



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

PRODUCER CHANGE REQUEST

Email, fax, or mail completed form to address/number shown above.

Change Notice

The purpose of this signed authorization is to replace any existing Producer/Agency that services the policy/contract with the New Producer/Agency named below. This document supersedes any previous requests. The effective date of the change will be upon processing by the home office.

Policy Information

Form with fields for Policy Numbers, Policyowner Name, Email, Telephone, SSN (last 4 digits), Joint Owner Name (if applicable), and Email/Telephone for joint owner.

New Producer Information

Only one producer is allowed to be listed as primary producer. Please list primary producer first. Additional producers will only be noted for phone support.

Form with fields for New Producer Name, Email, Telephone, SSN (last 4 digits), Address, Agency/Firm Name, TIN, and Email/Telephone.

Required Signatures

Policyowner signature authorizes moving of one or more policies between producer and/or Agencies.



Signature line for Policyowner Signature with fields for X, Title, and Date.



Signature line for Joint Owner Signature with fields for X, Title, and Date.