



# PREDETERMINED BENEFICIARY PAYOUT OPTION

## 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](http://www.PacificLife.com)

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

Registered Representatives: (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.PacificLifeandAnnuity.com](http://www.PacificLifeandAnnuity.com)

### Use this form to:

- Restrict the payment of the death benefit amount to a beneficiary.
- Remove the currently effective predetermined beneficiary payout restriction on a beneficiary.

If you have more than one contract, complete a Predetermined Beneficiary Payout Option form for each contract. The option to restrict payment of the death benefit amount or remove a currently effective payout restriction is available for non-qualified and traditional or Roth IRA (not applicable with SEP IRA or SIMPLE IRA) contract types. If your contract has the Flexible Lifetime Income (Joint Life) or FLI Plus (Joint Life) rider, this option is available for non-spouse primary beneficiaries on jointly owned non-qualified contracts and contingent beneficiaries on all applicable contract types.

<b>1 GENERAL INFORMATION</b> Owner's Name (First, Middle, Last)	Daytime Telephone Number	Annuity Contract Number (if known)
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**2 BENEFICIARY INFORMATION**  
 Provide the information for each beneficiary. Each beneficiary must be an individual and must be named as a beneficiary under the contract. The removal of a currently effective payout restriction does NOT remove the individual(s) as a named beneficiary under the contract. Note: You must also submit an Annuity Contract Change Request form if adding a new beneficiary.

BENEFICIARY #1				BENEFICIARY #2			
Name (First, Middle, Last)		Social Security #		Name (First, Middle, Last)		Social Security #	
Relationship to Owner	Date of Birth (mo/day/yr)	Telephone #		Relationship to Owner	Date of Birth (mo/day/yr)	Telephone #	
Street Address				Street Address			
City		State	ZIP	City		State	ZIP
<b>Type of Request</b> Select one. <input type="checkbox"/> Restrict how the death benefit amount is paid. <input type="checkbox"/> Remove current restriction.		<b>Payment Frequency</b> Annually, if none selected. <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually		<b>Type of Request</b> Select one. <input type="checkbox"/> Restrict how the death benefit amount is paid. <input type="checkbox"/> Remove current restriction.		<b>Payment Frequency</b> Annually, if none selected. <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually	
<b>Payout Options</b> <b>A. Lump Sum Option</b> <input type="checkbox"/> _____% paid in a lump sum and the remainder applied to one of the payout options selected below. If no percentage indicated, 100% of the beneficiary's interest will be paid in a lump sum.				<b>Payout Options</b> <b>A. Lump Sum Option</b> <input type="checkbox"/> _____% paid in a lump sum and the remainder applied to one of the payout options selected below. If no percentage indicated, 100% of the beneficiary's interest will be paid in a lump sum.			
<b>B. Annuity Payout Options</b> <input type="checkbox"/> Life only <input type="checkbox"/> Life With Period Certain of _____ Years*		*Minimum 5 years (7 years for Pacific Value and Pacific Value Edge), not to exceed 30 years or the beneficiary's life expectancy.		<b>B. Annuity Payout Options</b> <input type="checkbox"/> Life only <input type="checkbox"/> Life With Period Certain of _____ Years*		*Minimum 5 years (7 years for Pacific Value and Pacific Value Edge), not to exceed 30 years or the beneficiary's life expectancy.	

Pacific Life refers to Pacific Life Insurance Company and its affiliates, including Pacific Life & Annuity Company. Insurance products are issued by Pacific Life Insurance Company in all states except New York and in New York by Pacific Life & Annuity Company. Product availability and features may vary by state. Each company is solely responsible for the financial obligations accruing under the products it issues. Insurance product and rider guarantees are backed by the financial strength and claims-paying ability of the issuing company and do not protect the value of the variable investment options.

