

DIRECT DEPOSIT REQUEST

To prevent the possibility of a lost or stolen check, please sign up for direct deposit. Complete the information below and return this form to Pacific Life & Annuity Company.

I, (print name) _____, am/will be receiving payments under Contract Number _____.

As a payee I request that the payment be electronically deposited into my

Checking Account Savings Account

Please attach a current voided check or savings deposit slip for verification of account information.

Bank Name: _____

Bank Address: _____ Phone: () _____

Account No.: _____

ABA/Routing No.: _____

PLEASE READ AND SIGN BELOW:

I hereby authorize Pacific Life & Annuity Company to initiate deposits (credits) and/or corrections to the previous credits to the financial institution indicated above. The financial institution is authorized to credit and/or correct the amounts to 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.

Claimant/Payee SSN: _____

Date of Birth: _____

Signature: _____

Date: _____

(Additional Payees and Authorized Signers) SSN: _____

Date of Birth: _____

Signature: _____

Date: _____



Structured Settlements Annuity Services

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