PACIFIC LIFE INSURANCE COMPANY

Life Insurance Division
P.O. Box 2030 • Omaha, NE 68103-2030
(800) 347-7787 • Fax (866) 398-0467
www.PacificLife.com • Transactions@pacificlife.com

Insured's Name: First



Policy Number (if available)

INDEXED PRODUCTS TRANSFER - PACIFIC INDEXED ESTATE PRESERVER (IPEP)

Last

For Indexed Universal Life Insurance – IPEP, IPEP 2, and IPEP 3 Products

| | | | , |
|--|-----------|---|---|
| Policyowner's Name | | | Phone Number (include area code) |
| IMPORTANT INFORMATION This request must be received before 1:00 PM Pacific time a effective the next available transfer date. The completion of any of the sections below supersedes an the fields on this form are left blank, no change will be made | y previou | s instructions on file with Pacific Life Ir | |
| 1. One-Time Transfer from Fixed Account to | Index | ed Account(s) | |
| Transfer \$ or% from th | e Fixed A | Account to the Indexed Account(s) sele | cted below: |
| | IPEP, I | PEP 2 | |
| % to the 1 Year Indexed Account | | % to the 1 Year High Cap Indexe | d Account ^{1,3} |
| % to the 1 Year International Indexed Account | | % to the 2 Year Indexed Account | |
| % to the 1 Year High Par Indexed Account | | % to the 5 Year Indexed Account | 2 |
| % to the 1 Year No Cap Indexed Account ³ | | % to the High Par 5 Year Indexed | d Account ³ |
| To | otal: | % MUST EQUAL 100% | |
| | IPE | P 3 | |
| % to the 1 Year Indexed Account | | % to the 1 Year High Par Vol Ctrl | Indexed Account |
| % to the 1 Year International Indexed Account | | % to the 1 Year Select Vol Ctrl In | dexed Account |
| % to the 1 Year High Par Indexed Account | | % to the 2 Year Indexed Account | |
| % to the 1 Year No Cap Indexed Account | | % to the High Par 5 Year Indexed | d Account |
| % to the 1 Year High Cap Indexed Account 1 | | | |
| To | otal: | % MUST EQUAL 100% | |
| 2. Payment Transfers after Premium Paymer Complete this section to change the amount ⁴ to be automatically the next transfer date. Percentages below must be in whole numbers. The sum of the pin the Fixed Account as of the transfer date. | rtransfer | red from the Fixed Account to the Inde | |
| | IPEP, I | PEP 2 | |
| % to the Fixed Account | | % to the 1 Year High Cap Indexe | d Account ^{1,3} |
| % to the 1 Year Indexed Account | | % to the 2 Year Indexed Account | |
| % to the 1 Year International Indexed Account | | % to the 5 Year Indexed Account | 2 |
| % to the 1 Year High Par Indexed Account | | % to the High Par 5 Year Indexed | d Account ³ |
| % to the 1 Year No Cap Indexed Account ³ | | | |
| To | otal: | % MUST EQUAL 100% | |

¹ An Indexed Account Charge Rate of 0.0666% is assessed against any Account Value in the 1 Year High Cap Indexed Account. The resulting charge is taken as part of the monthly deduction. Please see your Policy for details.

² For IPEP – Pennsylvania only

³ Not approved in Pennsylvania for IPEP

⁴ The 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.