(continued)



Annuity Contract Number \_\_\_\_\_

<b>Payout Options (continued)</b> <b>C. Scheduled Payout Options</b> <input type="checkbox"/> Life Expectancy - Minimum distributions (required by Internal Revenue Code for Traditional or Roth IRAs) each year based on beneficiary's life expectancy. <input type="checkbox"/> Life Expectancy with Future Cash Access - Minimum distributions (required by Internal Revenue Code for Traditional or Roth IRAs) each year based on beneficiary's life expectancy AND upon attainment of age _____, distributions above minimum available to beneficiary.				<b>Payout Options (continued)</b> <b>C. Scheduled Payout Options</b> <input type="checkbox"/> Life Expectancy - Minimum distributions (required by Internal Revenue Code for Traditional or Roth IRAs) each year based on beneficiary's life expectancy. <input type="checkbox"/> Life Expectancy with Future Cash Access - Minimum distributions (required by Internal Revenue Code for Traditional or Roth IRAs) each year based on beneficiary's life expectancy AND upon attainment of age _____, distributions above minimum available to beneficiary.			
<b>BENEFICIARY #3</b>				<b>BENEFICIARY #4</b>			
Name (First, Middle, Last)			Social Security #	Name (First, Middle, Last)			Social Security #
Relationship to Owner	Date of Birth (mo/day/yr)		Telephone #	Relationship to Owner	Date of Birth (mo/day/yr)		Telephone #
Street Address				Street Address			
City		State	ZIP	City		State	ZIP
<b>Type of Request</b> Select one. <input type="checkbox"/> Restrict how the death benefit amount is paid. <input type="checkbox"/> Remove current restriction.		<b>Payment Frequency</b> Annually, if none selected. <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually		<b>Type of Request</b> Select one. <input type="checkbox"/> Restrict how the death benefit amount is paid. <input type="checkbox"/> Remove current restriction.		<b>Payment Frequency</b> Annually, if none selected. <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually	
<b>Payout Options</b> <b>A. Lump Sum Option</b> <input type="checkbox"/> _____% paid in a lump sum and the remainder applied to one of the payout options selected below. If no percentage indicated, 100% of the beneficiary's interest will be paid in a lump sum. <b>B. Annuity Payout Options</b> <input type="checkbox"/> Life only <input type="checkbox"/> Life With Period Certain of _____ Years*				<b>Payout Options</b> <b>A. Lump Sum Option</b> <input type="checkbox"/> _____% paid in a lump sum and the remainder applied to one of the payout options selected below. If no percentage indicated, 100% of the beneficiary's interest will be paid in a lump sum. <b>B. Annuity Payout Options</b> <input type="checkbox"/> Life only <input type="checkbox"/> Life With Period Certain of _____ Years*			
<b>C. Scheduled Payout Options</b> <input type="checkbox"/> Life Expectancy - Minimum distributions (required by Internal Revenue Code for Traditional or Roth IRAs) each year based on beneficiary's life expectancy. <input type="checkbox"/> Life Expectancy with Future Cash Access - Minimum distributions (required by Internal Revenue Code for Traditional or Roth IRAs) each year based on beneficiary's life expectancy AND upon attainment of age _____, distributions above minimum available to beneficiary.				<b>C. Scheduled Payout Options</b> <input type="checkbox"/> Life Expectancy - Minimum distributions (required by Internal Revenue Code for Traditional or Roth IRAs) each year based on beneficiary's life expectancy. <input type="checkbox"/> Life Expectancy with Future Cash Access - Minimum distributions (required by Internal Revenue Code for Traditional or Roth IRAs) each year based on beneficiary's life expectancy AND upon attainment of age _____, distributions above minimum available to beneficiary.			



**3** TERMS AND CONDITIONS, SIGNATURE(S)

- (1) The payout options in Section 2 may change due to future changes in tax law. Consult with your tax advisor prior to taking any action based on this information.
- (2) The payout option selected in Section 2 for the beneficiary named will be nullified upon any of the following events:
  - (a) annuitization of the contract;
  - (b) the beneficiary named in Section 2 dies or is removed as a beneficiary under the contract;
  - (c) a distribution forced to a non-natural entity, including estates or trusts, due to the death of the beneficiary named in Section 2 or a disclaimer of assets; or
  - (d) the total amount applied to an annuity is less than the minimum amount specified under the contract.
- (3) If an owner is changed or added, this and all other predetermined beneficiary payout options in effect prior to such change will remain in effect unless subsequently changed or nullified.
- (4) If the spouse is named as the beneficiary in Section 2 and you choose to restrict the payment of the death benefit proceeds, then such restriction overrides a spouse's right to continue the underlying contract or, in the case of traditional or Roth IRA, to rollover the death benefit proceeds into the spouse's own traditional or Roth IRA or other qualified plan.
- (5) The beneficiary cannot revoke or modify the payout option(s) designated by the owner on this form.
- (6) A per capita designation will be used upon the death of any beneficiary, unless otherwise requested at the time a beneficiary is added or changed.
- (7) In order for the selected payout option to be honored, the beneficiary must be the designated recipient of benefits based on the line of succession outlined in the contract.
- (8) Refer to your contract and/or prospectus (if applicable) for additional information.

