



WITHDRAWAL REQUEST

for Compliant Withdrawals
from Guaranteed Minimum
Withdrawal Benefit Riders

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
Owners: (800) 748-6907
Fax: (800) 586-0096
Web Site: www.PacificLife.com

All pages of this form must be returned. Print clearly in dark ink and avoid highlighting.

Use this form to request a compliant one-time withdrawal or preauthorized withdrawals from the annuity contract under a Guaranteed Minimum Withdrawal Benefit rider. Do not use this form if you are requesting a withdrawal in excess of your annual maximum Protected Payment Amount¹ or to satisfy 72(t)/72(q) requirements. To start an automated required minimum distribution (RMD) program only or a 72(t)/72(q) program, contact Pacific Life Customer Service. To withdraw in excess of your Annual Protected Payment Amount¹, please use the regular Withdrawal Request form. Withdrawing more than the Protected Payment Amount¹ in a contract year may result in reduced benefits from the rider, and the amounts initially protected may no longer be guaranteed.

Withdrawals will be processed proportionately from all funds as a gross amount, with taxes and any charges deducted from the requested amount. Review the prospectus (if applicable) or your contract before submitting your withdrawal request.

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	ONE-TIME WITHDRAWAL Refer to your product prospectus (if applicable) or your contract for withdrawal minimums. Choose one of the following options: A. <input type="checkbox"/> Withdraw the maximum available Protected Payment Amount ¹ . B. <input type="checkbox"/> Withdraw \$_____. Any amount up to the Protected Payment Amount ¹ may be withdrawn on a one-time basis without reducing future benefits.	Overnight Delivery (for one-time withdrawals only) Note: If the address on file is a P.O. box, please provide a physical address in Section 7. <input type="checkbox"/> I authorize Pacific Life to deduct shipping and handling expenses from my contract for the purpose of standard overnight delivery of my one-time Guaranteed Minimum Withdrawal Benefit rider withdrawal. The expense will be deducted from the requested Protected Payment Amount ¹ .
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3	PREAUTHORIZED WITHDRAWALS Refer to your product prospectus (if applicable) or your contract for additional details, including withdrawal minimums. Selections you make replace any previous preauthorized withdrawal instructions you have given us. The Protected Payment Amount ¹ is the amount available for withdrawal under your Guaranteed Minimum Withdrawal Benefit rider and is based on the applicable percentage of your Protected Payment Base each contract year following the contract anniversary. Preauthorized payments beginning during the contract year will be prorated for the remaining payment frequency selected to ensure that the requested annual percentage of your Protected Payment Amount¹ is paid to you for that contract year. On the day following the next contract anniversary, the payments are recalculated based on the new Protected Payment Amount¹ using your requested annual percentage and paid based on your requested frequency. Under "Annual Percentage", choose the appropriate option below to receive the maximum annual percentage available or a percentage less than the annual Protected Payment Amount¹. If you wish to request a percentage in excess of the Protected Payment Amount¹ in a contract year, you must use the regular Withdrawal Request form. A. Annual Percentage <input type="checkbox"/> Withdraw the maximum annual Protected Payment Amount ¹ eligible under my GMWB rider, divided by the frequency period selected in Section 3B. <input type="checkbox"/> Withdraw _____%, not to exceed the maximum Protected Payment base annually, divided by the frequency period selected in Section 3B. B. Frequency If none selected, frequency will be monthly. <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually
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¹or Enhanced Income Amount (for Enhanced Income Select Rider)

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.





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3 PREAUTHORIZED WITHDRAWALS (continued)

- C. Start Date _____ / _____ / _____ If submitted with an application or if received after the requested start date, start date will be the same date in the month following receipt of the request.
month day year
- D. Duration _____ months _____ years If not completed, the end date will be determined based on your contract rider.

4 REMAINING RMD FOR PREAUTHORIZED WITHDRAWALS – For IRA, TSA/403(b), or qualified plan contracts only. Not applicable for custodian-owned contracts.