For Indexed Universal Life Insurance – IPEP, IPEP 2, and IPEP 3 Products

| Insured's Name: First MI | Last | Policy Number (if available) |
|--|---------------|--|
| 2. Payment Transfers after Premium Pay | ment and | /or Loan Repayment (Continued) |
| | IPE | EP 3 |
| % to the Fixed Account | | % to the 1 Year High Cap Indexed Account ¹ |
| % to the 1 Year Indexed Account | | % to the 1 Year High Par Vol Ctrl Indexed Account |
| % to the 1 Year International Indexed Account | | % to the 1 Year Select Vol Ctrl Indexed Account |
| % to the 1 Year High Par Indexed Account | | % to the 2 Year Indexed Account |
| % to the 1 Year No Cap Indexed Account | | % to the High Par 5 Year Indexed Account |
| | Total: | % MUST EQUAL 100% |
| ☐ Cancel Payment Transfer Instructions | | |
| 3. Scheduled Indexed Transfer (SIT) from | Fixed A | ccount to Indexed Account(s) |
| Complete this section to request scheduled indexed transfe applicable transfer date. This request supersedes any exist | | ixed Account to the Indexed Account(s) selected below on the next 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 | ransfer amou | ınt. |
| determined after subtracting estimated monthly charge | s for the nex | nated monthly charges for the next 12-month period. The transfer amount is t 12 months from the Fixed Account at the time of SIT enrollment. Contact us current monthly charges since the transfer amount will not automatically |
| ii. Transfer To: Which Indexed Account(s) do you want to | ransfer into? | (Required) |
| | IPEP, | IPEP 2 |
| % to the 1 Year Indexed Account | | % to the 1 Year High Cap Indexed Account 1,3 |
| % to the 1 Year International Indexed Account | | % to the 2 Year Indexed Account |
| % to the 1 Year High Par Indexed Account | | % to the 5 Year Indexed Account ² |
| % to the 1 Year No Cap Indexed Account ³ | | % to the High Par 5 Year Indexed Account ³ |
| | Total: | % MUST EQUAL 100% |
| | IPE | EP 3 |
| % to the 1 Year Indexed Account | | % to the 1 Year High Par Vol Ctrl Indexed Account |
| % to the 1 Year International Indexed Account | | % to the 1 Year Select Vol Ctrl Indexed Account |
| % to the 1 Year High Par Indexed Account | | % to the 2 Year Indexed Account |
| % to the 1 Year No Cap Indexed Account | | % to the High Par 5 Year Indexed Account |
| % to the 1 Year High Cap Indexed Account 1 | | |
| | Total: | % MUST EQUAL 100% |
| | | |
| | - | |

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³ Not approved in Pennsylvania for IPEP



For Indexed Universal Life Insurance – IPEP, IPEP 2, and IPEP 3 Products

| Insured's Na | ame: First MI | _ast | Policy Number (if available) | |
|---|---|--------------------------------|---|--|
| 3 School | luled Indexed Transfer (SIT) from | Fixed Account to | Indexed Account(s) (Continued) | |
| | cy of Transfers: How often do you want transfe | | , , , | |
| | | is to occur? If florie is sele | cted, detault is monthly. | |
| | nthly Quarterly | 0.16 | | |
| | Duration : How long do you want transfers to or | | | |
| ∐ No | End Date | nsfers (A new SIT reques | t is required to continue SIT after the end date.) | |
| v. Cancel | Scheduled Indexed Transfer | | | |
| ☐ Ch | eck here to cancel current transfer schedule | | | |
| IMPORTAN | TINFORMATION: | | | |
| existing | | | e Indexed Account(s), then a SIT may not be applicable. The m the Fixed Account into the Indexed Account(s) on the next | |
| SIT may | not be applicable if modal payment frequency is | monthly EFT. | | |
| restart o | date is selected transfers will continue as long nce funds are deposited into the Fixed Account. B is selected: | as there are funds in the F | ixed Account. If the Fixed Account is depleted, transfers will | |
| • | ы is selected. calculation is based on the Fixed Account balan | on at the time the request | is presented | |
| | | • | lculated when subsequent premium is received. | |
| | w request must be received to recalculate the tr | | iodiated when subsequent premium is reserved. | |
| | • | | nents, 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. IPEP, IPEP 2 | | | | |
| | 1 Year (Yr) Indexed Account | | 1 Year (Yr) International Indexed Account | |
| Transfer | % to 1 Yr Indexed Account | Transfer | % to 1 Yr Indexed Account | |
| | % to 1 Yr International Indexed Account | | % to 1 Yr International Indexed Account | |
| | % to 1 Yr High Par Indexed Account | | % to 1 Yr High Par Indexed Account | |
| | % to 1 Yr No Cap Indexed Account ³ | | % to 1 Yr No Cap Indexed Account ³ | |
| | % to 1 Yr High Cap Indexed Account ^{1,3} | | % to 1 Yr High Cap Indexed Account ^{1,3} | |
| | % to 2 Yr Indexed Account | | % to 2 Yr Indexed Account | |
| Transfer | % to 5 Yr Indexed Account ² | Transfer | % to 5 Yr Indexed Account ² | |
| Transfer | % to High Par 5 Year Indexed Account ³ | Transfer | % to High Par 5 Year Indexed Account ³ | |

(Continued...)

