

**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](http://www.PacificLife.com)



**PACIFIC LIFE**

**ELECTRONIC FUNDS TRANSFER (EFT)**

• Life Insurance and Fixed Annuity Premium Payments • Life Insurance Loan Repayments

Insured's Name: First MI Last	Policy Number(s)
Policyowner's Name	Telephone Number (include area code)

**Important Information**

- No more than 5 policies can be requested from one account.
- To set-up or change EFT draft information, Sections 1, 2, 3, and 5 must be completed.
- To cancel EFT, Sections 4 and 5 must be completed.

**1 SET UP OR CHANGE EFT DRAFT INFORMATION**

- Indicate the desired draft date below. If a date is not indicated, then Pacific Life Insurance Company (PLIC) will determine the draft date based upon the policy's issue date. Draft processing times vary with each financial institution.
- One-Time Drafts will occur upon receipt of this form in good order.
- EFT loan repayments may not be available on some policies.
- Premium payments and loan repayments for the same policy must occur on the same bank account.
- For policies with an alternate loan, EFT loan repayments for the alternate loan are not currently available.
- Requests must be received in writing at PLIC at least ten (10) days prior to the next draft date. EFT premium draft amounts are subject to product minimum premium amounts.

Draft Date (1<sup>st</sup> - 28<sup>th</sup>) \_\_\_\_\_ Premium Amount \$ \_\_\_\_\_  
 Beginning Month \_\_\_\_\_ Standard Loan Amount \$ \_\_\_\_\_  
 Or  
 One-Time Draft Total Draft Amount \$ \_\_\_\_\_

**2 ACCOUNT INFORMATION** Check only one:  Checking  Savings Account  Money Market

**Complete the following information or attach a voided check** (A photocopy of a check is also acceptable. Do not attach a deposit slip.)

<b>PLACE VOIDED CHECK HERE</b>	Account Name	Routing/ABA Number (9 digits)	Account Number
	Primary Account Holder's Name: First MI Last	Additional Account Holder's Name: First MI Last	
	Account Holder's Address: Street	City	State Zip Code
	Financial Institution's Name (Print)	Telephone Number (include area code)	
	Address: Street	City	State Zip Code

**Important Address Change Information**

If you would like PLIC to change the policyowner's, insured's or payor's address of record to match the address entered above, please check the applicable box(es):  Policyowner  Insured  Payor

For all other address changes, submit an Address Change Request.

# ELECTRONIC FUNDS TRANSFER (EFT)

For Life Insurance and Fixed Annuity Premium Payments and/or Life Insurance Loan Repayments



Insured's Name: First                      MI                      Last	Policy Number(s)
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### 3 AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

I (we) hereby authorize PLIC, to initiate debit (credit) entries to the account at the U. S. depository financial institution as noted in Section 2, and to debit (credit) the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. law. PLIC will only allow EFT debit (credit) requests from authorized U. S. financial institutions.

This request shall not be construed as modifying any provision of the policy(ies) and may be revoked by PLIC if any charge is not paid upon presentation. This authorization is to remain in full force and effect until PLIC has received a thirty (30) day written notification from me (or either of us) of its termination in such time and in such manner as to afford PLIC and the financial institution a reasonable opportunity to act on it. EFT may also be discontinued by PLIC with a thirty (30) day written notification to me (or either of us).

I/we understand that the financial institution's draft date may vary from the policy's draft date and I/we further understand that PLIC is not responsible for any bank fees incurred as a result of this variance.

X _____	X _____
Primary Account Holder's Signature	Additional Account Holder's Signature

### 4 CANCEL EFT

- Cancel EFT premium payment     
  Cancel EFT loan repayment     
  Cancel EFT premium and loan  
 Select new premium billing method:  
  Annually   
  Semi-Annually   
  Quarterly

Note: The payor and the address of the payor will remain the same as the current payor. If you wish to change the payor or the payor's address, please provide the new information below.

Indicate the new payor:  
 Policyowner   
 Insured   
 Other (provide name below)

New Payor's Name (if applicable)			
Street	City	State	Zip Code

### 5 SIGNATURES (REQUIRED)

I authorize PLIC to process this request, subject to the policy provisions. I understand that the financial institution's draft date may vary from the policy's draft date and I further understand that PLIC is not responsible for any bank fees incurred as a result of this variance.

If you are signing on behalf of an entity, you represent that you are authorized to execute this document and make the statements that may be 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.

#### SIGNED AND DATED ON:

Date (mm/dd/yyyy)
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X _____ Policyowner's* Signature	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Policyowner's Name: First                      MI                      Last (print)</td> <td style="width: 40%;">Title, if applicable</td> </tr> <tr style="height: 30px;"> <td> </td> <td> </td> </tr> </table>	Policyowner's Name: First                      MI                      Last (print)	Title, if applicable		
Policyowner's Name: First                      MI                      Last (print)	Title, if applicable				
X _____ Assignee's* Signature	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Assignee's Name: First                      MI                      Last (print)</td> <td style="width: 40%;">Title, if applicable</td> </tr> <tr style="height: 30px;"> <td> </td> <td> </td> </tr> </table>	Assignee's Name: First                      MI                      Last (print)	Title, if applicable		
Assignee's Name: First                      MI                      Last (print)	Title, if applicable				
X _____ Other Required* Signature (Must check a box below)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Other Required Name: First                      MI                      Last (print)</td> <td style="width: 40%;">Title, if applicable</td> </tr> <tr style="height: 30px;"> <td> </td> <td> </td> </tr> </table>	Other Required Name: First                      MI                      Last (print)	Title, if applicable		
Other Required Name: First                      MI                      Last (print)	Title, if applicable				

- Other Required\* Signature (Must check a box below)
- |  |  |
|--|--|
| <input type="checkbox"/> Additional Policyowner<br><input type="checkbox"/> Additional Assignee<br><input type="checkbox"/> Insured<br><input type="checkbox"/> Additional Insured<br><input type="checkbox"/> Business Entity's Authorized Representative<br><input type="checkbox"/> Trustee | <input type="checkbox"/> Attorney-in-Fact<br><input type="checkbox"/> Irrevocable Beneficiary<br><input type="checkbox"/> Premium Payor/Remitter<br><input type="checkbox"/> New Policyowner (only required for ownership changes)<br><input type="checkbox"/> Applicant (only required at time of application)<br><input type="checkbox"/> Other: _____ |
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\*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
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# ELECTRONIC FUNDS TRANSFER (EFT)



# PACIFIC LIFE

For Life Insurance and Fixed Annuity Premium Payments and/or  
Life Insurance Loan Repayments.

## INSTRUCTIONS

<b>When to use this form:</b>	This form is used to establish, change, or cancel Electronic Fund Transfer information for premium payments on life insurance & fixed annuity policies and policy loan repayments on life insurance policies only.	
<b>Who must sign this form:</b>	<p><b>POLICYOWNER(S)</b> – Required signature(s).</p> <p><b>AUTHORIZED ACCOUNT HOLDER(S)</b> – Signature(s) required if setting up or changing EFT draft information.</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(S)</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.</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>	
<b>Where to send this form:</b>	<p><b>Regular mail:</b></p> <p>Pacific Life Insurance Company Life Insurance Division P.O. Box 2030 Omaha, NE 68103-2030</p> <p><b>Overnight mail:</b></p> <p>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>In-force policy e-mail:</b> <a href="mailto:policy@pacificlife.com">policy@pacificlife.com</a></p> <p><b>Customer Service:</b> (800) 347-7787</p>