



REQUIRED MINIMUM DISTRIBUTION (RMD) REQUEST

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
Financial Professionals: (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.PacificLife.com

Use this form to establish an automated required minimum distribution (RMD) program for your annuity contract.

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	Owner's Name (First, Middle, Last)	Daytime Telephone Number	Annuity Contract Number
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2 CALCULATION METHOD Select only one. If no method is selected, the Uniform Lifetime Table will be used.

Calculate my RMD using the Uniform Lifetime Table.

Calculate my RMD using the Joint and Last Survivor Table (spousal exception). I am eligible to have my minimum distributions calculated using the joint life expectancy of me and my spouse because my spouse is more than 10 years younger than I am **and** is the sole primary beneficiary of my annuity contract.

Spouse's Name _____ Spouse's Date of Birth _____
mo / day / yr

3 PAYMENT FREQUENCY Select one. If none is selected, frequency will be monthly.

Monthly Quarterly Semiannually Annually

4 DISTRIBUTION START DATE You must select the date to begin these distributions. If you do not choose a date, the start date will be the date this request is received in good order.

Begin my distribution on _____
mo / day / yr

5 INCOME TAX WITHHOLDING – To avoid default tax withholding, complete this section.

For IRA contracts, we withhold a minimum federal amount of 10% and forward applicable taxes to the Internal Revenue Service (IRS) on your behalf, or you can elect to not have us withhold taxes. If federal withholding of less than 10% is requested or no election is made, the withdrawal will be processed with 10% withholding. If you have a TSA/403(b) contract, we will withhold 20% for a withdrawal and if you have a custodial-owned contract, taxes cannot be withheld.

In addition to federal income tax withholding requirements, state income tax, if applicable, will be withheld. Choosing not to have either federal or state (if state tax is applicable) income taxes withheld may result in income tax liability when your taxes are filed. Consult your tax advisor for more information.

I elect the following:

Federal: Do not withhold Withhold _____%

State: Do not withhold Withhold _____%

6 ELECTRONIC FUND TRANSFERS (EFT) (optional) Complete this section if you want withdrawals to be electronically transferred to the contract owner's checking or savings account and attach an original voided check or deposit slip to this form. **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.** Starter checks are not acceptable to establish EFTs. If the contract is owned by a trust, the voided check must reflect the trust name.

Notes:

- An original signature is required if the account information is being provided for the first time.
- If EFT instructions are not received in good order, Pacific Life will process the withdrawal as a check to the owner's address of record (if all other instructions are in good order).

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 _____

6 ELECTRONIC FUND TRANSFERS (EFT) (cont.)

Use latest EFT instructions on file


Account Type: Checking Savings

Tape an original voided check or deposit slip here.

Your Name
1234 Address Rd
City, ST 56789

123
12 - 34
567

Pay To
The Order of _____ \$ _____

Dollars 

FINANCIAL INSTITUTION
1234 Anywhere Lane
City, ST 56789

For _____

⑆ 123456789 ⑆ 123 7891234567

↑ ABA Routing Number ↑ Account Number

7 ALTERNATE DELIVERY/PAYEE INSTRUCTIONS

If distributions will be sent to a third-party payee, complete this section. Acceptable third-party payees include financial institutions, trusts, and charities. **NOTE: Individual third-party payees are not allowed. The owner'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 owner)**

Name of Payee _____

Street Address _____

City _____

State _____

Zip _____

8 TRANSFER/ROLLOVER INFORMATION

Complete this section only if this contract received assets from another financial institution during the current calendar year.

