

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



LOAN REQUEST

Insured's Name: First MI Last	Policy Number(s)
List Bill Name (If applicable)	List Bill Number(s)
Policyowner's Name	Telephone Number (Include area code)

1. Policy Loan (Check the appropriate box(es) when requesting a Standard Loan)

Standard Loan

- Issue maximum loan borrowing dividends.
- Issue maximum loan **NOT** borrowing dividends.
- Issue net loan for \$ _____ *
- Issue gross loan for \$ _____ *
- Process a loan to pay premiums or other charges due on policy # _____
- Special instructions:

*The maximum loan amount available will be processed if the requested amount is not available.

Effective Date: The loan effective date will be based on the date and time all requirements are received in proper form at M Insurance Solutions.

For Variable Universal Life Insurance: The loan amount is calculated effective as of the end of the business day if received before the close of the New York Stock Exchange (NYSE). If received at or after the time of the close of the NYSE, the request will be effective as of the end of the next business day.

For Products with Indexed Accounts: Unless specific investment options are requested, the loan amount is first taken proportionally from the policy's Fixed and Variable investment options' accumulated value. If there is no accumulated value in these options, the loan amount will be taken from the Indexed Accounts. Please note that the Indexed Accounts cannot be selected as one of the options.

Any loan that reduces the Indexed Account(s) may prevent future transfers to the Indexed Account(s) for a 12-month period of time called the Lockout Period. During this time, future payments will remain in the Fixed Account, and no transfer to the Indexed Account(s) may take place, including a transfer as a result of a premium payment. Transfers to the Indexed Account(s) will resume after the end of the Lockout Period.

2. Assignee's Consent (Complete only if policy is collaterally assigned.)

_____ Assignee of the policy(ies) indicated above, consents to the policy loan requested, to be made by Pacific Life insurance Company (PLIC) and/or a PLIC authorized third-party(ies) on security of this policy and agrees that the loan together with any accrued interest will be a lien upon the policy prior and superior to all claims of the Assignee.

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

- Policyowner only (Complete Section 3.)
- Assignee only (Complete Section 4.)
- Assignee and policyowner, jointly – Mail check to: Assignee Policyowner (Complete Sections 3. and 4.)
- Assignee and policyowner, individually (Provide payment instructions in Section 1 or on a separate sheet and complete Sections 3. and 4.)

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3. Policyowner's Mailing Address (Complete if the payee is the policyowner.)

Current Street	City	State	Zip Code
Attention			Title

4. Assignee's Mailing Address (Complete if the payee is the assignee.)

Name			
Address: Street	City	State	Zip Code
Attention			Title

5. Alternative Delivery/Payee Instruction

Unless indicated below, the check will always be made payable to the policyowner and sent to the primary owner's address of record. Only complete this section if check is to be made payable to an alternate payee or if the check should be mailed to an alternate address for the primary owner. Acceptable alternate payees and/or third parties include any party to the contract, financial institutions, trusts, and charities.

Name of Payee	Account # (if applicable)		
Address: Street	City	State	Zip Code
Attention			Title

6. Testing for Tax Reportable Events (Required for Life Insurance policies only)

PLIC may perform various tests to determine if the loan will result in a tax reportable event.

If the loan results in a tax reportable event (check one):

- I request that PLIC contact me before processing the loan. (This may delay the effective date of the request.)
- I authorize PLIC to proceed with the loan without contacting me first. (See important notes below.)

Important:

- In most circumstances, once a loan is processed, we are unable to reverse the loan or the applicable tax reporting.
- Applicable tax reporting is submitted to the Internal Revenue Service (IRS) under the primary policyowner's tax identification number, unless directed otherwise.
- We recommend that you consult a qualified independent legal and/or tax advisor for advice based on your circumstances.

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7. Tax Withholding/Reporting

Federal Income Tax Withholding: PLIC is required by law to withhold a minimum of 10% for federal taxes on any taxable portion of the lump sum payment made under the above policy. You may elect not to have income tax withheld by checking the appropriate box. If you elect to have taxes withheld, check the third box below in the Federal Tax Reporting column, and submit the required IRS W-4R tax form, which can be found on IRS.gov.

If you elect not to have withholding apply to your payment, or if you do not have enough income tax withheld from your payment, you may be responsible for payment of estimated tax. You may incur penalties under the estimated income tax rules if your withholding and estimated tax payments are not sufficient.

State Income Tax Withholding: Tax withholding rules vary by state. Some states do not have state income tax and withholding may not be applicable. In other states withholding may be elected or mandatory, or may even require you to submit a state specific withholding certificate/form. Where your state does not allow you to make withholding elections through the use of this form or may require a state specific form in order to do so, we may be required to withhold a mandatory default amount/percentage if the required form is not submitted, or no election is made. Please consult with your tax advisor to determine what may be required in your situation.

