#### 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



WITHDRAWAL REQUEST					
Insured's Name: First MI Last	Policy Number(s)				
List Bill Name (If applicable)	List Bill Number(s)				
Policyowner's Name	Policyowner's Name				
Subject to the policy provisions, a pol	icy withdrawal may decrea	se the death benefit.			
1. Policy Withdrawal					
☐ Issue maximum withdrawal		withdrawal to pay premium or other charges on			
☐ Issue withdrawal for \$	* policy #	<del></del>			
Special Instructions:		mum Preferred Withdrawal (Subject to policy a preferred withdrawal will not decrease the death			
Effective Date: The withdrawal effective form at Pacific Life Insurance Company's		te and time all requirements are received in proper on.			
	ork Stock Exchange (NYSE).	Ilculated effective as of the end of the business day If received at or after the time of the close of the day.			
taken proportionally from the policy's Fixe	ed and Variable investment o vithdrawal amount will be tak	ptions are requested, the withdrawal amount is first ptions' accumulated value. If there is no een from the Indexed Accounts. Please note that the			
month period called the Lockout Period. I	During this time, future paym ake place, including a transfe	re transfers to the Indexed Account(s) for a 12- ents will remain in the Fixed Account, and no r as a result of a premium payment. Transfers to the			
		e the Long Term Care (LTC) Benefit Amount claim for LTC benefits has been received and/or is			
Decrease in Benefits or Coverage for I will result in a tax reportable event. Comp		vill perform various tests to determine if the change			
2. Withdrawal (For Fixed Annuity Police	cies)				
Select either \$ or % and indicate either Net	or Gross Amount				
□ \$*	☐ Net ☐ Gross	□% □ Net □ Gross			
3. Surrender of Paid-Up Additional	Insurance (For Fixed Prer	nium Non-Variable Life Insurance Policies)			
<u>-</u>	oly as follows: (check all that ap	·			
	Send disbursement to policy	rowner			
	Apply toward premium or po	licy charges on policy #			
Surrender \$*	Apply toward policy loan acc	count on policy #			
	insurance (Select this option only when	owner for balance of remaining paid-up additional napplying paid-up additional insurance to pay			
	premium or repay a loan <b>an</b> paid-up additional insurance	<b>d</b> you wish to receive the balance of any unused			

\*The maximum amount will be processed if the requested amount is not available.





Insured's Name: First MI Last	Policy Number(s)
List Bill Name (If applicable)	List Bill Number(s)

#### **4. Account Allocations** (Complete only for Variable Universal Life Insurance.)

When requesting a withdrawal, the withdrawal will be taken from your investment options in proportion to the accumulated value you have in each option <u>unless</u> you tell us otherwise below: The Indexed Accounts cannot be entered as one of the options. Total must equal 100%.

