



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.

Insured's Name: First MI Last	Policy Number(s)
Policyowner's Name	Telephone #: (Include area code)

1. Consent to Release Information

- I authorize to release by telephone, or written request, policy information to the party(ies) listed until revoked in writing.
- Private information such as SSN/TIN, underwriting, and medical information are automatically excluded from this authorization.
- This authorization shall remain in effect indefinitely unless revoked in writing.

Other Interested Party's Name	Relationship to Policyowner
Address: Street City State Zip Code	Telephone #: (Include area code)

If OIP is a Corporation, or Business Entity, indicate the Authorized Party's name(s) below:

Authorized Party's Name: First MI Last	Title
Additional 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.

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5. Declarations

I understand and agree:

- That PLIC will use reasonable procedures to confirm that requests are authorized and genuine. If 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.
- This authorization shall remain in effect indefinitely unless revoked in writing.

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)

Policyowner's Printed Name: First, MI, Last

X

Policyowner's Signature Title, if applicable

Assignee's Printed Name: First, MI, Last

X

Assignee's Signature Title, if applicable

Other Required Printed Name: First, MI, Last

X

Other Required Signature Title, if applicable

INSTRUCTIONS

When to use this form:	This form may be used for a life insurance policy to: <ul style="list-style-type: none"> • Authorize an interested party to request and receive policy information • Remove an interested party • Stop or start duplicate mailings to an interested party 		
Who must sign this form:	POLICYOWNER(S) – Required signature(s). 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. OTHER REQUIRED SIGNATURE(S) – 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. 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.		
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 Road, Suite B Omaha, NE 68106	Fax: (949) 219-8811