



PACIFIC LIFE



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

CERTIFICATE OF INSURANCE/DUPLICATE POLICY REQUEST

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

1 CERTIFICATE OF INSURANCE/DUPLICATE POLICY

Please select an option:

- Issue a Certificate of Insurance summarizing the coverage(s) provided by the policy(ies).
Issue a duplicate policy.*

*Note: Not all life insurance policies can have a duplicate policy issued. If a duplicate policy cannot be provided, a Certificate of Insurance will be issued instead.

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

Policyowner's Name: First MI Last (print) Title, if applicable



X
Assignee's* Signature

Assignee's Name: First MI Last (print) Title, if applicable



X
Other Required* Signature (Must check a box below)

Other Required Name: First MI Last (print) Title, if applicable

- Indicate role of "Other Required" signature:
Additional Policyowner, Additional Assignee, Insured, Additional Insured, Business Entity's Authorized Representative, Trustee, Attorney-in-Fact, Irrevocable Beneficiary, Premium Payor/Remitter, New Policyowner (only required for ownership changes), Applicant (only required at time of application), 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

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

INSTRUCTIONS

When to use this form:	This form is used to request a Certificate of Insurance or a duplicate policy 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 checking the appropriate role.</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>
Where to send this form:	<p>Regular Mail: Pacific Life Insurance Company, P.O. Box 42001, Lynchburg, VA 24506.</p> <p>Overnight Mail: Pacific Life Insurance Company, 750 Main Street, Lynchburg, VA 24504</p> <p>Fax: (949) 219-8811</p>