Investment Options	%	Internal Use Code	Investment Options	%	Internal Use Code
Domestic Equity			Asset Allocation/Balanced		
Amer Century VP Mid Cap Value		AV, AK	Amer Funds IS Asset Alloc		AA, AO
Amer Funds IS Growth		AR, AQ	BlackRock 60/40 Target Alloc ETF V.I.		BB
Amer Funds IS Growth-Income		AI, AU	BlackRock Glbl Alloc V.I.		2I, BZ
BlackRock Basic Value V.I.		2J	Fidelity VIP Freedom 2010		NA
BNY Mellon VIF Appreciation		AS	Fidelity VIP Freedom 2015		NB
ClearBridge Var Aggr Growth		T2, CY	Fidelity VIP Freedom 2020		NC
ClearBridge Var Mid Cap		N2, CZ	Fidelity VIP Freedom 2025		ND
DFA VA US Large Value		VN	Fidelity VIP Freedom 2030		NE, MT
DFA VA US Targeted Value		VM	Fidelity VIP Freedom 2035		NG, MU
Fidelity VIP Contrafund		2N, MK	Fidelity VIP Freedom 2045		NH, MV
Fidelity VIP Growth		2S	Fidelity VIP Freedom Income		NF MR
Fidelity VIP Mid Cap		2D, M7	Lazard Retirement Glbl Dyn Multi-Asset		W3, LZ
Fidelity VIP Total Market Index		M8	MFS VIT Total Return Ser		MX
Fidelity VIP Value Strat		2E	PIMCO VIT Glbl Multi-Asset Managed Alloc		PG, PJ
Invesco Oppenheimer V.I. Main Street Small Cap		OH	PSF DFA Balanced Alloc (PLFA)		ØG, VT
Janus Henderson VIT Enterprise		J2, J3	PSF Pac Dyn – Conserv Growth (PLFA)		ME, QE
Lazard Retirement US Equity Select		W2	PSF Pac Dyn – Growth (PLFA)		MH, QH
Lord Abbett Ser Fund Developing Growth		LD	PSF Pac Dyn – Mod Growth (PLFA)		MJ, QJ
Lord Abbett Ser Fund Fundamental Equity		LA	PSF Port Opt Aggr-Growth (PLFA)		ØE, 9E
M Capital Appreciation (Frontier)		A2	PSF Port Opt Conserv (PLFA)		ØA, 9A
M Large Cap Growth (DSM Capital)		C2	PSF Port Opt Growth (PLFA)		ØD, 9D
M Large Cap Value (AJO)		02	PSF Port Opt Mod (PLFA)		ØC, 9C
MFS VIT New Discovery Ser		L2, MW	PSF Port Opt Mod-Conserv (PLFA)		ØB, 9B
MFS VIT Value Ser		M3, MZ	State Street Total Return V.I.S.		ĞE
Neuberger Berman AMT Sustainable Equity		NR	International Equity		
PSF Comstock (Invesco)		Y2, Y3	Amer Funds IS Intl		AY
PSF Dividend Growth (T. Rowe Price)		V2, V4	Amer Funds IS New World		AZ
PSF Equity Index (BlackRock)		EX, EY	DFA VA Intl Value		VO
PSF Focused Growth (Janus)		Q2	Fidelity VIP Intl Index		M6
PSF Growth (MFS)		G2, G3	Invesco Oppenheimer V.I. Glbl		OG, OK
PSF Large-Cap Growth (BlackRock)		2B	Invesco V.I. Intl Growth		IG, OL
PSF Large-Cap Value (ClearBridge)		LC, CL	Janus Henderson VIT Overseas		H2, H3
PSF Main Street Core (Invesco)		ET, ES	Lazard Retirement Intl Equity		W1
PSF Mid-Cap Equity (Scout)		MC	M Intl Equity (DFA)		S2
PSF Mid-Cap Growth (Ivy)		2M, CØ	PSF Emerging Markets (Invesco)		EM, PE
PSF Mid-Cap Value (Boston Partners)		MA, DØ	PSF Intl Large-Cap (MFS)		X2, X1
PSF Small-Cap Equity (BlackRock/Franklin)		2V, V5	PSF Intl Small-Cap (QS Investors)		12, 13
PSF Small-Cap Index (BlackRock)		SC, SB	PSF Intl Value (Wellington)		IX
PSF Small-Cap Value (AllianceBernstein)		SR, SS	Templeton Foreign VIP		TF, TD
PSF Value Advantage (JPMorgan)		VA, VZ	- p		,
Royce Capital Fund-Micro-Cap		RM			
T. Rowe Price Blue Chip Growth		2K, K1			
T. Rowe Price Equity Income		2L, L1			+
Vanguard VIF Mid Cap Index		VC			



Insured's Name: First MI Last	Policy Number(s)
List Bill Name (If applicable)	List Bill Number(s)

# 4. Account Allocations (Continued)

Investment Options	%	Internal Use Code	Investment Options	%	Internal Use Code
Sector/Specialty			Fixed Income (Continued)		
MFS VIT Utilities Ser		M2, MY	PSF Inflation Managed (PIMCO)		GO, GZ
PSF Currency Strat (Neuberger/UBS)		CT	PSF Inflation Strategy (Barings)		IF
PSF Health Sciences (BlackRock)		2H, H4	PSF Managed Bond (PIMCO)		MB, M1
PSF Real Estate (Principal REI)		R2, R1	PSF Short Duration Bond (T. Rowe Price)		D2, D4
PSF Technology (MFS)		2T, T1	Templeton Glbl Bond VIP		TG, TE
VanEck VIP Glbl Hard Assets		2W	Western Asset Var Glbl High Yield Bond		W4
Vanguard VIF Real Estate Index		VF	Fixed Account Options		
Cash Equivalents			Pacific Life-Fixed Account		
Fidelity VIP Govt Money Market		MM	Pacific Life-Fixed LT Account		
Fixed Income			Other Approved Investment Options		
Amer Funds IS High-Income Bond		AW			
Fidelity VIP Bond Index		MI			
Lord Abbett Ser Fund Bond Debenture		LB			
Lord Abbett Ser Fund Total Return		LT			
PIMCO VIT Income		PI			
PSF Core Income (PAM)		CO			
PSF Diversified Bond (Western Asset)		2U, U1			
PSF Emerging Markets Debt (Ashmore)		EG, PF			
PSF Floating Rate Income (PAM)		RI, RH			
PSF High Yield Bond (PAM)		HB, HI			T.

