PACIFIC LIFE

PACIFIC LIFE INSURANCE COMPANY

Lynchburg Operations
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P.O. Box 2873, Omaha, NE 68103
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REINSTATEMENT APPLICATION FOR CHILD RIDER

Proposed Insured

1. Name: First	MI	Last	2. Policy Number

General Information

	Yes	No
1. In the past five years, have you flown, or do you intend within the next two years to fly, as a pilot, student pilot, or crewmember other than for a scheduled commercial airline? (If Yes, complete the Aviation Supplement.)	☐	☐
2. In the past two years, have you engaged in, or do you intend within the next two years to engage in, hang gliding, ultra-light flying, hot-air ballooning, mountain, rock or ice climbing, motor vehicle or boat racing, or scuba or sky diving? (If Yes, complete appropriate activities supplement.)	☐	☐
3. In the next two years, do you intend to travel or reside outside of the United States for more than four consecutive weeks other than for vacation? (If Yes, complete the Foreign Residence/Travel Supplement.)	☐	☐
4. Have you ever had life insurance declined, rated, modified, cancelled or not renewed? (If Yes, provide details in the Remarks section.)	☐	☐
5. In the last five years, have you been convicted of a felony or misdemeanor or do you have such charge currently pending against you? (If Yes, provide specifics of the felony, dates of jail time, if any, and date probation ends or ended in the Remarks section.)	☐	☐
6. Have you had a driver's license suspended or revoked, or been convicted of three or more moving violations within the past five years? (If Yes, provide dates, type and state of issue in the Remarks section.)	☐	☐
7. Within the past five years, have you used or smoked tobacco and/or any other product containing nicotine in any quantity? (If Yes, provide details as to type of product and date last used in the Remarks section.)	☐	☐

Medical Information (For Yes answers provide diagnosis, treatment, test results, medications in the Remarks section.)

1. What is your height? _____ 2. What is your weight?_____	Yes	No
3. In the last five years, have you been examined or treated by a physician or medical practitioner, or been examined or treated at a hospital or other medical facility?	☐	☐
4. Except for Human Immunodeficiency Virus (HIV), have you ever been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for a disease or disorder such as:		
a. Chest pain, angina, congestive heart failure, heart disease, heart murmur, coronary artery disease, peripheral vascular disease, atrial fibrillation, high blood pressure, or other disorders of the heart or blood vessels?	☐	☐
b. Transient ischemic attack, stroke?	☐	☐
c. Asthma, emphysema, Chronic Obstructive Pulmonary Disease (COPD)?	☐	☐
d. Cancer, leukemia, lymphoma?	☐	☐
e. Diabetes?	☐	☐
f. Cirrhosis, chronic hepatitis, diseases of the liver, pancreas, or kidney?	☐	☐
5. Within the last five years, have you ever been diagnosed, treated, or been given medical advice by a member of the medical profession and/or taken medication for depression or any psychiatric or mental health disorder?	☐	☐
6. Other than as prescribed by a physician, have you ever used marijuana, narcotics, stimulants, sedatives, hallucinogens, or any prescription drugs? (If "Yes," also give name, form, amount, frequency and length of use, and date last used in remarks.).	☐	☐
7. Have you ever received medical treatment or counseling for, or been advised by a physician to discontinue, the use of alcohol or prescribed or non-prescribed drugs?	☐	☐
8. Have you ever been diagnosed by a licensed member of the medical profession for having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?	☐	☐

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Name: First	MI	Last	Policy Number

Medical Information (Continued)

(Give details of all medical examinations, consultations, or treatment that you have had within the last five years. If none, check this box ☐.)

Reason for Consultation, Examination or Treatment	Date	Duration	Result	Name and Address of Physician

Remarks (Use this section for responses to Yes answers or to provide additional information.)

REINSTATEMENT APPLICATION FOR CHILD RIDER

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Name: First	MI	Last	Policy Number

Remarks (Use this section for responses to Yes answers or to provide additional information.)

Signatures

I hereby apply for reinstatement of the above rider. I represent that the foregoing answers and statements are true and complete to the best of my knowledge and belief. I understand that:

1. During the reinstatement consideration period, the rider will remain lapsed. No benefits will be payable.
2. If the rider is not reinstated, Pacific Life Insurance Company's (PLIC's) only liability in connection with this application shall be the refund of all sums tendered, without interest.
3. If the rider is reinstated but if any answers or statements contained herein are not complete and correct and would affect PLIC's decision to reinstate the rider, then PLIC's only liability for two years from the date of reinstatement shall be the refund of any amount paid to effect such reinstatement and all premiums paid thereafter less any policy loans and any withdrawals taken, if applicable, after the reinstatement date.
4. This application will be attached to and made part of the policy.

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

Signed In:

City	State

Signed and Dated On:

Date (mm/dd/yyyy)

X

Proposed Insured's Signature

Proposed Insured Name: First MI Last