

REQUIRED MINIMUM DISTRIBUTION (RMD) 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 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 establish an automated required minimum distribution (RMD) program for your annuity contract.

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.

All pages of this form must be returned.

1	GENERAL INFORMATION If contract is entity or custodially-owned, please put the name of the annuitant(s) on the owner line(s).				
	Owner First Name	Owner Middle Name	Owner Last Name	Annuity Contract Number	
	Joint Owner First Name	Joint Owner Middle Name	Joint Owner Last Name	Daytime Telephone Number	
	Trust/Entity Name				
2	CALCULATION METHOD Select	only one. If no method is sele	ected, the Uniform Lifetime Table will be used.		
	 □ Calculate my RMD using the Uniform Lifetime Table. □ Calculate my RMD using the Joint and Last Survivor Table (spousal exception). I am eligible to have my minimum distributions calculated using the joint life expectancy of me and my spouse because my spouse is more than 10 years younger than I am and is the sole primary beneficiary of my annuity contract. 				
	Spouse's Name		Spouse's Date of E	Spouse's Date of Birth	
	·		·	mm / dd / yy	
3	PAYMENT FREQUENCY Select of	ne. If none is selected, frequ	ency will be monthly.		
	☐ Monthly ☐ Quarterly	□ Semiannually □ An	nually		
4	DISTRIBUTION START DATE YO this request is received in good ord	-	in these distributions. If you do not choose a da	ate, the start date will be the date	
	Begin my distribution on	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.



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Annuity	Contract Number	•

5	For Non-Qualified and IRA contracts, 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. To withhold a federal amount other than 10%, you must submit the IRS Form W-4R with this request. You can obtain a Form W-4R by visiting the IRS website at www.recificLife.com . If a W-4R is not submitted, less than 10% federal election is requested, or no election is made below, the withdrawal will be processed with 10% withholding.					
	TSA/403(b) contracts are subject to a mandatory 20% withholding on eligible rollover distributions. We will withhold 10% for substantially equal period payments or distributions for the purpose of fulfilling your Required Minimum Distribution from your TSA/403(b) contract unles otherwise specified. However, if you transfer or directly roll over the funds to another TSA/403(b), qualified plan, or IRA, withholding is not required. If you have a 401a, 401k, Keogh or custodial-owned contract, taxes cannot be withheld.					
In addition to federal income tax withholding requirements, state income tax, if applicable, will be withheld. Choosing not to he federal or state (if state tax is applicable) income taxes withheld may result in income tax liability when your taxes are filed. C advisor for more information.						
	I elect the following: Federa	ıl: □ Do not w	ithhold State:	☐ Do not withhold	t	
6	ELECTRONIC FUNDS TRANSFERS (EFTS)	☐ Withhold	default	☐ Withhold	%	
	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. Note: 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).					
	☐ Use latest EFT instructions on file		Account Type: ☐ Checking ☐ Savings			
	nancial Institution Name		Account Owner's Name			
	Financial Institution ABA Routing Number		Financial Institution Acc	count Number		_
ALTERNATE DELIVERY/PAYEE INSTRUCTIONS If distributions will be sent to a third-party payee, complete this section party payees include financial institutions, trusts, and charities. NOTE: Individual third-party payees are not allowed. The signature is required for a check being mailed to an alternate address, or to a third-party payee (not applicable for financial institutions for benefit of the owner) Name of Payee				The owner's original		
	•					
	Street Address	City		State	Zip	
8	TRANSFER/ROLLOVER INFORMATION Complete this section only if this contract received assets from another financial institution during the current calendar year.					
	 A. Provide last year's December 31 value of assets that were transferred or rolled into this contract or attach a statement from the prior financial institution reflecting this value. If a value is provided, the amount will be added to the Pacific Life contract value as of December 31 in order to calculate the appropriate RMD amount. B. Indicate the amount already taken for RMD for this calendar year, attributable to this contract prior to the transfer or rollover. The RMD calculated for this contract through this program for the current year will be reduced by this amount. If no amount is indicated, no reduction will be made. 					



