

PACIFIC LIFE INSURANCE COMPANY

Life Insurance Division
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(800) 347-7787 • Fax (866) 398-0467
www.PacificLife.com



WITHDRAWAL REQUEST

Form with fields: 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)

Subject to the policy provisions, a policy withdrawal may decrease the death benefit.

1. Policy Withdrawal

- Issue maximum withdrawal
Issue withdrawal for \$ \*
Special Instructions:
Process a withdrawal to pay premium or other charges on policy #
Issue maximum Preferred Withdrawal (Subject to policy provisions, a preferred withdrawal will not decrease the death benefit.)

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

Effective Date: The withdrawal effective date will be based on the date and time all requirements are received in proper form at Pacific Life Insurance Company's (PLIC) Life Insurance Division.

For Variable Universal Life Insurance: The withdrawal amount is calculated effective as of the end of the business day if received before the close of the New York Stock Exchange (NYSE). If received at or after the time of the close of the NYSE, the request will be effective as of the end of the next business day.

For Products with Indexed Accounts: Unless specific investment options are requested, the withdrawal amount is first taken proportionally from the policy's Fixed and Variable investment options' accumulated value. If there is no accumulated value in these options, the withdrawal amount will be taken from the Indexed Accounts. Please note that the Indexed Accounts cannot be selected as one of the options.

Any withdrawal that reduces the Indexed Account(s) may prevent future transfers to the Indexed Account(s) for a 12-month period called the Lockout Period. During this time, future payments will remain in the Fixed Account, and no transfer to the Indexed Account(s) may take place, including a transfer as a result of a premium payment. Transfers to the Indexed Account(s) will resume after the end of the Lockout Period.

For Policies with Long-Term Care Benefits: A withdrawal will reduce the Long-Term Care (LTC) Benefit Amount available. A withdrawal may not be available depending on whether a claim for LTC benefits has been received and/or is in Good Order. CA Only- The reduction to the LTC benefits requires your written consent on the Statement of Numerical Information Quote to deem this withdrawal in Good Order. The Statement of Numerical Information Quote will be sent to you upon receipt of your request.

Decrease in Benefits or Coverage for Life Insurance Only: PLIC will perform various tests to determine if the change will result in a tax reportable event. Complete Section 7.

2. Withdrawal (For Fixed Annuity Policies)

Select either \$ or % and indicate either Net or Gross Amount

- \$ \* Net Gross % Net Gross

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

# WITHDRAWAL REQUEST



Insured's Name: First MI Last	Policy Number(s)
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### 3. Surrender of Paid-Up Additional Insurance (For Fixed Premium Non-Variable Life Insurance Policies)

**Amount to surrender:**

- Surrender all paid-up additional insurance available
- Surrender \$ \_\_\_\_\_ \*

**Apply as follows:** (check all that apply)

- Send disbursement to policyowner
- Apply toward premium or policy charges on policy # \_\_\_\_\_
- Apply toward policy loan account on policy # \_\_\_\_\_
- Send disbursement to policyowner for balance of remaining paid-up additional insurance  
(Select this option only when applying paid-up additional insurance to pay premium or repay a loan **and** you wish to receive the balance of any unused paid-up additional insurance.)

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

### 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 unless you tell us otherwise below. The Indexed Accounts cannot be selected as one of the options. See the prospectus for any restrictions regarding fixed options. Total must equal 100%.

