

TRANSFFR/FXCHANGF

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

Clients: (800) 722-4448

Financial Professionals: (800) 722-2333

Fax: (888) 837-8172 RIAs: (833) 953-1863 CONTACT INFORMATION (for New York only):

Pacific Life & Annuity Company P.O. Box 2829 Omaha, NE 68103-2829

Clients & Financial Professionals: (800) 748-6907

Fax: (800) 586-0096

Email: <u>AnnuityService@PacificLife.com</u>
Web Site: www.PacificLife.com

ALL OVERNIGHT DELIVERIES: Pacific Life Insurance Company

6750 Mercy Rd, RSD Omaha, NE 68106

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 4 PM Eastern, Monday through Friday. This excludes certain holidays where the market may be closed or closes early.

GENERAL INFORMATION Owner's Name	e SSN/T	ΓIN	Existing Pacific Life Annuity Contract Number (if applicable)	
Joint/Contingent Owner's Name			SSN	
Annuitant's Name (if other than Owner)			SSN	
Additional Annuitant's Name (if other than Joint Owner)			SSN	
Illustration Date (for Pacific Secure Income	e Only)			
SURRENDERING COMPANY NAME			Surrendering Company's Contract/Account Number	
Street Address for Overnight Delivery			Telephone Number	
City	State	Zip	Policy or Contract Type at Surrendering Company	
			☐ Life Insurance ☐ Fixed Annuity ☐ Variable Annuity☐ Mutual Funds/Brokerage ☐ Bank CD	

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.

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TRANSFER/EXCHANGE

			Annuity Contract Number
TRAN'	SFER REQUEST		
Date S	Select one. If none selected, the asset	s will be transferred	or rolled over immediately.
□ Im	nmediately		
☐ At	Maturity Date: mo / day / yr	_	
process respons if the su regardle request access	ifying the date, I/We acknowledge that Pa ing. I/We understand that Pacific Life will r sibility to confirm with the surrendering com rrendering company processes the reque- less of the maturity date. If the surrendering will be processed per your instructions. Fu	not hold the Transfer/Ex npany their processing st before the maturity d g company will not hold unds not received by Pa	ely forward this signed Transfer/Exchange form to the surrendering company for xchange form until the maturity date indicated. I/We also understand that it is my guidelines regarding future dated transfer requests. Fees and charges may apply date. Funds will be applied upon receipt from the surrendering company, I the Transfer/Exchange form, please submit this form at a date for which the facific Life in a timely manner from the surrendering company may lead to a loss in trates. Pacific Life reserves the right to not accept "At Maturity" transfer/exchange
	Select one. If none selected, all the as	sets will be exchange	d.
☐ Fi			
П Р	artial \$	or	_ % of the assets
I fully a contract the Intersurrence dollars annuity surrence accepta good or proceed Revenu contract partial a	t identified in Section 2 above to Pacific crnal Revenue Code. All of the powers, eler, are now exercisable by Pacific Life. or percentage assigned) for the cash var contract to be issued by Pacific Life or dering company to send the proceeds diance by Pacific Life. Pacific Life is not liarder and allocated to the new or existing das by Pacific Life, no value will accrue of the Ruling 2003-76, which requires that the t. It is also subject to all current and futual cannuity exchanges to avoid tax obligation rearly withdrawal penalties. I also under	rivileges, rights, title, as Life. The sole purpose elections, appointmen I understand that Pacalue, subject to its term as the subsequent pairectly to Pacific Life all able for changes in may (in the case of an anor be earned on the Pathe cost basis of the orure IRS guidance and ons, and I certify that I	ree Exchange and interest to either all of the life insurance policy or all or part of the annuity see of this assignment is to effect a tax-free exchange under Section 1035(a) of ants, options, and rights I have as owner of the contract, including the right to cific Life intends to surrender the contract (or if this is a partial exchange, the ms and conditions, and to use the proceeds as the purchase payment for a new ayment to an existing annuity contract issued by Pacific Life. I authorize the and understand that fees and charges may apply. This exchange is subject to arket value that may occur before the proceeds are received by Pacific Life in anuity-to-annuity exchange) annuity contract. Prior to the date of receipt of the acific Life contract. If this is a partial exchange, I understand that it is subject to riginal contract be reduced pro rata by the amount of the transfer to the new regulations. I understand that the IRS has concerns about taxpayers using am not entering into this transaction for the purpose of reducing or avoiding to be tax and tax reporting consequences for withdrawals taken after a partial
I understhe new process annuitize commu or legal I author responsiapply to Pacific	stand the IRS has issued Revenue Proc v or original contract following the partia s a partial 1035 exchange of an existing cation option with a period of 10 years o tation feature of my Pacific Life immedia advisor before proceeding. rize Pacific Life to rely upon the cost bas sibility for determining or verifying cost to the amounts transferred. I acknowledge	Il 1035 exchange exce I annuity contract into or more or I must select ate annuity contract, the sis information provide basis. If cost basis is no ge that Pacific Life pro- and assumes no respon	n states that a taxpayer will be required to wait 180 days to withdraw assets from ept for a qualifying single premium immediate annuity. In order for Pacific Life to a single-premium immediate annuity, I acknowledge that I must choose an ct a life contingency option. I understand that if in the future I exercise the here may be adverse tax consequences. I have been directed to consult my tax ed by the surrendering company, but agree that Pacific Life will assume no not provided, I acknowledge that more restrictive or less beneficial tax rules may evides this form and participates in this transaction as an accommodation to me. Insibility or liability for the validity of this assignment or for the tax treatment of
I direct	the institution named in Section 2 to con	nvert to cash the asse	om a Mutual Fund or Certificate of Deposit ets held for the owner in the account provided and to transfer this money. I have have an existing annuity contract to receive the transferred money.

