



PACIFIC LIFE

POST-DEATH NONQUALIFIED EXCHANGE DISCLOSURE & DISTRIBUTION REQUEST

Annuity Contract Number _____

CONTACT INFORMATION:

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

Clients: (800) 722-4448

Financial Professionals: (800) 722-2333

RIAs: (833) 953-1863

Fax: (888) 837-8172

CONTACT INFORMATION (for New York only):

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

Clients & Financial Professionals: (800) 748-6907

Fax: (800) 586-0096

Email: AnnuityService@PacificLife.com

Web Site: www.PacificLife.com

ALL OVERNIGHT DELIVERIES:

Pacific Life Insurance Company
6750 Mercy Rd.
Omaha, NE 68106

Use this form to initiate a Nonqualified Stretch 1035 exchange and to establish an automated required 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 from the decedent's date of death. Please note that this line of business is available for Pacific Index Foundation 2 and variable annuity products only, except Pacific Choice Income, Pacific Destinations O-Series, and Pacific Life Retirement Growth and Income Annuity. Guaranteed Minimum Withdrawal Benefit and Guaranteed Minimum Accumulation Benefit riders are not 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).**

1 GENERAL INFORMATION Deceased Owner's Name (First, Middle, Last)		Annuity Contract Number
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 exchanging 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. Pacific Life is not responsible for calculating or verifying the amount you provide 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. One-time distributions are allowed and will not affect the payments distributed through this program.
- Tax withholding will be calculated using the instructions provided in Section 3.

A. FREQUENCY If none selected, frequency will be annually. ☐ 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.





Annuity Contract Number _____

I elect the following:

Federal:	<input type="checkbox"/> Do not withhold <input type="checkbox"/> Withhold default	State:	<input type="checkbox"/> Do not withhold <input type="checkbox"/> Withhold _____%
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<input type="checkbox"/> Use latest EFT instructions on file	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Financial Institution Name	Account Owner's Name
Financial Institution ABA Routing Number	Financial Institution Account Number

Name of Payee			
Street Address	City	State	Zip



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 and completed at the releasing carrier.
2. I understand, except for the beneficiary proceeds that are being exchanged for the same deceased, no additional personal purchase 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 first/current year lifetime (Nonqualified Stretch) payment and then elect annuitization after 12 months from contract issue. The annuitization method 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 all applicable existing contract provisions will continue to apply.
7. I understand that, if I am establishing a new contract, withdrawal charges and/or market value adjustment may apply to the required life expectancy payments if they are in 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 reasonably interpreted under the limited guidance of Internal Revenue Code Section 72(s) ("Code") beginning in the first calendar year after this account is established and based only on the funds held in this account. Any change in the Code, future IRS guidance, or Treasury Regulations, may result in a change in my payments. If I have other Nonqualified Stretch annuity contracts, I should consult my legal or tax advisor regarding taking required distributions from those contracts.
9. I understand that distributions will be taken proportionately from all investment or interest crediting options and that distributions not taken as part of the life expectancy payment program will reduce the remaining amount available, and the program will continue until the life expectancy distribution requirement is satisfied.
10. **For Pacific Index Foundation 2:** I acknowledge that for the Index-Linked Options, no interest is earned or credited on amounts withdrawn prior to the end of an Index Term.
11. I understand that Pacific Life can assist in implementing required life expectancy payments but will not be responsible for monitoring the distributions that must be taken annually from this contract. I hold Pacific Life harmless from any and all tax liability that may arise from the failure to request the annual required life expectancy payment.
12. I acknowledge that I, as beneficiary of the annuity contract, am solely responsible for all tax consequences arising from life expectancy payments from this annuity contract. I will be responsible for determining if distributions from my Nonqualified Stretch contract are subject to any applicable taxes.
13. I acknowledge that Pacific Life does not provide legal or tax advice and that I am responsible for obtaining advice from sources other than Pacific Life.

**SIGN
HERE**

Beneficiary's Signature

mm / dd / yy

SIGNATURE GUARANTEE

Guarantor to Affix Stamp Here

Pacific Life Back Office Use Only

SIGNATURE(S) MUST BE ORIGINAL if the distribution amount is greater than \$250,000 gross, if the check is payable to the beneficial owner(s) and mailed to an alternate address.



When to use this form:	Use this form to initiate a Nonqualified Stretch 1035 exchange and to establish an automated required life expectancy distributions program for your Nonqualified Stretch annuity contract. The rules regarding required life expectancy payments are complex and vary depending on individual circumstances. Consult with your legal and/or tax adviser 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. Do not highlight any information submitted on this form. Paperwork submitted to Pacific Life is scanned into an imaging system and highlighting could make that information unreadable.
Important information:	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.
For help or questions:	Contact your Financial Professional or call Pacific Life Customer Service at (800) 722-4448. Financial Professionals can obtain additional copies of this form by visiting our Financial Professional Web site at www.PacificLife.com .

INSTRUCTIONS

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: Provide the deceased owner's name, annuity contract number, Social Security number, date of birth, and date of death. Provide the name of the original contract owner's beneficiary, Social Security number, and date of birth.
2	Required Life Expectancy Payments: Select the desired payment frequency. Your annual distribution amount will be divided by the frequency requested to determine the amount of each payment. Select a date on which you would like your distributions to begin. If you do not indicate a start date, the distributions will begin on January 1 of the year after the contract is issued. 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.
3	Income Tax Withholding: If not indicated, taxes will be withheld automatically based on the taxable amount and the withholding percentages will be based on federal and state tax withholding requirements.
4	Electronic Fund Transfers (Optional): If distributions are to be electronically transferred, complete this section.
5	Third-Party Payee (Optional): If distributions are to be sent to a third-party payee or alternate address, complete this section.
6	Certification and Signature: Read this section before signing the form. The form must be signed by the Nonqualified Stretch contract beneficiary.