By signing this form, I consent to Pacific Life establishing an RMD program on my contract to calculate and distribute any remaining RMD amount for this contract on December 31 of each year. If I am under 70.5, I understand that Pacific Life will establish a program to begin in the year I attain 70.5. If I do not wish to participate in this service, I have checked the box below.

Pacific Life bases the required minimum distribution (RMD) calculation on your life expectancy, using the Uniform Lifetime Table, and the entire interest of this contract as of the previous year-end. Your entire interest is your contract value plus the actuarial present value of additional benefits, if applicable. The 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.

The program will take into account any withdrawals processed in the current calendar year, including the withdrawals processed for the Annual Percentage selected in Section 3A, so that the amount of the distribution will be net of the withdrawals, resulting in a total annual distribution of only the RMD amount. **After the RMD distribution, preauthorized withdrawals for the remainder of the contract year may decrease or stop in order to remain within the compliant amount requested in Section 3A.** Certain changes to the RMD program, such as date or frequency, may result in reduced benefits from the rider, and the amounts initially protected may no longer be guaranteed. Any existing RMD program will be updated to pay out annually on December 31.

- I elect **NOT** to have Pacific Life calculate and distribute any remaining RMD amount on December 31 of each year.

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

For Non-Qualified and 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 or rollover where you take receipt of funds. (We will withhold 10% for substantially equal period payments from your TSA/403(b) contract unless otherwise specified). However, if you transfer or directly roll over the funds to another TSA/403(b), qualified plan, or IRA, withholding is not required. If you have a 401a, 401k, Keogh or 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 **DISABILITY** If you become disabled before you reach age 59½, any distribution because of your disability may not be subject to the 10% additional tax. 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 also must provide a signed Pacific Life Disability Certification form.** If a scheduled withdrawal is established, it is your responsibility to notify Pacific Life & Annuity Company 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 form is (are) because of your disability and **you have included a Pacific Life Disability Certification form, which has been signed by a physician.**





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7 ALTERNATE DELIVERY/PAYEE INSTRUCTIONS Unless indicated below, check will always be made payable to the contract owners and sent to the primary owner'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 owner. 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).** If distribution is to be treated as a qualified direct transfer, indicate the plan type and account number for the accepting institution. Qualified direct transfers can be set up for one-time withdrawal (partial or full) and scheduled withdrawals. For qualified direct rollovers or 1035 exchange requests, a Letter of Acceptance from the accepting financial institution will be required; please call the appropriate toll-free service number for Pacific Life provided on this form for additional information regarding the Letter of Acceptance.

Name of Payee _____

Account Number (if applicable)	Plan Type at Accepting Institution (if applicable)		
Street Address	City	State	ZIP

8 ELECTRONIC FUNDS TRANSFERS (EFTs) 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. 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.** 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).

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 _____

⑆ 1 2 3 4 5 6 7 8 9 ⑆ 1 2 3 7 8 9 1 2 3 4 5 6 7

↑ ABA Routing Number

↑ Account Number

9 FOR TSA/403(B) CONTRACTS ONLY This section must be completed for all TSA/403(b) contracts.

A. Special Tax Information Notice

- By checking this box, I confirm I've read the Special Tax Information Notice within the last 180 days and (if applicable) waive my rights to wait 30 days prior to requesting this withdrawal. I also confirm that I was able to access the notice online at www.PacificLife.com or have contacted Customer Service to request a copy be sent free of charge. The Special Tax Information Notice provides important details about the taxation of your withdrawal and rollover options. If you have any questions regarding your options, Pacific Life recommends you work with a Financial Professional for assistance.





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9 FOR TSA/403(B) CONTRACTS ONLY (continued)

B. Employer's/Third-Party Administrator's Authorization

Amounts attributable to elective salary deferral contributions can be withdrawn only when a distributable event occurs and must be approved by the employer/third-party administrator. Check the applicable event.

