



SIMPLE IRA EMPLOYER INFORMATION

CONTACT INFORMATION:

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

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

CONTACT INFORMATION (for New York only):

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

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

Email: AnnuityService@PacificLife.com

Web Site: www.PacificLife.com

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

Use this form when:

- Establishing a new SIMPLE IRA annuity contract at Pacific Life. Pacific Life will only act as a nondesignated financial institution.
- There has been a change of employer on an existing SIMPLE IRA annuity contract at Pacific Life.
- Transferring SIMPLE IRA assets into an existing SIMPLE IRA annuity contract at Pacific Life.
- Providing list bill information.

1 GENERAL INFORMATION Owner's Name (First, Middle, Last)	Daytime Telephone Number	Annuity Contract Number (if known)
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2 SIMPLE IRA EMPLOYER INFORMATION

New SIMPLE IRA annuity contract — Provide current employer information in Section 2A of this form. Complete and attach an application.

Change of employer on an existing SIMPLE IRA annuity contract at Pacific Life — Provide both current and former employer in Sections 2A and 2B.

Transferring SIMPLE IRA assets into an existing SIMPLE IRA annuity contract at Pacific Life — Provide former employer information if different than current employer. Complete and attach transfer paperwork.

A. Current Employer

Name of Current Employer with SIMPLE IRA Plan		Original Participation Date (mo/day/year)
Current Employer's Mailing Address		Employer's Telephone Number
City	State	ZIP

B. Former Employer

Name of Former Employer with SIMPLE IRA Plan		Original Participation Date (mo/day/year)
Former Employer's Mailing Address		Employer's Telephone Number
City	State	ZIP

3 LIST BILL INFORMATION A list bill will be provided to your employer if your employer has 5 or more annuity contracts with Pacific Life. Billing frequency is monthly. A list bill is a reminder to the employer to make these payments, not a statement of charges.

_____	\$ _____
List Bill number (if known)	Billing Amount (minimum \$50)

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.





SIMPLE IRA
EMPLOYER INFORMATION

Annuity Contract Number _____

4 SIGNATURE AND CERTIFICATION

I understand and agree that:

- (a) the Internal Revenue Code requires Pacific Life to send a summary description letter to all employers sponsoring a SIMPLE IRA plan.
- (b) if I change employers and my new employer sponsors a SIMPLE IRA plan, I will notify Pacific Life, using this form, of my change of employer.
- (c) if I am making employee salary deferrals, 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 provide. I can change these allocations at any time by completing a Transfers and Allocations form. Any allocation changes must be submitted prior to my next salary deferral being sent to Pacific Life.
- (d) if I am providing this form to Pacific Life by fax, it is as valid as the original.
- (e) I have read, understood and accepted the provisions on this form.

SIGN
HERE

Owner's Signature

mo / day / yr

INSTRUCTIONS

- 1** General Information: Provide the owner's name, daytime telephone number and contract number, if applicable.
- 2** SIMPLE IRA Employer Information: Check the box indicating whether this is a new SIMPLE IRA contract at Pacific Life, change of employer on an existing SIMPLE IRA contract at Pacific Life, or a transfer of SIMPLE IRA assets into an existing SIMPLE IRA contract at Pacific Life. Complete 2A and 2B as appropriate.
- 3** List Bill Information: A list bill will be provided to your employer if your employer has 5 or more annuity contracts with Pacific Life. Billing frequency is monthly. A list bill is a reminder to the employer to make these payments, not a statement of charges.
- 4** Signature and Certification: This form must be signed by the owner. By signing, you agree that you have read, understood and accepted the provisions contained in this form.

