



WITHDRAWAL REQUEST for Variable Annuities

CONTACT INFORMATION

Pacific Life Insurance Company
P.O. Box 2378
Omaha, NE 68103-2378

Owners: (800) 722-4448
Registered Representatives: (800) 722-2333
Fax: (888) 837-8172
Web Site: www.PacificLife.com

All Overnight Deliveries:
6750 Mercy Rd, 4th Floor, RSD
Omaha, NE 68106

Use this form to:

- Request a one-time withdrawal from your annuity contract. Complete Sections 1, 2, 4, 5 and 11.
Request preauthorized withdrawals from your annuity contract. Complete Sections 1, 3, 4, 5 and 11.

Do not use for 1035 requests. Review the prospectus before submitting a withdrawal request. If your contract is a TSA/403(b), your employer/third-party administrator must sign and complete Section 10.

Note: All pages of this form must be returned. Print clearly in dark ink and avoid highlighting.

1 GENERAL INFORMATION Owner's Name (First, Middle, Last) Daytime Telephone Number Annuity Contract Number (if known)

2 ONE -TIME WITHDRAWAL Refer to your product prospectus for withdrawal minimums. To avoid default tax withholding, complete Section 4. Choose one of the following options: A. Withdraw \$ B. Withdraw the maximum amount without incurring withdrawal charges C. Full surrender of contract. Overnight Delivery (for one-time withdrawals only) Note: If the address on file is a P.O. box, please provide a physical address in Section 8. I authorize Pacific Life to deduct shipping and handling expenses from my contract for standard overnight delivery of my one-time withdrawal.

3 PREAUTHORIZED WITHDRAWALS Refer to your product prospectus for additional details including withdrawal minimums. Selections you make below replace any previous preauthorized withdrawal instructions you have given us. If box 3E is selected, only a dollar withdrawal amount is allowed. If you have a Pacific Portfolios contract and you are invested in guaranteed interest options (GIOs), contact Pacific Life Customer Service for further instructions. GIOs are not available as source accounts for preauthorized withdrawals. To avoid default tax withholding, complete Section 4. If you want to set up preauthorized withdrawals under a Guaranteed Minimum Withdrawal Benefit (GMWB) rider, complete the Withdrawal Request for GMWB Riders form. A. Withdrawal Options B. Frequency C. Start Date D. Duration E. 72(t)/72(q) Payments



Annuity Contract Number _____

4 INCOME TAX WITHHOLDING

For Non-Qualified and IRA contracts, we withhold a minimum federal amount of 10% and forward applicable taxes to the Internal Revenue Service (IRS) on your behalf, or you can elect to not have us withhold taxes. If federal withholding of less than 10% is requested or no election is made, the withdrawal will be processed with 10% withholding. If you have a TSA/403(b) contract, we will withhold 20% for a withdrawal or rollover where you take receipt of funds. (We will withhold 10% for substantially equal period payments from your TSA/403(b) contract unless otherwise specified). However, if you transfer or directly roll over the funds to another TSA/403(b), qualified plan, or IRA, withholding is not required. If you have a 401a, 401k, Keogh or custodial-owned contract, taxes cannot be withheld.

In addition to federal income tax withholding requirements, state income tax, if applicable, will be withheld. Choosing not to have either federal or state (if state tax is applicable) income taxes withheld may result in income tax liability when your taxes are filed. Consult your tax advisor for more information.

I elect the following: **Federal:** Do not withhold Withhold _____%
State: Do not withhold Withhold _____%

5 CHECK AMOUNT (not applicable for full surrenders)

If not specified or if the withdrawal amount is a percentage, a withdrawal for the gross amount will be processed.

- Gross** Applicable charges, taxes, and any adjustments will be deducted from the requested amount.
- Net** Applicable charges, taxes, and any adjustments will be added to the requested amount (not available for percentage withdrawals).

6 SOURCE (not applicable for full surrenders)

If you want the withdrawal taken from specific investment options, write the name of the investment option(s) in the section below. You must also indicate the amount to be withdrawn from the investment option(s) as either a whole percentage or dollar amount (but not both). Make sure that percentages total 100% and dollar amounts total the entire withdrawal. A GIO cannot be the source account for preauthorized withdrawals. To have the withdrawal taken proportionately from all of your investment options, leave this section blank. Please refer to the prospectus for a complete list of all available investment options and the impact of fund specific withdrawals on your contract. For additional investment options, attach a separate sheet signed and dated by all owners including the information requested below.