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TRANSFER/EXCHANGE

	Annuit	y Contract Number			
TRANSFER REQUEST (continued) □ C) Qualified and 457(b) Governmental A As owner of the plan indicated below, I direct the Pacific Life. I understand that the transfer/rollove Life annuity contract with this transfer/direct rollo type of employer-sponsored plan or IRA to a diff pre-tax assets. I am aware that once the assets applicable to the assets currently in that contrac government entity and that the plan document a I understand that Pacific Life is NOT currently pe discussed the tax consequences of rollovers wit Please note, if you have reached RMD age and Distribution prior to completing the transfer from Required Minimum Distribution scheduled withd program, therefore, an additional withdrawal(s) r Type of Plan Surrendered Select One:	e institution named in Section 2 to converter will be initiated when all requirements abover, I have completed and attached a new remarking processes of the completed and attached and are rolled over into my existing Pacific Litt. If any assets are being rolled over from llows for this rollover. The ermitting transfers from other qualified rether than advisor. The processes are a qualified contract, please consider the financial institution relinquishing thes trawal program, additional transfers into Fermitting transfers into Fermit	t to cash the assets in the account a are received in good order. If I am so we contract application. If I am rolling r IRA, I certify that all of the assets if fe contract, they will be subject to the a 457(b) plan, I certify that the 457 irrement plans, 403(b)s, and IRAs in the remarks of the remarks of the same and the remarks of the same assets. If you have an existing Paracific Life will not be included in the	etting up a new Pacific g over assets from one peing rolled over are the federal tax rules (b) plan is that of a to 457(b)s. I have quired Minimum acific Life calculated		
☐ IRA ☐ SEP-IRA ☐ Inherited IRA ☐ 401(k)		Roth IRA 401(a TSA/403(b)	a)		
RETURN OF LIFE INSURANCE POLICY OR ANNUITY CONTRACT—Does not apply to partial 1035 exchanges of annuity contracts. 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.					
FOR TSA /403(B) CONTRACTS ONLY — EMPLOYER'S/THIRD-PARTY ADMINISTRATOR'S INFORMATION AND AUTHORIZATION This section must be completed and signed by the employer or authorized third-party administrator. Third-Party Administrator (Required unless self-administered)					
Employer's Name	Third-Party	/ Administrator's Name			
Street Address	Street Add	Street Address			
City, State, Zip	City, State,	City, State, Zip			
Contact Person's Name and Title	Contact Pe	Contact Person's Name and Title			
Contact Person's Telephone Number	Contact Pe	Contact Person's Telephone Number			
By signing below, I am confirming that: a) The plan permits participant incoming transfers, exchanges, and/or rollovers. b) There is an information sharing agreement in place with Pacific Life under 403(b) regulations and/or that Pacific Life is an approved investment provider for this 403(b) plan. c) I am authorizing this transfer/exchange/rollover request. d) All information provided in this section is accurate.					
Print Signer's Nar	ne	Title			
SIGN HERE Employer's/Third-	Party Administrator's Signature	mo /	day / yr		



TRANSFER/EXCHANGE

	Annuity Contract Number					
6 FINANCIAL PROFESSION	AL INFORMATION Name	Telephone Number				
Broker/Dealer		Estimated Transfer Amou	nt			
I have reviewed and discussed have considered and reviewed contracts, including but not linapplicable). If validation of the an information sharing agreed contract.	s) AND AUTHORIZATION(S) If this transfer/ed this with my Financial Professional and belied with my Financial Professional all relevant imited to differences, if any, in contract terms, is enformation provided is necessary, clarification ment in place with Pacific Life and that Pacific	eve this transaction meets my in nformation relating to both the s risks, fees, charges, and new su on will be obtained from the Fina	nsurable needs and financial objectives. I urrendering company's and Pacific Life's urrender charges and periods (if ancial Professional. I confirm that there is			
SIGN HERE	Owner's Signature					
SIGN HERE						
	Joint Owner's Signature		mo / day / yr			
	FOR SURRENDERING C	OMPANY LISE ONLY				
SIGN HERE Accepted by: (Signature of A	Authorized Officer of Pacific Life)	OIVII 71111 USE OIVET				
FOR ALL 1035 EXCHANGE	S, BE SURE TO COMPLETE THE COST BA	SIS INFORMATION FORM FO	R THE CURRENT CONTRACT.			
Make your check payable to	Pacific Life Insurance Company for the benefi	t of the owner named in Section	11.			
Send all checks to:	Pacific Life Insurance Company P.O. Box 2290 Omaha, NE 68103-2290	Overnight address:	Pacific Life Insurance Company 6750 Mercy Rd, RSD Omaha, NE 68106			

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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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