Transfer

Total:

% to Fixed Account

% MUST EQUAL 100%

Transfer

Total:

% to Fixed Account

% MUST EQUAL 100%

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For Indexed Universal Life Insurance – IPEP, IPEP 2, and IPEP 3 Products

| Insured's Name: First | MI | Last | Policy Number (if available) |
|-----------------------|----|------|------------------------------|
| | | | |

4. Segment Maturity Reallocation (Continued)

IPEP, IPEP 2 (Continued)

| Transfer % to 1 Yr Indexed Account Transfer % to 1 Yr Indexed Account Transfer % to 1 Yr International Indexed Account Transfer % to 1 Yr High Par Indexed Account Transfer % to 1 Yr High Par Indexed Account | unt |
|--|------------------|
| | unt |
| Transfer % to 1 Yr High Par Indexed Account Transfer % to 1 Yr High Par Indexed Account | |
| | |
| Transfer % to 1 Yr No Cap Indexed Account ³ Transfer % to 1 Yr No Cap Indexed Account ³ | |
| Transfer % to 1 Yr High Cap Indexed Account 1,3 Transfer % to 1 Yr High Cap Indexed Account | ₁ 1,3 |
| Transfer % to 2 Yr Indexed Account Transfer % to 2 Yr Indexed Account | |
| Transfer % to 5 Yr Indexed Account ² Transfer % to 5 Yr Indexed Account ² | |
| Transfer % to High Par 5 Year Indexed Account ³ Transfer % to High Par 5 Year Indexed Account | ınt ³ |
| Transfer % to Fixed Account % to Fixed Account | |
| Total: % MUST EQUAL 100% Total: % MUST EQUAL 100% | |
| 1 Year (Yr) High Cap Indexed Account 2 Year (Yr) Indexed Account | |
| Transfer % to 1 Yr Indexed Account Transfer % to 1 Yr Indexed Account | |
| Transfer % to 1 Yr International Indexed Account | |
| Transfer % to 1 Yr High Par Indexed Account Transfer % to 1 Yr High Par Indexed Account | |
| Transfer % to 1 Yr No Cap Indexed Account ³ Transfer % to 1 Yr No Cap Indexed Account ³ | |
| Transfer % to 1 Yr High Cap Indexed Account 1,3 Transfer % to 1 Yr High Cap Indexed Account | 1,3 |
| Transfer % to 2 Yr Indexed Account Transfer % to 2 Yr Indexed Account | |
| Transfer % to 5 Yr Indexed Account ² Transfer % to 5 Yr Indexed Account ² | |
| Transfer % to High Par 5 Year Indexed Account Transfer % to High Par 5 Year Indexed Account | ınt ³ |
| Transfer % to Fixed Account % to Fixed Account | |
| Total: % MUST EQUAL 100% | |
| 5 Year (Yr) Indexed Account High Par 5 Year (Yr) Indexed Acc | ount |
| Transfer % to 1 Yr Indexed Account Transfer % to 1 Yr Indexed Account | |
| Transfer % to 1 Yr International Indexed Account | |
| Transfer % to 1 Yr High Par Indexed Account % to 1 Yr High Par Indexed Account | |
| Transfer % to 1 Yr No Cap Indexed Account ³ Transfer % to 1 Yr No Cap Indexed Account ³ | |
| Transfer % to 1 Yr High Cap Indexed Account 1,3 Transfer % to 1 Yr High Cap Indexed Account | 1,3 |
| Transfer % to 2 Yr Indexed Account Transfer % to 2 Yr Indexed Account | |
| Transfer % to 5 Yr Indexed Account ² Transfer % to 5 Yr Indexed Account ² | |
| Transfer % to High Par 5 Year Indexed Account ³ Transfer % to High Par 5 Year Indexed Account | _{int} 3 |
| Transfer % to Fixed Account Transfer % to Fixed Account | |
| Total: % MUST EQUAL 100% | (Continued) |

(Continued...)

