

CONTACT INFORMATION

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

Owners: (800) 722-4448 Fax: (888) 837-8172

Web Site: www.PacificLife.com

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

Financial Professionals: (800) 722-2333

CONTACT INFORMATION (for New York only)

Pacific Life & Annuity Company P.O. Box 2829

Omaha, NE 68103-2829

Phone: (800) 748-6907 Fax: (800) 586-0096

Web Site: www.PacificLife.com

Use this form for the following transfer/exchanges from another financial institution to an annuity contract at Pacific Life:

- Full or partial 1035(a) tax free exchange of an existing non-qualified annuity. Partial exchanges may not be permitted with Pacific Income Provider.
- Full 1035(a) tax free exchange of an existing life insurance policy.
- Transfer of IRA, TSA/403(b), or pretax qualified plan assets into another IRA, TSA/403(b), or qualified plan.
- Transfer of assets from a mutual fund or certificate of deposit.

For 1035 exchanges: If no cost basis information is received from the surrendering company, Pacific Life will be required to assume the cost basis is zero for tax-reporting purposes.

All requests must be received in good order before market close of the New York Stock Exchange to be processed the same business day. Standard market close is 4pm Eastern, Monday through Friday. This excludes certain holidays where the market may be closed or closes early.

1 GI	ENERAL INFORMATION Owner's Name	e SSN/TIN		Existing Pacific Life Annuity Contract Number (if applicable)
Joi	nt/Contingent Owner's Name			SSN
An	nuitant's Name (if other than Owner)			SSN
Ad	ditional Annuitant's Name (if other than Joint O	lwner)		SSN
Illu	stration Date (for Pacif <mark>i</mark> c Secure Income Only)			
2 SU	JRRENDERING COMPANY NAME			Surrendering Company's Contract/Account Number
Str	eet Address for Overnight Delivery			Telephone Number
Cit	y	State	Zip	Policy or Contract Type Being Replaced
				☐ Life Insurance ☐ Fixed Annuity ☐ Variable Annuity
	RANSFER REQUEST Ite Select one. If none selected, the a	assets will he transferre	d or rolled over imm	nediately
				ife will immediately forward this signed Transfer/Exchange form
	At Maturity Date to the surre until the ma	endering company for pro aturity date indicated. I/M heir processing guideline	ocessing. I/We under Ve also understand th	rstand that Pacific Life will not hold the Transfer/Exchange form hat it is my responsibility to confirm with the surrendering ated transfer requests. Fees and charges may apply if the
	company p company, i form, please submit this form at a dat	processes the request be regardless of the maturit te for which the request vany may lead to a loss in	y date. If the surrend will be processed per access to products o	e. Funds will be applied upon receipt from the surrendering ering company will not hold the Transfer/Exchange your instructions. Funds not received by Pacific Life in a timely or rider benefits and may impact guaranteed interest rates. ts in the future.
As	ssets Select one. If none selected, all	I the assets will be exch	nanged.	
	Full			
	Partial \$	or	% of the ass	sets

Pacific Life refers to Pacific Life Insurance Company (Newport Beach, CA) and its affiliates, including Pacific Life & Annuity Company. Pacific Life Insurance Company is the issuer in all states except New York. Pacific Life & Annuity Company is the issuer in New York.