Investment Options	%	Internal Use Code	Investment Options	%	Internal Use Code
<b>Domestic Equity</b>					
Amer Funds IS Growth		AR, AQ, AP	PSF Dividend Growth (T. Rowe Price)		V2, V4
Amer Funds IS Growth-Income		AI, AU, AT	PSF Equity Index (BlackRock)		EX, EY
BlackRock Basic Value V.I.		2J, BY	PSF Focused Growth (Janus)		Q2, Q1
BNY Mellon VIF Appreciation		AS	PSF Growth (MFS)		G2, G3
ClearBridge Var Mid Cap		N2, CZ	PSF Hedged Equity (JPMorgan)		OY
ClearBridge Var Small Cap Growth		CW	MFS VIT III Blended Research Small Cap Equity		NN
DFA VA US Large Value		VN	MFS VIT New Discovery Ser		L2, MW
DFA VA US Targeted Value		VM	MFS VIT Value Ser		M3, MZ
Fidelity VIP Contrafund		2N, MK	PSF Large-Cap Core (JPMorgan)		ET, ES
Fidelity VIP Growth		2S, M5	PSF Large-Cap Growth (FIAM)		2B, BØ
Fidelity VIP Mid Cap		2D, M7	PSF Large-Cap Value (ClearBridge)		LC, CL
Fidelity VIP Total Market Index		M8, N5	PSF Mid-Cap Equity (BlackRock)		MC, M4
Fidelity VIP Value Strategies		2E, M9	PSF Mid-Cap Growth (Delaware)		2M, CØ
Invesco V.I. Discovery Mid Cap Growth		OJ	PSF Mid-Cap Value (Boston Partners)		MA, DØ
Invesco V.I. Main Street Small Cap		OH	PSF Small-Cap Equity (BlackRock/Franklin)		2V, V5
Janus Henderson VIT Enterprise		J2, J3	PSF Small-Cap Growth (MFS)		AE
Janus Henderson VIT Mid Cap Value		K3	PSF Small-Cap Index (BlackRock)		SC, SB
Lord Abbett Ser Fund Fundamental Equity		LA	PSF Small-Cap Value (Avantis)		SR, SS
LVIP Amer Century Mid Cap Value		AK, AV	PSF Value (American Century)		Y2, Y3
M Capital Appreciation (Frontier)		A2	PSF Value Advantage (JPMorgan)		VA, VZ
M Large Cap Growth (DSM Capital)		C2	Royce Micro-Cap		RM, RN
M Large Cap Value (Brandywine)		O2	T. Rowe Price Blue Chip Growth		2K, K1
Neuberger Berman AMT Sustainable Equity		NR	T. Rowe Price Equity Income		2L, L1

**WITHDRAWAL REQUEST**



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**4. Account Allocations (Continued)**

