

**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](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 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 selected, 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 Birth \_\_\_\_\_  
mm / dd / yy

**3 PAYMENT FREQUENCY** Select one. If none is selected, frequency will be monthly.

- ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

**4 DISTRIBUTION START DATE** You must select the date to begin these distributions. If you do not choose a date, the start date will be the date this request is received in good order.

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.





## Annuity Contract Number \_\_\_\_\_

I elect the following:      **Federal:** ☐ Do not withhold      **State:** ☐ Do not withhold  
    ☐ Withhold default      ☐ Withhold \_\_\_\_\_ %

## Financial Institution Account Number

## Zip

\$



Annuity Contract Number \_\_\_\_\_

### 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**

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
mm / dd / yy

#### 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.





- When to use this form:** Use this form to establish an automated required minimum distribution (RMD) program for your annuity contract.
- To complete this form:** Print clearly in dark ink. Provide requested information in full. An incomplete form may delay processing. Do not 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.
- Important information:** 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.
- For help or questions:** Contact your Financial Professional or call Pacific Life Customer Service at (800) 722-4448. You can obtain additional copies of this form by visiting our website at [www.PacificLife.com](http://www.PacificLife.com).

### INSTRUCTIONS

- 1 General Information:** Provide the owner's name, daytime telephone number, and contract number.
- 2 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.
- 4 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.
- 5 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.
- 6 Electronic Funds Transfers:** If distributions are to be electronically transferred, complete this section.
- 7 Third-Party Payee:** If distributions are to be sent to a third-party payee, complete this section.
- 8 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.

