



DIRECT DEPOSIT REQUEST For Pension Risk Transfer Annuities

CONTACT INFORMATION

Pacific Life
P.O. Box 84307
Lincoln, NE 68501-4307

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Web Site: www.PacificLife.com

All Overnight Deliveries:

Pacific Life
777 Research Drive, Suite 219
Lincoln, NE 68521

Use this form to establish or change an existing direct deposit program.

1 GENERAL INFORMATION Claimant/Payee Name (First, Middle, Last) Address	Telephone Number ()	Policy and Certificate Number (if known)
	City, State, ZIP	

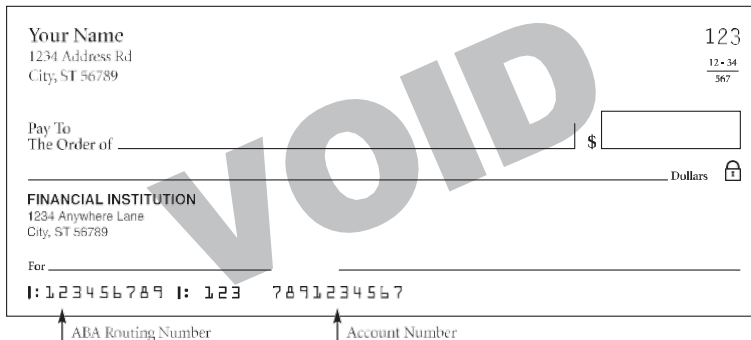
2 **BANK/DEPOSITORY INFORMATION** I, (print name) _____ am/will be receiving payments. As a payee, I request that the payment be electronically deposited into my (Select One):

Checking Account Savings Account

Please attach a current voided check or savings deposit slip in the space provided below for verification of account information. Starter checks are not acceptable to establish direct deposit.

Bank Name	Telephone Number ()
Address	City, State,
Account Number	ABA/Routing Number

Tape a copy of a void check or deposit slip here.



3 ACKNOWLEDGEMENT AND SIGNATURE(S) Please read and sign below:

I hereby authorize Pacific Life to initiate deposits (credits) and debit my account for any erroneously credited to and from the financial institution indicated above. The financial institution is authorized to credit and/or debit to my account. This authority is to remain in full force and effect until Pacific Life has received written notification from me of its termination in such time and in such manner as to afford Pacific Life and Bank/Depository a reasonable opportunity to act on it. These instructions will take the place of any previous or existing instructions on file.



Signature

month / day / year