Investment Options	%	Internal Use Code	Investment Options	%	Internal Use Code
<b>Domestic Equity (Continued)</b>			<b>Asset Allocation/Balanced (Continued)</b>		
Vanguard VIF Capital Growth		VJ	PSF Port Opt Conserv (PLFA)		ØA, 9A
Vanguard VIF Diversified Value		VI	PSF Port Opt Growth (PLFA)		ØD, 9D
Vanguard VIF Equity Income		VS	PSF Port Opt Mod (PLFA)		ØC, 9C
Vanguard VIF Mid Cap Index		VC	PSF Port Opt Mod-Conserv (PLFA)		ØB, 9B
Vanguard VIF Small Company Growth		VK	<b>International Equity</b>		
Vanguard VIF Total Stock Market Index		VE	Amer Funds IS Intl		AY
<b>Asset Allocation/Balanced</b>			Amer Funds IS Intl Growth and Income		OU
Amer Funds IS Asset Alloc		AA, AO, AL	Amer Funds IS New World		AZ
BlackRock 60/40 Target Alloc ETF V.I.		BB	DFA VA Intl Small		VP
BlackRock Gbl Alloc V.I.		2I, BZ	DFA VA Intl Value		VO
Fidelity VIP Freedom 2010		NA	Fidelity VIP Emerging Markets		CC
Fidelity VIP Freedom 2015		NB	Fidelity VIP Intl Index		M6, N4
Fidelity VIP Freedom 2020		NC	Invesco V.I. EQV Intl Equity		IG, OL
Fidelity VIP Freedom 2025		MS, ND	Invesco V.I. Global		OG, OK
Fidelity VIP Freedom 2030		NE, MT	Janus Henderson VIT Overseas		H2, H3
Fidelity VIP Freedom 2035		NG, MU	Lazard Retirement Intl Equity		W1
Fidelity VIP Freedom 2040		C4	M Intl Equity (DFA)		S2
Fidelity VIP Freedom 2045		NH, MV	MFS VIT II Research International		NM
Fidelity VIP Freedom 2050		C5	PSF Emerging Markets (Invesco)		EM, PE
Fidelity VIP Freedom 2055		N7	PSF Intl Growth (ClearBridge)		PD
Fidelity VIP Freedom 2060		C6	PSF Intl Large-Cap (MFS)		X2, X1
Fidelity VIP Freedom 2065		N8	PSF Intl Small-Cap (Fidelity)		I2, I3
Fidelity VIP Freedom Income		NF, MR	PSF Intl Value (Wellington)		IX, I8
Lazard Retirement Gbl Dyn Multi-Asset		W3, LZ	Templeton Foreign VIP		TF, TD
MFS VIT Total Return Ser		MX	Vanguard VIF Intl		VR
PIMCO VIT Gbl Managed Asset Alloc		PG, PJ	<b>Sector/Specialty</b>		
PSF Avantis Balanced Alloc (PLFA)		ØG, VT	MFS VIT III Global Real Estate		NO
PSF ESG Diversified (PLFA)		OZ	MFS VIT Utilities Ser		M2, MY
PSF ESG Diversified Growth (PLFA)		PA	PIMCO VIT CommodityRealReturn Strategy		PK
PSF Pac Dyn – Aggr Growth (PLFA)		L8, L9	PSF Health Sciences (BlackRock)		2H, H4
PSF Pac Dyn – Conserv Growth (PLFA)		ME, QE	PSF Real Estate (Principal REI)		R2, R1
PSF Pac Dyn – Growth (PLFA)		MH, QH	PSF Technology (FIAM)		2T, T1
PSF Pac Dyn – Mod Growth (PLFA)		MJ, QJ	VanEck VIP Gbl Resources		2W
PSF Port Opt Aggr-Growth (PLFA)		ØE, 9E	Vanguard VIF Real Estate Index		VF

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**4. Account Allocations (Continued)**

Investment Options	%	Internal Use Code	Investment Options	%	Internal Use Code
<b>Cash Equivalents</b>			<b>Fixed Income (Continued)</b>		
Fidelity VIP Govt Money Market IC		LM	PIMCO VIT Long-Term US Government		L7
Fidelity VIP Govt Money Market SC		MM	PSF Core Income (Aristotle Pacific)		CO, CP
<b>Fixed Account Options</b>			PSF Diversified Bond (Loomis Sayles)		
Pacific Life-Fixed Account			PSF Emerging MM Markets Debt (Principal)		EG, PF
Pacific Life-Fixed LT Account			PSF Floating Rate Income (Aristotle Pacific)		RI, RH
<b>Fixed Income</b>			PSF High Yield Bond (Aristotle Pacific)		
Amer Funds IS American High-Income Trust		AW	PSF Inflation Managed (PIMCO)		GO, GZ
Amer Funds IS Capital World Bond		OT	PSF Intermediate Bond (JPMorgan)		PB
BlackRock High Yield Bond		OV	PSF Managed Bond (PIMCO)		MB, M1
DFA VA Short-Term Fixed		VQ	PSF Short Duration Bond (T. Rowe Price)		D2, D4
Fidelity VIP Bond Index		MI, N3	Templeton Gbl Bond VIP		TG, TE
Lord Abbett Ser Fund Bond Debenture		LB	Vanguard VIF Global Bond Index		CE
Lord Abbett Ser Fund Total Return		LT	Vanguard VIF High Yield Bond		N6
LVIP Amer Century Inflation Protection		AJ	Vanguard VIF Short-Term Investment-Grade		VG
MFS VIT II Corporate Bond		L6	Vanguard VIF Total Bond Market Index		VB
MFS VIT II Government Securities		NL	Western Asset Var Gbl High Yield Bond		W4, W5
MFS VIT Total Return Bond Ser		OW	<b>Other Approved Investment Options</b>		
PIMCO International Bond (USD-Hdg)		CF			
PIMCO VIT Emerging Markets Bond		OX			
PIMCO VIT Income		PI			

**5. 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 requested withdrawal amount 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.

