



PACIFIC LIFE



PACIFIC LIFE INSURANCE COMPANY

Lynchburg Operations | 6750 Mercy Rd., Ste. B, Omaha, NE 68106
P.O. Box 2873, Omaha, NE 68103
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BILLING AND PREMIUM CHANGE REQUEST

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

To establish or request a change to an existing Electronic Funds Transfer premium payment and/or loan repayment billing method, submit the Authorization for Payment – Electronic Funds Transfer form in addition to this form.

1. Billing Changes

A. Change billing method to:

- Direct Billing, Electronic Funds Transfer (EFT), Suspend Billing, Resume Billing

B. Change billing frequency to:

- Annual, Semi-Annual, Quarterly, Monthly (EFT Only)

2. Premium Changes for Flexible Premium Policies Only

A. Change Premium Amount to: \$_____ for the billing frequency change requested or the existing billing frequency.

B. Change Expected Annual Premium (EAP) Schedule

If an EAP schedule exists on the policy, the current year's EAP will change and the existing EAP schedule will resume on the next scheduled change, unless one of the following is checked:

- Change EAP schedule (per attached illustration/quote)
Delete EAP schedule

3. 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 changes to billing and premium information on in-force life insurance policy.		
How to use this form:	Expected Annual Premium (EAP) changes: Use this form to change the EAP, if no policy coverage changes are taking place. If the EAP is changing as a result of a policy change, submit the Policy Change Application for Individual Life Insurance form.		
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:	<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>