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For Indexed Universal Life Insurance – IPEP, IPEP 2, and IPEP 3 Products

| Insured's Name: First | MI | Last | Policy Number (if available) |
|-----------------------|----|------|------------------------------|
| | | | |

4. Segment Maturity Reallocation (Continued)

IPEP 3

| | 1 Year (Yr) Indexed Account | 1 Year (Yr) International Indexed Account |
|---------------------------------------|---|--|
| Transfer | % to 1 Yr Indexed Account | Transfer % to 1 Yr Indexed Account |
| Transfer | % to 1 Yr International Indexed Account | Transfer % to 1 Yr International Indexed Account |
| Transfer | % to 1 Yr High Par Indexed Account | Transfer % to 1 Yr High Par Indexed Account |
| Transfer | % to 1 Yr No Cap Indexed Account | Transfer % to 1 Yr No Cap Indexed Account |
| Transfer | % to 1 Yr High Cap Indexed Account ¹ | Transfer % to 1 Yr High Cap Indexed Account 1 |
| Transfer | % to 1 Yr High Par Vol Ctrl Indexed Account | Transfer% to 1 Yr High Par Vol Ctrl Indexed Account |
| Transfer | % to 1 Yr Select Vol Ctrl Indexed Account | Transfer % to 1 Yr Select Vol Ctrl Indexed Account |
| Transfer | % to 2 Yr Indexed Account | Transfer % to 2 Yr Indexed Account |
| Transfer | % to High Par 5 Year Indexed Account | Transfer % to High Par 5 Year Indexed Account |
| Transfer | % to Fixed Account | Transfer % to Fixed Account |
| Total: | % MUST EQUAL 100% | Total: % MUST EQUAL 100% |
| | 1 Year (Yr) High Par Indexed Account | 1 Year (Yr) No Cap Indexed Account |
| | % to 1 Yr Indexed Account | Transfer % to 1 Yr Indexed Account |
| | % to 1 Yr International Indexed Account | Transfer % to 1 Yr International Indexed Account |
| | % to 1 Yr High Par Indexed Account | Transfer % to 1 Yr High Par Indexed Account |
| Transfer | % to 1 Yr No Cap Indexed Account | Transfer % to 1 Yr No Cap Indexed Account |
| Transfer | % to 1 Yr High Cap Indexed Account ¹ | Transfer % to 1 Yr High Cap Indexed Account ¹ |
| | % to 1 Yr High Par Vol Ctrl Indexed Account | Transfer% to 1 Yr High Par Vol Ctrl Indexed Account |
| Transfer | % to 1 Yr Select Vol Ctrl Indexed Account | Transfer % to 1 Yr Select Vol Ctrl Indexed Account |
| Transfer | % to 2 Yr Indexed Account | Transfer % to 2 Yr Indexed Account |
| | % to High Par 5 Year Indexed Account | Transfer % to High Par 5 Year Indexed Account |
| | % to Fixed Account | Transfer % to Fixed Account |
| Total: | % MUST EQUAL 100% | Total: % MUST EQUAL 100% |
| | 1 Year (Yr) High Cap Indexed Account | 1 Year (Yr) High Par Vol Ctrl Indexed Account |
| | % to 1 Yr Indexed Account | Transfer % to 1 Yr Indexed Account |
| Transfer | _ | Transfer % to 1 Yr International Indexed Account |
| · · · · · · · · · · · · · · · · · · · | % to 1 Yr High Par Indexed Account | Transfer % to 1 Yr High Par Indexed Account |
| | % to 1 Yr No Cap Indexed Account | Transfer % to 1 Yr No Cap Indexed Account |
| Transfer | % to 1 Yr High Cap Indexed Account ¹ | Transfer % to 1 Yr High Cap Indexed Account ¹ |
| | % to 1 Yr High Par Vol Ctrl Indexed Account | Transfer% to 1 Yr High Par Vol Ctrl Indexed Account |
| Transfer | % to 1 Yr Select Vol Ctrl Indexed Account | Transfer % to 1 Yr Select Vol Ctrl Indexed Account |
| Transfer | | Transfer % to 2 Yr Indexed Account |
| Transfer | <u> </u> | Transfer % to High Par 5 Year Indexed Account |
| | % to Fixed Account | Transfer % to Fixed Account |
| Total: | % MUST EQUAL 100% | Total: % MUST EQUAL 100% |

(Continued...)

