



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

POLICY CHANGE APPLICATION FOR INDIVIDUAL LIFE INSURANCE

1. Client Information

A. Policy Number(s)
B. Primary Insured's Name: First MI Last
C. SSN
D. Policyowner's Name
E. SSN
F. Policyowner's E-mail
G. Telephone Number (include area code)

Important Information: Not all risk classifications, riders and benefits, or policy changes are available for all products and some changes are subject to underwriting approval.

2. Risk Classification Change

See the Instructions Section for important underwriting information. For information on the evidence required for the best available risk class, contact Customer Service.

Evidence of insurability will be required. Check all that apply:

- Reduce or remove flat extra or table rating
Change to non-nicotine risk class
Change to the best available risk class

3. Add Coverage

To add a rider, check the appropriate box(es) below and indicate coverage amount

Children's Term Rider: \$

4. Change in Coverage

Important Information

- Refer to the policy and rider provisions of your policy for information related to eligibility, riders, coverages, charges, costs, and benefits.

A. What type of policy change are you requesting?

Table with 2 columns: Policy Change Type and Instructions. Rows include Increase Coverage, Decrease/Reduce Coverage, Add Eligible Child(ren) to existing Children's Level Term Rider, and Terminate Riders and Benefits.

4. Change in Coverage (Continued)

B. What is the requested face amount after the decrease in coverage?

(Complete if the box to decrease/reduce coverage is checked in question A.)

1. Base Coverage: Amount **after** the change \$ _____

2. Rider/Benefit

a. Children's Term Rider: (1 unit = \$1,000 of coverage) Amount **after** the change \$ _____

If your intent is to terminate a rider and all of its benefits, complete question C.

C. To terminate riders or benefits, check the appropriate box(es) below.

(Complete if the box to terminate coverage is checked in question A.)

- | | |
|---|--|
| 1. <input type="checkbox"/> Accelerated Death Benefit Rider for Chronic Illness | 3. <input type="checkbox"/> Enhanced Surrender Value Rider |
| 2. <input type="checkbox"/> Children's Term Rider | 4. <input type="checkbox"/> Waiver of Premium Rider |

5. Additional Changes/Remarks (Use this section for additional information)

6. Declarations of all Signing Parties

By signing in the Signature Section, I authorize Pacific Life Insurance Company (PLIC) to process the policy change(s) as requested. I also declare the following:

1. The answers provided in this application are true and complete to the best of my knowledge and belief.
2. Upon approval by PLIC, this policy change request will become effective on the date set forth in your Supplemental Schedule of Coverage (SSC). Please refer to the SSC for additional details. Refer to your policy for specific information.
3. No representation is made that, based on information provided in the application, a particular premium, rate, risk category, or class will be offered to me. I will review the policy and ask the Producer or PLIC about the specific premium and risk class referenced in the policy.
4. The policy change as applied for in this application will meet my insurance needs and financial objectives based in part upon my age, income, net worth, tax and family status, and any existing insurance policies I own. PLIC recommends you consult with your life insurance producer or financial advisor prior to making any changes to your life insurance policy.
5. Applicable tax reporting is submitted to the Internal Revenue Service (IRS) under the primary policyowner's tax identification number, unless directed otherwise.
6. For some coverages, riders, and benefits, the expense and/or administrative charges may not be reduced even if a decrease in face amount or termination takes place. Refer to the rider and policy provisions for more information.
7. Any policy change may impact policy benefits, costs, charges, and performance.
8. PLIC may request a policy quote/illustration reflecting the policy change(s) requested.
9. This application will be attached to and made part of the policy.

7. Signatures

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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 (in the case of a Corporation and/or Trust), have been met.

If Proposed Insured or Policyowner is under age 18, a signature of parent/guardian is required in place of the minor's signature.

SIGNED BY POLICYOWNER IN:

POLICYOWNER SIGNED AND DATED ON:

City	State
------	-------

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:**
- | | |
|--|--|
| <input type="checkbox"/> Additional Policyowner | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Additional Assignee | <input type="checkbox"/> Attorney-in-Fact |
| <input type="checkbox"/> Insured | <input type="checkbox"/> Irrevocable Beneficiary |
| <input type="checkbox"/> Business Entity's Authorized Representative | <input type="checkbox"/> Other: _____ |

8. Producer's Certification (If applicable)

I certify that I have truly and accurately recorded the information supplied in the application and any supplements, if required.

X
Producer's Signature

Producer's Name: First	MI	Last	(print)
------------------------	----	------	---------