

PACIFIC LIFE INSURANCE COMPANY

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

**PACIFIC LIFE****WITHDRAWAL 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)

Subject to the policy provisions, a policy withdrawal may decrease the death benefit.

1. Policy Withdrawal

- | | |
|---|--|
| <input type="checkbox"/> Issue maximum withdrawal
<input type="checkbox"/> Issue withdrawal for \$ _____ *
<input type="checkbox"/> Special Instructions:

 | <input type="checkbox"/> Process a withdrawal to pay premium or other charges on policy # _____
<input type="checkbox"/> Issue maximum Preferred Withdrawal (Subject to policy provisions, a preferred withdrawal will not decrease the death benefit.) |
|---|--|

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

Effective Date: The withdrawal effective date will be based on the date and time all requirements are received in proper form at Pacific Life Insurance Company (PLIC) and/or a PLIC authorized third-party(ies).

For Variable Universal Life Insurance: The withdrawal 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 withdrawal 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 withdrawal amount will be taken from the Indexed Accounts. Please note that the Indexed Accounts cannot be selected as one of the options.

Any withdrawal that reduces the Indexed Account(s) may prevent future transfers to the Indexed Account(s) for a 12-month period 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.

Decrease in Benefits or Coverage for Life Insurance Only: PLIC and/or a PLIC authorized third-party(ies) will perform various tests to determine if the change will result in a tax reportable event. Complete Section 4.

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2. Account Allocations (Complete only for Variable Universal Life Insurance.)

When requesting a withdrawal, the withdrawal 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

_____ Bain Capital Equity Opportunities
_____ 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 (GSAM)
_____ PSF Intl Large-Cap (MFS)

Must Total 100%

Sector/Specialty

_____ VanEck VIP Gbl Resources
_____ Vanguard VIF Real Estate Index

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 Total Return (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

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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3. Transfer of Assets (Complete if the funds are to be transferred as a Transfer of Assets or roll-over transaction)

☐ I authorize M Insurance Solutions to transfer the requested withdrawal amount to

_____ (name of financial institution)
as a Transfer of Assets or roll-over. The transfer will occur upon receipt by PLIC and/or a PLIC authorized third-party(ies) of a statement of acceptance from the financial institution named above.

Note: The statement of acceptance from the financial institution must be submitted with this request.

4. Testing for Tax Reportable Events (Required for Life Insurance Policies Only)

PLIC and/or a PLIC authorized third-party(ies) may perform various tests to determine if the withdrawal will result in a tax reportable event. If the withdrawal results in a tax reportable event (check one):

☐ I request that PLIC and/or a PLIC authorized third-party(ies) contact me before processing the withdrawal. (This may delay the effective date of the request.)

☐ I authorize PLIC and/or a PLIC authorized third-party(ies) to proceed with the withdrawal without contacting me first. (See important notes below)

Important:

- In most circumstances, once a withdrawal is processed, we are unable to reverse the withdrawal 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 with your qualified independent legal and/or tax advisor for advice based on your circumstances.

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

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

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6. 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.

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

_____, Assignee of the policy(ies) indicated above, consents to the policy withdrawal requested, to be made by M Insurance Solutions.

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

- ☐ Policyowner only (Complete Section 8)
☐ Assignee only (Complete Section 9)
☐ Assignee and policyowner, jointly – Mail check to: ☐ Assignee ☐ Policyowner (Complete Sections 8 and 9)
☐ Assignee and policyowner, individually (Provide payment instructions in Section 1 or on a separate sheet and complete Sections 8 and 9)

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

Current Street	City	State	Zip Code
Attention			Title

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

Name			
Address: Street	City	State	Zip Code
Attention			Title

10. Alternate 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

11. Declarations

By signing in the Signature section, I/we authorize PLIC and/or a PLIC authorized third-party(ies) to process the policy withdrawal(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 withdrawal 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.
- If the withdrawal causes a rider to decrease to zero, any charges that may continue for the rider have the potential to impact any Indexed Account and policy performance.
- In most circumstances, once a withdrawal is processed PLIC and/or a PLIC authorized third-party(ies) is unable to reverse the withdrawal 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.
- If the withdrawal 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 required to perform tests, on certain cash distributions, that relate to the taxation of life insurance and annuity policies.
- PLIC and/or a PLIC authorized third-party(ies) is not engaged in the practice of law, nor is it licensed to do so. Any communications with PLIC and/or a PLIC authorized third-party(ies) employees are not and should not be construed as a recommendation, legal advice, or tax advice, nor may they be 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.

12. 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:

☐ Additional Policyowner

☐ Additional Assignee

☐ Insured

☐ Additional Insured

☐ Business Entity's Authorized Representative

☐ Trustee

☐ Attorney-in-Fact

☐ Irrevocable Beneficiary

☐ Premium Payor/Remitter

☐ New Policyowner (only required for ownership changes)

☐ Applicant (only required at time of application)

☐ Other: _____

Instructions

When to use this form:	This form may be used to request a withdrawal on a life insurance or fixed annuity policy.	
Who must sign this form:	<p>Policyowner(s) – Required signature(s).</p> <p>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.</p> <p>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.</p>	
Where to send this form:	<p>Regular mail: Pacific Life Insurance Company Consumer Markets Division – Life Insurance P.O. Box 2030 Omaha, NE 68103-2030</p> <p>Overnight mail: Pacific Life Insurance Company Consumer Markets Division – Life Insurance 6750 Mercy Rd Omaha, NE 68106</p>	<p>Fax: (866) 398-0467</p> <p>In-force policy e-mail: Transactions@pacificlife.com</p> <p>Customer Service: (800) 347-7787</p>