



PREAUTHORIZED INVESTMENT REQUEST

CONTACT INFORMATION

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

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

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

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

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), 401(k), 401(a), 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)

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 void 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 Checking 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. 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 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.



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.