

**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 Premium Payments and/or 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, 4 and 6 must be completed.
- To cancel EFT, Sections 5 and 6 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.
- Indicate the desired frequency below when setting up EFT. If a frequency is not selected, then the frequency will be defaulted to Monthly.
- EFT loan repayments may not be available on some policies.
- EFT drafts may automatically adjust if there is a scheduled premium increase/decrease on the policy.
- Premium payments and loan repayments for the same policy must occur on the same bank account.
- For policies with both a Standard and Alternate Loan, EFT loan repayments will be applied to the Alternate Loan first. If the policyowner wants to apply loan repayments to the Standard Loan first, a check must be submitted.
- 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.

Beginning Draft Date (mm/dd) _____	Premium Amount \$ _____
Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Standard Loan Amount \$ _____
<input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual	
<b>Or</b>	Total Draft Amount \$ _____
<input type="checkbox"/> One-Time Draft	

**2. Payor of Premium** (Required to be completed if the payor is other than the insured or policyowner on record of the policy.)

Payor's Name	Relationship to the Policy	E-mail Address
Address: Street	City	State Zip Code

**3. 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* form.



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Insured's Name: First MI Last Policy Number(s)

4. 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 3, 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 Primary Account Holder's Signature X Additional Account Holder's Signature (if applicable)

5. 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)

Table with columns: New Payor's Name (if applicable), Relationship to the Policy, E-mail Address, Address: Street, City, State, Zip Code

6. 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 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.

Signed and Dated on:

Date (mm/dd/yyyy)

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

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

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

Other Required Signature (Must check a box below)

- 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, Applicant, Other

# ELECTRONIC FUNDS TRANSFER (EFT)

• Life Insurance Premium Payments and/or Life Insurance Loan Repayments



# PACIFIC LIFE

## Instructions

<b>When to use this form:</b>	This form is used to establish, change, or cancel Electronic Fund Transfer information for premium payments and/or policy loan repayments on life insurance policies.	
<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 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@pacificlif.com">policy@pacificlif.com</a></p> <p><b>Customer Service:</b> (800) 347-7787</p>