

PACIFIC LIFE INSURANCE COMPANY

Life Insurance Division
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**INDEXED PRODUCTS TRANSFER REQUEST – PACIFIC HORIZON IUL**

For Pacific Horizon IUL Product Only

Insured's Name: First MI Last	Policy Number (if available)
Policyowner's Name	Phone Number (include area code)

IMPORTANT INFORMATION

- This request must be received before 1:00 PM Pacific time and at least two business days prior to the transfer date for the transfer to be effective the next available transfer date.
- The completion of any of the sections below supersedes any previous instructions on file with Pacific Life Insurance Company (PLIC). If any of the fields on this form are left blank, no change will be made to the current instructions on file with PLIC.

1. One-Time Transfer from Fixed Account to Indexed Account(s)

Transfer \$ _____ or _____ % from the Fixed Account to the Indexed Account(s) selected below:

_____ % to the 1 Year Indexed Account _____ % to the 3 Year Indexed Account
_____ % to the 1 Year Volatility Control Indexed Account
Total: _____ % MUST EQUAL 100%

2. Payment Transfers After Premium Payment and/or Loan RepaymentComplete this section to change the amount¹ to be automatically transferred from the Fixed Account to the Indexed Account(s) selected below on the next transfer date.

Percentages below must be in whole numbers. The sum of the percentages must equal 100%. Actual transfer amounts will be limited to the balance in the Fixed Account as of the transfer date.

_____ % to the Fixed Account _____ % to the 1 Year Volatility Control Indexed Account
_____ % to the 1 Year Indexed Account _____ % to the 3 Year Indexed Account
Total: _____ % MUST EQUAL 100%

 Cancel Payment Transfer Instructions.**3. Scheduled Indexed Transfer (SIT) from Fixed Account to Indexed Account(s)**

Complete this section to request scheduled indexed transfers from the Fixed Account to the Indexed Account(s) selected below on the next applicable transfer date. This request supersedes any existing schedule. Only one SIT is allowed at any time.

i. Transfer Amount: Choose Option A or B (Required) **Option A** I would like to transfer \$ _____ on each transfer date **Option B** I would like Pacific Life to calculate the transfer amount.

Pacific Life will leave an amount in the Fixed Account to cover estimated monthly charges for the next 12-month period. The transfer amount is determined after subtracting estimated monthly charges for the next 12 months from the Fixed Account at the time of SIT enrollment. Contact us at any time to have the transfer amount recalculated based on the current monthly charges since the transfer amount will not automatically recalculate.

¹The amount automatically transferred is the lesser of: 1) your selected transfer percentage multiplied by all premium payments and loan repayments paid since the last transfer date; and 2) the balance of the Fixed Account as of the applicable transfer date.

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3. Scheduled Indexed Transfer (SIT) from Fixed Account to Indexed Account(s) (Continued)

ii. **Transfer To:** Which Indexed Account(s) do you want to transfer into? (Required)

_____ % to the 1 Year Indexed Account	_____ % to the 3 Year Indexed Account
_____ % to the 1 Year Volatility Control Indexed Account	
Total:	_____ % MUST EQUAL 100%

iii. **Frequency of Transfers:** How often do you want transfers to occur? If none is selected, **default is monthly.**

Monthly Quarterly

iv. **Transfer Duration:** How long do you want transfers to occur? If none is selected, **default is no end date.**

No End Date End after _____ # of transfers *(A new SIT request is required to continue SIT after end date.)*

v. Cancel Scheduled Indexed Transfer

Check here to cancel current transfer schedule

IMPORTANT INFORMATION:

- If you have provided previous instructions to allocate 100% of your payments to the Indexed Account(s), then a SIT may not be applicable. The existing payment transfer instructions will automatically transfer your payments from the Fixed Account into the Indexed Account(s) on the next applicable transfer date.
- SIT may not be applicable if modal payment frequency is monthly EFT.
- If no end date is selected transfers will continue as long as there are funds in the Fixed Account. If the Fixed Account is depleted, transfers will restart once funds are deposited into the Fixed Account.
- The transfer amount will not automatically recalculate.
- The actual number of transfers may vary due to loans, withdrawals, premium payments, loan repayments, monthly charges and interest credits.

4. Segment Maturity Reallocation Complete this section to reallocate the Segment Maturity Value to new segment(s).

Important: If there is an Alternate Loan on your policy, Segment Maturity Reallocation limitations may apply. Please review the Alternate Loan Rider in your policy or contact your Life Insurance Producer or Customer Service for information.

Check here if you would like all matured segments for the Indexed Account(s) listed below to be allocated to the Fixed Account.

1 Year (Yr) Indexed Account (ZH)	3 Year (Yr) Indexed Account (Z3)
Transfer _____ % to 1 Yr Indexed Account	Transfer _____ % to 1 Yr Indexed Account
Transfer _____ % to 1 Yr Volatility Control Indexed Account	Transfer _____ % to 1 Yr Volatility Control Indexed Account
Transfer _____ % to 3 Year Indexed Account	Transfer _____ % to 3 Year Indexed Account
Transfer _____ % to Fixed Account	Transfer _____ % to Fixed Account
Total: _____ % MUST EQUAL 100%	Total: _____ % MUST EQUAL 100%
1 Year (Yr) Volatility Control Indexed Account (Z4)	
Transfer _____ % to 1 Yr Indexed Account	
Transfer _____ % to 1 Yr Volatility Control Indexed Account	
Transfer _____ % to 3 Year Indexed Account	
Transfer _____ % to Fixed Account	
Total: _____ % MUST EQUAL 100%	

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5. Remarks (Use remarks section for additional detail or clarification.)

6. Signatures

I understand that PLIC will not process any changes or financial transactions if my intent is determined to be unclear. In the event that PLIC needs clarification, the effective date of the transaction will correspond to the time and date that PLIC receives such clarification.

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.

SIGNED AND DATED ON:

Date (mm/dd/yyyy)

X

Policyowner's Signature

Policyowner's Name: First	MI	Last	(print)	Title, if applicable
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X

Assignee's Signature

Assignee's Name: First	MI	Last	(print)	Title, if applicable
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X

Other Required Signature (Must check a box below)

Other Required Name: First	MI	Last	(print)	Title, if applicable
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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

When to use this form:	This form is used to request One-Time Transfers, Payment Transfers, or Segment Maturity reallocation. Transfer requests received later than 2 business days prior to the transfer date are not eligible for transfer until the next transfer date.
Who must sign this form:	POLICYOWNER(S) – Required signature(s). 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(S) – 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.
Where to send this form:	Mail : Pacific Life Insurance Company, Life Insurance Division P.O. Box 2030, Omaha, NE 68103-2030 or Fax: (866) 398-0467 or E-mail: Transactions@pacificlife.com