



TAX-SHELTERED ANNUITY CERTIFICATION TSA/403(b)

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

CONTACT INFORMATION (for New York only): Pacific Life & Annuity Company P.O. Box 2829 Omaha, NE 68103-2829

Email: AnnuityService@PacificLife.com Web Site: www.PacificLife.com

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

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

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

Use this form to provide information regarding non-ERISA employee salary deferrals. Before completing this form, you will need to confirm if the employer or a third-party administrator is providing administration services.

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

2 EMPLOYER'S/THIRD-PARTY ADMINISTRATOR'S INFORMATION Please provide the following information. Employer Information (Required) Third-Party Administrator (Required unless self-administered) Employer's Name Third-Party Administrator's Name Street Address City, State & ZIP Contact Person's Name and Title Contact Person's Telephone Number

- 3 OWNER'S SIGNATURE AND CERTIFICATION By signing below, I certify that: (a) I understand that Pacific Life does not accept employer or ERISA plan contributions and only accepts non-ERISA employee salary deferral contributions. (b) I have confirmed that Pacific Life currently has an information sharing agreement with my employer and/or that Pacific Life is an approved investment provider in my employer's plan. (c) I understand that Pacific Life may share information with my employer or my employer's third-party administrator regarding activity on my contract to ensure that the contract maintains its status as a 403(b) under the Internal Revenue Code and Section 403(b) regulations. (d) I acknowledge that amounts in this contract will be treated as employee contributions or earnings attributed to employee contributions for distribution purposes. (e) I have completed a salary reduction agreement authorizing my employer to send salary deferrals to Pacific Life. (f) I understand that any transaction on this contract may be subject to approval from my employer or third-party administrator pursuant to the plan document requirements. (g) All information provided on this form is accurate. (h) If I am providing this form to Pacific Life by fax, it is as valid as the original. (i) I have read, understood, and accepted the provisions on this form.

SIGN HERE Owner's Signature mo / day / yr

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.





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When to use this form: Use this form to provide information regarding non-ERISA employee salary deferrals.

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.

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INSTRUCTIONS

- 1 General Information: Provide the owner's name, Social Security number, daytime telephone number, and annuity contract number (if known).
- 2 Employer's/Third-Party Administrator's Information: Provide all requested information.
- 3 Owner's Signature and Certification: By signing, you agree that you have read, understood, and accepted the provisions on this form.