Federal Income Tax Withholding	State Income Tax Withholding
<p>If no boxes are checked below, we are required to withhold taxes at a rate of not less than 10%.</p> <p><input type="checkbox"/> Do not withhold any Federal Income Taxes</p> <p><input type="checkbox"/> I am subject to backup withholding. I understand that income tax will be withheld from my payment.</p> <p><input type="checkbox"/> IRS Form W-4R is attached for tax withholding.</p>	<p><input type="checkbox"/> Do not withhold any State Income Tax</p> <p><input type="checkbox"/> Withhold the following percentage amount _____%</p> <p><input type="checkbox"/> Withhold the State Income Tax default</p> <p>Indiana Resident: may request a county tax withholding amount. County Name: _____ \$_____.</p>

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

8. Certification of Policyowner's Taxpayer Identification Number

Taxpayer I. D. number is _____

Check this box if you are not a U. S. Citizen or other U.S. person as defined in #3 below and this section does not apply to you.

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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9. Account Allocations

When requesting a loan, the loan will be taken from your investment options in proportion to the accumulated value you have in each option unless you tell us otherwise below. The Indexed Accounts cannot be entered as one of the options. Total must equal 100%.

- Domestic Equity**
- _____ DFA VA US Large Value
 - _____ DFA VA US Targeted Value
 - _____ M Capital Appreciation (Frontier)
 - _____ M Large Cap Growth (DSM Capital)
 - _____ M Large Cap Value (Brandywine)
 - _____ MFS VIT New Discovery Ser
 - _____ PSF Equity Index (BlackRock)
 - _____ PSF Hedged Equity (JPMorgan)
 - _____ PSF Large-Cap Growth (FIAM)
 - _____ PSF Small-Cap Index (BlackRock)
 - _____ T. Rowe Price Blue Chip Growth
 - _____ Vanguard VIF Mid Cap Index
 - _____ Vanguard VIF Total Stock Market Index
- Asset Allocation/Balanced**
- _____ PSF ESG Diversified (PLFA)
- International Equity**
- _____ DFA VA Intl Small
 - _____ DFA VA Intl Value
 - _____ Fidelity VIP Intl Index
 - _____ M Intl Equity (DFA)
 - _____ PSF Emerging Markets (Invesco)
 - _____ PSF Intl Large-Cap (MFS)
- Must Total 100%** _____

- Sector/Specialty**
- _____ VanEck VIP Gbl Resources
 - _____ Vanguard VIF Real Estate Index
 - _____ Goldman Sachs VIT Multi-Strategy Alternatives
- Cash Equivalents**
- _____ Fidelity VIP Govt Money Market
- Fixed Income**
- _____ PSF Diversified Bond (Loomis Sayles)
 - _____ PSF Floating Rate Income (Aristotle Pacific)
 - _____ PSF Inflation Managed (PIMCO)
 - _____ PSF Managed Bond (PIMCO)
 - _____ Vanguard VIF Total Bond Market Index
 - _____ Western Asset Var Gbl High Yield Bond
- Fixed Account Options**
- _____ Pacific Life-Fixed Account 1
- Other Approved Investment Options**
- _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____

10. Declarations

By signing in the Signature section, I/we authorize PLIC and/or a PLIC authorized third-party(ies) to process the policy loan(s) as requested.

Each of the undersigned attests that:

- No bankruptcy or insolvency proceedings have been filed or are pending by or against them.
- The policy(ies) is not subject to any pledge or assignment other than the assignment on file with PLIC and/or a PLIC authorized third-party(ies).
- A loan may cause a reduction in the death benefit and/or taxable event and that the taxpayer should seek advice from a qualified independent legal and/or tax advisor based on the taxpayer's particular circumstances.
- In most circumstances, once a loan is processed PLIC and/or a PLIC authorized third-party(ies) is unable to reverse the loan or any applicable tax reporting.
- Applicable tax reporting is submitted to the Internal Revenue Service (IRS) under the primary policyowner's tax identification number, unless directed otherwise.
- Loan interest not paid when due will be added to the loan principal and bear interest at the same rate; and if policy debt exceeds the accumulated value, less the surrender charge, the policy will terminate, and coverage will cease.

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10. Declarations (continued)

- If the loan amount requested is not available, PLIC and/or a PLIC authorized third-party(ies) will automatically process the maximum amount available.

If any amount received under this form will be used to pay premiums on any new life insurance or annuity policy, I/we have attached the applicable state replacement forms and complied with any applicable state replacement regulations. PLIC and/or a PLIC authorized third-party(ies) is not engaged in the practice of law, nor is it licensed to do so. Communications with PLIC and/or a PLIC authorized third-party(ies) are not intended as legal or tax advice, nor may they be construed or relied upon as such. PLIC and/or a PLIC authorized third-party(ies) suggest that you consult your life insurance producer to help ensure this request meets your needs and is in your best interest.

11. Signatures

If you are signing on behalf of an entity, you represent that you are authorized to execute this document and make the statements that are 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

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

X

Assignee's Signature

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

X

Other Required Signature (Must check a box below)

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

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 a loan or a loan exchange/reclassification (if available) on your life insurance policy.	
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:	Regular mail: Pacific Life Insurance Company Life Insurance Division P.O. Box 2030 Omaha, NE 68103-2030 Overnight mail: Pacific Life Insurance Company Life Insurance Division 6750 Mercy Rd Omaha, NE 68106	Fax: (866) 398-0467 In-force policy e-mail: Transactions@pacificlife.com Customer Service: (800) 347-7787