



TAX-SHELTERED ANNUITY CERTIFICATION TSA/403(b)

CONTACT INFORMATION

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

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

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

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

Use this form to provide information regarding non-ERISA employee salary deferrals. Before completing this form, you will need to confirm if the employer or a third-party administrator is providing administration services.

1 GENERAL INFORMATION Owner's Name (First, Middle, Last) Annuity Contract Number (if known)
SSN Daytime Telephone Number

2 EMPLOYER'S/THIRD-PARTY ADMINISTRATOR'S INFORMATION Please provide the following information.
Employer Information (Required) Third-Party Administrator (Required unless self-administered)
Employer's Name Third-Party Administrator's Name
Street Address Street Address
City, State & ZIP City, State & ZIP
Contact Person's Name and Title Contact Person's Name and Title
Contact Person's Telephone Number Contact Person's Telephone Number

3 OWNER'S SIGNATURE AND CERTIFICATION By signing below, I certify that:
(a) I understand that Pacific Life does not accept employer or ERISA plan contributions and only accepts non-ERISA employee salary deferral contributions.
(b) I have confirmed that Pacific Life currently has an information sharing agreement with my employer and/or that Pacific Life is an approved investment provider in my employer's plan.
(c) I understand that Pacific Life may share information with my employer or my employer's third-party administrator regarding activity on my contract to ensure that the contract maintains its status as a 403(b) under the Internal Revenue Code and Section 403(b) regulations.
(d) I acknowledge that amounts in this contract will be treated as employee contributions or earnings attributed to employee contributions for distribution purposes. The Internal Revenue Service (IRS) sets limits for total annual contributions and restricts withdrawals from the contract.
(e) I have completed a salary reduction agreement authorizing my employer to send salary deferrals to Pacific Life. Pacific Life will allocate my salary deferrals according to the instructions I have on file. I can change those allocations at any time by completing a Transfers and Allocations form or by calling Pacific Life Customer Service. Any allocation changes must be submitted prior to my next salary deferral being sent to Pacific Life.
(f) I understand that any transaction on this contract may be subject to approval from my employer or third-party administrator pursuant to the plan document requirements.
(g) All information provided on this form is accurate.
(h) If I am providing this form to Pacific Life by fax, it is as valid as the original.
(i) I have read, understood, and accepted the provisions on this form.

SIGN HERE Owner's Signature mo / day / yr

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.





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TSA/403(b)

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- When to use this form:** Use this form to provide information regarding non-ERISA employee salary deferrals.
- 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.
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INSTRUCTIONS

- 1 General Information:** Provide the owner's name, Social Security number, daytime telephone number, and annuity contract number (if known).
- 2 Employer's/Third-Party Administrator's Information:** Provide all requested information.
- 3 Owner's Signature and Certification:** By signing, you agree that you have read, understood, and accepted the provisions on this form.