

PACIFIC LIFE INSURANCE COMPANY

Life Insurance Division
 P.O. Box 2030 • Omaha, NE 68103-2030
 (800) 347-7787 • Fax (866) 398-0467
 www.PacificLife.com



SURRENDER REQUEST

Insured's Name: First MI Last	Policy Number(s)
List Bill Name (If applicable)	List Bill Number(s)
Policyowner's Name	Telephone Number (Include area code)

Important Information

For Products with Indexed Accounts: If you have a policy with Indexed Accounts and you surrender your policy prior to a Segment Maturity Date, there is the potential to lose any interest that may be credited on that Segment Maturity Date.

1. Surrender Request

I/we direct Pacific Life Insurance Company (PLIC) to surrender the policy as consideration for payment of the net cash surrender value as follows (check one):

- Pay the net cash surrender value to the policyowner
- Pay the net cash surrender value as noted in section 2
- Pay the net cash surrender value as noted in Section 3
- Pay the net cash surrender value to the Alternate Delivery/Payee as noted in Section 6

Effective Date: The surrender effective date will be the date all requirements are received in proper form at PLIC's Life Insurance Division.

Please return the original policy with this request, unless the policy has been lost or destroyed.

2. Transfer of Assets for Qualified Plans (Complete if the funds are to be transferred as a Transfer of Assets or roll-over transaction.)

- I authorize PLIC to transfer the cash surrender value to _____ (name of financial institution) as a Transfer of Assets or roll-over. The transfer will occur upon receipt by PLIC of a statement of acceptance from the financial institution named above.

Note: To proceed with the Transfer of Assets, a Letter of Acceptance signed by an authorized officer of the financial institution is required. A Corporate Resolution for the financial institution is also required if the representative signing the Transfer of Assets Statement of Acceptance is not an officer.

3. Assignee's Consent (Complete only if policy is collaterally assigned.)

_____, Assignee of the policy indicated above, consents to the policy surrender requested.

Make the disbursement payable to the following (check one):

- Policyowner only (Complete Section 4)
- Assignee only (Complete Section 5)
- Assignee and policyowner, jointly – Mail check to: Assignee Policyowner (Complete Sections 4 and 5)
- Assignee and policyowner, individually (Provide disbursement amounts below and complete Sections 4 and 5)

Assignee's Disbursement Amount: \$ _____ Policyowner's Disbursement Amount: \$ _____

4. Policyowner's Mailing Address (Complete if the payee is the policyowner. Updates to this section will become the policyowner's address of record.)

Current Address: Street	City	State	Zip Code
Attention		Title	

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5. Assignee's Mailing Address (Complete if the payee is the assignee.)

Name	Account #
Address: Street City State Zip Code	
Attention	Title

6. Alternate Delivery/Payee Instruction Unless indicated below, the check will always be made payable to the policyowner 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 alternate payees and/or third parties include any party to the contract, financial institutions, trusts, and charities.

Name of Payee	Account # (If applicable)
Address: Street City State Zip Code	
Attention	Title

7. Tax Withholding/Reporting

Federal Tax Withholding: PLIC is required by law to withhold a minimum of 10% for federal taxes on any taxable portion of the lump sum payment made under the above policy. You may elect not to have income tax withheld by checking the appropriate box. If you elect to have taxes withheld, check the third box below in the Federal Tax Reporting column, and submit the required IRS W-4R tax form, which can be found on IRS.gov.

If you elect not to have withholding apply to your payment, or if you do not have enough income tax withheld from your payment, you may be responsible for payment of estimated tax. You may incur penalties under the estimated income tax rules if your withholding and estimated tax payments are not sufficient.

State mandated income tax will be withheld where required by law.

Federal Tax Reporting	State Income Tax Reporting, where applicable
<p>If no boxes are checked below, we are required to withhold taxes at a rate of not less than 10%.</p> <p><input type="checkbox"/> Do not withhold any Federal Taxes</p> <p><input type="checkbox"/> I am subject to backup withholding. I understand that income tax will be withheld from my payment.</p> <p><input type="checkbox"/> IRS Form W-4R is attached for tax withholding</p>	<p><input type="checkbox"/> Do not withhold any State Income Tax</p> <p><input type="checkbox"/> Withhold the following percentage amount ____%</p> <p>Indiana Resident: may request a county tax withholding amount. County Name: _____ \$_____.</p>

If your policy is classified as a Modified Endowment Contract or is tax qualified, complete the following. If you do not indicate a reason for distribution and your attained age is under 59 ½, the distribution will be reported as a premature distribution.