* 1 3 0 3 0 - 1 9 A 1 *



			Annuity Contract Number
TRANSFER REQUE	ST (continued)		
Complete only ONE of			
	d Assets: Authorization for 10		
I fully assign and tracontract identified ir Internal Revenue Care now exercisable percentage assigne contract to be issue company to send the Pacific Life. Pacific allocated to the new Life, no value will acwhich requires that current and future II obligations, and I counderstand that the I understand the IR new or original contapartial 1035 excharge.	ansfer all claims, options, privilegen Section 2 above to Pacific Life. ode. All of the powers, elections, by Pacific Life. I understand that d) for the cash value, subject to d by Pacific Life or as the subsever proceeds directly to Pacific Life is not liable for changes in may or existing (in the case of an articrue or be earned on the Pacific the cost basis of the original con RS guidance and regulations. I upertify that I am not entering into the may be tax and tax reporting a S has issued Revenue Procedur ract following the partial 1035 exange of an existing annuity contributed.	tes, rights, title, and interest to ear The sole purpose of this assign appointments, options, and right Pacific Life intends to surrence its terms and conditions, and to ear and understand that fees and narket value that may occur beformity-to-annuity exchange) annote Life contract. If this is a partial stract be reduced pro rata by the inderstand that the IRS has connist transaction for the purpose of consequences for withdrawals the 2011-38 which states that a tachange except for a qualifying act into a single-premium immediate.	axpayer will be required to wait 180 days to withdraw assets from the single premium immediate annuity. In order for Pacific Life to process ediate annuity, I acknowledge that I must choose an annuitization
			understand that if in the future I exercise the commutation feature of es. I have been directed to consult my tax or legal advisor before
proceeding.	ediate annuity contract, there ma	ay be adverse tax consequence	is. Thave been directed to consult my tax or legal advisor before
I authorize Pacific L responsibility for de apply to the amount Pacific Life does no	termining or verifying cost basis. Is transferred. I acknowledge tha	If cost basis is not provided, I a It Pacific Life provides this form sumes no responsibility or liabili	endering company, but agree that Pacific Life will assume no acknowledge that more restrictive or less beneficial tax rules may and participates in this transaction as an accommodation to me. ity for the validity of this assignment or for the tax treatment of this
	d: Authorization for Transfer		nd or Certificate of Deposit
I direct the institutio completed an applic	n named in Section 2 to convert	to cash the assets held for the uity contract or have an existing	owner in the account provided and to transfer this money. I have g annuity contract to receive the transferred money.
As owner of the plan Pacific Life. I understannuity contract with employer-sponsorer I am aware that oncurrently in that con	n indicated below, I direct the instand that the transfer/rollover with this transfer/direct rollover, I had plan or IRA to a different type on the assets are rolled over into tract. If any assets are being roll	stitution named in Section 2 to call be initiated when all requirem ave completed and attached a rapid employer-sponsored plan or my existing Pacific Life contract	convert to cash the assets in the account and transfer money to nents are received in good order. If I am setting up a new Pacific Life new contract application. If I am rolling over assets from one type of IRA, I certify that all of the assets being rolled over are pre-tax assets. It, they will be subject to the federal tax rules applicable to the assets entify that the 457(b) plan is that of a government entity and that the
			ied retirement plans, 403(b)s, and IRAs into 457(b)s. I have
Please note, if you he to completing the transition of the Distribution schedul additional withdrawa	nave reached 70 ½ and have a can and an area. The area and an area and an area area. The area area area area area area. The area area area. The area area area area area area. The area area area area area area area. The area area area area area area area ar	jualified contract, please consid on relinquishing these assets. I al transfers into Pacific Life will	der whether you should take your Required Minimum Distribution prior if you have an existing Pacific Life calculated Required Minimum not be included in the current year's program, therefore, an it.
□ IRA	☐ SEP-IRA	☐ SIMPLE IRA	□ Roth IRA

4 RETURN OF LIFE INSURANCE POLICY OR ANNUITY CONTRACT—Does not apply to partial 1035 exchanges of annuity contracts.

□ Keogh

Unless the surrendering company's policy or contract is attached, I affirm that the policy or contract has been destroyed or lost and that reasonable effort has been made to locate it. To the best of my knowledge, no one else has any right, title, or interest in the contract, nor has it been assigned, pledged, or encumbered.

☐ 457(b) Governmental

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☐ TSA/403(b)

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□ 401(k)

□ 401(a)



	Annuity Contract Number
FOR TSA /403(B) CONTRACTS ONLY — EMPLOYER'S/THIRD-F	ARTY ADMINISTRATOR'S
· ·	oleted and signed by the employer or authorized third-party administrator (Required unless self- administered)
Employer's Name	Third-Party Administrator's Name
Street Address	Street Address
City, State, Zip	City, State, Zip
Contact Person's Name and Title	Contact Person's Name and Title
Contact Person's Telephone Number	Contact Person's Telephone Number
provider for this 403(b) plan. c) I am authorizing this transfer/exchange/rollover request. d) All information provided in this section is accurate.	Titlo
Print Signer's Name SIGN HERE	Title
Employer's/Third-Party Administrator's	s Signature mo / day / yr
FINANCIAL PROFESSIONAL INFORMATION Name	Telephone Number
Broker/Dealer	Estimated Transfer Amount
OWNER(S) SIGNATURE(S) AND AUTHORIZATION(S) If this trans I have reviewed and discussed this with my Financial Professional and have considered and reviewed with my Financial Professional all releva contracts, including but not limited to differences, if any, in contract tern applicable). If validation of the information provided is necessary, clarifian information sharing agreement in place with Pacific Life and that Pacific Life and th	fer/exchange is a replacement of an existing life insurance or annuity cont believe this transaction meets my insurable needs and financial objectives nt information relating to both the surrendering company's and Pacific Life
OWNER(S) SIGNATURE(S) AND AUTHORIZATION(S) If this trans I have reviewed and discussed this with my Financial Professional and have considered and reviewed with my Financial Professional all releva contracts, including but not limited to differences, if any, in contract tern applicable). If validation of the information provided is necessary, clarifian information sharing agreement in place with Pacific Life and that Pacific Life and th	fer/exchange is a replacement of an existing life insurance or annuity cont believe this transaction meets my insurable needs and financial objectives nt information relating to both the surrendering company's and Pacific Life is, risks, fees, charges, and new surrender charges and periods (if cation will be obtained from the Financial Professional. I confirm that there
OWNER(S) SIGNATURE(S) AND AUTHORIZATION(S) If this trans I have reviewed and discussed this with my Financial Professional and have considered and reviewed with my Financial Professional all releva contracts, including but not limited to differences, if any, in contract tern applicable). If validation of the information provided is necessary, clarifia an information sharing agreement in place with Pacific Life and that Pac contract. SIGN HERE Owner's Signature	fer/exchange is a replacement of an existing life insurance or annuity cont believe this transaction meets my insurable needs and financial objectives nt information relating to both the surrendering company's and Pacific Life is, risks, fees, charges, and new surrender charges and periods (if cation will be obtained from the Financial Professional. I confirm that there
OWNER(S) SIGNATURE(S) AND AUTHORIZATION(S) If this trans I have reviewed and discussed this with my Financial Professional and have considered and reviewed with my Financial Professional all releva contracts, including but not limited to differences, if any, in contract tern applicable). If validation of the information provided is necessary, clarifican information sharing agreement in place with Pacific Life and that Paccontract. SIGN HERE Owner's Signature	fer/exchange is a replacement of an existing life insurance or annuity cont believe this transaction meets my insurable needs and financial objectives nt information relating to both the surrendering company's and Pacific Life as, risks, fees, charges, and new surrender charges and periods (if cation will be obtained from the Financial Professional. I confirm that there cific Life may share information with my employer regarding activity on my

