

PACIFIC LIFE INSURANCE COMPANY

Life Insurance Operations Center

P.O. Box 6390
Newport Beach, CA 92658-6390
(800) 347-7787

P.O. Box 2030
Omaha, NE 68103-2030
(800) 347-7787



ELECTRONIC FUNDS TRANSFER (EFT)

- Life Insurance Premium Payment
- Life Insurance Loan Repayments
- Fixed Annuities Premium Payment

| | |
|--|-----------------------------------|
| Insured's Name: First MI Last | Policy/Contract Number(s): |
|--|-----------------------------------|

EFT initiation, changes, or cancellation requests must be received in writing at Pacific Life Insurance Company (PL) at least ten (10) days prior to the next draft date for this request to be effective with respect to that and subsequent transfers.

Effective date _____ This effective date is applicable to all requests made on this form.

MO YEAR

1 PREMIUM PAYMENT THROUGH EFT (AS APPLICABLE)

Changes to EFT resulting in a decrease in premium may require a new illustration.

- Establish/change billing method to monthly EFT for \$ _____
- Add this policy/contract to existing EFT currently used on policy/contract no. _____
- Cancel premium payment EFT for this policy and select new mode: Annual Semi-Annual Quarterly
- Change in Bank Account Change amount deducted on EFT to \$ _____

Minimum EFT Draft Amounts: (subject to product minimum premium amounts)

- Variable Universal Life and Equity Indexed Universal Life policies: \$50 for each policy
- Fixed Premium policies: \$15 for all policies combined
- Non-Variable Flexible Premium Life policies and Fixed Annuity contracts: \$25 for each policy

2 POLICY LOAN REPAYMENT THROUGH EFT (AS APPLICABLE, LIFE INSURANCE POLICY(IES) ONLY)

Premium payments and loan repayments for the same policy must occur on the same bank account. EFT loan repayments may not be available on some policies. For certain products, EFT may only be requested to repay a policy loan if EFT is also used for premium payments. Please contact your Pacific Life (PL) Representative for product availability.

- Establish \$ _____ monthly EFT to be applied as a loan repayment on the above policy
- Cancel loan repayment amount from EFT on the above policy
- Change loan repayment amount from \$ _____ to \$ _____ on the above policy
- Change in Bank Account

Minimum EFT Draft Amounts:

- Non-Variable Life Loan Repayments: \$15 for each policy
- Variable Universal Life Loan Repayments: \$50 for each policy.

3 AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER – MONTHLY BANK DRAFT (REQUIRED)

As a convenience to me, I hereby authorize and direct PL and any financial institution it uses to initiate electronic fund transfers or other forms of preauthorized check withdrawal (debit) from my account at the financial institution listed below, and initiate deposits (credits) if necessary for any withdrawals made in error, and place the money in the life insurance policy(ies)/annuity contract(s) shown above. This authority is to remain in full force and effect until PL has received notification from me of its termination in such time and in such manner as to give PL reasonable time to act on it. It is understood that PL initiating charges to the financial institution as premium becomes due shall constitute valid notice of such premium due on this policy. When the financial institution honors the charge by debiting my account, such charge will constitute my receipt for the premium paid. This request shall not be construed as modifying any of the provisions of the policy/contract and may be revoked by the company if any charge is not paid upon presentation. EFT may also be discontinued by the company or by the undersigned at any time, upon thirty (30) days written notice.

PL will determine the monthly draft date based upon my policy(ies)/contract(s) policy date. However, any special drafting requests are indicated below.

| | | |
|---|---------------------------------|----------------------------------|
| Bank Account No. | Account Holder's Name(s) | Special Drafting Request* |
| Signature of All Authorized Account Holder(s): | | Date |

*All requests for special dating must be between the 4th and 28th and will be reviewed against the policy date for eligibility.
A voided check must be attached on reverse side. (A blank deposit slip will not be accepted.)

ELECTRONIC FUNDS TRANSFER (EFT)

For Life Insurance Premium Payment and/or Loan Repayments or Fixed Annuities Premium Payment only.



PACIFIC LIFE

| | |
|--|----------------------------|
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4 VOIDED CHECK INFORMATION

EFT debit (credit) can only be requested from authorized U.S. financial institutions. Premium payments and loan repayments cannot be drawn from savings or money market accounts. No more than five policies/contracts can be requested from one account.

PLACE VOIDED CHECK HERE
A PHOTOCOPY OF A CHECK IS ALSO ACCEPTABLE
(DO NOT ATTACH A DEPOSIT SLIP)

If your check does not state your financial institution's name and address, please list below:

| | | | |
|-------------------------------------|-------------|--------------|-----------------|
| Financial Institution's Name | | | |
| Address: Street | City | State | Zip Code |

5 SIGNATURES (REQUIRED)

I authorize PL to process this request, subject to the policy provisions, on the policy/contract indicated on page 1.

The undersigned, under penalty of perjury, represent that they are authorized to execute this document, make all representations hereunder, and in the case of a corporate owned policy, all requirements concerning the use of the corporate seal and officer signatures have been met.

Dated On: _____ Check here if present policy is owned by sole proprietorship.
 (mm/dd/yyyy)

X _____ **Authorized Representative's Name: First MI Last (Print)**
 *Policyowner's Signature, and title if corporate/business or trust owned

* If corporation, trust or business entity, print authorized representatives name in the space above.

Affix Corporate Seal Or Signature Notarization In The Space Below

PRODUCER: PROVIDE A PHOTOCOPY OF THIS SIGNED FORM TO ALL SIGNING PARTIES.