Source Fund _____	Amount \$/% _____
Source Fund _____	Amount \$/% _____
Source Fund _____	Amount \$/% _____
Source Fund _____	Amount \$/% _____
Source Fund _____	Amount \$/% _____

_____ \$/% Total

Must equal 100% or the total amount of requested withdrawal.



Annuity Contract Number _____

7 DISABILITY If you become disabled before you reach age 59½, any distribution because of your disability may not be subject to the 10% additional tax. You are considered disabled if you can furnish proof that you cannot do any substantial gainful activity because of your physical or mental condition. A physician must determine that your condition can be expected to result in death or to be of long, continued, and indefinite duration. You also must provide a signed Pacific Life Disability Certification form. If a scheduled withdrawal is established, it is your responsibility to notify Pacific Life in the event that your condition no longer meets the definition of "disabled" according to IRC Section 72(m)(7). This section does not apply if you have reached the age of 59 ½.

Check this box if the distribution(s) requested by this form is (are) because of your disability and you have included a Pacific Life Disability Certification form, which has been signed by a physician.

8 ALTERNATE DELIVERY/PAYEE INSTRUCTIONS

Unless indicated below, check will always be made payable to the contract owners 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. **(Note: An original signature is required if the check is made payable to a third party payee.)** Requests made payable to a third party greater than \$10,000 will require an original Signature Guarantee (not applicable for checks made payable to a financial institution for the benefit of the current contract owner). Please refer to Section 11 of this form for this requirement. If distribution is to be treated as a qualified direct transfer, indicate the plan type and account number for the accepting institution. Qualified direct transfers can be set up for one-time withdrawal (partial or full) and scheduled withdrawals. Please be sure that any additional paperwork required by the accepting institution has also been completed.

Name of Third-Party Payee (First, Middle, Last)

Account Number (if applicable)		Plan Type at Accepting Institution (if applicable)	
Street Address	City	State	ZIP

9 ELECTRONIC FUNDS TRANSFERS (EFTS) Complete this section if you want withdrawals to be electronically transferred to the contract owner's checking or savings account and attach a void check or deposit slip to this form. If account type is not indicated, the information provided will be processed as a checking account. **(Note: An original signature is required if the account information is being provided for the first time.)** From the time the withdrawal is processed from your contract to the time the funds are received by your financial institution generally takes 2-3 business days. Starter checks are not acceptable to establish EFTs. If the contract is owned by a trust, the voided check must reflect the trust name.

Use latest EFT instructions on file Account Type: Checking Savings

Tape a copy of a void check or deposit slip here.

Your Name 123
 1234 Address Rd 12-34
 City, ST 56789 567

Pay To \$
 The Order of _____ Dollars

FINANCIAL INSTITUTION
 1234 Anywhere Lane
 City, ST 56789

For _____

⑆ 1 2 3 4 5 6 7 8 9 ⑆ 1 2 3 7 8 9 1 2 3 4 5 6 7

↑ ABA Routing Number ↑ Account Number



10 FOR TSA/403(b) CONTRACTS ONLY—EMPLOYER'S/THIRD-PARTY ADMINISTRATOR'S AUTHORIZATION OR SELF-CERTIFICATION

This section must be completed for all TSA/403(b) contracts.

10A. Employer's/Third-Party Administrator's Authorization

Amounts attributable to elective salary deferral contributions can be withdrawn only when a distributable event occurs and must be approved by the employer/third-party administrator. Check the applicable event.

- | | | |
|---|---|--|
| <input type="checkbox"/> Attainment of age 59½ | <input type="checkbox"/> Disability | <input type="checkbox"/> Return of excess elective salary deferral contributions |
| <input type="checkbox"/> Hardship (no earnings) | <input type="checkbox"/> Separation from employment | <input type="checkbox"/> Termination of plan |

By signing below, I am acknowledging that:

- (a) I am authorizing this withdrawal/distribution request.
(b) All information provided in this section is accurate.

