



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: First	MI	Last	Telephone #

1. Address Change

Name: First	MI	Last	Telephone #
Mailing Address: Street	City	State	Zip Code
Change applies to (Check all that apply): <input type="checkbox"/> Policyowner <input type="checkbox"/> Payor <input type="checkbox"/> Insured <input type="checkbox"/> Beneficiary <input type="checkbox"/> Other _____			

Name: First	MI	Last	Telephone #
Mailing Address: Street	City	State	Zip Code
Change applies to (Check all that apply): <input type="checkbox"/> Policyowner <input type="checkbox"/> Payor <input type="checkbox"/> Insured <input type="checkbox"/> Beneficiary <input type="checkbox"/> Other _____			

Name: First	MI	Last	Telephone #
Mailing Address: Street	City	State	Zip Code
Change applies to (Check all that apply): <input type="checkbox"/> Policyowner <input type="checkbox"/> Payor <input type="checkbox"/> Insured <input type="checkbox"/> Beneficiary <input type="checkbox"/> Other _____			

ADDRESS CHANGE REQUEST

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 Title, if applicable

Policyowner's Name: First	MI	Last	(print)
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X _____
 Assignee's Signature Title

Assignee's Name: First	MI	Last	(print)
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X _____
 Other Required Signature Title

Other Required Name: First	MI	Last	(print)
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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 noting their title on the signature line.</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, Lynchburg Operations, P.O. Box 2873, Omaha NE 68103.</p> <p>Overnight Mail: Pacific Life Insurance Company, Lynchburg Operations, 6750 Mercy Road, Ste B., Omaha, NE 68106</p> <p>Fax: (949) 219-8811</p>