be sure to identify all trustees under Section 4 of this form, including the TPA.

Name		
Address		
City	State	ZIP
Contact Person	Telephone Number	

Pacific Life refers to Pacific Life Insurance Company and its affiliates, including Pacific Life & Annuity Company. Insurance products are issued by Pacific Life Insurance Company in all states except New York and in New York by Pacific Life & Annuity Company. Product availability and features may vary by state. Each company is solely responsible for the financial obligations accruing under the products it issues. Insurance product and rider guarantees are backed by the financial strength and claims-paying ability of the issuing company and do not protect the value of the variable investment options..






Annuity Contract Number _____

4 AUTHORIZATION AND SIGNATURE(S)

- A. I acknowledge that I have received and read the current prospectus, if applicable, that includes complete information regarding charges and fees imposed under the contract. I understand the types and effect of all charges and fees that may be imposed in connection with the purchase, holding, transfer, or termination of the contract.
- B. I understand that IRAs and qualified plans—such as 401(k)s and 403(b)s—are already tax-deferred. Therefore, an annuity should be used only to fund an IRA or qualified plan to benefit from the annuity’s features other than tax deferral. These include lifetime income, death benefit options, and the ability to transfer among investment options without sales or withdrawal charges.
- C. I understand that Pacific Life pays a commission, if any, to the broker/dealer with whom my registered representative is associated. The broker/dealer then pays my registered representative according to its contractual agreement. I understand that Pacific Life will disclose information regarding the commissions and fees received in connection with this contract.
- D. I understand and acknowledge that Pacific Life does not provide Plan Administrative Services as defined below, either directly or indirectly. Pacific Life’s role is limited solely to providing and servicing annuity contracts. I understand that if I would like to obtain Plan Administrative Services in connection with my plan, I must obtain those services from a qualified third party of my choice.
- E. I acknowledge I have applied for the above-referenced annuity contract for use in a tax-qualified plan and will be self-administering the plan or have hired a third party to assist with the duties necessary for compliance with the requirements under the Internal Revenue Code and/or Employee Retirement Income Security Act (ERISA), including but not limited to the following “plan administrative services”:
 - (i) the preparation and delivery of plan documents, forms, statements, and reports;
 - (ii) the determination of funding, distribution amounts, and investment strategy;
 - (iii) preparation and delivery of tax reporting documents as required by Internal Revenue Code and any state or local taxing authorities; and
 - (iv) other plan administration services.
- F. I understand and acknowledge that because this is an individual annuity, and not a group annuity, if the contract owner is a defined contribution plan, the plan participant to whom this contract’s funds are allocated shall be the annuitant. I further understand and acknowledge that Pacific Life does not accommodate and will not process any loan requests on any qualified plans, and that all contract provisions will apply in the event of a surrender of or partial distribution from the contract, including contract charges, if applicable, for withdrawals in excess of the free amount.
- G. I understand and acknowledge that Pacific Life does not monitor the origin of checks received and deposited for contributions to contracts established by qualified plans.
- H. If the plan type is a 457(b) governmental employer plan, I understand that Pacific Life will pay distributions only to the annuitant and send the associated IRS Form 1099-R to the annuitant address of record. If the plan type is a 457(b) - 501(c) tax-exempt entity employer plan, I understand that Pacific Life will pay distributions only to the annuitant and send the associated IRS Form W-2 to the annuitant address of record. Distributions from contracts owned by all other plan types will be paid only to the owner (plan).
- I. If I, the plan sponsor, provided the information regarding the third-party administrator in Section 3 and if the TPA signs this form, by my signature below I am authorizing Pacific Life to also act on transaction requests received from the third party indicated and to provide information regarding the above referenced contract to the third party indicated.
- J. I understand that it is my responsibility to notify Pacific Life of any changes made to the third-party administrator, including revocation of the authorization, by written notice satisfactory to Pacific Life.
- K. I understand that Pacific Life is not considered a Covered Service Provider as defined in the Department of Labor’s (DOL) 408(b)(2) Regulations, and, therefore, is not responsible for disclosing information directly to the plan sponsor and/or plan participants. This responsibility falls solely on the Covered Service Provider, which is generally defined as the entity receiving direct or indirect compensation for plan services.

If box is checked, trustees cannot act independently.

Plan Sponsor (print name)		By Signature/Title (required)	mo / day / yr
Plan Trustee/Third-party Administrator (print name, if different than sponsor)		By Signature/Title	mo / day / yr
Plan Trustee/Third-party Administrator (print name, if different than sponsor)		By Signature/Title	mo / day / yr