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Annuity Contract Number	<u> </u>
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9 AUTHORIZATION AND SIGNATURE

The following terms and conditions apply to RMDs:

- For most IRAs and qualified contracts, RMDs must begin no later than April 1 of the calendar year following the year in which the contract owner attains RMD age. Pacific Life bases the RMD calculation on your life expectancy (or, if applicable, you and your spouse's life expectancies) and the entire interest of your contract as of the previous year-end. Your entire interest is your contract value plus the actuarial present value of additional benefits, if applicable. A calculation requested from Pacific Life will be based only on the funds held in this account. If you have other IRAs or retirement plans, consult your legal or tax advisor.
- Generally, when calculating the RMD, the program will take into account any withdrawals processed in the current calendar year so
 that the amount of the distribution will be net of the withdrawals, resulting in a total annual distribution of only the RMD amount. The
 distributions will be taken proportionately from all your investment options (except for funds held in the Loan Account). Distributions not
 taken as part of the RMD program will reduce the remaining amount available, and the program will continue until the minimum
 distribution requirement is satisfied.
- When you reach RMD age, the entire amount of the RMD must be distributed prior to any direct transfer/rollover. If you request a direct transfer/rollover it is your responsibility to ensure you have met your RMD requirement.
- Establishing this program will not annuitize the contract. All existing contract provisions will continue to apply.
- This program can be established for any contract value; however, Pacific Life reserves the right to restrict the payment frequency to annually if the option and frequency requested will result in payment amounts less than \$100.00.
- You can terminate this program by notifying Pacific Life in writing at least five days prior to the next distribution.
- If your contract is a tax-sheltered annuity, once you elect the RMD program, the loan provision will not be available.
- For Fixed Indexed Products: No interest is earned on amounts withdrawn from Index-Linked Options taken prior to the anniversary.

By signing this form, I:

- Acknowledge that I have read and understand the instructions and provisions of this form.
- Acknowledge that Pacific Life, its employees, and Financial Professionals do not provide tax advice and that I am responsible for obtaining such advice from independent tax advisors.
- Agree that I and not Pacific Life am solely responsible for all tax consequences arising from RMDs from my annuity contract, including
 any penalties for failing to meet the RMD requirement.
- Authorize Pacific Life to calculate and distribute RMDs as indicated on this form.
- Agree to return all funds withdrawn if I exercise my right to cancel the contract within the free-look period.
- Agree that if I am providing this form to Pacific Life by email, it is as valid as the original.
- Understand that an original signature is required if the check is mailed to an alternate address.

SIGN HERE	wner's Signature	
SIGNATURE GUARANTEE Guarantor to Affix Stamp Here (if applicable)		Pacific Life Back Office Use Only

SIGNATURE(S) MUST BE ORIGINAL if the check is mailed to an alternate address (Section 7) and/or if an address change has occurred within the last 30 days.



REQUIRED MINIMUM DISTRIBUTION (RMD) REQUEST

When to use this form: Use this form to establish an automated required minimum distribution (RMD) program for your annuity contract.

Print clearly in dark ink. Provide requested information in full. An incomplete form may delay processing. Do not To complete this form:

highlight any information submitted on this form. Paperwork submitted to Pacific Life is scanned into an imaging

system and highlighting could make that information unreadable.

All requests must be received in good order before market close of the New York Stock Exchange to be processed the Important information:

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.

Contact your Financial Professional or call Pacific Life Customer Service at (800) 722-4448. You can obtain For help or questions:

additional copies of this form by visiting our website at www.PacificLife.com...

INSTRUCTIONS

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

- Calculation Method: Indicate whether your RMD should be calculated using the Uniform Lifetime Table or if the spousal exception applies. In order for the spousal exception to apply, your spouse must be more than 10 years younger than you and the sole primary beneficiary of the contract.
- 3 Payment Frequency: Indicate the desired frequency. Your annual distribution amount will be divided by the frequency requested to determine the amount of each payment.
- Distribution Start Date: Indicate the date you would like to begin these distributions. If you do not indicate a start date, distributions will begin when Pacific Life receives the properly completed request. If Pacific Life receives the form after the start date requested, the first distribution will begin immediately, and your next distribution will begin on the same date using the frequency selected in Section 3.
- Income Tax Withholding: If not indicated, taxes will be withheld automatically based on the taxable amount and contract type. However, taxes may not be withheld on custodial-owned contracts.
- **Electronic Funds Transfers:** If distributions are to be electronically transferred, complete this section.
- Third-Party Payee: If distributions are to be sent to a third-party payee, complete this section.
- Transfer/Rollover Information: The RMD amount is based on the entire interest of your account as of the previous year-end. Your entire interest is your contract value plus the actuarial present value of additional benefits, if applicable. If you have transferred assets from another financial institution to Pacific Life during the current calendar year, provide us with the information requested or a year-end statement showing the applicable value.
- 9 Authorization and Signature: Read the provisions thoroughly and consult your tax advisor before completing this form. The contract owner must sign and date this request.



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