



# WITHDRAWAL REQUEST

For Compliant Withdrawals  
from Guaranteed Minimum  
Withdrawal Benefit Riders

## CONTACT INFORMATION

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

Owners: (800) 722-4448  
Fax: (888) 837-8172

Web Site: [www.PacificLife.com](http://www.PacificLife.com)

### All Overnight Deliveries:

1299 Farnam Street, 6th Floor, RSD  
Omaha, NE 68102

Registered Representatives: (800) 722-2333

## CONTACT INFORMATION (for New York only)

Pacific Life & Annuity Company  
P.O. Box 2829  
Omaha, NE 68103-2829

Phone: (800) 748-6907  
Fax: (800) 586-0096

Web Site: [www.PacificLifeandAnnuity.com](http://www.PacificLifeandAnnuity.com)

Use this form to request a compliant one-time withdrawal or preauthorized withdrawals from the annuity contract under a Guaranteed Minimum Withdrawal Benefit rider. **Do not use this form if you are requesting a withdrawal in excess of your annual maximum Protected Payment Amount or to satisfy required minimum distributions (RMDs) or 72(t)/72(q) requirements.** To start an automated RMD or 72(t)/72(q) program, contact Pacific Life Customer Service. If your contract is a TSA/403(b), your employer/third-party administrator must sign and complete Section 8. To withdrawal in excess of your Annual Protected Payment Amount, please use the regular Withdrawal Request form. Withdrawing more than the Protected Payment Amount in a contract year may result in reduced benefits from the rider, and the amounts initially protected may no longer be guaranteed.

- For a one-time withdrawal, complete all sections except Section 3.
- For preauthorized withdrawals, complete all sections except Section 2.

**Withdrawals will be processed proportionately from all funds as a gross amount, with taxes and any charges deducted from the requested amount. Review the prospectus before submitting your withdrawal request.**

**Note: All pages of this form must be returned. Print clearly in dark ink and avoid highlighting.**

<b>1 GENERAL INFORMATION</b> Owner's Name (First, Middle, Last)	Daytime Telephone Number ( )	Annuity Contract Number (if known)
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## 2 ONE-TIME WITHDRAWAL

Refer to your product prospectus for withdrawal minimums. **To avoid default tax withholding, complete Section 4.**

Choose one of the following options:

- A.  Withdraw the maximum available Protected Payment Amount.
- B.  Withdraw \$ \_\_\_\_\_. Any amount up to the Protected Payment Amount may be withdrawn on a one-time basis without reducing future benefits.

### OVERNIGHT DELIVERY (For one-time withdrawals only.)

Note: If the address on file is a P.O. Box, please provide a physical address in Section 6.

- I authorize Pacific Life to deduct shipping and handling expenses from my contract for the purpose of standard overnight delivery of my one-time Guaranteed Minimum Withdrawal Benefit rider withdrawal. The expense will be deducted from the requested Protected Payment Amount.

## 3 PREAUTHORIZED WITHDRAWALS

Refer to your product prospectus for additional details including withdrawal minimums. Selections you make replace any previous preauthorized withdrawal instructions you have given us. The Protected Payment Amount is the amount available for withdrawal under your Guaranteed Minimum Withdrawal Benefit rider and is based on the applicable percentage of your Protected Payment Base each contract year following the contract anniversary. **Preauthorized payments beginning during the contract year will be prorated for the remaining payment frequency selected to ensure that the requested annual percentage of your Protected Payment Amount is paid to you for that contract year. On the day following the next contract anniversary, the payments are recalculated based on the new Protected Payment Amount using your requested annual percentage and paid based on your requested frequency. Under "Annual Percentage", choose the appropriate option below to receive the maximum annual percentage available or a percentage less than the annual Protected Payment Amount.** If you wish to request a percentage in excess of the Protected Payment Amount in a contract year, you must use the regular Withdrawal Request form.