- Attainment of age 59 1/2, Disability, Return of excess elective salary deferral contributions, Hardship (no earnings), Separation from employment, Termination of Plan

By signing below, I am acknowledging that:

- (a) I am authorizing this withdrawal/distribution request. (b) All information provided in this section is accurate.



Employer's/Third-Party Administrator's Signature

mo / day / yr

C. Employee Self-Certification

If your contract is exempt from the final 403(b) regulations, your employer does not have to approve this withdrawal/distribution request. If your contract is not exempt, your employer that sponsored this 403(b)/TSA contract MUST approve the transaction.

My contract is exempt from the final 403(b) regulations due to the following reason(s): (Select all that apply)

- I did not make any salary deferral contributions to this contract after December 31, 2004. My contract was issued with a 90-24 transfer initiated prior to September 25, 2007 and no additional contributions have been made. My employer that sponsored this contract no longer exists (i.e., out of business).

10 SIGNATURE(S) AND CERTIFICATION

I certify that I am requesting this withdrawal under the provisions of my Guaranteed Minimum Withdrawal Benefit rider and that all applicable fees, charges, and income tax withholding will be deducted from the requested withdrawal amount. I understand that the withdrawal will be taken proportionately from all my investment options.

I understand that any distributions from my contract may be subject to withdrawal charges. I also acknowledge that withdrawals containing a taxable amount may be subject to federal and state income taxes, and if taken prior to age 59 1/2, a 10% IRS additional tax may apply.

I acknowledge that, if I cancel my contract during the free look period, the free look amount will be reduced by the withdrawals taken.

I understand that, if my Guaranteed Minimum Withdrawal Benefit rider has an annual credit feature, the annual credit for the year in which a withdrawal is taken will not be credited and the annual credit for future contract years may no longer be credited.

I understand that, if I have Automatic Income Builder, 0.1% additional amounts will no longer be added to the Guaranteed Withdrawal Percentage for the year in which a withdrawal is taken and future contract years, regardless of my age at the time of the withdrawal.

I understand that any withdrawals taken while these riders are in effect, including withdrawals taken to comply with required minimum distributions (RMDs) for tax-qualified plans, may reduce death benefits on a pro rata basis. This means the benefit will be reduced by the same percentage as the percentage of contract value withdrawn.

If distributions other than qualified transfers are made from an IRA or qualified plan, I understand that they will be subject to income tax, and, if taken prior to age 59 1/2, a 10% additional tax may apply. I further understand that withdrawals from the qualified plan may be restricted by the plan document, information sharing agreement, or IRS and I should consult my Financial Professional.

I understand that current tax law only permits one rollover distribution for all of my IRAs every 12 months. For purposes of this one-rollover-per-year limitation, all IRAs (including Roth, SIMPLE, and SEP IRAs) are aggregated such that a rollover involving any one of them precludes a rollover involving any other account (except qualified plans) within the next year.

If I have elected a withdrawal due to disability, I certify that I am disabled and have provided a Disability Certification form from my physician stating that I am disabled according to the definition under IRC Section 72(m)(7). If I have elected a scheduled withdrawal, it is my responsibility to notify Pacific Life in the event that my condition no longer meets the definition of "disabled" according to IRC Section 72(m)(7).





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If I have requested a withdrawal from a TSA/403(b) contract, I confirm that there is an information sharing agreement in place with Pacific Life and that Pacific Life may share information with my employer regarding activity on my contract.

I understand that if my Guaranteed Minimum Withdrawal Benefit rider has a lifetime withdrawal feature and I am requesting a withdrawal prior to reaching the required minimum lifetime withdrawal feature age of my rider that the benefit will not be a lifetime guarantee.

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

I agree that if I am providing this form to Pacific Life by fax, it is as valid as the original. I also understand that an original signature is required for withdrawal amounts greater than \$250,000 (gross), if the check is payable to the contract owner(s) and mailed to an alternate address, if EFT account information is being provided for the first time, or if an address change has occurred within the last 30 days.