5. Transfer of Assets (Complete if the funds are to be transferred as a 1	Fransfer of Assets or roll-over transaction)
☐ I authorize PLIC to transfer the requested withdrawal amount to as a Transfer of Assets or roll-over. The transfer will occur upon receipt by F	
financial institution named above.	hmitted with this request
<b>Note</b> : The statement of acceptance from the financial institution must be sul	<u> </u>
<b>6. Withdrawal of Dividends</b> (For Fixed Premium Non-Variable Life Insu	ırance Policies)
CURRENT DIVIDENDS	FUTURE DIVIDENDS
Amount to withdraw:  Withdraw all dividends available Withdraw \$	(Complete only if a change to your current dividend option is desired. Refer to your policy to determine which options are available.) Pay in cash Apply to premium Purchase Paid-Up Life Insurance Accumulate at interest Other

<sup>\*</sup>The maximum amount will be processed if the requested amount is not available.

complete Sections 11 and 12)



Insured's Name: First MI Last	Policy Number(s)
List Bill Name (If applicable)	List Bill Number(s)
7. Testing for Tax Reportable Events (Required	for Life Insurance Policies Only)
	hdrawal will result in a tax reportable event. If the withdrawal results
	the withdrawal. (This may delay the effective date of the request.)
	thout contacting me first. (See important notes below)
Important:	
tax reporting.	cessed we are unable to reverse the withdrawal or the applicable
identification number, unless directed otherwise.	
<ul> <li>We recommend that you consult with your qualif circumstances.</li> </ul>	ied independent legal and/or tax advisor for advice based on your
8. Tax Withholding/Reporting	
PLIC is required by law to withhold federal and state in made under the above policy, unless you elect not to he	ncome tax (in certain states) from any taxable lump sum payment nave income tax withheld.
Federal Tax Reporting	State Income Tax Reporting, where applicable
Do not withhold any Federal Taxes	☐ Do not withhold any State Income Tax ☐ Withhold the following percentage amount%
☐ I am subject to backup withholding	Indiana Resident: may request a county tax withholding amount.
☐ Withhold the following percentage amount%	County Name: \$
indicate a reason for distribution and your attained age distribution.	ontract or is tax qualified, complete the following. If you do not is under 59 1/2, the distribution will be reported as a premature
This distribution is due to:  Attainment of age	
9. Certification of Policyowner's Taxpayer Ide	ntification Number
Taxpayer I. D. number is	
<ul><li>Under penalties of perjury, I certify that:</li><li>1. The number shown on this form is my correct be issued to me), and</li></ul>	taxpayer identification number (or I am waiting for a number to
2. I am not subject to backup withholding becaus been notified by the Internal Revenue Service (	e: (a) I am exempt from backup withholding, or (b) I have not (IRS) that I am subject to backup withholding as a result of a the IRS has notified me that I am no longer subject to backup
	d in the instructions in item 3 of the Certification on the official
Form W-9).	the instructions in item 4 of the Certification on the official IRS
Note:  You must check here if you have been no withholding because you have failed to report all in	otified by the IRS that you are currently subject to backup nterest and dividends on your tax return.
10. Assignee's Consent (Complete only if policy is	s collaterally assigned.)
	, Assignee of the policy(ies) indicated above, consents to
the policy withdrawal requested, to be made by PLIC.	
Make the disbursement payable to the following (c Policyowner only (Complete Section 11)	heck one):
Assignee and policyowner jointly – Mail check to:	☐ Assignee ☐ Policyowner (Complete Sections 11 and 12)
	yment instructions in Section 1 or on a separate sheet and



Insured's Name: First MI	Last	Policy Number(s)			
List Bill Name (If applicable)	)	List Bill Number(s)			
44 Daliavavvaada Maili	Address (O. 1.1. 1911)				
Current Address:	ng Address (Complete if the	payee is the policyowner.)			
Street	City	State	Zip Code		
Attention		Title			
<b>12. Assignee's Mailing</b> Name	Address (Complete if the pay	yee is the assignee.)			
Address: Street	City	State	Zip Code		
Attention	_	Title			
13. Third Party Payee (0	Complete if the payee is other	than the policyowner or the assi	gnee.)		
Name			Account #		
Address: Street	City	State	Zip Code		
Attention		Title			

