



PREAUTHORIZED INVESTMENT REQUEST

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

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: AnnuityService@PacificLife.com

Web Site: www.PacificLife.com

ALL OVERNIGHT DELIVERIES:

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

Use this form to provide information about your financial institution and investment (known as purchase or premium payments in the product prospectus and contract). Preauthorized investments are not available for certain contract types including 403(b), and inherited (Qualified & Nonqualified) lines of business. Additionally, certain living benefit riders may be subject to limitations on subsequent purchase payments. Please refer to the prospectus for product and investment limitations. If this form is submitted with an application, include a separate check to issue the contract.

1 GENERAL INFORMATION Owner Name(s) (First, Middle, Last)	Daytime Telephone Number	Annuity Contract Number (if known)
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2 INVESTMENT INFORMATION Choose a start date and frequency. The amount you specify will be debited automatically from your financial institution account and applied to your annuity contract. The funds received through this systematic program will be applied for the current tax year.

A. Debit Amount.

Debit \$ _____ from the financial institution account indicated in Section 3. Investments will be applied according to your allocation instructions currently on file.

B. Start Date

If submitted with the application, the start date will default to one frequency period after the contract issue date. If submitted for an existing contract and the start date requested has passed, the start date will begin on the same day of the following month.

____ mo / ____ day / ____ yr

C. Frequency

If no frequency is selected, the debited frequency will be monthly.

☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

3 FINANCIAL INSTITUTION INFORMATION Attach a voided check or deposit slip to this form. Starter checks are not acceptable to start preauthorized investments. Funds must be drafted from your personal account that bears your name.

Financial Institution Name		Financial Institution Telephone Number
Financial Institution Account Number	Financial Institution ABA Number	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings

4 SIGNATURE(S) I hereby authorize and direct Pacific Life and the financial institution it uses to debit my account at my financial institution. This authorization will remain in effect until Pacific Life receives, at least five days prior to the next debit, a notice of intent to terminate, or until Pacific Life discontinues the program.
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I understand that preauthorized investments shall not be construed as modifying any of the provisions of the contract.

I agree that if I am providing this form to Pacific Life by fax, it is as valid as the original.

SIGN HERE	Owner's Signature	____ mo / ____ day / ____ yr
SIGN HERE	Joint Owner's Signature (if applicable)	____ mo / ____ day / ____ yr

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.





When to use this form: This form authorizes Pacific Life to automatically debit your financial institution account for investments (purchase and premium payments) to be applied to your annuity. Print clearly using dark ink. Provide requested information in full. An incomplete form may delay processing. Do not highlight any information submitted in the form. Paperwork submitted to Pacific Life is scanned into an imaging system, and highlighting information could make that information unreadable.

Changes and cancellations:: You may change the amount, effective date, and frequency of your automatic debit at least 5 days prior to the next debit. This authorization also may be canceled by notifying Pacific Life at least 5 days prior to your next debit. If your financial institution fails to pay this automatic debit for 2 consecutive frequencies, this authorization will terminate. However, it can be reinstated with Pacific Life's consent.

INSTRUCTIONS

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

2 Investment Information: Your annuity may have limitations or restrictions regarding preauthorized investments. Consult the current prospectus (if applicable) for minimum preauthorized investments (purchase payments).

Debit Amount Indicate the amount to be automatically debited from your financial institution account. If this request is submitted with an application, an initial minimum investment must accompany this form.

Start Date If you submit this request with an application, your preauthorized investment start date will begin one frequency from contract issue. Allow at least 5 days for mail and processing time by Pacific Life. If this request is received in good order by Pacific Life and the start date is not completed, the start date will be one frequency from receipt.

Frequency Choose an investment frequency. If none is selected, the frequency will be monthly.

3 Financial Institution Information: Provide your financial institution's name, the name on the account, and the account number. Attach a void check or deposit slip.

4 Signature(s): The form must be signed by the owner or the custodian/trustee. In cases of joint ownership, both owners must sign.

