



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

AUTHORIZATION TO EXERCISE OWNERSHIP RIGHTS

Insured's Name: First MI Last	Policy Number/List Bill Number
Policyowner's Name: First MI Last	Policyowner's Telephone Number

Note: If the policy is owned by a Trust, please submit the Trust Information form in lieu of this form.

1 Authorization to Exercise Ownership Rights Provisions and Declarations:

The undersigned hereby acknowledge that:

- Pacific Life Insurance Company (PLIC) will follow the written instructions of the person(s) named below who is (are) authorized to exercise any and all ownership rights, including the right to change ownership.
- All prior authorizations to exercise ownership rights are revoked.
- Changes in the information provided herein can only be made by the filing of a new duly executed Authorization to Exercise Ownership Rights form which automatically revokes any prior authorizations.
- This form is intended only to instruct PLIC as to who has the authority to sign on behalf of the Policyowner(s). It is NOT intended to alter in any way the existing rights of the Policyowner.
- PLIC is not a party to, nor responsible for, any separate ownership arrangements.
- PLIC will be held harmless for any claims, expenses, losses or attorney fees arising from PLIC's good faith reliance on instructions that PLIC believes to be authorized and genuine.

2 Person(s) Authorized to Exercise Ownership Rights

(If additional space is needed, use an attachment referencing this form's name and policy number or list bill number.)

Name	Title (if applicable)	Authorized Signature

A. Are all of the authorized signatures listed above necessary to exercise ownership rights?

Yes No

(If YES, PLIC will require all of the above authorized signatures in order to execute any or all ownership rights.)

B. If NO, how many of the authorized signatures listed above are required to exercise ownership rights? _____

Which, if any, signature(s) is (are) always required to exercise ownership rights? (List below)

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3 SIGNATURE REQUIREMENTS

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, have been met.

Date (mm/dd/yyyy)

X
 Policyowner's* Signature

Policyowner'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 Other: _____
 Business Entity's Authorized Representative

*If a Corporation or Business Entity, the full name of the Corporation or Business Entity must be shown below.

Corporation 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 for policies owned by business entities and other organizations, or for other ownership arrangements, to notify PLIC who is authorized to sign on behalf of the Policyowner(s) when exercising the policy's ownership rights. If you wish to change ownership, please submit a Change of Ownership form.
Who must sign this form:	POLICYOWNER(S) – Required signature(s). 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. If the policyowner or other required signing party is a Corporation or Business Entity, all signatures required by the governing documents must be included, in addition to the authorized representative(s) title or signing capacity.
Where to send this form:	Regular Mail: Pacific Life Insurance Company, Lynchburg Operations, P.O. Box 2873 Omaha, NE 68103 Overnight Mail: Pacific Life Insurance Company, Lynchburg Operations, 6750 Mercy Rd., Ste. B, Omaha, NE 68106 Fax: (949) 219-8811