



PACIFIC LIFE

INDIVIDUAL-OWNED INHERITED IRA
CERTIFICATION WITH REQUIRED
MINIMUM DISTRIBUTION REQUEST
TRADITIONAL OR ROTH

CONTACT INFORMATION:

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

CONTACT INFORMATION (for New York only):

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

Email: AnnuityService@PacificLife.com

Web Site: www.PacificLife.com

Clients: (800) 722-4448

Financial Professionals: (800) 722-2333

Fax: (888) 837-8172

RIAs: (833) 953-1863

Clients & Financial Professionals: (800) 748-6907

Fax: (800) 586-0096

ALL OVERNIGHT DELIVERIES:

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

Complete this form to establish an automated required minimum distributions (RMDs) program and/or an Inherited (Traditional or Roth) IRA annuity contract that is owned by an individual. **Please note that certain optional riders are not available for this line of business.** 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 4 PM Eastern, Monday through Friday. This excludes certain holidays where the market may be closed or closes early.

1 DECEASED OWNER'S INFORMATION

First Name	Middle Name	Last Name
Annuity Contract Number	Date of Birth (mm/dd/yy)	Date of Death (mm/dd/yy)

2 BENEFICIARY'S INFORMATION

First Name	Middle Name	Last Name
Date of Birth (mm/dd/yy)	Daytime Telephone Number	

3 RELATIONSHIP TO DECEASED OWNER Select One.

I am a(n):

<input type="checkbox"/> Eligible Designated Beneficiary (EDB) who is one of the following: Select One. You will need to select a payment option from section 4a below. <ul style="list-style-type: none"><input type="checkbox"/> The spouse of the deceased owner (any person who is legally married to the deceased owner at the time of the death claim)<input type="checkbox"/> An individual beneficiary who is no more than 10 years younger than the decedent<input type="checkbox"/> A minor child of the decedent<input type="checkbox"/> A beneficiary who is disabled<input type="checkbox"/> A beneficiary who is chronically ill<input type="checkbox"/> A beneficiary of the decedent who was deceased prior to 2020
<input type="checkbox"/> Designated Beneficiary (DB) You will only be able to select the payment option from section 4b below. A Designated Beneficiary (DB) is an individual who inherited an account from a deceased IRA owner and does not fit one of the EDB requirements above.

4 PAYMENT OPTION

a For Eligible Designated Beneficiaries (EDBs) Select One.

Payment options may be impacted by Required Beginning Date (RBD) for taking Required Minimum Distributions (RMDs.)

<i>For spouse:</i> <ul style="list-style-type: none"><input type="checkbox"/> 10-year deferral (only available for Roth IRA or pre-RBD [if DOD is prior to April 1 in the year following RMD age])<input type="checkbox"/> Lifetime payments<ul style="list-style-type: none"><input type="checkbox"/> Start immediately, by 12/31 of the year following death (default option if one is not selected)<input type="checkbox"/> Delay RMD until deceased RBD (only available for Roth IRA or pre-RBD [if DOD is prior to April 1 in the year following RMD age]) For lifetime payments, select the applicable table for calculation: <ul style="list-style-type: none"><input type="checkbox"/> Single Life (default option if one is not selected)<input type="checkbox"/> Uniform Life (this option is irrevocable)
<i>For minor child of decedent:</i> <ul style="list-style-type: none"><input type="checkbox"/> Lifetime expectancy payments plus 10 years This option is applicable to beneficiaries under age of majority as of date of death if lifetime expectancy payments are elected, payments will continue 10 years past the age of majority.





4 PAYMENT OPTION (continued)

a For Eligible Designated Beneficiaries (EDBs) Select One. (continued)

For beneficiary who is not more than 10 years younger than deceased owner:

- ☐ 10-year deferral (only available for Roth IRA or pre-RBD [if DOD is prior to April 1 in the year following RMD age])
☐ Lifetime payments (using the longer life expectancy to determine payments)

For beneficiary who is disabled/chronically ill:

- ☐ 10-year deferral (only available for Roth IRA or pre-RBD [if DOD is prior to April 1 in the year following RMD age])
☐ Lifetime payments (using the longer life expectancy to determine payments)

For beneficiary who inherited this account prior to 2020:

- ☐ Lifetime payments (using the longer life expectancy to determine payments)

b For Designated Beneficiaries (DBs)

