



PACIFIC LIFE INSURANCE COMPANY

Lynchburg Operations | 6750 Mercy Rd., Ste. B, Omaha, NE 68106
P.O. Box 2873, Omaha, NE 68103
(844) 276-0193 • Fax (949) 219-8811 • www.PacificLife.com

AUTHORIZATION FOR PAYMENT - ELECTRONIC FUNDS TRANSFER (EFT)

Instructions: Complete this form in its entirety to authorize Pacific Life Insurance Company (PLIC) to collect the life insurance premium set forth below by EFT. This form is to be returned to PLIC along with your application for life insurance. Retain a copy of this form for your records.

1. Policy/Application Information

Name of Proposed Insured _____ Policy/Application Number (if applicable) _____

2. Premium Payment Information

A. Premium payment frequency: Monthly Quarterly Semi-Annual Annual

B. Recurring Premium authorized payment method (EFT only)

Recurring drafts will begin on the first available draft date after applicable changes are processed.

3. Checking Account Information (Complete for EFT only)

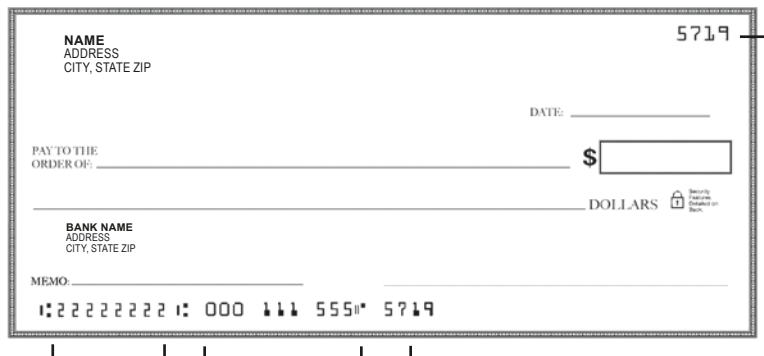
Bank Account Holder Name _____ Additional Bank Account Holder Name (if applicable) _____

Bank Account Holder Address _____ City _____ State _____ Zip Code _____

Financial Institution Name _____

Financial Institution Address _____ City _____ State _____ Zip Code _____

Bank Routing Number (9 digits) _____ Checking Account Number _____



9 Digit Routing Number Your Account Number Check Number

4. Acknowledgments

By signing below, the signer understands and accepts these term and conditions:

Electronic Funds Transfer Payment:

- PLIC is authorized to initiate debit (credit) entries from the above account.
- The origination of ACH transactions must comply with the provisions of the U.S. law.
- PLIC will only allow EFT debit (credit) requests from authorized U.S. financial institutions.
- If I want to cancel or change this authorization, I must contact PLIC at least three business days before a scheduled premium payment.
- PLIC has the right to end withdrawals at any time and bill me directly either quarterly or less frequently for premiums due.
- 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 an EFT request is not honored by the financial institution upon presentation, PLIC will not consider the payment to be made as a premium. No insurance will be effective. PLIC may, in its sole discretion, resubmit the withdrawal request to the financial institution. PLIC is not responsible for any bank fees incurred by me as a result of insufficient funds or overdraft charges.

5. Signatures

- By signing below, the signer authorizes PLIC to collect the Recurring premium stated above by the payment method I have selected.
- Signing this authorization does not mean that the policy is effective.
- This Authorization for Payment does not, in any way modify or change the terms of the life insurance policy/contract.

X

Authorized Bank Account Holder's Signature (for EFT authorization)

Date

X

Policyowner Signature

Date

Print Policyowner Name (if different than proposed insured)