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Send all checks to: Pacific Life Insurance Company

P.O. Box 2290

Omaha, NE 68103-2290

Make your check payable to Pacific Life Insurance Company for the benefit of the owner named in Section 1.

Pacific Life Insurance Company 6750 Mercy Rd, 4th Floor, RSD Omaha, NE 68106

Overnight address:





When to use this form: Use this form to request transfer/exchanges from another financial institution to an annuity

contract at Pacific Life. Complete one form for each transfer/exchange.

To complete this form: Print clearly in dark ink. Provide requested information in full. An incomplete form may delay

processing. Do not highlight any information submitted on this form. Paperwork submitted to Pacific Life is scanned into an imaging system and highlighting could make that information

unreadable.

Surrendering company requirements: To help avoid unnecessary delays, please determine whether the surrendering company has

special instructions or requires its own forms to complete this transfer/exchange. If so, obtain and complete all applicable sections prior to submitting them to Pacific Life. Failure to receive cost basis information from the surrendering company on 1035 exchanges may result in the application of more restrictive and/or less beneficial tax rules to the amounts

transferred.

Is a replacement form needed? If this transfer/exchange is a replacement of an existing annuity (full or partial) or life

insurance contract, the state where the application was signed may require a replacement form. Your Financial Professional is instructed to provide to you the applicable Pacific Life state replacement form(s) prior to taking the application. The required replacement form(s) must be sent to Pacific Life with this form. If you are in doubt as to whether a replacement form is needed, consult your Financial Professional or call Pacific Life Customer Service.

INSTRUCTIONS

- General Information: Provide the contract owner and annuitant's name(s), Social Security number/tax identification number(s) (SSN/TIN), and existing Pacific Life annuity contract number, if applicable. If there is a joint/contingent owner/annuitant, provide name(s) and SSN(s). Illustration date is required for Pacific Secure Income only.
- **Surrendering Company:** Indicate the full name, street address, and telephone number of the surrendering company and the surrendering company's contract/account number. Please review transfer procedures with surrendering company for future dated transfers/exchanges.
- 3 Transfer Request:

Pacific Life reserves the right to not accept "At Maturity" transfer/exchange requests in the future.

- A) Nonqualified Assets: Authorization for 1035(a) Tax-Free Exchange Complete Sections 1, 2, 3A, 6, and 7.
- B) Nonqualified: Authorization for Transfer of Assets from a Mutual Fund or Certificate of Deposit Complete Sections 1, 2, 3B, 6, and 7. Indicate whether the entire account, a particular dollar amount, or a percentage is to be liquidated. If assets are not to be liquidated immediately, indicate the date of liquidation.
- C) Qualified and 457(b) Governmental Assets: Authorization For Transfer/Direct Rollover
 Complete Sections 1, 2, 3C, 5, 6, and 7. Indicate whether the entire account, a particular dollar amount, or a percentage is to be liquidated. If assets are not to be liquidated immediately, indicate the date of liquidation. If transferring or rolling assets into a TSA/403(b), Section 5 must also be completed.
- Return of Life Insurance Policy or Annuity Contract: This section does not apply to partial 1035 exchanges of an annuity contract. The company from which the life insurance policy or annuity contract is being exchanged may require the contract returned or a sworn statement that it has been lost or destroyed.
- For Transfers, Exchanges, and Rollovers to TSA/403(b) Contracts—Employer's/Third-Party Administrator's Information and Authorization: Complete this section only if transferring or rolling assets into a TSA/403(b). Provide all the requested information. Employer's/third-party administrator's authorization and signature is required.
- 6 Financial Professional Information: Provide all the requested information.
- Owner(s) Signature(s) and Authorization(s): The form must be signed and dated by the owner. In cases of joint ownership, both owners must sign.

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