

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

TRANSACTION AUTHORIZATION

For Telephone/Electronic Requests

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

1. TELEPHONE/ELECTRONIC AUTHORIZATION FOR THE POLICYOWNER (Optional)

I authorize Pacific Life Insurance Company (PLIC) to act upon my telephone and/or electronic instructions, based on the type of policy(ies) I have, including but not limited to the requests shown below:

Variable Life Policies

- Transfer Between Investment Options
- Initiate Dollar Cost Averaging
- Rebalance Variable Investment Options
- Change Future Premium Allocation Instructions
- Initiate Policy Loans

Indexed Universal Life (IUL) Policies

- Payment Transfers
- One-Time Transfers
- Scheduled Indexed Transfers
- Initiate Policy Loans
- Segment Maturity

PLIC will use reasonable procedures to confirm that these requests are authorized and genuine. As long as these procedures are followed, PLIC and its affiliates and their directors, trustees, officers, employees, representatives and/or agents, will be held harmless for any claim, liability, loss or cost.

I further understand and agree that telephone and/or electronic transfers and allocation changes will be subject to the policy's terms and conditions and PLIC's administrative requirements. For Variable Life policies, see the Prospectus for details.

FOR PREMIUM FINANCED POLICIES SUBJECT TO A COLLATERAL ASSIGNMENT: Where the Assignee has the right to make and/or modify elections or options related to the policy's "Indexed and Separate Account(s)", PLIC cannot process a request received by a third party (e.g., life insurance producer) unless PLIC obtains prior approval from the Assignee authorizing said request.

2. REVOCATION OF CURRENT AUTHORIZATION(S) (Optional)

- I revoke **all** prior authorizations and authorize the party(ies) listed in Section 3 to act on my behalf.
 I revoke the following authorizations:

Authorized Party's Name: First MI Last	Relationship to Policyowner <input type="checkbox"/> Producer <input type="checkbox"/> Other Party
Authorized Party's Name: First MI Last	Relationship to Policyowner <input type="checkbox"/> Producer <input type="checkbox"/> Other Party

3. AUTHORIZATION FOR ANOTHER PARTY (Optional)

I authorize the party(ies) listed below to act on my behalf for the following types of requests, including any telephone and/or electronic requests:

Authorized Party's Name: First MI Last	Relationship to Policyowner <input type="checkbox"/> Producer <input type="checkbox"/> Other Party
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Check one:

- All Requests (listed in Section 1 - Telephone/Electronic Authorization)
 All Requests (listed in Section 1 - Telephone/Electronic Authorization) **except** initiating Policy Loans

Authorized Party's Name: First MI Last	Relationship to Policyowner <input type="checkbox"/> Producer <input type="checkbox"/> Other Party
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Check one:

- All Requests (listed in Section 1 - Telephone/Electronic Authorization)
 All Requests (listed in Section 1 - Telephone/Electronic Authorization) **except** initiating Policy Loans



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Primary Insured's Name: First MI Last	Policy Number(s)
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4. SIGNATURES

I understand that PLIC will not process any changes or financial transactions if my intent is determined to be unclear. In the event that PLIC needs clarification, the effective date of the transaction will correspond to the time and date that PLIC receives such clarification.

If you are signing on behalf of an entity, you represent that you are authorized to execute this document and to make the statements that may be shown. You further represent that all requirements of those entities, including the use of any seal (in the case of a Corporation) and any authorized signatures (in the case of a Corporation and/or Trust), have been met.

SIGNED AND DATED ON:

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

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

 X	Other Required Name: First MI Last (print)	Title, if applicable
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Other Required Signature (Must check a box below)

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

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

INSTRUCTIONS

When to use this form:	This form is used to authorize the Policyowner to make telephone or electronic requests that are available on the policy, or to authorize a party other than the policyowner to make telephone or electronic requests. Note: A new authorization form will be required when a registered representative changes to a new Broker-Dealer.
Who must sign this form:	<p>POLICYOWNER(S) – Required signature(s).</p> <p>ASSIGNEE(S) – Required when the current policy has an active assignment.</p> <p>OTHER REQUIRED SIGNATURE(S) – 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, trust or business entity, the signature and title of an authorized representative(s) is required. If a trust, all required trustee(s) must sign according to the trust agreement.</p> <p>WITNESS(S) – Required if Section 3 is complete.</p> <ul style="list-style-type: none"> • New Business – For all products solicited or issued in the state of Washington and if the Policyowner is authorizing another party to act on behalf of the Policyowner for telephone and/or electronic requests, a witness' signature, other than the authorized party is required. • In-force Policies – If the policyowner lives in the state of Washington, and the Policyowner is authorizing another party to act on behalf of the Policyowner for telephone and/or electronic requests, a witness' signature, other than the authorized party, is required.
Where to send this form:	Send this form to Pacific Life Insurance Company, Attn: Life insurance Division, P.O. Box 2030, Omaha, NE 68103-2030. Our toll free number is (800) 347-7787.