- ☐ 10-year deferral

5 RMD PAYMENT- Elect one of the following two options:

- ☐ I would like to defer setting up a required minimum distribution program at this time. I understand that it is my responsibility to notify Pacific Life to set up my required minimum distribution program.
- ☐ I would like to set up a required minimum distribution program at this time. Complete the following in addition to the Income Tax Withholding and Election section:

Start Date: _____ mm/dd/yy	Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually
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- Start Date must be no later than 12/31 of the year following the year of death unless you are a spouse that elected to delay.
- If RMD is requested but no Start Date is entered or Start Date is invalid, default will be the business day following contract issue.
- If RMD is requested but no Frequency is entered, default will be Annually.
- RMD Payment Start Date cannot be the year of death.

6 INCOME TAX WITHHOLDING - To avoid default tax withholding, complete this section.

Federal Income Tax Withholding: For Non-Qualified and IRA contracts, we withhold a minimum federal amount of 10% (For TSA/403(b) we will withhold 20% where you take receipt of funds and 10% for substantially equal period payments. If you have a 401a, 401k, Keogh or custodial-owned contract, taxes cannot be withheld.) or you can elect to not have us withhold taxes. To withhold a federal amount other than 10%, you must submit the current year version IRS Form W-4R with this request. You can obtain a Form W-4R by visiting the IRS website at www.irs.gov or Pacific Life's website at www.PacificLife.com. If a W-4R is not submitted, less than 10% federal election is requested, or no election is made below, the withdrawal will be processed with 10% withholding.

I elect the following for Federal Withholding: ☐ Do not withhold ☐ Withhold default ☐ I have included the W-4R form

State Income Tax Withholding: Pacific Life is required to withhold at the minimum rate required (which may be 0%) by your state of residence. Some states may require you to use specific state forms. For these states, if you do not use the proper form we may have to withhold in accordance with state default withholding rules. A State Tax Withholding Guide can be found on the Pacific Life website at www.mypacificlifeannuity.com/statetax.

Please consult with your tax advisor or visit your state government website to determine what may be required in your situation.

I elect the following for State Withholding: ☐ Do not withhold ☐ Withhold default ☐ Withhold _____%





7 SOURCE (For Pacific Protective Growth contracts only):

If you want the Required Minimum Distribution taken from specific investment options, write the name of the investment option(s) in the section below. You must also indicate the amount to be withdrawn from the investment option(s) as a whole percentage. Make sure that percentages total 100%. Please refer to the prospectus for a complete list of all available investment options and the impact of fund specific withdrawals on your contract. For additional investment options, attach a separate sheet signed and dated by all owners including the information requested below. **Important Disclosure:** If the investment option(s) you designate as the source for your Required Minimum Distribution (RMD) become depleted or insufficient to meet your RMD obligation, Pacific Life will cancel your RMD program. You will be solely responsible for ensuring that any remaining RMD amount is withdrawn to avoid potential tax penalties.

Source Fund 1 _____	Amount 1 _____ %
Source Fund 2 _____	Amount 2 _____ %
Source Fund 3 _____	Amount 3 _____ %
Source Fund 4 _____	Amount 4 _____ %
Source Fund 5 _____	Amount 5 _____ %
	_____ % Total

(Total must equal 100% or the total amount of requested withdrawal Dollar amounts are invalid.)

8 TRANSFER INFORMATION

Complete this section only if this Inherited (Traditional or Roth) IRA contract received assets from another financial institution during the current calendar year.

- | | |
|--|----------|
| A. Provide last year's December 31 value of the assets that were transferred into this Inherited (Traditional or Roth) IRA contract OR attach a statement from the prior financial institution reflecting this value. | \$ _____ |
| B. Indicate the amount already taken for RMD for this calendar year attributable to this Inherited (Traditional or Roth) IRA account prior to the transfer. The RMD calculated for this contract through this program for the current year will be reduced by this amount. If no amount is indicated, no reduction will be made. | \$ _____ |





9 ELECTRONIC FUND TRANSFERS (EFTs) Complete this section if you want withdrawals to be electronically transferred to the beneficiary's checking or savings account. If account type is not indicated, the information provided will be processed as a checking account. From the time the withdrawal is processed from your contract to the time the funds are received by your financial institution generally takes 2-3 business days.

