

# PACIFIC LIFE INSURANCE COMPANY

Life Insurance Division  
P.O. Box 2030 • Omaha, NE 68103-2030  
(800) 347-7787 • Fax (866) 964-4859  
[www.PacificLife.com](http://www.PacificLife.com)



# PACIFIC LIFE

## CERTIFICATE OF INSURANCE/DUPLICATE POLICY REQUEST

For Life Insurance or Fixed Annuities

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

### 1 CERTIFICATE OF INSURANCE/DUPLICATE POLICY

Please select an option:

- Issue a Certificate of Insurance summarizing the coverage(s) provided by the policy(ies).
- Issue a duplicate policy(ies). A \$50.00 administrative fee is required for each duplicate policy requested and must be submitted with this request.\*

**\*Notes:**

- The administrative fee is non-refundable if the original policy is returned to Pacific Life Insurance Company.
- Not all life insurance policies can have a duplicate policy issued. If a duplicate policy cannot be provided, a Certificate of Insurance will be issued instead and the administrative fee will be refunded.

### 2 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 Name: First MI Last (print)	Title, if applicable
--	---	---	----------------------

Policyowner's\* Signature

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

Assignee's\* Signature

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

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

- Indicate role of "Other Required" signature:**
- |  |  |
|--|--|
| <input type="checkbox"/> Additional Policyowner                      | <input type="checkbox"/> Attorney-in-Fact                                      |
| <input type="checkbox"/> Additional Assignee                         | <input type="checkbox"/> Irrevocable Beneficiary                               |
| <input type="checkbox"/> Insured                                     | <input type="checkbox"/> Premium Payor/Remitter                                |
| <input type="checkbox"/> Additional Insured                          | <input type="checkbox"/> New Policyowner (only required for ownership changes) |
| <input type="checkbox"/> Business Entity's Authorized Representative | <input type="checkbox"/> Applicant (only required at time of application)      |
| <input type="checkbox"/> Trustee                                     | <input type="checkbox"/> 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**



**CERTIFICATE OF INSURANCE/  
DUPLICATE POLICY REQUEST**


---

**INSTRUCTIONS**


---

<b>When to use this form:</b>	This form is used to request a Certificate of Insurance or a duplicate policy on fixed annuity or life insurance policies, including policies with long-term care coverage..	
<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(S)</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>	
<b>Where to send this form:</b>	<p><b>Regular mail:</b></p> <p>Pacific Life Insurance Company Life Insurance Division, P.O. Box 2030 Omaha, NE 68103-2030.</p> <p><b>Overnight mail:</b></p> <p>Pacific Life Insurance Company Life Insurance Division, 5<sup>th</sup> floor 6750 Mercy Rd, Omaha, NE 68106.</p>	<p><b>Fax:</b> (866) 964-4859</p> <p><b>In-force policy e-mail:</b> <a href="mailto:polycyservice@pacificlife.com">polycyservice@pacificlife.com</a></p> <p><b>Customer Service:</b> (800) 347-7787</p>