



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

Clients: (800) 722-4448
Financial Professionals: (800) 722-2333
Fax: (888) 837-8172
RIAs: (833)-953-1863

CONTACT INFORMATION (for New York only):

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

Clients & Financial Professionals: (800) 748-6907
Fax: (800) 586-0096

Email: AnnuityService@PacificLife.com
Web Site: www.PacificLife.com

ALL OVERNIGHT DELIVERIES:

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

Use this form to request a compliant one-time withdrawal or to establish or modify a preauthorized withdrawals from the annuity contract under a Guaranteed Minimum Withdrawal Benefit rider. These transactions may also be available for processing on the Pacific Life website. Please visit www.PacificLife.com for additional details. 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. All pages of this form must be returned.

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.

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

Form with fields: 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, Trust/Entity Name

2 ONE-TIME WITHDRAWAL Refer to your product prospectus (if applicable) or your contract for withdrawal minimums.

Choose one of the following options:

- A. Withdraw the maximum available Protected Payment Amount1. For EIS 2 Rider Only: Include the remaining Income Rollover Amount [] Yes [] No
A. Withdraw \$ _____. Any amount up to the Protected Payment Amount1 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.

- [] 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 Amount1.

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 Amount1 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

- [] Withdraw the maximum annual Protected Payment Amount1 eligible under my GMWB rider, divided by the frequency period selected in Section 3B.

For EIS 2 Rider Only: Include the remaining Income Rollover Amount [] Yes [] No

If this option is selected, any remaining Income Rollover Amount will be added to the maximum annual Enhanced Income Amount and divided by the frequency selected in section 3B. This may result in your preauthorized withdrawal amount changing after your next contract anniversary depending on the total amount withdrawn within a contract year.

1or Enhanced Income Amount (for Enhanced Income Select Rider and Enhanced Income Select 2 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)

Withdraw _____%, not to exceed the maximum Protected Payment base annually, divided by the frequency period selected in Section 3B.

Note for EIS 2 Rider: Any remaining Income Rollover Amount will not be used in the calculation.

B. Frequency If none selected, frequency will be monthly. Monthly Quarterly Semiannually Annually

C. Start Date mm dd yy 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.

Start the program ASAP

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 have not attained RMD age, I understand that Pacific Life will establish a program to begin in the year I attain RMD age. 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.

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.

\$ _____

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 _____%





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6 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/Chronic 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/Chronic 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/Chronic Illness Certification form, which has been signed by a physician.

7 ALTERNATE DELIVERY/PAYEE INSTRUCTIONS Unless indicated below, the 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, 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. 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. **If the contract is owned by a trust, the bank account must reflect the trust name.**

Notes: 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).

<input type="checkbox"/> Use latest EFT instructions on file	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage Account
Financial Institution Name	Account Owner's Name
Financial Institution ABA Routing Number	Financial Institution Account Number





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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. 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.

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 59½
- 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.

**SIGN
HERE**

Employer's/Third-Party Administrator's Signature

mm / dd/ yy

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

Certain states require Financial Professionals to ensure that recommendations to you (including surrenders or withdrawals) are in your best interest and to determine that related standards are met. If this transaction was not recommended, such a determination would not be required by your Financial Professional.

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 59½, 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, including withdrawals taken to comply with required minimum distributions (RMDs) for tax-qualified plans, 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 59½, 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.





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10 SIGNATURE(S) AND CERTIFICATION (continued)

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).

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 may not provide 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 email, it is as valid as the original.

**SIGN
HERE**

Owner's Signature

mm / dd / yy

**SIGN
HERE**

Joint Owner's Signature (if applicable)

mm / dd / yy

SIGNATURE GUARANTEE

Guarantor to Affix Stamp Here

[Empty box for signature guarantee stamp]

Pacific Life Back Office Use Only

[Empty box for back office use]

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), and/or if an address change has occurred within the last 30 days.





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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) 722-4448. You can obtain additional copies of this form by visiting our website at www.PacificLife.com .

INSTRUCTIONS

- 1 General Information:** Provide the contract owner's name, daytime telephone number, and annuity contract number.
- 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 and Enhanced Income Select 2 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 this contract received assets from another financial institution during the current calendar year or 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.
- 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.
- 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. 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.