SIGN
HERE

Owner's Signature

_____ mo / day / yr

SIGN
HERE

Joint Owner's Signature (if applicable)

_____ mo / day / yr

SIGNATURE GUARANTEE
Guarantor to Affix Stamp Here:

[Empty box for signature guarantee stamp]

SIGNATURE(S) MUST BE ORIGINAL if the distribution amount is greater than \$250,000 gross (Section 2), if the check is payable to the contract owner(s) and mailed to an alternate address (Section 7), if EFT account information is being provided for the first time (Section 8), and/or if an address change has occurred within the last 30 days.



- When to use this form:** Use this form to request a compliant one-time withdrawal or preauthorized withdrawals from the annuity contract under a Guaranteed Minimum Withdrawal Benefit rider. For a one-time withdrawal, complete all sections except Sections 3 and 4. For preauthorized withdrawals, complete all sections except Section 2. If your contract is a TSA/403(b), your employer/third-party administrator must sign and complete Section 9.
- 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) 722-2333. 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 contract owner's name, daytime telephone number, and annuity contract number, if known.
- 2 One-Time Withdrawals:** Refer to your product (if applicable) or your contract for withdrawal minimums. Any amount up to the Protected Payment Amount (or Enhanced Income Amount for the Enhanced Income Select rider) may be withdrawn on a one-time basis without reducing future benefits. Withdrawals may be taken from qualified plans if allowed. Withdrawals will be processed as a gross amount, with taxes and any charges deducted from the requested amount. You must complete Section 5 indicating income tax withholding. The amount of the charge may be considered to be a distribution, and you will be fully responsible for all resulting tax consequences.
- 3 Preauthorized Withdrawal:** Refer to your product prospectus (if applicable) or your contract for withdrawal minimums. If submitting the request with an application or if this request is received after the requested start date, start date will be the same date of the month following receipt of the request. **Withdrawals will be processed as a gross amount, with taxes and any charges deducted from the requested amount.** If you request a percentage in excess of the Protected Payment Base in a contract year, the request will default to the maximum percentage allotted under your Guaranteed Minimum Withdrawal Benefit rider of the **contract value** and may result in reduced benefits. Preauthorized withdrawals may be stopped or modified by contacting Pacific Life at least five days prior to the next withdrawal date.
- 4 Remaining RMD for Preauthorized Withdrawals:** Complete this section if you do not want to establish an RMD program in addition to a preauthorized withdrawal program 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 401a, 401k, Keogh, or custodial-owned accounts.
Note to Indiana Taxpayers: Effective January 1, 2009, Indiana provides for county taxes to be withheld when state taxes are withheld. If you wish to withhold county taxes, please include completed and signed Form WH-4P (R2/8-08) which can be found on the Indiana Department of Revenue website. Please call Pacific Life Customer Service for instructions.
- 6 Disability:** Complete this section if the requested withdrawal(s) is(are) because of your disability. A Pacific Life Disability Certification form must also be included with this request.
- 7 Delivery Instructions:** If distributions are to be mailed to a third-party payee, complete this section.
- 8 Electronic Funds Transfers:** If distributions are to be electronically transferred to the contract owner's checking or savings account, complete this section and attach an original voided check or deposit slip to this form.
- 9 For TSA/403(b) Contracts Only:** Complete this section only if requesting a withdrawal/distribution from a TSA/403(b) contract. Employer's/third-party administrator's authorization and signature is required. Please note that 12/31/88 annuity balances may be distributed without the occurrence of a triggering event. The Special Tax Information Notice is available on the Pacific Life website at www.PacificLife.com. – You may also contact Customer Service and request the notice be sent to you free of charge. Elective deferrals (i.e., employee contributions) received on or after 1/1/89 cannot be distributed prior to age 59½ or the occurrence of one of the events listed on this form. Hardship distributions may be subject to the 10% additional tax.
- 10 Signature(s) and Certification:** The form must be signed by the owner or the custodian/trustee. In cases of joint ownership, both owners must sign. A signature guarantee may be required whenever we believe that verification of authenticity is necessary to protect you or us.