

PACIFIC LIFE INSURANCE COMPANY

Life Insurance Division
P.O. Box 2030 • Omaha, NE 68103-2030
(800) 347-7787 • Fax (866) 398-0467
www.PacificLife.com



PACIFIC LIFE

ADDRESS CHANGE REQUEST

Form with fields: Insured's Name: First MI Last, Policy Number(s) or List Bill Number(s); Policyowner's Name, Telephone #: (include area code)

1 ADDRESS CHANGE

Change applies to (Check all that apply): [ ] Policyowner [ ] Payor [ ] Insured [ ] Beneficiary [ ] Other

Form with fields: Attention or c/o, New Telephone #: (optional); Street, City, State, Zip Code

2 LIST BILL PREMIUM REMITTER ADDRESS CHANGE (Applicable to the List Bill Premium Remitter Only)

Form with fields: List Bill Premium Remitter's Name, Attention or c/o, New Telephone #: (optional); Street, City, State, Zip Code

Provide additional address change instructions below, if needed.

Empty box for additional address change instructions.

3 SIGNATURES

If you are signing below on behalf of an entity, you represent, under penalty of perjury, that you are authorized to execute this document and make the representations set forth herein.

SIGNED AND DATED ON:

Date (mm/dd/yyyy)

Signature line 1: SIGN HERE, Policyowner's Name: First MI Last (print), Title, if applicable

X Policyowner's\* Signature

Signature line 2: SIGN HERE, Assignee's Name: First MI Last (print), Title, if applicable

X Assignee's\* Signature

Signature line 3: SIGN HERE, Other Required Name: First MI Last (print), Title, if applicable

Other Required\* Signature (Must check a box below)

- Indicate role of "Other Required" signature: [ ] Additional Policyowner, [ ] Attorney-in-Fact, [ ] Additional Assignee, [ ] Irrevocable Beneficiary, [ ] Insured, [ ] Premium Payor/Remitter, [ ] Additional Insured, [ ] New Policyowner (only required for ownership changes), [ ] Business Entity's Authorized Representative, [ ] Applicant (only required at time of application), [ ] Trustee, [ ] Other: \_\_\_\_\_

\*If a Corporation, Trust or Business Entity, the full name of the Corporation, Trust or Business Entity must be shown below.

Corporation, Trust, or Business Entity's Name

PRODUCER: PROVIDE A PHOTOCOPY OF THIS SIGNED FORM TO ALL SIGNING PARTIES



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## INSTRUCTIONS

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<b>When to use this form:</b>	This form is used to request an address change on a life insurance or fixed annuity policy.
<b>Who must sign this form:</b>	<p><b>POLICYOWNER(S)</b> – Required signature(s).</p> <p><b>ASSIGNEE(S)</b> – Required when the policy has an active assignment(s) and the assignee's signature or consent is required according to the assignment agreement.</p> <p><b>OTHER REQUIRED SIGNATURE</b> – Any party that has an ownership interest that requires them to approve this policy request. Indicate their signing capacity by checking the appropriate role.</p> <p>If the policyowner, assignee or other required signing party is a Corporation, Business Entity, or Trust, all signatures required by the governing documents or the trust agreement (if a Trust) must be included, in addition to the authorized representative(s) title or signing capacity.</p> <p><b>NOTE:</b> For your protection an Address Change Confirmation Notification will be sent to the old and new address.</p>
<b>Where to send this form:</b>	Send this form to Pacific Life Insurance Company, Life Insurance Division, P.O. Box 2030, Omaha, NE 68103-2030. Our toll free number is (800) 347-7787.