- A. Provide last year's December 31 value of assets that were transferred or rolled into this contract or attach a statement from the prior financial institution reflecting this value. If a value is provided, the amount will be added to the Pacific Life contract value as of December 31 in order to calculate the appropriate RMD amount. \$ _____
- B. Indicate the amount already taken for RMD for this calendar year, attributable to this contract prior to the transfer or rollover. 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 AUTHORIZATION AND SIGNATURE

The following terms and conditions apply to RMDs:

- The Internal Revenue Code requires minimum distributions from all IRAs and qualified contracts. For most IRAs and qualified contracts, distributions of a contract's retirement benefits must begin no later than April 1 of the calendar year following the year in which the contract owner attains age 70½. Pacific Life bases the RMD calculation on your life expectancy (or, if applicable, you and your spouse's life expectancies) and the entire interest of your contract as of the previous year-end. Your entire interest is your contract value plus the actuarial present value of additional benefits, if applicable. A calculation requested from Pacific Life will be based only on the funds held in this account. If you have other IRAs or retirement plans, consult your legal or tax advisor.
- 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. The distributions will be taken proportionately from all your investment options (except for funds held in the Loan Account). 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.
- Establishing this program will not annuitize the contract. All existing contract provisions will continue to apply.





Annuity Contract Number _____

9 AUTHORIZATION AND SIGNATURE (cont.)

- This program can be established for any contract value; however, Pacific Life reserves the right to restrict the payment frequency to annually if the option and frequency requested will result in check amounts less than \$100.00.
- You can terminate this program by notifying Pacific Life in writing at least five days prior to the next distribution.
- If your contract is a tax-sheltered annuity, once you elect the RMD program, the loan provision will not be available.
- **For Fixed Indexed Products:** No interest is earned on amounts withdrawn from Index-Linked Options taken prior to the anniversary.

By signing this form, I:

- Acknowledge that I have read and understand the instructions and provisions of this form.
- Acknowledge that Pacific Life, its employees, and Financial Professionals do not provide tax advice and that I am responsible for obtaining such advice from other sources.
- Agree that I and not Pacific Life am solely responsible for all tax consequences arising from RMDs from my annuity contract.
- Authorize Pacific Life to calculate and distribute RMDs as indicated on this form.
- Agree to return all funds withdrawn if I exercise my right to cancel the contract within the free-look period.
- Agree that if I am providing this form to Pacific Life by fax, it is as valid as the original.
- Understand that an original signature is required if the check is mailed to an alternate address.

**SIGN
HERE**

_____ Owner's Signature

_____ mo / day / yr

SIGNATURE GUARANTEE

Guarantor to Affix Stamp Here (if applicable)

SIGNATURE(S) MUST BE ORIGINAL if the EFT account information is being provided for the first time (Section 6), if the check is mailed to an alternate address (Section 7), and/or if an address change has occurred within the last 30 days.





- When to use this form:** Use this form to establish an automated required minimum distribution (RMD) program for your annuity contract.
- 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

- 1 General Information:** Provide the owner's name, daytime telephone number, and contract number.
- 2 Calculation Method:** Indicate whether your RMD should be calculated using the Uniform Lifetime Table or if the spousal exception applies. In order for the spousal exception to apply, your spouse must be more than 10 years younger than you and the sole primary beneficiary of the contract.
- 3 Payment Frequency:** Indicate the desired frequency. Your annual distribution amount will be divided by the frequency requested to determine the amount of each payment.
- 4 Distribution Start Date:** Indicate the date you would like to begin these distributions. If you do not indicate a start date, distributions will begin when Pacific Life receives the properly completed request. If Pacific Life receives the form after the start date, your distributions will begin on the same date of the following month and continue using the frequency selected in Section 3.
- 5 Income Tax Withholding:** If not indicated, taxes will be withheld automatically based on the taxable amount and contract type. However, taxes may not be withheld on custodial-owned contracts.
- 6 Electronic Funds Transfers:** If distributions are to be electronically transferred, complete this section. If these distributions are to be transferred to a checking or savings account, attach an original voided check or deposit slip to this form. An original signature is required if the account information is being provided for the first time.
- 7 Third-Party Payee:** If distributions are to be sent to a third-party payee, complete this section.
- 8 Transfer/Rollover Information:** The RMD amount is based on the entire interest of your account as of the previous year-end. Your entire interest is your contract value plus the actuarial present value of additional benefits, if applicable. If you have transferred assets from another financial institution to Pacific Life during the current calendar year, provide us with the information requested or a year-end statement showing the applicable value.
- 9 Authorization and Signature:** Read the provisions thoroughly and consult your tax advisor before completing this form. The contract owner must sign and date this request.

