



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

OWNERSHIP CHANGE REQUEST

Table with 2 columns: Insured's Name (First, MI, Last) and Policy Number(s); Current Policyowner's Name and Telephone #.

1. Ownership Change Important Information

- A change in ownership may result in adverse tax consequences. Consult your tax advisor for guidance.
If the new policyowner is a trust, the new policyowner must complete the Trust Information form (15-46147).
If multiple policyowners, or policyowner is a corporation or entity, the new policyowner should complete the Authorization to Exercise Ownership Rights form (15-46148) to notify Pacific Life Insurance Company (PLIC) who is authorized to sign forms to exercise the policy's ownership rights.
PAYMENT OF DEATH BENEFIT PROCEEDS: All or a portion of the Death Benefit Proceeds may be paid over an extended period of time based on the provisions of the policy and any supplementary riders attached to the policy.
The new policyowner(s) should review the policy and any supplementary rider provisions.
An ownership change will invalidate any existing telephone/electronic authorization.

Required information

- For each new policyowner, whether primary or contingent: full name, date of birth, Social Security Number (SSN) or Tax Identification Number (TIN), relationship to the Insured, full address and telephone number are required.
Enter the policyowner name(s) and their required information in Section 2. A. and/or 2. B., as applicable. If more space is needed for additional policyowners or for complex designations, complete Section 4 Remarks.
Refer to the "Sample Ownership Wording" section for examples of ownership designations.

2. Ownership Change

If more than one individual or entity is named as policyowner, they will own the policy as joint tenants with rights of survivorship, unless otherwise stated.

A. New Primary Policyowner(s)

Check this box if this ownership change is in connection with a viatical or life settlement transaction.

I hereby transfer ownership of this policy to:

Policyowner Name

Table with 4 columns: Date of Birth/Trust (mm/dd/yyyy), SSN/TIN, Relationship to Insured, Telephone # (Include area code); Address: Street, City, State, Zip Code

Additional Policyowner Name

Table with 4 columns: Date of Birth/Trust (mm/dd/yyyy), SSN/TIN, Relationship to Insured, Telephone # (Include area code); Address: Street, City, State, Zip Code

OWNERSHIP CHANGE REQUEST



Insured's Name: First	MI	Last	Policy Number(s):
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B. New Contingent Policyowner(s)

On the above policyowner's death, PLIC will transfer ownership of the policy to the contingent policyowner(s) named below:

Policyowner Name

Date of Birth/Trust (mm/dd/yyyy)	SSN/TIN	Relationship to Insured	Telephone # (Include area code)
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Address: Street	City	State	Zip Code
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Additional Policyowner Name

Date of Birth/Trust (mm/dd/yyyy)	SSN/TIN	Relationship to Insured	Telephone # (Include area code)
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Address: Street	City	State	Zip Code
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3. Certification of New Policyowner's Taxpayer Identification Number

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined in the instructions in item 3 of the Certification on the official IRS Form W-9).
4. I am exempt from FATCA reporting (defined in the instructions in item 4 of the Certification on the official IRS Form W-9).

Note: You must check here if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

4. Remarks

OWNERSHIP CHANGE REQUEST



Insured's Name: First MI Last	Policy Number(s):
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5. Declarations

By signing in the Signature section, I/we attest that:

- No bankruptcy or insolvency proceedings have been filed or commenced by or against all signing parties.
- State law may prohibit certain transfers of ownership interest to an entity without an insurable interest in the life of the insured and I/we represent that this ownership change is permitted by applicable state law.
- IRC Section 101(j): If this ownership change has the effect of transferring the life insurance policy to the employer of the insured, the new policyowner acknowledges that they have obtained appropriate advice from their qualified independent legal and/or tax advisor regarding the potential impact of IRC Section 101(j).

6. 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.

The Internal Review Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

Signed and Dated On:

Date (mm/dd/yyyy)

<p>X</p> <hr/> <p>Current Policyowner's Signature Title, if applicable</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Current Policyowner's Printed Name: First, MI, Last</td> </tr> </table>	Current Policyowner's Printed Name: First, MI, Last
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<p>X</p> <hr/> <p>New Policyowner's Signature Title, if applicable</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">New Policyowner's Printed Name: First, MI, Last</td> </tr> </table>	New Policyowner's Printed Name: First, MI, Last
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<p>X</p> <hr/> <p>Assignee's Signature Title, if applicable</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Assignee's Printed Name: First, MI, Last</td> </tr> </table>	Assignee's Printed Name: First, MI, Last
Assignee's Printed Name: First, MI, Last		
<p>X</p> <hr/> <p>Other Required Signature Title, if applicable</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Other Required Printed Name: First, MI, Last</td> </tr> </table>	Other Required Printed Name: First, MI, Last
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INSTRUCTIONS

When to use this form:	This form is used to request ownership changes on a life insurance policy.		
Who must sign this form:	<p>For ownership changes, all current and new policyowner(s) must sign and date this form.</p> <p>The signatures of all new policyowners are required. If more than one new policyowner, additional signatures can be entered in the Other Required Signature field.</p> <p>POLICYOWNER(S) – Required signature(s) of current policyowner(s).</p> <p>NEW POLICYOWNER(S) – Required for an ownership change. If more than one new policyowner, additional signatures can be entered in the Other Required Signature field.</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:	<p>Regular Mail:</p> <p>Pacific Life Insurance Company Lynchburg Operations P.O. Box 2873 Omaha, NE 68103</p>	<p>Overnight Mail:</p> <p>Pacific Life Insurance Company Lynchburg Operations 6750 Mercy Road, Suite B Omaha, NE 68106</p>	<p>Fax: (949) 219-8811</p>

SAMPLE OWNERSHIP WORDING

Ownership Arrangement	Sample Wording
One Policyowner	Mary Doe, Wife.
Several Policyowners (with deceased policyowner's interest passing to surviving policyowners)	John Smith, Paul Smith, Frank Smith, Brothers, as joint tenants with rights of survivorship.
Several Policyowners (with deceased policyowner's interest passing to his/her estate)	John Smith, Paul Smith, Frank Smith, Brothers, as tenants-in-common.
Partnership (General)	Smith and Jones, a general partnership composed of John Smith and Thomas Jones.
Partnership (Limited)	John Smith, general partner, Smith Associates, Limited Partnership.
Inter-Vivos Trust with One Trustee	The <u>(Name of Trust)</u> Trust, dated <u>(Trust date)</u> , with <u>(Name of Trustee)</u> , Trustee, or the successor or successors in trust.
Inter-Vivos Trust with More Than One Trustee	<p>The <u>(Name of Trust)</u> Trust, dated <u>(Trust date)</u>, with <u>(Names of all Co-Trustees)</u>, or their successor or successors in trust, with exercise of any and all ownership rights requiring the signatures of any one Co-Trustee only**.</p> <p>**Where all Co-Trustees must sign for each transaction, substitute the wording "of any one Co-Trustee only" with "All Co-Trustees."</p>
Corporation	The ABC Company, a <u>(State Of Incorporation)</u> corporation, its successors or assigns.
Qualified Pension or Profit Sharing Plan Owner, with Trustee or Plan Administrator	<u>(Name of Plan)</u> Plan, with <u>(Name of Trustee or Plan Administrator)</u> , Trustee or Plan Administrator.
UGMA/UTMA	<u>Name of Custodian</u> , as custodian for <u>(Name of Minor)</u> , born <u>(Date of Birth)</u> , under the <u>(Name of the State and Name of the UGMA/UTMA Act for the State in Question.)</u>