**6. Withdrawal of Dividends (For Fixed Premium Non-Variable Life Insurance Policies)**

**CURRENT DIVIDENDS**

**Amount to withdraw:**

Withdraw all dividends available  Withdraw \$ \_\_\_\_\_ \*

**Apply as follows:** (check all that apply)

- Send disbursement to policyowner
- Apply toward premium or policy charges on policy # \_\_\_\_\_
- Apply toward policy loan account on policy # \_\_\_\_\_
- Send disbursement to policyowner for balance of remaining dividends (Select this option only when applying dividends to pay premium or repay a loan **and** you wish to receive the balance of any remaining dividends.)

**FUTURE DIVIDENDS**

(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 \_\_\_\_\_

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

**WITHDRAWAL REQUEST**



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**7. Testing for Tax Reportable Events** (Required for Life Insurance Policies Only)

PLIC may perform various tests to determine if the withdrawal will result in a tax reportable event. If the withdrawal results in a tax reportable event (check one):

- I request that PLIC contact me before processing the withdrawal. (This may delay the effective date of the request.)
- I authorize PLIC to proceed with the withdrawal without contacting me first. (See important notes below)

**Important:**

- In most circumstances, once a withdrawal is processed, we are unable to reverse the withdrawal or the 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.
- We recommend that you consult with a qualified independent legal and/or tax advisor for advice based on your circumstances.

**8. 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><b>If no boxes are checked below, we are required to withhold taxes at a rate of not less than 10%.</b></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><b>Indiana Resident:</b> 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

**9. 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.

# WITHDRAWAL REQUEST



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### 10. Assignee's Consent (Complete only if policy is 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 (check one):

- Policyowner only (Complete Section 11)
- Assignee only (Complete Section 12)
- Assignee and policyowner, jointly – Mail check to:  Assignee  Policyowner (Complete Sections 11 and 12)
- Assignee and policyowner, individually (Provide payment instructions in Section 1 or on a separate sheet and complete Sections 11 and 12.)

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

Current Street	City	State	Zip Code
Attention			Title

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

Name			
Address: Street	City	State	Zip Code
Attention			Title

**13. 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

### 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.
- If the policy has a Limited Return of Premium Rider, taking a policy loan will terminate the rider and benefit amount.
- In most circumstances, once a withdrawal is processed PLIC is unable to reverse the withdrawal or any applicable tax reporting.

**WITHDRAWAL REQUEST**



Insured's Name: First MI Last	Policy Number(s)
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**14. Declarations (continued)**

- 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 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.

**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 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:**
- |  |  |
|--|--|
| <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: _____  |

## INSTRUCTIONS

<b>When to use this form:</b>	This form may be used to request a withdrawal on a life insurance or fixed annuity policy.	
<b>Who must sign this form:</b>	<b>Policyowner(s)</b> – Required signature(s). <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. <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. 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.	
<b>Where to send this form:</b>	<b>Regular mail:</b> Pacific Life Insurance Company Life Insurance Division P.O. Box 2030 Omaha, NE 68103-2030 <b>Overnight mail:</b> Pacific Life Insurance Company Life Insurance Division, 5 <sup>th</sup> floor 6750 Mercy Rd Omaha, NE 68106	<b>Fax:</b> (866) 398-0467 <b>In-force policy e-mail:</b> policyservice@pacificlifeline.com <b>Customer Service:</b> (800) 347-7787