



PACIFIC LIFE

REQUIRED MINIMUM DISTRIBUTION (RMD) REQUEST

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

Online Upload: Log in to
annuities.myaccount.pacificlife.com (Clients),
annuities.pacificlife.com (Financial
Professionals), or ria.pacificlife.com (RIA)

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
Omaha, NE 68106

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.

All pages of this form must be returned.

1 GENERAL INFORMATION If contract is entity or custodially-owned, please put the name of the annuitant(s) on the owner line(s).

Owner First Name	Owner Middle Name	Owner Last Name	Annuity Contract Number
Joint Owner First Name	Joint Owner Middle Name	Joint Owner Last Name	Daytime Telephone Number

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 _____
mm / dd / yy

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 _____
mm / dd / yy

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 _____

5 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 _____%

6 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.)

7 ELECTRONIC FUNDS TRANSFERS (EFTS)

Complete this section if you want withdrawals to be electronically transferred to the contract owner'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.

Note: 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).

☐ 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





Annuity Contract Number _____

- 8 ALTERNATE DELIVERY/PAYEE INSTRUCTIONS** If distributions will be sent to a third-party payee, complete this section. Acceptable third-party payees include financial institutions 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 _____

Account Number (if applicable) _____

Plan Type at Accepting Institution (if applicable) _____

Street Address _____

City _____

State _____

Zip _____

- 9 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. \$ _____

10 FOR PACIFIC PROTECTIVE GROWTH & PACIFIC INDEX INCOME CONTRACTS WITH A WITHDRAWAL BENEFIT RIDER ONLY

Complete the below section if your Income Commencement Date has not yet been established and you would like to establish it as of the date selected below. **Select one.**

- ☐ Defer my Preliminary Income Commencement Date until I provide future instructions.
- ☐ Establish my Preliminary Income Commencement Date as soon as I am eligible.
- **Income Guard** - The Eligible Lifetime Withdrawal Date is the date the Designated Life (for Joint Life this is based on the youngest Designated Life) attains age 59.5.
 - **Lifetime Income Creator** - The Lifetime Withdrawal Eligibility Age is the date the Designated Life (for Joint Life this is based on the youngest Designated Life) attains age 59.5.
- If my eligibility date has already passed, then my Preliminary Income Commencement Date will be established as of the date this form is received in good order.
- ☐ Establish my preliminary Income Commencement Date as of the date all Deferral Credits have been added to the Withdrawal Percentage. A Deferral Credit is added to the Withdrawal Percentage on the Contract Anniversary each year during the Deferral Credit Period stated in my Rider starting from the Rider Effective Date if the Income Commencement Date has not occurred. For Income Guard, if I have not reached the Eligible Lifetime Withdrawal Date at the time of the final Deferral Credit then my Preliminary Income Commencement Date will default to my Eligible Lifetime Withdrawal Date.
- I understand that the first withdrawal taken on or after the Preliminary Income Commencement Date establishes the Income Commencement Date.
 - I understand that by establishing my Income Commencement Date any remaining Deferral Credits (if applicable) will stop and my Withdrawal Percentage is locked in.
 - I understand that no changes to the rider option (Single vs. Joint) are allowed once my Income Commencement Date is established.
 - If changes to the Designated Life and/or rider option are made after this form is submitted, then the election above is no longer valid and new instructions must be provided.





11 AUTHORIZATION AND SIGNATURE

The following terms and conditions apply to RMDs:

- For most IRAs and qualified contracts. RMDs must begin no later than April 1 of the calendar year following the year in which the contract owner attains RMD age. 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.
- When you reach RMD age, the entire amount of the RMD must be distributed prior to any direct transfer/rollover. If you request a direct transfer/rollover it is your responsibility to ensure you have met your RMD requirement.
- Establishing this program will not annuitize the contract. All existing contract provisions will continue to apply.
- 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 payment 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.
- Pacific Life does not calculate RMDs and will not establish an RMD program for Trust-owned Inherited IRAS.
- **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.
- **For Pacific Protective Growth Products & Pacific Index Income contracts with a Withdrawal Benefit Rider:** Early withdrawals are withdrawals that are taken prior to the Income Commencement Date and include RMDs. Early withdrawals will cause a recalculation of the Protected Payment Base. Early withdrawals that reduce the contract to zero will terminate the rider.





Annuity Contract Number _____

11 AUTHORIZATION AND SIGNATURE (continued)

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 independent tax advisors.
- Agree that I and not Pacific Life am solely responsible for all tax consequences arising from RMDs from my annuity contract, including any penalties for failing to meet the RMD requirement.
- 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 email, 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

mm / dd / yy

SIGNATURE GUARANTEE

Guarantor to Affix Stamp Here (if applicable)

Pacific Life Back Office Use Only

SIGNATURE(S) MUST BE ORIGINAL if the check is mailed to an alternate address (Section 8) 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. You can obtain additional copies of this form by visiting our website 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 requested, the first distribution will begin immediately, and your next distribution will begin on the same date 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 Source (For Pacific Protective Growth Contracts Only):** Complete this section only if you want the RMD taken from specific investment options. If this section is left blank, withdrawals will be taken proportionally from all existing investment options relative to the account value in each option. Total must equal 100%.
- 7 Electronic Funds Transfers:** If distributions are to be electronically transferred, complete this section.
- 8 Third-Party Payee:** If distributions are to be sent to a third-party payee, complete this section.
- 9 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.
- 10 For Pacific Protective Growth Products & Pacific Index Income Contracts with a Withdrawal Benefit Rider Only:** If you have a Withdrawal Benefit Rider and would like to establish your Income Commencement Date with the submission of this RMD Request form, complete this section.
- 11 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.