

Direct Deposit Agreement

To have benefit payments sent directly to your financial institution, please complete the form below and return it, along with a voided check or deposit slip, to Pacific Life Insurance Company at the address below.

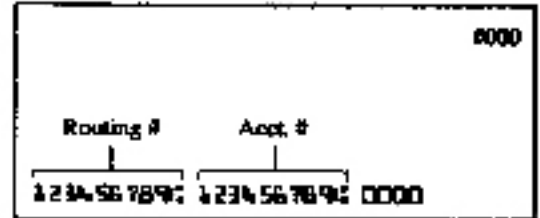
Name of Financial Institution: _____ Phone: (____) _____

Address of Financial Institution: _____

Account No.: _____

ABA/Routing No.: _____

Sample Check



For deposits into a checking account, attach a personal check marked "VOID".

For deposits into a savings account, attach a personal deposit slip.

Checking Account Savings Account

PLEASE READ AND SIGN BELOW:

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

Annuitant's Name: _____ Policy Number: _____

Address: _____ Certificate Number: _____

_____ Social Security No.: _____

_____ Phone: (____) _____

Signature: _____ Date: _____



PACIFIC LIFE