

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



SURRENDER REQUEST

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

Important Information

Effective Date: The surrender effective date will be the date all requirements are received in proper form at PLIC's Life Insurance Division.

Please return the original policy with this request, unless the policy has been lost or destroyed.

1. Surrender Request

I/we direct Pacific Life Insurance Company (PLIC) to surrender the policy as consideration for payment of any net cash surrender value as follows (**check one option below, either A, B, C, or D**):

A. Pay any net cash surrender value to the policyowner (Complete if the payee is the policyowner.)

Current Address: Street City State Zip Code
Attention Title (If applicable)

B. Pay any net cash surrender value as a 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 any net cash surrender value 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.

C. Pay any net cash surrender value for a collateral assignment (Complete if policy is collaterally assigned.)

_____, Assignee of the policy indicated above, consents to the policy surrender requested.

Make the disbursement payable to the following (**check one**):

- Policyowner only** (complete address below)
- Assignee only** (complete address below)
- Assignee and policyowner, jointly – Mail disbursement to:** **Assignee** **Policyowner** (complete address below)
- Assignee and policyowner, individually** (provide disbursement amount and complete addresses below)

Assignee's Disbursement Amount: \$ _____ Policyowner's Disbursement Amount: \$ _____

Policyowner's Mailing Address

Current Address: Street City State Zip Code
Attention Title (If applicable)

Assignee's Mailing Address

Current Address: Street City State Zip Code
Attention Title (If applicable)

SURRENDER REQUEST

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D. **Pay any net cash surrender value to a third-party payee** (Complete if the payee is other than the policyowner or the assignee.)

Third Party Payee's Mailing Address

Name	Account Number
Current Address: Street	City
	State
	Zip Code
Attention	Title (If applicable)

2. Tax Withholding/Reporting

PLIC is required by law to withhold federal and state income tax (in certain states) from any taxable lump sum payment made under the above policy, unless you elect not to have income tax withheld.

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

Important:

- PLIC may be required to report taxable income, if any, that results from the surrender of this policy.
- Once we have processed your surrender any required tax reporting cannot be forgone or reversed, even if the policy is restored.
- Applicable tax reporting is submitted to the Internal Revenue Service (IRS) under the primary policyowner's tax identification number, unless directed otherwise.

Federal Tax Reporting	State Income Tax Reporting, where applicable
<input type="checkbox"/> Do not withhold any Federal Taxes	<input type="checkbox"/> Do not withhold any State Income Tax
<input type="checkbox"/> I am subject to backup withholding	<input type="checkbox"/> Withhold the following percentage amount ____%
<input type="checkbox"/> Withhold the following percentage amount ____%	Indiana Resident: may request a county tax withholding amount. County Name: _____ \$ _____

Please indicate your Residence State for applicable tax withholding and reporting. If left blank, we will withhold based on your current address of record.

Residence State: _____

3. CERTIFICATION OF POLICYOWNER'S TAXPAYER IDENTIFICATION NUMBER

Taxpayer I.D. Number is _____

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.

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4. DECLARATIONS

By signing in the Signature section, I/we authorize PLIC to surrender the policy, subject to the policy provisions.

Each of the undersigned attests that:

- No bankruptcy or insolvency proceedings have been filed or are pending by or against them.
- The policy is not subject to any pledge or assignment other than the assignment on file with PLIC.
- If the original policy is later found, it will be promptly returned to PLIC, and that no one else has any right, title, or interest in the policy.
- If any amount received under this form will be used to pay premiums on any new life insurance or annuity policy, I have attached the applicable state replacement forms and complied with any applicable state replacement regulations.
- The insured is still living and upon the surrender of the policy all rights, titles, and interests in and to the policy and all its attendant rights, including the right to any death claim, are relinquished.
- If the policy is restored, PLIC cannot reverse any tax reporting that was done as a result of the surrender.
- Applicable tax reporting is submitted to the Internal Revenue Service (IRS) under the primary policyowner's tax identification number, unless directed otherwise.
- I understand that PLIC recommends I consult a qualified independent legal and/or tax advisor for advice based on my particular circumstances prior to submitting this surrender request.

5. 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 (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 Title, if applicable

Policyowner's Printed Name: First, MI, Last

X

Assignee's Signature Title, if applicable

Assignee's Printed Name: First, MI, Last
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X

Other Required Signature Title, if applicable

Other Required Printed Name: First, MI, Last
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INSTRUCTIONS

When to use this form:	This form is used to surrender an existing Pacific Life insurance policy.		
Who must sign this form:	POLICYOWNER(S) – Required signature ASSIGNEE(S) – Required when the policy has an active assignment(s) and the assignee’s signature, or consent is required according to the assignment agreement. OTHER REQUIRED SIGNATURE – Any party that has an ownership interest that requires them to approve this policy request. Indicate their signing capacity by noting their title on the signature line. 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.		
Where to send this form:	Regular Mail: Pacific Life Insurance Company, Lynchburg Operations P.O. Box 2873 Omaha, NE 68103	Overnight Mail: Pacific Life Insurance Company, Lynchburg Operations 6750 Mercy Road, Suite B Omaha, NE 68106	Fax: (949) 219-8811