Notes: If EFT instructions are not received in good order, Pacific Life will process the withdrawal as a check to the beneficiary's address of record (if all other instructions are in good order)

☐ Use latest EFT instructions on file

Account Type: ☐ Checking ☐ Savings
☐ Money Market ☐ Brokerage Account

Financial Institution Name

Account Owner's Name

Financial Institution ABA Routing Number

Financial Institution Account Number

10 ALTERNATE DELIVERY/PAYEE INSTRUCTIONS (Optional) Unless indicated below, check will always be made payable to the beneficiary and sent to the primary beneficiary's address of record. Only complete this section if check is to be made payable to an alternate payee or if the check should be mailed to an alternate address for the primary beneficiary. Acceptable third-party payees include financial institutions, trusts, and charities.

NOTE: Individual third-party payees are not allowed. The beneficiary's original signature is required for a check being mailed to an alternate address, or to a third-party payee (not applicable for checks payable to financial institutions for benefit of the beneficiary).

Name of Payee

Street Address

City

State

ZIP

11 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 condition. A physician must determine that your condition can be expected to result in death or to be of long, continued, and indefinite duration. **You must also provide a signed Pacific Life Disability/Chronical Illness Certification form.** It is your responsibility to notify Pacific Life in the event that your condition no longer meets the definition of disabled according to IRC section 72(m)(7).

☐ Check this box if the distribution(s) requested by this firm is/are because of your disability and **you have included a Pacific Life Disability/Chronical Illness Certification form, which has been signed by a physician.**

You are considered chronically ill if you can furnish proof that you are unable to perform, without substantial assistance from another individual, at least two daily living activities (eating, toileting, transferring, bathing, dressing, and continence) for at least 90 days due to a loss of functional capacity or require substantial supervision to protect against threats to health and safety due to severe cognitive impairment. It is your responsibility to notify Pacific Life in the event that your condition no longer meets the definition of chronically ill according to IRC section 7702B.

☐ Check this box if the distribution(s) requested by the firm is/are because of chronic illness and you have included a Pacific Life Disability/Chronical Illness Certification form, which has been signed by a physician.

12 CERTIFICATION & SIGNATURE

By signing below, I certify the following:

1. I am a beneficiary of the Individual Retirement Account/Annuity (Traditional or Roth) IRA owner indicated in Section 1. I am the surviving spouse of the employee or IRA owner, disabled or chronically ill, an individual not more than 10 years younger than the employee or IRA owner, or the child of the employee or IRA owner who has not yet reached the age of majority. I have established this separate Inherited (Traditional or Roth) IRA contract at Pacific Life on a timely basis as set forth by the Internal Revenue Service regulations.
2. I am a beneficiary of the Individual Retirement Account/Annuity (Traditional or Roth) IRA owner indicated in Section 1. I am an individual that is subject to the 10-year deferral option. I may be required to take RMDs, dependent upon the timing of the IRA owner's death.
3. I understand that no additional contributions may be made to this Inherited (Traditional or Roth) IRA contract.
4. I understand that distributions must be taken from my Inherited (Traditional or Roth) IRA using one of the options listed below depending on if the owner died pre-or post-RBD. I understand that if this contract is funded with death benefit proceeds from a Retirement Plan, these distribution options may be limited. Additionally, if the deceased IRA owner died after RMDs had begun, any remaining RMDs for that owner must be taken by the end of the calendar year in which the death occurred.





12 CERTIFICATION & SIGNATURE (continued)

4. Inherited IRA (Traditional or Roth) (continued)

A. If I am an Eligible Designated Beneficiary (EDB) as defined in the RMD regulations:

1) *Ten-year Rule:*

The entire contract value be distributed by December 31st of the tenth calendar year following the death of the IRA owner. If the IRA owner died post-RBD, then I may be required to take RMDs **or**

2) *Life Expectancy Rule:*

a) If I set up a separate account by September 30 of the year following the year of the original IRA owner's death, I can take distributions over my single life expectancy, and I must begin taking these distributions by December 31 of the calendar year following that owner's death, unless I am the spouse of that owner, in which case distributions may elect to begin by the later of December 31 of the calendar year following the year of that owner's death or December 31 of the year that owner would have attained RMD Age and may elect the use of the SLT or ULT.

B. If I am a DB as defined in the RMD regulations: The entire contract value must be distributed by December 31 of the tenth calendar year following the death of the IRA owner and RMDs may be required if the owner died after their RBD.