### A. Annual Percentage

- Withdraw the maximum annual Protected Payment Amount eligible under my GMWB rider, divided by the frequency period selected in Section 3 B.
- Withdraw \_\_\_\_\_% not to exceed the maximum of the Protected Payment Base annually, divided by the frequency period selected in Section 3 B.

Pacific Life refers to Pacific Life Insurance Company and its affiliates, including Pacific Life & Annuity Company. Insurance products are issued by Pacific Life Insurance Company in all states except New York and in New York by Pacific Life & Annuity Company. Product availability and features may vary by state. Each company is solely responsible for the financial obligations accruing under the products it issues. Product and rider guarantees are backed by the financial strength and claims-paying ability of the issuing company and do not protect the value of the variable investment options.

(continued)





**WITHDRAWAL REQUEST**  
**For Compliant Withdrawals**  
**from Guaranteed Minimum**  
**Withdrawal Benefit Riders**

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

**3 PREAUTHORIZED WITHDRAWALS** (continued)

**B. Frequency** If none is selected, frequency will be monthly.

- Monthly       Quarterly  
 Semiannually       Annually

**C. Start Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ If submitted with an application or if received after the requested start date, the start date will be the same date in the month following receipt of the request.  
mo      day      yr

**D. Duration** \_\_\_\_ months \_\_\_\_ years. If not completed, the end date will be determined based on your contract rider.

**4 INCOME TAX WITHHOLDING** We will withhold and forward applicable taxes to the Internal Revenue Service (IRS) on your behalf (taxes may not be withheld on custodial-owned accounts) or you can elect to not have us withhold taxes, but you then may have to pay estimated taxes to the IRS. If your withholding and estimated tax payments are not sufficient, IRS penalties may apply. **Unless you elect otherwise, the minimum federal income tax we will withhold for nonqualified contracts and IRAs is 10%.**

If you have a TSA/403(b) contract, we will withhold 20%. However, if you transfer or directly rollover the funds to another TSA/403(b), qualified plan, or IRA, the 20% withholding is not required. If the withdrawal is a result of your taking substantially equal periodic payments from your TSA/403(b) contract, then 10% will be withheld unless otherwise specified.

In addition to federal income tax withholding requirements, state income tax, if applicable, will be withheld. Consult your tax advisor for more information.

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

**State:**  Do not withhold       Withhold \_\_\_\_\_%

**5 DISABILITY** If you become disabled before you reach age 59½, any distribution because of your disability may not be subject to the 10% additional tax. You are considered disabled if you can furnish proof that you cannot do any substantial gainful activity because of your physical or mental condition. A physician must determine that your condition can be expected to result in death or to be of long, continued, and indefinite duration. You must also provide a signed Pacific Life Disability Certification form. If a scheduled withdrawal is established, it is your responsibility to notify Pacific Life in the event that your condition no longer meets the definition of disabled according to IRC section 72(m)(7).

Check this box if the distribution(s) requested by this form is(are) because of your disability and you have included a Pacific Life Disability Certification form, which has been signed by a physician.

**6 ALTERNATE DELIVERY INSTRUCTIONS**

**Check to Third-Party Payee (Note: An original signature is required if the check is made payable to a third-party payee.)** Unless indicated below, check will always be made payable to the primary owner and sent to the primary owner's address of record. Only complete this section if check is to be made payable to an alternate third-party payee, and/or if the check should be mailed to an alternate address for the primary owner. If distribution is to be treated as a qualified direct transfer, indicate the plan type and account number for the accepting institution. Qualified direct transfers can be set up for one-time (partial or full) and scheduled withdrawals. Please be sure that any additional paperwork required by the accepting institution has also been completed.

