

# **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 • <u>www.PacificLife.com</u>

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sured's Name: First MI	Last	Policy Number(s)	
olicyowner's Name		Telephone #: (Inclu	ide area code)
nportant Information fective Date: The surrender effective	date will be the date all requir	rements are received in proper for	m at PLIC's Life
surance Division.	this manuact realises the real	lien, hee heem leet on doctors of	
ease return the original policy with Surrender Request	this request, unless the pol	icy has been lost or destroyed.	
I/we direct Pacific Life Insurance Cor surrender value as follows (check or			ent of any net cash
A.   Pay any net cash surrender v	value to the policyowner (Co	omplete if the payee is the policyov	wner.)
Current Address: Street	City	State	Zip Code
Attention		Title (If applicable	e)
B. ☐ Pay any net cash surrender value transferred as a Transfer of Assets o		for qualified plans (Complete if	the funds are to be
I authorize PLIC to transfer any net of institution) as a Transfer of Assets or acceptance from the financial institute.	r roll-over. The transfer will oc		e of financial ement of
<b>Note:</b> To proceed with the Transfer of institution is required. A Corporate R the Transfer of Assets Statement of A	esolution for the financial insti		
C. $\square$ Pay any net cash surrender v	value for a collateral assign	ment (Complete if policy is collated	rally assigned.)
surrender requested.	, Assignee of t	the policy indicated above, consent	ts to the policy
Make the disbursement payable to the	ne following (check one):		
Policyowner only (complete addre	• '		
☐ Assignee only (complete address i	•		
☐ Assignee and policyowner, <u>join</u>	<u>itly</u> – Mail disbursement to:	☐ Assignee ☐ Policyowner (con	nplete address below
$\square$ Assignee and policyowner, <u>indi</u>	ividually (provide disbursement	amount and complete addresses belo	ow)
Assignee's Disbursement Amount: \$	Policyowr	ner's Disbursement Amount: \$	<del> </del>
Policyowner's Mailing Address (U	pdates to this section will beco	ome the policyowner's address of	record.)
Current Address: Street	City	State	Zip Code
Attention		Title (If applicable	e)
Assignee's Mailing Address			
Current Address: Street	City	State	Zip Code
Attention		Title (If applicable	e)

•					
Insured's Name: First MI Last		Policy Number(s)			
D. Alternate Delivery/Payee Instruction Unless policyowner and sent to the primary owner's add payable to an alternate payee or if the check show Acceptable alternate payees and/or third parties charities.	lress of record. Only complete this ould be mailed to an alternate add	s section if check is to be made lress for the primary owner.			
Name of Payee		Account Number (If applicable)			
Address: Street C	Dity	State Zip Code			
Attention		Title			
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 Do not withhold any Federal Taxes Do not withhold any State Income Tax  I am subject to backup withholding Withhold the following percentage amount%  Indiana Resident: may request a county tax withholding amount. County Name: \$					
Please indicate your Residence State for applicable your current address of record. <b>Residence State:</b>	tax withholding and reporting. If l	eft blank, we will withhold based on			
<ol> <li>CERTIFICATION OF POLICYOWNER'S TAT Taxpayer I.D. Number is Check this box if you are not a U.S. Citizen or off to you.</li> <li>Under penalties of perjury, I certify that:</li> <li>The number shown on this form is my correct be issued to me), and</li> <li>I am not subject to backup withholding because been notified by the Internal Revenue Service failure to report all interest or dividends, or (withholding, and)</li> <li>I am a U.S. citizen or other U.S. person (defined in IRS Form W-9).</li> <li>I am exempt from FATCA reporting (defined in</li> </ol>	her U.S. person as defined in #3 but taxpayer identification number use: (a) I am exempt from backure (IRS) that I am subject to back to the IRS has notified me that I add in the instructions in item 3 controls.	below and this section does not apply or (or I am waiting for a number to up withholding, or (b) I have not cup withholding as a result of a am no longer subject to backup of the Certification on the official			

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.

# SURRENDER REQUEST

Insured's Name: First	MI	Last	Policy Number(s)
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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)				
		Policyowner's Printed Name:	First	MI Last
X				
Policyowner's Signature	Title, if applicable			
		Assignee's Printed Name:	First	MI Last
X				
Assignee's Signature	Title, if applicable			
		Other Required Printed Name:	First	MI Last
X				
Other Required Signature	Title, if applicable			

	INSTR	RUCTIONS				
When to use this form:	This form is used to surrender an existing Pacific Life insurance policy.					
Who must sign	POLICYOWNER(S) – Required signature					
this form:	<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.					
	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			