



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

OTHER INTERESTED PARTY AUTHORIZATION REQUEST (OIP)

Completing this form will revoke any previous authorization to release information on file with Pacific Life Insurance Company (PLIC) to other interested parties.

Form with fields: Insured's Name: First MI Last, Policy Number(s), Policyowner's Name, Telephone #: (include area code)

1 CONSENT TO RELEASE INFORMATION (Address information required)

I authorize PLIC to release by telephone or written request policy information to the party(ies) listed until revoked in writing.

Note: Private information such as a SSN/TIN, underwriting, and medical information are automatically excluded from this authorization.

This authorization shall remain in effect for the time period selected below, or if no option is selected it will remain in effect indefinitely, unless revoked in writing.

- Indefinitely, 1 Year (Effective from the date signed, or if not dated, from the date received at our office.)

Form with fields: Other Interested Party's (OIP) Name, Relationship to Policyowner, Address: Street, City, State, Zip Code, Telephone #: (include area code)

If OIP is a corporation or business entity, indicate Authorized Party's names below:

Form with fields: Authorized Party's Name: First MI Last, Title, Additional Authorized Party's Name: First MI Last, Title

2 CONSENT FOR DUPLICATE MAILINGS (If applicable)

I authorize PLIC to send the following regularly scheduled mailings to the OIP until revoked in writing. (Note: Duplicate mailings may not be available on some policies.)

- Statements & Confirmation Notices, Billing, Grace, and Lapse Notices, Grace and Lapse Notices, All

3 REQUEST TO STOP DUPLICATE MAILINGS (If applicable)

I request that PLIC discontinue the following regularly scheduled mailings to the OIP.

- Statements & Confirmation Notices, Billing, Grace, and Lapse Notices, Grace and Lapse Notices, All

4 REQUEST TO REMOVE THE OIP (If applicable)

I request that PLIC remove \_\_\_\_\_ as an OIP from the policy.

# OTHER INTERESTED PARTY AUTHORIZATION REQUEST (OIP)



Insured's Name: First	MI Last	Policy Number(s)
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## 5 DECLARATIONS

I understand and agree:

- That PLIC will use reasonable procedures to confirm that 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.
- That PLIC is not responsible for inquiring into the reason for the request for information or the subsequent use of the information provided.
- That requests are subject to the policy's terms and conditions and PLIC's administrative requirements.
- This authorization is void upon any change in ownership.
- That PLIC reserves the right to decline this request at its sole discretion.

## 6 SIGNATURES

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:

Date (mm/dd/yyyy)
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	X
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Policyowner's\* Signature

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

Assignee's Name: First      MI    Last    (print)	Title, if applicable
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	X
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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:**
- |   |  |
|---|--|
| <input type="checkbox"/> Additional Policyowner | <input type="checkbox"/> Attorney-in-Fact                            |
| <input type="checkbox"/> Additional Assignee    | <input type="checkbox"/> Business Entity's Authorized Representative |
| <input type="checkbox"/> Trustee                | <input type="checkbox"/> 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
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**PRODUCER: PROVIDE A PHOTOCOPY OF THIS SIGNED FORM TO ALL SIGNING PARTIES**

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## INSTRUCTIONS

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<b>When to use this form:</b>	This form may be used for a life insurance policy to: <ul style="list-style-type: none"><li>• Authorize an interested party to request and receive policy information</li><li>• Remove an interested party</li><li>• Stop or start duplicate mailings to an interested party</li></ul>
<b>Who must sign this form:</b>	<p><b>POLICYOWNER(S)</b> – Required signature(s).</p> <p><b>ASSIGNEE(S)</b> – 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><b>OTHER REQUIRED SIGNATURE(S)</b> – 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, or any 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>
<b>Where to send this form:</b>	<p><b>Regular Mail:</b> Pacific Life Insurance Company, P.O. Box 42001, Lynchburg, VA 24506.</p> <p><b>Overnight Mail:</b> Pacific Life Insurance Company, 750 Main Street, Lynchburg, VA 24504</p> <p><b>Fax:</b> (949) 219-8811</p>