I have read and understand the instructions and the terms and conditions outlined on this form. I understand that the type of request selected in Section 2 will remain in effect for the beneficiary named in Section 2, unless changed or otherwise nullified. I further understand that the removal of a currently effective payout restriction, if applicable, does not remove the individual(s) as named beneficiary(ies) under the contract.

**SIGN  
HERE** \_\_\_\_\_  
Owner's Signature\_\_\_\_\_  
mo / day / yr**SIGN  
HERE** \_\_\_\_\_  
Joint Owner's Signature (if applicable)\_\_\_\_\_  
mo / day / yr

**When to use this form:** Use this form to restrict the payment of the death benefit amount to a beneficiary(ies) or remove a currently effective predetermined beneficiary payout restriction on a beneficiary(ies) in the event death benefit proceeds under the contract are paid prior to the annuity date.

**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.

If an Attorney-In-Fact is signing this form, please include an original or certified copy of the Power-of-Attorney documentation accompanied by a notarized sample signature for the Attorney-In-Fact. This additional documentation may be excluded if previously submitted to Pacific Life.

If this contract was issued through the Pacific Life application confirmation process, the application confirmation must be on file and in good order prior to any changes being made to the contract. If you are unsure whether this applies to you or not, contact Pacific Life Customer Service.

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## INSTRUCTIONS

**1 General Information:** Provide the owner's name, daytime telephone number, and annuity contract number, if known.

**2 Beneficiary Information:** Provide the beneficiary(ies) information to which the selection made applies. The beneficiary(ies) must be an individual and must also be a named beneficiary under the contract. Predetermined payout options are not available for beneficiary(ies) who are non-natural entities.

**Type of Request:** The restriction on the payment of a beneficiary's interest in the death benefit proceeds or the removal of a currently effective predetermined beneficiary payout restriction will only apply to that beneficiary. The removal of a currently effective restriction does not remove the individual(s) as a named beneficiary(ies) under the contract.

**Payment Frequency:** Choose a payment frequency for the payout option selected. If none is selected, payments will be made annually. Pacific Life reserves the right to change the payment frequency if the first payment is less than the minimum payment amount specified under the contract. Refer to your contract for details and specified minimum.

**Payout Options:** Choose a payout option for the beneficiary. If a portion of a beneficiary's interest in the death benefit proceeds is to be paid in a lump sum and the remainder paid in the form of a payout option: (1) check the box under Section A; (2) indicate the percentage of the beneficiary's interest to be paid in a lump sum; and (3) choose one payout option under Section B or C. If no percentage is indicated in Section A, 100% of the beneficiary's interest in the death benefit proceeds will be paid in a lump sum. If Option B, Annuity Payout Options, is selected, the death benefit will be annuitized either over the life expectancy of the beneficiary, or over the life expectancy of the beneficiary with a guaranteed period certain. If life with period certain is selected, the minimum period certain is 5 years (7 years for Pacific Value and Pacific Value Edge), and may not exceed 30 years or the beneficiary's life expectancy. If Option C, Scheduled Payout Options, is selected, a required minimum amount must be taken each year with the first payment to be taken no later than one year from the contract owner's date of death for non-qualified contracts and no later than December 31<sup>st</sup> of the year following the year of the contract owner's death for IRAs. In the first year, the beneficiary's single life expectancy will be used to calculate the annual required distribution amount and, in each subsequent year, the life expectancy factor determined in the first year will be reduced by one.

**3 Terms and Conditions, Signature(s):** The form must be signed and dated by the owner(s). In cases of joint ownership, both owners must sign.