



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

NAME CHANGE REQUEST

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

Note: We reserve the right to request supporting documentation for any name change request.

I direct Pacific Life Insurance Company (PLIC) to make the following name change:

Form with fields: Previous Name: First MI Last, New Name: First MI Last

Name Change Applies to:

- Policyowner, Insured, Beneficiary, Payor, Other covered person

Reason for Change:

- Marriage, Divorce, Court Order (attach copy), Correction, Other

Form with fields: Previous Name: First MI Last, New Name: First MI Last

Name Change Applies to:

- Policyowner, Insured, Beneficiary, Payor, Other covered person

Reason for Change:

- Marriage, Divorce, Court Order (attach copy), Correction, Other

Signatures

If you are signing on behalf of an entity, you represent that you are authorized to execute this document and to 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.

Signed and Dated On:

Date (mm/dd/yyyy)

X Policyowner's Signature Title, if applicable

Policyowner's Printed Name: First, MI, Last

X Assignee's Signature Title, if applicable

Assignee's Printed Name: First, MI, Last

X Other Required Signature Title, if applicable

Other Required Printed Name: First, MI, Last

INSTRUCTIONS

When to use this form:	This form is used to request name changes 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(s) – Any party that has an ownership interest that requires them to approve this policy request. Indicate their signing capacity by noting their title on the signature line.</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:	Regular Mail: Pacific Life Insurance Company Lynchburg Operations P.O. Box 2873 Omaha, NE 68103	Overnight Mail: Pacific Life Insurance Company Lynchburg Operations 6750 Mercy Road, Suite B Omaha, NE 68106	Fax: (949) 219-8811