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For Indexed Universal Life Insurance – IPEP, IPEP 2, and IPEP 3 Products

| Insured's Name: First | MI | Last | Policy Number (if available) |
|-----------------------|----|------|------------------------------|
| | | | |

4. Segment Maturity Reallocation (Continued)

IPEP 3 (Continued)

| 1 | Year (Yr) Select Vol Ctrl Indexed Account | 2 Year (Yr) Indexed Account |
|----------|---|--|
| Transfer | _ % to 1 Yr Indexed Account | Transfer % to 1 Yr Indexed Account |
| Transfer | _ % to 1 Yr International Indexed Account | Transfer % to 1 Yr International Indexed Account |
| Transfer | _ % to 1 Yr High Par Indexed Account | Transfer % to 1 Yr High Par Indexed Account |
| Transfer | _ % to 1 Yr No Cap Indexed Account | Transfer % to 1 Yr No Cap Indexed Account |
| Transfer | _ % to 1 Yr High Cap Indexed Account ¹ | Transfer % to 1 Yr High Cap Indexed Account ¹ |
| Transfer | % to 1 Yr High Par Vol Ctrl Indexed Account | Transfer% to 1 Yr High Par Vol Ctrl Indexed Account |
| Transfer | _ % to 1 Yr Select Vol Ctrl Indexed Account | Transfer % to 1 Yr Select Vol Ctrl Indexed Account |
| Transfer | _ % to 2 Yr Indexed Account | Transfer % to 2 Yr Indexed Account |
| Transfer | _ % to High Par 5 Year Indexed Account | Transfer % to High Par 5 Year Indexed Account |
| Transfer | _ % to Fixed Account | Transfer % to Fixed Account |
| Total: | _ % MUST EQUAL 100% | Total: % MUST EQUAL 100% |
| | High Par 5 Year (Yr) Indexed Account | |
| Transfer | _ % to 1 Yr Indexed Account | |
| Transfer | _ % to 1 Yr International Indexed Account | |
| Transfer | _ % to 1 Yr High Par Indexed Account | |
| Transfer | _ % to 1 Yr No Cap Indexed Account | |
| Transfer | _ % to 1 Yr High Cap Indexed Account ¹ | |
| Transfer | % to 1 Yr High Par Vol Ctrl Indexed Account | |
| Transfer | _ % to 1 Yr Select Vol Ctrl Indexed Account | |
| Transfer | _ % to 2 Yr Indexed Account | |
| Transfer | _ % to High Par 5 Year Indexed Account | |
| Transfer | _ % to Fixed Account | |
| Total: | _ % MUST EQUAL 100% | |

Remarks (Use "Remarks" section for additional detail or clarification.)

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Fax:

(866) 398-0467 or E-mail: Transactions@pacificlife.com



| For Indexed Universal Life | : Insurance – IPEP, IP | PEP 2, and IPEP 3 Produ | cts | | |
|---|--|--|-------------------|---|-----|
| Insured's Name: First | MI | Last | | Policy Number (if available) | |
| 5. Signatures I understand that PLIC will not polarification, the effective date of | | | | unclear. In the event that PLIC need | ds |
| | n entity, you represent that quirements of those entities | you are authorized to execute s, including the use of any sea | this document and | to make the statements that are sho | wn. |
| v | | Policyowner's Name: First | MI Last | (print) Title, if applicable | |
| Policyowner's Signature X | | Assignee's Name: First | MI Last | (print) Title, if applicable | |
| Assignee's Signature X | | Other Required Name: Firs | t MI Last | (print) Title, if applicable | |
| Other Required Signature (Must check a box below) Additional Policyowner | | | | | |
| | | INSTRUCTIONS | | | |
| When to use this form: | | est One-Time Transfers, Paym | | egment Maturity reallocation. Transfe not eligible for transfer until the next | er |
| 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: | | rance Company, Life Insuranc Omaha, NE 68103-2030 or | e Division | | |