Name of Third-Party Payee (First, Middle, Last) \_\_\_\_\_

Account Number (if applicable)		Plan Type at Accepting Institution (if applicable)	
Street Address	City	State	ZIP



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

**7 ELECTRONIC FUNDS TRANSFER (EFTs)** Complete this section if you want withdrawals to be electronically transferred to the contract owner's checking or savings account and attach a void check or deposit slip to this form. If account type is not indicated and you do not include a void check, 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. Starter checks are not acceptable to establish EFTs.

Financial Institution Name		Financial Institution Telephone Number (    )	
Financial Institution Account Number	Financial Institution ABA Number	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

Tape a copy of a void 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 \_\_\_\_\_

**1: 123456789 1: 123 7891234567**

↑ ABA Routing Number                      ↑ Account Number

**8 FOR TSA/403(b) CONTRACTS ONLY—EMPLOYER'S/THIRD-PARTY ADMINISTRATOR'S AUTHORIZATION OR SELF-CERTIFICATION**  
**8A. Employer's/Third-Party Administrator's Authorization**

Amounts attributable to elective salary deferral contributions can be withdrawn only when a distributable event occurs and must be approved by the employer/third-party administrator. Check the applicable event.

- Attainment of age 59½       Disability       Return of excess elective salary deferral contributions
- Hardship (no earnings)       Separation from employment

By signing below, I am acknowledging that:  
 (a) I am authorizing this withdrawal/distribution request.  
 (b) All information provided in this section is accurate.

**SIGN HERE**

\_\_\_\_\_  
 Employer's/Third-Party Administrator's Signature                      mo / day / yr

**8B. Employee Self-Certification**

If your contract is exempt from the final 403(b) regulations, your employer does not have to approve this withdrawal/distribution request. If your contract is not exempt, your employer that sponsored this 403(b)/TSA contract MUST approve the transaction.

My contract is exempt from the final 403(b) regulations due to the following reason(s): (Select all that apply)

- I did not make any salary deferral contributions to this contract after December 31, 2004.
- My contract was issued with a 90-24 transfer initiated prior to September 25, 2007 and no additional contributions have been made.
- My employer that sponsored this contract no longer exists (i.e., out of business).



\*W13031-10B3\*

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

**9 SIGNATURE(S) AND CERTIFICATION**

I certify that I am requesting this withdrawal under the provisions of my Guaranteed Minimum Withdrawal Benefit rider and that all applicable fees, charges, and income tax withholding will be deducted from the requested withdrawal amount. I understand that the withdrawal will be taken proportionately from all my investment options.

I understand that any distributions from my contract may be subject to withdrawal charges. I also acknowledge that withdrawals containing a taxable amount may be subject to federal and state income taxes, and if taken prior to age 59½, a 10% IRS additional tax may apply.

I agree to return all funds withdrawn if I exercise my right to cancel the contract within the free-look period.

**I understand that if I have CoreIncome Advantage, FLI Plus, Flexible Lifetime Income, Lifetime Income Access Plus, or Income Access Plus, the annual credit for the year in which a withdrawal is taken and future contract years will no longer be credited unless a reset is elected.**

I understand that if I have Foundation10, the annual credit will no longer be credited for the year in which a withdrawal is taken and future contract years. I understand that if I have Automatic Income Builder, 0.1% additional amounts will no longer be added to the Guaranteed Withdrawal Percentage for the year in which a withdrawal is taken and future contract years, regardless of my age at the time of the withdrawal.

I understand that any withdrawals taken while these riders are in effect, including withdrawals taken to comply with required minimum distributions (RMDs) for tax-qualified plans, may reduce death benefits on a pro rata basis. This means the benefit will be reduced by the same percentage as the percentage of contract value withdrawn.

If distributions other than qualified transfers are made from an IRA or qualified plan, I understand that they will be subject to income tax, and if taken prior to age 59½, a 10% additional tax may apply. I further understand that withdrawals from the qualified plan may be restricted by the plan document or the IRS, and I should consult my financial and tax advisor.

