



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

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

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.

Note: This form must be returned with original signature(s). Print clearly in dark ink and avoid highlighting.

1 GENERAL INFORMATION Owner's Name (First, Middle, Last)	Daytime Telephone Number ()	Annuity Contract Number (if known)
2 ELECTRONIC FUNDS TRANSFERS (EFTs) To provide electronic funds transfer information, you must attach an original voided check or deposit slip to this form. It generally takes 2-3 business days from the time a distribution is processed from your contract to the time the funds are received by your financial institution. Starter checks are not acceptable to establish EFTs.		

☐ Do not apply to existing systematic withdrawals 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 _____ \$ _____

_____ Dollars

FINANCIAL INSTITUTION
1234 Anywhere Lane
City, ST 56789

For _____

I: 1 2 3 4 5 6 7 8 9 I: 1 2 3 7 8 9 1 2 3 4 5 6 7

↑ ABA Routing Number ↑ Account Number

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

If the contract is owned by a trust, the voided check must reflect the trust name. If the contract is plan-owned, the voided check must reflect the plan name. For 457 contracts, the voided check must be in the name of the annuitant.

3 SIGNATURE(S)	
Owner's Signature	_____ mo / day / yr
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.

