

**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 Third Party 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.)

Current Address:

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 THIRD PARTY PAYEE (Complete if the payee is other than the policyowner or the assignee.)

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

## 7 TAX WITHHOLDING/REPORTING

PLIC is required by law to withhold federal and state income tax (in certain states) from any taxable lump sum payment made under the above policy, unless you elect not to have income tax withheld.

Federal Tax Reporting	State Income Tax Reporting, where applicable
<input type="checkbox"/> Do not withhold any Federal Taxes <input type="checkbox"/> I am subject to backup withholding <input type="checkbox"/> Withhold the following percentage amount ____%	<input type="checkbox"/> Do not withhold any State Income Tax <input type="checkbox"/> Withhold the following percentage amount ____% <b>Indiana Resident:</b> may request a county tax withholding amount. County Name: _____ \$_____.

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 \_\_\_\_\_

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 recommends that you consult a qualified independent legal and/or tax advisor for advice based on your particular circumstances.

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## 10 SIGNATURES (REQUIRED)

If you are signing below on behalf of an entity, you represent, under penalty of perjury, that you are authorized to execute this document and make the representations set forth herein. You further represent that all requirements of the entity's governing documents, including the use of the corporate seal (if a Corporation) and the number of authorized signatures, 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
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X  
Assignee's\* Signature

Assignee's Name: First MI Last (print)	Title, if applicable
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X  
Other Required\* Signature (Must check a box below)

Other Required Name: First MI Last (print)	Title, if applicable
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- Indicate role of "Other Required" signature:**
- |  |  |
|--|--|
| <input type="checkbox"/> Additional Policyowner                      | <input type="checkbox"/> Attorney-in-Fact                                      |
| <input type="checkbox"/> Additional Assignee                         | <input type="checkbox"/> Irrevocable Beneficiary                               |
| <input type="checkbox"/> Insured                                     | <input type="checkbox"/> Premium Payor/Remitter                                |
| <input type="checkbox"/> Additional Insured                          | <input type="checkbox"/> New Policyowner (only required for ownership changes) |
| <input type="checkbox"/> Business Entity's Authorized Representative | <input type="checkbox"/> Applicant (only required at time of application)      |
| <input type="checkbox"/> Trustee                                     | <input type="checkbox"/> Other: _____  |

\*If a Corporation, Trust or Business Entity, the full name of the Corporation, Trust or Business Entity must be shown below.

Corporation, Trust, or Business Entity's Name

**PRODUCER: PROVIDE A PHOTOCOPY OF THIS SIGNED FORM TO ALL SIGNING PARTIES.**

### INSTRUCTIONS

<b>When to use this form:</b>	This form is used to surrender/cancel an existing Pacific Life insurance or annuity policy.	
<b>Who must sign this form:</b>	<p><b>POLICYOWNER(S)</b> – Required signature(s).</p> <p><b>ASSIGNEE(S)</b> – 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><b>OTHER REQUIRED SIGNATURE</b> – Any party that has an ownership interest that requires them to approve this policy request. Indicate their signing capacity by checking the appropriate role. 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>	
<b>Where to send this form:</b>	<p><b>Regular Mail:</b> Pacific Life Insurance Company Life Insurance Division P.O. Box 2030 Omaha, NE 68103-2030</p> <p><b>Overnight Mail:</b> Pacific Life Insurance Company Life Insurance Division, 5<sup>th</sup> floor 6750 Mercy Rd Omaha, NE 68106</p>	<p><b>Fax:</b> (866) 398-0467</p> <p><b>E-mail:</b> <a href="mailto:polycyservice@pacificlife.com">polycyservice@pacificlife.com</a></p> <p><b>Customer Service:</b> (800) 347-7787</p>