



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

REINSTATEMENT APPLICATION FOR CHILD RIDER

Proposed Insured

1. Name: First MI Last 2. Policy Number

General Information

Table with 3 columns: Question, Yes, No. Contains 7 questions regarding flight history, activities, travel, insurance history, and convictions.

Medical Information (For Yes answers, except for HIV, AIDS or ARC, provide diagnosis, treatment, test results, medications in the Remarks section.)

Table with 3 columns: Question, Yes, No. Contains 8 questions regarding height/weight, medical examinations, diagnoses, and treatments.

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Name: First	MI	Last	Policy Number
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Medical Information (Continued)

(Except for HIV, AIDS or ARC, 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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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 and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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
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Signed and Dated On:

Date (mm/dd/yyyy)

X

Proposed Insured's Signature

Proposed Insured Name:	First	MI	Last
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