#### 14. Declarations

By signing in the Signature section, I/we authorize PLIC to process the policy withdrawal(s) as requested. Each of the undersigned attests that:

- No bankruptcy or insolvency proceedings have been filed or are pending by or against them.
- The policy(ies) is not subject to any pledge or assignment other than the assignment on file with PLIC.
- A withdrawal may cause a reduction in the death benefit and/or taxable event and that the taxpayer should seek advice from a qualified independent legal and/or tax advisor based on the taxpayer's particular circumstances.
- If the withdrawal causes a rider to decrease to zero, any charges that may continue for the rider have the potential to impact any Indexed Account and policy performance.
- In most circumstances, once a withdrawal is processed PLIC is unable to reverse the withdrawal or any applicable tax reporting.
- Applicable tax reporting is submitted to the Internal Revenue Service (IRS) under the primary policyowner's tax identification number, unless directed otherwise.
- If the withdrawal amount requested is not available, PLIC will automatically process the maximum amount available.
- 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.
- PLIC is required to perform tests, on certain cash distributions, that relate to the taxation of life insurance and annuity policies.
- If the policy has long term care benefits, I/we understand that withdrawals may be restricted or prohibited by certain riders attached to the policy and that long term care benefit payments will reduce the Accelerated Benefit Rider benefit amounts available on the policy.
- PLIC is not engaged in the practice of law, nor is it licensed to do so. Communications with PLIC employees are not intended as legal or tax advice, nor may they be construed or relied upon as such.



Insured's Name: First MI	Last	Policy Number(s)
List Bill Name (If applicable)		List Bill Number(s)

# 15. Signatures

If you are signing on behalf of an entity, you represent that you are authorized to execute this document and to make the statements that may be shown. You further represent that all requirements of those entities, including the use of any seal R

	ation) and any authorize						The state of the s
	IE SERVICE DOES NOT R			NY PRO	VISION	OF TH	IIS DOCUMENT OTHER
	ONS REQUIRED TO AVO	ID BACKUP WITHHOLI	DING.				
SIGNED AND DATED ( Date (mm/dd/yyyy)	ON:						
Date (IIIII/GG/yyyy)							
		Policyowner's Name:	First	MI L	ast (	'nrint)	Title, if applicable
		oneyewner e riame.	1 1100			(Print)	rido, ii applicable
X							
Policyowner's Signature	9						
		Assignee's Name: Fi	rst M	ЛI L	ast	(print)	Title, if applicable
						(	, 11
X Assignee's Signature							
Assignee's Signature							
		Other Required Name	∍· First	MI L	ast (	print)	Title, if applicable
		Other Required Hairi	J. 1 11 JC	1011	ασι (	(Print)	Title, ii applicable
X							
Other Required Signatu							
	Additional Policyowner Additional Assignee		☐ Attorne ☐ Irrevoo			nr./	
illulcate role of	Insured		_ irrevoc _ Premiu				
Cilier Recilireci —	Additional Insured						ed for ownership changes)
	Business Entity's Autho				required	d at time	of application)
	Trustee		☐ Other:				
	T	INSTRUCTIONS					
When to use this form:	This form may be used	to request a withdraw	al on a lif	fe insura	ince or	fixed	annuity policy.
Who must sign this	POLICYOWNER(S) - F	Required signature(s).					
form:	ASSIGNEE(S) - Requir						d the assignee's
	signature or consent is		_		-		
	OTHER REQUIRED SIG						
	them to approve this policole.	licy request. Indicate tr	ieir signir	ng capac	city by o	cneckii	ng the appropriate
	If the policyowner, assig	nnee or other required	sianina i	narty is a	a Corn	oration	n Rusiness Entity or
	Trust, all signatures req						
	must be included, in ad						
Where to send this	Regular mail:		Fax:	(866) 39	8-046	7	
form:	Pacific Life Insurance						
Life Insurance Divisi P.O. Box 2030 Omaha, NE 68103-		ion		In-force policy e-mail:			
		2030	policys	policyservice@pacificlife.com			
	Overnight mail:		Custo	Customer Service: (800) 347-7787			347-7787
	Pacific Life Insurance	ce Company				. ,	
	Life Insurance Divis	ion, 5 <sup>th</sup> floor					
	6750 Mercy Rd						
	Omaha, NE 68106						