If I have elected a withdrawal due to disability, I certify that I am disabled and have provided a Disability Certification form from my physician stating that I am disabled according to the definition under IRC Section 72(m)(7). If I have elected a scheduled withdrawal, it is my responsibility to notify Pacific Life in the event that my condition no longer meets the definition of "disabled" according to IRC Section 72(m)(7).

If I have requested a withdrawal from a TSA/403(b) contract, I confirm that there is an information sharing agreement in place with Pacific Life and that Pacific Life may share information with my employer regarding activity on my contract.

I agree that if I am providing this form to Pacific Life by fax, it is as valid as the original.

\_\_\_\_\_  
Owner's Signature\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo day yr\_\_\_\_\_  
Joint Owner's Signature (if applicable)\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo day yr

**When to use this form:** Use this form to request a compliant one-time withdrawal or preauthorized withdrawals from the annuity contract under a Guaranteed Minimum Withdrawal Benefit rider.

**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.

### INSTRUCTIONS

- 1 General Information:** Provide the contract owner's name, daytime telephone number, and annuity contract number, if known.
- 2 One-Time Withdrawals:** Refer to your product prospectus for withdrawal minimums. Any amount up to the Protected Payment Amount may be withdrawn on a one-time basis without reducing future benefits. Withdrawals may be taken from qualified plans if allowed. Withdrawals will be processed as a gross amount, with taxes and any charges deducted from the requested amount. You must complete Section 4 indicating income tax withholding. The amount of the charge may be considered to be a distribution, and you will be fully responsible for all resulting tax consequences.
- 3 Preauthorized Withdrawals:** Refer to your product prospectus for withdrawal minimums. If submitting the request with an application or if this request is received after the requested start date, start date will be the same date of the month following receipt of the request. **Withdrawals will be processed as a gross amount, with taxes and any charges deducted from the requested amount.** If you request a percentage in excess of the Protected Payment Base in a contract year, the request will default to the maximum percentage allotted under your Guaranteed Minimum Withdrawal Benefit rider of the **contract value** and may result in reduced benefits. Preauthorized withdrawals may be stopped or modified by contacting Pacific Life at least five days prior to the next withdrawal date.  
**Income Tax Withholding:** If not indicated, taxes will automatically be withheld based on the taxable amount and contract type. However, taxes may not be withheld on custodial-owned accounts.
- 4 Note to Indiana Taxpayers:** Effective January 1, 2009, Indiana provides for county taxes to be withheld when state taxes are withheld. If you wish to withhold county taxes, please include completed and signed Form WH-4P (R2/8-08) which can be found on the Indiana Department of Revenue website. Please call Pacific Life Customer Service for instructions.  
**Disability:** Complete this section if the requested withdrawal(s) is(are) because of your disability. A Pacific Life Disability Certification form must also be included with this request.
- 5 Delivery Instructions:** If distributions are to be mailed to a third-party payee, complete this section.
- 6 Electronic Funds Transfers:** If distributions are to be electronically transferred to the contract owner's checking or savings account, complete this section and attach a void check or deposit slip to this form.
- 7 For TSA/403(b) Contracts Only—Employer's/Third-Party Administrator's Authorization or Self-Certification:** Complete this section only if requesting a withdrawal/distribution from a TSA/403(b) contract. Employer's/third-party administrator's authorization and signature is required. Please note that 12/31/88 annuity balances may be distributed without the occurrence of a triggering event. Elective deferrals (i.e., employee contributions) received on or after 1/1/89 cannot be distributed prior to age 59½ or the occurrence of one of the events listed on this form. Hardship distributions may be subject to the 10% additional tax.
- 8 Signature(s) and Certification:** The form must be signed by the owner or the custodian/trustee. In cases of joint ownership, both owners must sign. A Medallion Signature Guarantee may be required for certain distributions requested to be mailed to a third-party payee. A signature guarantee may also be required whenever we believe that verification of authenticity is necessary to protect you or us.
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