**SIGN
HERE** _____
Employer's/Third-Party Administrator's Signature_____
mo / day / yr**10B. Employee Self-Certification**

If your contract is exempt from the final 403(b) regulations, your employer does not have to approve this withdrawal/distribution request. If your contract is not exempt, your employer that sponsored this 403(b)/TSA contract **MUST** approve the transaction.

My contract is exempt from the final 403(b) regulations due to the following reason(s): (Select all that apply)

- I did not make any salary deferral contributions to this contract after December 31, 2004.
 My contract was issued with a 90-24 transfer initiated prior to September 25, 2007 and no additional contributions have been made.
 My employer that sponsored this contract no longer exists (e.g., out of business).

11 SIGNATURE(S) AND CERTIFICATION

If I am requesting a full surrender I affirm that the original contract has been lost or destroyed. To the best of my knowledge, no one else has any rights, title, or interest in the contract and it has not been assigned, pledged, or encumbered.

I understand that any distributions from my contract may be subject to withdrawal charges. I also acknowledge that withdrawals containing a taxable amount may be subject to federal and state income taxes, and if taken prior to age 59½, a 10% IRS additional tax may apply.

A market value adjustment (MVA) may apply to withdrawals from GIOs.

I agree to return all funds withdrawn if I exercise my right to cancel the contract within the free-look period.

If my contract has an optional rider, withdrawing more than the protected payment amount in a contract year may result in reduced benefits from the rider, and the amounts initially protected may no longer be guaranteed.

I understand that withdrawals may reduce any death benefit and benefits of any optional riders.

If distributions other than qualified transfers are made from an IRA or qualified plan, I understand that they will be subject to income tax, and if taken prior to age 59½, a 10% additional tax may apply. I further understand that withdrawals from the qualified plan may be restricted by the plan document, information sharing agreement, or IRS and I should consult my financial advisor.

If there is an active 72(t) or 72(q) preauthorized withdrawal program, I understand that any additional one-time distributions may subject all prior and succeeding distributions to the 10% additional tax. If I elect 72(t) or 72(q) payments, I bear the risk of any modification made and my source funds depleting (causing my payments to cease). Modifications may subject the series of 72(t) or 72(q) withdrawals to a 10% additional tax and may occur if **additional purchase payments to or withdrawals from** the contract are made or 72(t)/72(q) withdrawals are increased, decreased, or stopped. I am fully responsible for all resulting tax consequences.

I understand that current tax law only permits one rollover distribution for all of my IRAs every 12 months. For purposes of this one-rollover-per-year limitation, all IRAs (including Roth, SIMPLE, and SEP IRAs) are aggregated such that a rollover involving any one of them precludes a rollover involving any other account (except qualified plans) within the next year.

If I have elected a withdrawal due to disability, I certify that I am disabled and have provided a Pacific Life Disability Certification form from my physician stating that I am disabled according to the definition under IRC Section 72(m)(7). If I have elected a scheduled withdrawal, it is my responsibility to notify Pacific Life in the event that my condition no longer meets the definition of "disabled" according to IRC Section 72(m)(7).





WITHDRAWAL
REQUEST
for Variable Annuities

Annuity Contract Number _____

11 SIGNATURE(S) AND CERTIFICATION (continued)

If I have requested a withdrawal from a TSA/403(b) contract, I confirm that there is an information sharing agreement in place with Pacific Life and that Pacific Life may share information with my employer regarding activity on my contract.

I agree that if I am providing this form to Pacific Life by fax, it is as valid as the original. I also agree that the maximum withdrawal via fax is \$250,000 (gross).

If any withdrawal reduces the contract value to an amount less than the required minimum value as stated in the contract, Pacific Life may terminate the contract and pay the full withdrawal value. Payment of the full withdrawal value will terminate any living benefit riders and Pacific Life will have no further obligations under the contract. I understand that Pacific Life recommends I review my contract and benefits prior to requesting this transaction.

