



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

TRUST INFORMATION

For use when the policyowner or beneficiary is a trust.

Table with 2 columns: Insured Name (First, MI, Last) and Insured's Date of Birth; Name of Policyowner and Policy Number(s) (if known)

TRUST OWNERSHIP INFORMATION

Table with 3 columns: Name of Trust, Date Trust was Executed (mm/dd/yyyy), Taxpayer ID Number; Name of Grantor(s), The Trust is subject to the laws of the state of, This Trust is: [] Revocable [] Irrevocable; Address of Trust: Street No. & Name, City, State, Zip Code

CURRENT TRUSTEE(S) INFORMATION: Provide names of all trustees (If more than 2 use Remarks, or an additional page if necessary).

Table with 3 columns: Trustee Name (If Entity, complete Trustee Representative's Name/Title), Relationship to Insured, Is Trustee a life insurance professional? [] Yes [] No

TRUST BENEFICIARY(IES) INFORMATION: Provide names of all trust beneficiaries (If more than 4 use Remarks, or an additional page if necessary).

Table with 2 columns: Beneficiary Name (First, MI, Last) and Relationship to Insured

Did you retain an attorney to prepare the trust document? [] Yes (If "Yes", provide name and address of attorney.) [] No (If "No", provide source of the trust.)

Name of Attorney or Source of Trust:

Address of Attorney or Source of Trust:

Table with 4 columns: Street, City, State, Zip Code

REMARKS

Pacific Life Insurance Company (PLIC) reserves the right to request additional documents that may be referenced in the trust (or other) document submitted.

SIGNATURE REQUIREMENTS (Complete when there are multiple trustees)

Indicate which trustee(s) must sign to exercise policy ownership rights. If a box is not checked, all signatures will be required for the exercise of any ownership rights.

- All trustees must sign
- Any trustee may sign alone
- Majority of trustees must sign
- _____ (insert name) alone must sign.

CERTIFICATION OF ALL SIGNING PARTIES

The undersigned Grantor(s) and Trustee(s) declare and represent to PLIC that the answers provided in this Trust Information are truthful, accurate and complete and also certify that:


1. Beneficial interests under the Trust can and will only be established for persons who (i) are related to the Insured(s) by blood or by law, (ii) have a substantial interest in the Insured(s) engendered by love and affection, or (iii) hold a lawful and substantial economic interest in the continued life of the Insured(s).
2. The Trustee(s) has/have the authority, either by the terms of the trust or applicable state law, to own and purchase life insurance on the life of the Insured(s), and has the authority to exercise any and all rights associated with owning life insurance policies including but not limited to the right to surrender the policy, withdraw policy values, borrow against the policy values, assign the policy, transfer ownership, and/or change the beneficiary.
3. I/We comprise all current Trustee(s) of the Trust, and there are no other current trustee(s) of the Trust.
4. PLIC may rely on the evidence submitted with respect to any change of the Trustee(s) and/or the appointment of a successor Trustee, and is not responsible to determine that the change or the appointment of any additional or successor Trustee(s) conforms with Trust provisions.
5. Neither PLIC nor anyone acting on PLIC's behalf is responsible to determine the authority of the Trustee(s) or inquire into, or review the provisions of the Trust, and shall not be charged with knowledge of the terms of the Trust.
6. If this document is completed at the time of application for life insurance, the Trustee(s) acknowledge that the above trust is in full force at the time of application for life insurance, and the trust has not been revoked, modified, or amended in any manner which would cause the representations contained in this declaration to be incorrect.
7. The undersigned Trustee(s) agree(s) that PLIC shall not be responsible for the application or disposition of all or part of the proceeds of said policy purchased by the Trustee(s), and the payment to the Trustee(s) of the policy shall fully discharge PLIC from all liability under said policy to the extent of such payment.
8. This declaration is being signed by all of the currently acting Trustees of the trust and the Grantor(s) of the Trust.

SIGNATURES


If you are signing on behalf of an entity, you represent that you are authorized to execute this document and 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:


Date (mm/dd/yyyy)


X


Grantor's Signature


X


Trustee's Signature


X


Grantor's Signature


X

Trustee's Signature


X

Grantor's Signature


X

Trustee's Signature

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