



## POST-DEATH NONQUALIFIED EXCHANGE DISCLOSURE & DISTRIBUTION 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](mailto:AnnuityService@PacificLife.com)

Web Site: [www.PacificLife.com](http://www.PacificLife.com)

### ALL OVERNIGHT DELIVERIES:

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

Use this form to initiate a Nonqualified Stretch 1035 exchange and to establish an automated required life expectancy distribution program for your Nonqualified Stretch annuity contract. By electing a Nonqualified life expectancy (stretch), you will be required to take payments calculated based on your life expectancy, beginning no later than one year from the decedent's date of death. Please note that this line of business is available for variable annuity products only, except Pacific Value Select and Pacific Destinations O. Guaranteed Minimum Withdrawal Benefit and Guaranteed Minimum Accumulation Benefit riders are not available for this line of business. The maximum issue age is 70 (does not apply for Schwab Retirement Income Variable Annuity and Pacific Odyssey).

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.

<b>1 GENERAL INFORMATION</b> Owner's Name (First, Middle, Last)		Pacific Life Annuity Contract Number
SSN	Date of Birth (mo/day/yr)	Date of Death (mo/day/yr)
Beneficiary's Name (First, Middle Last)		SSN
Date of Birth (mo/day/yr)		

## 2 REQUIRED LIFE EXPECTANCY PAYMENTS

The following terms and conditions apply to Pacific Life's life expectancy distribution program:

- Payments must begin within the first calendar year following the year in which this contract is issued.
- Once payments begin, they may be increased, but not decreased or stopped. Additional one-time distributions can be taken.
- Tax withholding will be calculated using the instructions provided in section 3.

- A. **FREQUENCY** If none selected, frequency will be annually. ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually
- B. **START DATE** If a start date is not provided, payments will begin on January 1 in the year following the year the contract is issued.

Distribution Start Date: \_\_\_\_\_  
mo / day

**Note:** Please ensure your current year's life expectancy distribution is taken from your current carrier prior to exchanging the funds to Pacific Life. Your current carrier has the needed information to calculate and distribute the correct amount. If the carrier is unable to facilitate the distribution, you may request it after the contract is issued by completing the applicable Withdrawal Request form. This form may be accessed at our website, [www.PacificLife.com](http://www.PacificLife.com). Pacific Life is not responsible for calculating or verifying the amount you provide for the current year's life expectancy distribution. **For internal transfers**, Pacific Life will process the current year's life expectancy stretch payment amount from the original contract the day following the receipt of claim in good order.

## 3 INCOME TAX WITHHOLDING

We withhold a minimum federal amount of 10% and forward applicable taxes to the Internal Revenue Service (IRS) on your behalf, or you can elect to not have us withhold taxes. If federal withholding of less than 10% is requested or no election is made, the withdrawal will be processed with 10% withholding.

In addition to federal income tax withholding requirements, state income tax, if applicable, will be withheld. Choosing not to have either federal or state (if state tax is applicable) income taxes withheld may result in income tax liability when your taxes are filed. Consult your tax advisor for more information.

I elect the following:

<b>Federal:</b>	<input type="checkbox"/> Do not withhold	<input type="checkbox"/> Withhold _____%
<b>State:</b>	<input type="checkbox"/> Do not withhold	<input type="checkbox"/> Withhold _____%

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.





- 4 ELECTRONIC FUND TRANSFERS (EFT) (Optional)** Complete this section if you want your withdrawals to be electronically transferred to your checking or savings account and attached an original voided check or deposit slip to this form. If account type is not indicated, the information provided will be processed as a checking account. **From the time the withdrawal is processed from your contract, it generally takes 2-3 business days for the funds to be received by your financial institution.** Starter checks are not acceptable to establish EFTs. If the contract is owned by a trust, the voided check must reflect the trust name.

**Notes:**

- An original signature is required if the account information is being provided for the first time.
- If EFT instructions are not received in good order, Pacific Life will process the withdrawal as a check to the owner's address of record (if all other instructions are in good order).

Account Type: ☐ Checking ☐ Savings

Tape an original voided check or deposit slip here.

**Your Name**  
1234 Address Rd  
City, ST 56789

123  
12 - 34  
567

Pay To  
The Order of \_\_\_\_\_

\$ \_\_\_\_\_

**FINANCIAL INSTITUTION**  
1234 Anywhere Lane  
City, ST 56789

For \_\_\_\_\_

1: 123456789 1: 123 7891234567

ABA Routing Number      Account Number

- 5 ALTERNATE DELIVERY/PAYEE INSTRUCTIONS (Optional)** Unless indicated below, the check will always be made payable to the contract owner and sent to the primary owner's address of record. Only complete this section if check is to be made payable to an alternate payee or if the check should be mailed to an alternate address for the primary owner. **NOTE: Individual third-party payees are not allowed. The owner's original signature is required for a check being mailed to an alternate address, or to a third-party payee (not applicable for checks payable to financial institutions for benefit of the owner).**

Name of Payee \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

**6 CERTIFICATION & SIGNATURE**

By signing below, I certify the following:

1. I am a beneficiary of the nonqualified annuity contract owner indicated in Section 1 and that the death claim has been filed and completed at the releasing carrier.
2. I understand, except for the beneficiary proceeds that are being exchanged for the same deceased, no additional personal purchase payments can be made under the contract.
3. I understand that, if I want to elect annuitization to meet the life expectancy payout requirement, I will have to take applicable first/current year lifetime (Nonqualified Stretch payment) and then elect annuitization after 12 months from contract issue. The annuitization method selected must satisfy the life expectancy payout requirement.
4. I understand that no changes can be made to the ownership or annuitant.
5. I understand that funds must be transferred directly via 1035 exchange from the other carrier.
6. I understand that, by taking my life expectancy payments, I am not annuitizing this contract and that all applicable existing contract provisions will continue to apply.
7. I understand that, if I am establishing a new contract, withdrawal charges may apply to the required life expectancy payments if they are in excess of the applicable free withdrawal amount under the contract.





### 6 CERTIFICATION & SIGNATURE cont.

8. I understand that Pacific Life will calculate my life expectancy payments beginning in the first calendar year after this account is established and based only on the funds held in this account. If I have other Nonqualified Stretch contracts, I should consult my legal or tax advisor regarding taking required distributions from those contracts.
9. I understand that distributions will be taken proportionately from all investment options and that distributions not taken as part of the life expectancy payment program will reduce the remaining amount available, and the program will continue until the life expectancy distribution requirement is satisfied.
10. I understand that Pacific Life can assist in implementing required life expectancy payments but will not be responsible for monitoring the distributions that must be taken annually from this contract. I hold Pacific Life harmless from any and all tax liability that may arise from the failure to request the annual required life expectancy payment.
11. I acknowledge that I, as beneficiary of the annuity contract, am solely responsible for all tax consequences arising from life expectancy payments from this annuity contract. I will be responsible for determining if distributions from my Nonqualified Stretch contract are subject to any applicable taxes.
12. I acknowledge that Pacific Life does not provide legal or tax advice and that I am responsible for obtaining advice from sources other than Pacific Life.

**SIGN  
HERE**

\_\_\_\_\_  
Beneficiary's Signature

\_\_\_\_\_  
mo / day / yr

#### SIGNATURE GUARANTEE

Guarantor to Affix Stamp Here (if applicable)

**SIGNATURE(S) MUST BE ORIGINAL** if the distribution amount is greater than \$250,000 gross (Section 2), if EFT account information is being provided for the first time (Section 4), if the check is payable to the contract owner(s) and mailed to an alternate address (Section 5), and/or if an address change has occurred within the last 30 days.