5. I understand that withdrawal charges of the new contract may apply to the required death benefit distributions if in excess of the available free amount.
6. I understand that Pacific Life is not responsible for monitoring the distributions that must be taken from Inherited (Traditional or Roth) IRAs or if Inherited Roth distributions meet the five-year requirement or age 59½ to avoid potential tax consequences. I will be responsible for determining if distributions from my Inherited (Traditional or Roth) IRA are subject to any applicable taxes. I hold Pacific Life harmless from any and all liability that may arise from my failure to confirm the accuracy of and to request the required minimum distribution amount. Unless otherwise provided, I will notify Pacific Life each year of the required minimum distribution amount.
7. I understand that Pacific Life is not the custodian of any IRA. Pacific Life's administrative duties are limited to the administration of the contract and the processing of any distributions to the owner, annuitant, or beneficiary of the contract, as applicable.
8. 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.
9. I agree that I, and not Pacific Life, am solely responsible for all tax consequences arising from my election to establish an Inherited (Traditional or Roth) IRA with Pacific Life.
10. I understand that Inherited Traditional and Roth IRAs may be subject to restrictions on the election of payout options with guaranteed payment periods. Additionally, some spousal elections may be irrevocable. I am responsible for consulting a tax advisor to ensure these annuity payment distributions comply with IRS rules around Inherited IRA/Inherited Roth IRA distributions.
11. I understand that the entire amount of any RMD must be distributed prior to any direct transfer/rollover. If I request a direct transfer/rollover, I understand it is my responsibility to ensure I have taken my RMD prior to the direct transfer/rollover.

Inherited IRA Required Minimum Distribution Request

12. I understand that by taking my RMDs, I am not annuitizing this contract and that all applicable existing contract provisions will continue to apply.
13. I understand that as a courtesy Pacific Life will calculate my RMD based on the contract value plus the actuarial present value of additional benefits, if applicable. I also understand that if I am requesting Pacific Life to calculate my RMDs, the calculation will be based only on the funds held in this account and that if I have other Inherited (Traditional or Roth) IRAs, I should consult my legal or tax advisor regarding taking required distributions from those accounts. As the taxpayer, I am solely responsible for taking the required amount from my contract which may or may not be the amount provided by Pacific Life. I understand that I should consult with my tax professional to determine the amount I am required to take.
14. Generally, when calculating the RMD, the program will take into account any withdrawals processed in the current calendar year so that the amount of the distribution will be net of the withdrawals, resulting in a total annual distribution of only the RMD amount. I understand that distributions will be taken proportionately from all investment options and that distributions not taken as part of the RMD program will reduce the remaining amount available, and the program will continue until the minimum distribution requirement is satisfied.
15. I acknowledge that I, as beneficiary of the retirement account, am solely responsible for all tax consequences arising from RMDs from this annuity contract, including any penalties for failing to meet the RMD requirement. I will be responsible for determining if distributions from my Inherited (Traditional or Roth) IRA are subject to any applicable taxes.

For Indexed Products: I understand no interest is earned on amounts withdrawn from Index-Linked Options taken prior to the anniversary.





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12 CERTIFICATION & SIGNATURE (continued)

For Pacific Protective Growth Products: Withdrawals from an Index-Linked Option ("ILO") during the Term will reduce your Investment Base in the ILO in the same proportion that the Interim Value is reduced (rather than on a dollar-for-dollar basis) and will proportionately reduce the death benefit. Such reduction will reduce your Investment Base for the remainder of the Term, and the proportionate reduction may be greater than the dollar amount of the withdrawal. All withdrawals will reduce your Contract Value, and withdrawals from an ILO before the end of a Term could also significantly reduce any interest credited at the end of the Term. Any withdrawal or surrender taken before the end of the Term could result in a greater loss or lower gain than the ILO would provide at the end of the Term. The Crediting Strategy or Protection Level are not applied until the end of the Term. Additional details regarding the calculation of the Interim Value can be found in the product prospectus.

**SIGN
HERE**

IRA or Retirement Plan Beneficiary's Signature

mm / dd / yy

SIGNATURE(S) MUST BE ORIGINAL if the distribution amount is greater than \$250,000 gross (Section 5), if check is payable to the contract beneficiary and mailed to an alternate address (Section 10), and/or if an address change has occurred within the last 30 days.

