



PACIFIC LIFE

ELECTRONIC FUNDS TRANSFER REQUEST FORM

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: 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:

- Add or update bank account information for future withdrawals.
- Update existing delivery instructions for active systematic withdrawals.

1 GENERAL INFORMATION If contract is trust, entity, or custodially-owned, please put the name of the annuitant(s) on the owner line(s).

| | |
|--|-------------------------------------|
| Owner's Name (First, Middle, Last) | Annuity Contract Number |
| Joint Owner's Name (First, Middle, Last) | Daytime Telephone Number () |
| Trust/Entity Name | |

2 ELECTRONIC FUNDS TRANSFERS (EFT): Complete this section if you want withdrawals to be electronically transferred to the contract owner's checking or savings account. 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 to the time the funds are received by your financial institution generally takes 2-3 business days. **If the contract is owned by a trust, the bank account must reflect the trust name.**

| | |
|--|--------------------------------------|
| Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| Financial Institution Name | Account Owner's Name |
| Financial Institution ABA Number | Financial Institution Account Number |

☐ Do not apply to existing systematic withdrawals

I understand that, unless otherwise indicated above, any active systematic withdrawals will be updated with the Electronic Funds Transfer information provided above.

3 SIGNATURE(S) Both Owners' signatures are required if contract is jointly-owned.

| | | |
|----------------------|---|--------------|
| SIGN HERE | Owner's Signature | mm / dd / yy |
| SIGN HERE | Joint Owner's Signature (if applicable) | mm / dd / yy |

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.

