



PACIFIC LIFE INSURANCE COMPANY

Lynchburg Operations | 6750 Mercy Rd., Ste. B, Omaha, NE 68106
P.O. Box 2873, Omaha, NE 68103
(844) 276-0193 • Fax (949) 219-8811 • www.PacificLife.com

ADDRESS CHANGE REQUEST

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 _____

Attention or c/o:	New Telephone #: (optional)
Street City State Zip Code	

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* Signature

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

Assignee's* Signature

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

Other Required* Signature (Must check a box below)

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

*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

INSTRUCTIONS

When to use this form:	This form is used to request an address change on a life insurance policy.
Who must sign this form:	<p>POLICYOWNER(S) – Required signature(s).</p> <p>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.</p> <p>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.</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>NOTE: For your protection an Address Change Confirmation Notification will be sent to the old and new address.</p>
Where to send this form:	<p>Regular Mail: Pacific Life Insurance Company, P.O. Box 42001, Lynchburg, VA 24506.</p> <p>Overnight Mail: Pacific Life Insurance Company, 750 Main Street, Lynchburg, VA 24504</p> <p>Fax: (949) 219-8811</p>
