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

BILLING AND PREMIUM CHANGE REQUEST

Insured's Name: First MI Last	Policy Number(s):
Policyowner's Name:	Telephone #: (include area code)

- To establish or request a change to an existing Electronic Funds Transfer premium payment and/or loan repayment billing method, submit the Electronic Fund Transfer Request form (15-23420)
- To establish a List Bill, the minimum requirements are either: (a) 3 policies, or (b) a total List Bill modal premium of $500
- The Employer or Premium Remitter is required to sign this form when setting up a new List Bill or adding policies to an existing List Bill

1. BILLING CHANGES

A. CHANGE BILLING TO: ☐ Direct Billing ☐ Suspend Billing ☐ Resume Billing
☐ New List Bill ☐ Add to existing List Bill # _____

B. CHANGE BILLING FREQUENCY TO: ☐ Annual ☐ Semi-Annual
☐ Quarterly ☐ Monthly (available with List Bill method only)

2. PREMIUM CHANGES FOR FLEXIBLE PREMIUM POLICIES ONLY

A. CHANGE BILLING AMOUNT TO:

$ _____ for the billing frequency change requested or the existing billing frequency.

B. CHANGE VARIABLE ESTIMATED ANNUAL PREMIUM (EAP) SCHEDULE:

If a Variable EAP schedule exists on the policy, the current year's EAP will change and the existing Variable EAP schedule will resume on the next scheduled change, unless one of the following is checked:

☐ Change Variable EAP schedule (per attached illustration)
☐ Delete Variable EAP schedule

3. LIST BILL AUTHORIZATION

I, the undersigned, as policyowner of the policy(ies) indicated above, agree the premiums are to be remitted to Pacific Life Insurance Company (PLIC) by:

_____ under the List Billing Plan.
(Name of Employer/Premium Remitter)

I/We agree that the premium for this policy shall be included in an itemized list provided, as noted in Section 1 under "Change Billing Method," to the payor and shall constitute notice of premium due, and I/we understand that I/we will not receive any premium notices or other notices regarding premiums.

List Bill Address:	Name	Relationship to Insured(s)
	Care of (if applicable)	
	Address: Street City State Zip Code	
Notifications For Employer Sponsored Policy (Optional) Complete if notifications should be sent to a party other than the policyowner.	Notifications include, but are not limited to, Policy Annual Statements, Last Premium Offers/Lapse Notices, and Confirmation Statements. Indicate where notifications should be sent: ☐ Employer ☐ Other	
	Complete information below, if different from the policyowner's information.	
	Name	Relationship to Insured(s)
	Care of (if applicable)	
	Address: Street City State Zip Code	

PL%BILRO%PL4

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PACIFIC LIFE

Insured's Name: First MI Last	Policy Number(s):

4. 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. You further represent that all requirements of the entity's governing documents, including the use of the corporate seal (if a Corporation) and the number of authorized signatures, have been met.

SIGNED AND DATED ON:

Date (mm/dd/yyyy)

X _____
Policyowner's Signature

Policyowner's Name: First MI Last (print)	Title, if applicable

X _____
Assignee's Signature

Assignee's Name: First MI Last (print)	Title, if applicable

X _____
Other Required Signature (Must check a box below)

Other Required Name: First MI Last (print)	Title, if applicable

Indicate role of "Other Required" signature:

- ☐ Additional Policyowner
- ☐ Additional Assignee
- ☐ Insured
- ☐ Additional Insured
- ☐ Business Entity's Authorized Representative
- ☐ Trustee
- ☐ Attorney-in-Fact
- ☐ Irrevocable Beneficiary
- ☐ Premium Payor/Remitter
- ☐ New Policyowner (only required for ownership changes)
- ☐ Applicant (only required at time of application)
- ☐ Other:_____

INSTRUCTIONS

When to use this form:	This form is used to request changes to billing and premium information on in-force life insurance and fixed annuity policies.
How to use this form:	**List Bills:** • To change the billing method from EFT or direct bill to a new or existing List Bill, the Policyowner must complete Sections 1 and 3. If the policies are individually owned each Policyowner must complete and submit a signed Premium and Billing Change Request form. • If requesting a new List Bill and the Premium Remitter is not the Policyowner, the List Billing Plan, Employer's or Premium Remitter's Agreement form (15-25228) is also required and must be signed by the Employer or Premium Remitter. Only one Agreement form needs to be submitted, and if the Premium Remitter has previously submitted the Agreement form for other existing List Bills, a new Agreement form is not required. • To request changes to the frequency or billed amount of an existing List Bill, the Policyowner must complete Section 1 and 2, as needed, and sign this form in the space provided. **Estimated Annual Premium (EAP) changes:** Use this form to change the EAP, if no policy coverage changes are taking place. If the EAP is changing as a result of a policy change, submit the Policy Change Application for Individual Life Insurance form.
Who must sign this form:	**POLICYOWNER(S)** – Required signature(s). **ASSIGNEE(S) –** Required when the policy has an active assignment(s) and the assignee's signature or consent is required according to the assignment agreement. **OTHER REQUIRED SIGNATURE** – Any party that has an ownership interest that requires them to approve this policy request. Indicate their signing capacity by checking the appropriate role. 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.
Where to send this form:	**Regular mail:** Pacific Life Insurance Company Life Insurance Division P.O. Box 2030 Omaha, NE 68103-2030 **Overnight mail:** Pacific Life Insurance Company Life Insurance Division, 5th floor 6750 Mercy Rd Omaha, NE 68106
	Fax: (866) 398-0467 **In-force policy e-mail:** policyservice@pacificlife.com **Customer Service:** (800) 347-7787