This distribution is due to: Attainment of age 59 ½ Disability Hardship

Important:

- PLIC may be required to report taxable income, if any, that results from the surrender of this policy.
- Once we have processed your surrender any required tax reporting cannot be forgone or reversed, even if the policy is restored.
- Applicable tax reporting is submitted to the Internal Revenue Service (IRS) under the primary policyowner's tax identification number, unless directed otherwise.
- Prior to submitting a surrender request, PLIC recommends that you discuss the tax implications of surrendering this policy with a qualified independent legal and/or tax advisor.

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8. Certification of Policyowner's Taxpayer Identification Number

Taxpayer I. D. number is _____

Check this box if you are not a U.S. citizen or other U.S. person as defined in #3 below and this section does not apply to you.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined in the instructions in item 3 of the Certification on the official IRS Form W-9).
4. I am exempt from FATCA reporting (defined in the instructions in item 4 of the Certification on the official IRS Form W-9).

Note: You must check here if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

9. Declarations

By signing in the Signature section, I/we authorize PLIC to surrender the policy, subject to the policy provisions.

Each of the undersigned attests that:

- No bankruptcy or insolvency proceedings have been filed or are pending by or against them.
- The policy is not subject to any pledge or assignment other than the assignment on file with PLIC.
- If the original policy is later found, it will be promptly returned to PLIC, and that no one else has any right, title, or interest in the policy.
- If any amount received under this form will be used to pay premiums on any new life insurance or annuity policy, I/we have attached the applicable state replacement forms and complied with any applicable state replacement regulations.
- The insured is still living and upon the surrender of the policy all rights, titles, and interests in and to the policy and all its attendant rights, including the right to any death claim, are relinquished.
- If the policy is restored PLIC cannot reverse any tax reporting that was done as a result of the surrender.
- Applicable tax reporting is submitted to the Internal Revenue Service (IRS) under the primary policyowner's tax identification number, unless directed otherwise.
- PLIC does not make any recommendations and is not engaged in the practice of law, nor is it licensed to do so. Any communications with PLIC employees are not and should not be construed as a recommendation, legal advice, or tax advice, nor may they be relied upon as such. PLIC suggests that you consult your life insurance producer to help ensure this request meets your needs and is in your best interest.

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10. Signatures

If you are signing below on behalf of an entity, you represent, that you are authorized to execute this document and to make the statements that are shown. You further represent that all requirements of those entities, including the use of any seal (in the case of a Corporation) and any authorized signatures (in the case of a Corporation and/or Trust), have been met.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

SIGNED AND DATED ON:

Date (mm/dd/yyyy)

X _____
 Policyowner's Signature

Policyowner's Name: First MI Last (print) Title, if applicable

X _____
 Assignee's Signature

Assignee's Name: First MI Last (print) Title, if applicable

X _____
 Other Required Signature (Must check a box below)

Other Required Name: First MI Last (print) Title, if applicable

- Indicate role of "Other Required" signature:**
- Additional Policyowner
 - Additional Assignee
 - Insured
 - Additional Insured
 - Business Entity's Authorized Representative
 - Trustee
 - Attorney-in-Fact
 - Irrevocable Beneficiary
 - Premium Payor/Remitter
 - New Policyowner (only required for ownership changes)
 - Applicant (only required at time of application)
 - Other: _____

Instructions

When to use this form:	This form is used to surrender/cancel an existing Pacific Life insurance or annuity policy.	
Who must sign this form:	<p>POLICYOWNER(S) – Required signature(s).</p> <p>ASSIGNEE(S) – Required when the policy has an active assignment(s) and the assignee's signature or consent is required according to the assignment agreement.</p> <p>OTHER REQUIRED SIGNATURE – Any party that has an ownership interest that requires them to approve this policy request. Indicate their signing capacity by checking the appropriate role.</p> <p>If the policyowner, assignee or other required signing party is a Corporation, Business Entity, or Trust, all signatures required by the governing documents or the trust agreement (if a Trust) must be included, in addition to the authorized representative(s) title or signing capacity.</p>	
Where to send this form:	<p>Regular Mail: Pacific Life Insurance Company Life Insurance Division P.O. Box 2030 Omaha, NE 68103-2030</p> <p>Overnight Mail: Pacific Life Insurance Company Life Insurance Division, 5th floor 6750 Mercy Rd Omaha, NE 68106</p>	<p>Fax: (866) 398-0467</p> <p>E-mail: policyservice@pacificlife.com</p> <p>Customer Service: (800) 347-7787</p>