SIGN
HERE

Owner's Signature

mo / day / yr

SIGN
HERE

Joint Owner's Signature (if applicable)

mo / day / yr

SIGNATURE GUARANTEE
Guarantor to Affix Stamp Here:



INSTRUCTIONS

- 1 General Information:** Provide the contract owner's name, daytime telephone number and annuity contract number, if known.
- 2 One-Time Withdrawal:** Refer to your product prospectus for withdrawal minimums. Any amount up to the total account value, less outstanding debt, may be withdrawn on a one-time basis. A market value adjustment (MVA) may apply to withdrawals from the guaranteed investment options (GIOs). Withdrawals may be taken from qualified plans if allowed. (You must complete Section 4 indicating income tax withholding.) If the full surrender box is checked, the cash surrender value will be as of the date all requirements are received in good order. For overnight delivery, shipping and handling charges will be deducted proportionately from all investment options. The amount of the charge may be considered to be a distribution and you will be fully responsible for all resulting tax consequences.
- 3 Preauthorized Withdrawal:** Refer to your product prospectus for withdrawal minimums. If this form is received by Pacific Life after the selected start date, the first withdrawal will be processed the following month on the date selected or the next business day if the date falls on a weekend or a holiday. (If no start date is selected, the first preauthorized withdrawal will be processed on the day all requirements are received in good order.) Payment will reflect deduction of taxes if withholding is selected (Section 4) and will be taken proportionally from all investment options if none selected. If the withdrawal is a percentage of contract value, withdrawals will be taken proportionally from all existing investment options relative to the account value in each option. Preauthorized withdrawals may be stopped or modified by contacting Pacific Life at least five days prior to the next withdrawal date. If the withdrawals are based on a 72(t)/72(q) election, any changes to the distribution amount may subject all prior and succeeding distributions to the 10% additional tax and you bear the risk of your source funds depleting and causing your payments to cease. The annual percentage amount is calculated as follows: on the effective date of the request, the contract value amount will be multiplied by the percentage and that amount will be divided by the frequency to determine the withdrawal amount. This calculation will be repeated at each frequency thereafter (for example, monthly, if monthly frequency is selected), using the contract value amount at that time.
- 4 Income Tax Withholding:** If not indicated, taxes will be withheld automatically based on the taxable amount and contract type. However, taxes may not be withheld on 401a, 401k, Keogh or custodial-owned contracts.
Note to Indiana Taxpayers: Effective January 1, 2009, Indiana provides for county taxes to be withheld when state taxes are withheld. If you wish to withhold county taxes, please include completed and signed Form WH-4P (R2/8-08) which can be found on the Indiana Department of Revenue website. Please call Pacific Life Customer Service for instructions.
- 5 Check Amount:** If neither box is selected, Pacific Life will process a gross check amount, which reflects the deduction of taxes and any charges from the requested amount.
- 6 Source:** If this section is left blank, withdrawals will be taken proportionally from all existing investment options relative to the account value in each option. Total must equal either 100% or full dollar withdrawal amount. A GIO cannot be a source account for preauthorized withdrawals.
- 7 Disability:** Complete this section if the requested withdrawal(s) is(are) because of your disability. A Pacific Life Disability Certification form must also be included with this request.
- 8 Delivery Instructions:** If distributions are to be mailed to a third-party payee or alternate address, complete this section.
- 9 Electronic Funds Transfers (Optional):** If distributions are to be electronically transferred to the contract owner's checking or savings account, complete this section and attach a void check or deposit slip to this form.
- 10 For TSA/403(b) Contracts Only—Employer's/Third-Party Administrator's Authorization or Self-Certification:** Complete this section only if requesting a withdrawal/distribution from a TSA/403(b) contract. Employer's/third-party administrator's authorization and signature is required. Please note that 12/31/88 annuity balances may be distributed without the occurrence of a triggering event. Elective deferrals (i.e., employee contributions) received on or after 1/1/89 cannot be distributed prior to age 59½ or the occurrence of one of the events listed on this form. Hardship distributions may be subject to the 10% additional tax.
- 11 Signature(s) and Certification:** The form must be signed by the owner. In cases of joint ownership, both owners must sign. A Medallion Signature Guarantee may be required for certain distributions requested to be mailed to a third-party payee. A Signature Guarantee also may be required whenever we believe that verification of authenticity is necessary to protect you or us.