



SPECIAL TAX INFORMATION NOTICE FORM

CONTACT INFORMATION:
Pacific Life Insurance Company
P.O. Box 2378
Omaha, NE 68103-2378

CONTACT INFORMATION (for New York only):
Pacific Life & Annuity Company
P.O. Box 2829
Omaha, NE 68103-2829

Email: AnnuityService@PacificLife.com
Web Site: www.PacificLife.com

Clients: (800) 722-4448
Financial Professionals: (800) 722-2333
Fax: (888) 837-8172

Clients & Financial Professionals: (800) 748-6907
Fax: (800) 586-0096

ALL OVERNIGHT DELIVERIES:
Pacific Life Insurance Company
6750 Mercy Rd, RSD
Omaha, NE 68106

Use this form to:

- Provide required consent for the Special Tax Information Notice (402(f)) on your transfer or rollover, which describes taxation and rollover eligibility for distributions from Employer plans, specifically TSA/403(b) contracts at Pacific Life. Note: All pages of this form must be returned. 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 SPECIAL TAX INFORMATION NOTICE CONSENT
By signing below, I am acknowledging that:
(a) I have read the Special Tax Information Notice within the last 180 days and (if applicable) waive my rights to wait 30 days prior to requesting a withdrawal or transfer/rollover. I also confirm that I was able to access the notice online at www.PacificLife.com or have contacted Customer Service to request a copy be sent free of charge. The Special Tax Information Notice provides important details about the taxation of your withdrawal and rollover options. If you have any questions regarding your options, Pacific Life recommends you work with a financial advisor for assistance.

3 SIGNATURE(S) AND CERTIFICATION By signing below, I certify that:
(a) I understand that Pacific Life does not accept employer or ERISA plan contributions and only accepts non-ERISA employee salary deferral contributions.
(b) I have confirmed that Pacific Life currently has an information sharing agreement with my employer and/or that Pacific Life is an approved investment provider in my employer's plan.
(c) I understand that Pacific Life may share information with my employer or my employer's third-party administrator regarding activity on my contract to ensure that the contract maintains its status as a 403(b) under the Internal Revenue Code and Section 403(b) regulations.
(d) I acknowledge that amounts in this contract will be treated as employee contributions or earnings attributed to employee contributions for distribution purposes. The Internal Revenue Service (IRS) sets limits for total annual contributions and restricts withdrawals from the contract.
(e) I have completed a salary reduction agreement authorizing my employer to send salary deferrals to Pacific Life. Pacific Life will allocate my salary deferrals according to the instructions I have on file. I can change those allocations at any time by completing a Transfers and Allocations form or by calling Pacific Life Customer Service. Any allocation changes must be submitted prior to my next salary deferral being sent to Pacific Life.
(f) I understand that any transaction on this contract may be subject to approval from my employer or third-party administrator pursuant to the plan document requirements.
(g) All information provided on this form is accurate.
(h) If I am providing this form to Pacific Life by fax, it is as valid as the original.
(i) I have read, understood, and accepted the provisions on this form.

SIGN HERE

Owner's Signature

mo / day / yr

SIGN HERE

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.

