



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

BENEFICIARY CHANGE REQUEST

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

1. Beneficiary Change Important Information

- Payment of Death Benefit Proceeds: The Death Benefit Proceeds will be paid in accordance with the terms of the policy and any supplementary riders. Please refer to the provisions of the policy and any riders for additional information, including the amount and duration of any payments to be made.
- Required information:
 - For each beneficiary, 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 beneficiary name(s), % share, and their required information in Section 2.A. and/or 2.B., as applicable.
 - The required information must also be provided for those beneficiaries listed in a class of individuals, such as “children of the Insured”.
 - If the new Primary Beneficiary is a Trust, the *Trust Certification for In-Force Policies* form (15-47910) must be completed
 - If more space is needed for additional beneficiaries or for complex designations, use Remarks section.
- Refer to the “Sample Beneficiary Wording” section for examples of beneficiary designations.
- Irrevocable Beneficiary Designation Information:
 - If designating a primary or contingent beneficiary as irrevocable, indicate “irrevocable” in the beneficiary designation. An irrevocable beneficiary designation can only be changed by the policyowner with the irrevocable beneficiary’s consent.
- Minor Beneficiaries
 - If the Insured dies before the minor Beneficiary reaches the age of majority, the minor cannot accept the death benefit. In such situation, Pacific Life Insurance Company “PLIC” will hold the death benefit until we are provided with court certified guardianship letters over the estate of the minor Beneficiary, at which time PLIC will pay the guardian.
 - Alternatively, you may consider naming a custodian for the minor Beneficiary under your state’s Uniform Transfers Minors Act (UTMA), Uniform Gifts to Minors Act (UGMA), or equivalent law adopted in your state. At death, if the minor Beneficiary has not yet reached the age of majority specified in UTMA or UGMA, the named custodian(s) will be able to collect the death benefit on the minor Beneficiary’s behalf. Please consult your legal counsel if you have questions about UTMA or UGMA.
 - When a custodian is named for the minor Beneficiary under UTMA or UGMA, the “Beneficiary Full Name” should state custodian’s name as custodian for the minor Beneficiary, and remaining information in sections A and B should be custodian information.

2. Beneficiary Change

- If more than one individual or entity is named as beneficiary, they will share the death benefit proceeds equally with rights of survivorship, unless otherwise stated.
- Reserving the right to change the beneficiary, I direct that the death benefit be paid unless otherwise specified or as required by the policy and any supplementary riders, to the beneficiary(ies) designated below.

BENEFICIARY CHANGE REQUEST



Insured's Name: First	MI	Last	Policy Number(s)
-----------------------	----	------	------------------

A. New Primary Beneficiary(ies)

I revoke all previous beneficiary designations.

Beneficiary Full Name			% of Proceeds
Date of Birth/Trust	SSN/TIN	Relationship to the Insured	
Address: Street	City	State	Zip
E-Mail Address (Optional)		Telephone # (Include area code)	

Beneficiary Full Name			% of Proceeds
Date of Birth/Trust	SSN/TIN	Relationship to the Insured	
Address: Street	City	State	Zip
E-Mail Address (Optional)		Telephone # (Include area code)	

B. New Contingent Beneficiary(ies) (Optional)

Or should no primary beneficiary survive to receive payment then to the contingent beneficiary(ies) named below:

Beneficiary Full Name			% of Proceeds
Date of Birth/Trust	SSN/TIN	Relationship to the Insured	
Address: Street	City	State	Zip
E-Mail Address (Optional)		Telephone # (Include area code)	

Beneficiary Full Name			% of Proceeds
Date of Birth/Trust	SSN/TIN	Relationship to the Insured	
Address: Street	City	State	Zip
E-Mail Address (Optional)		Telephone # (Include area code)	

BENEFICIARY CHANGE REQUEST



Insured's Name: First	MI	Last	Policy Number(s)
-----------------------	----	------	------------------

3. Remarks *(Provide explanations and requested information. Identify applicable item number and letter.)*

4. 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

Policyowner's Name: First	MI	Last	(print)	Title, if applicable
---------------------------	----	------	---------	----------------------

X

 Assignee's Signature

Assignee's Name: First	MI	Last	(print)	Title, if applicable
------------------------	----	------	---------	----------------------

X

 Other Required Signature

Other Required Name: First	MI	Last	(print)	Title, if applicable
----------------------------	----	------	---------	----------------------

(Must check a box below)

Indicate role of "Other Required" signature:

- Additional Policyowner
- Insured
- Trustee
- Attorney-in-Fact

- Irrevocable Beneficiary
- Witness
- Other: _____

Instructions

When to use this form:	This form is used to request beneficiary changes on a life insurance policy.		
Who must sign this form:	Policyowner(s) – Required signature(s) of current policyowner(s)		
	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.		
	Other Required Signature – Any party that has an ownership interest that requires them to approve this policy request. Indicate their signing capacity by checking the appropriate role.		
	When the policy is community property, PLIC suggests that the current policyowner's spouse also sign the form. Community Property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin.		
	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.		
Where to send this form:	Regular Mail:	Overnight Mail:	Fax: (949) 219-8811
	Pacific Life Insurance Company Lynchburg Operations P.O. Box 2873 Omaha, NE 68103	Pacific Life Insurance Company Lynchburg Operations 6750 Mercy Road, Suite B Omaha, NE 68106	

SAMPLE BENEFICIARY WORDING

Beneficiary Arrangement	Sample Wording
Estate	One of the following: <ul style="list-style-type: none"> The Insured's Estate Minor as Insured: The estate of the Minor
One Primary Beneficiary	Mary Doe, Wife.
Several Primary Beneficiaries	Mary Doe, Jane Doe and Thomas Doe, Wife and Children, equally, survivors or survivor.
Un-named Beneficiaries	One of the following: <ul style="list-style-type: none"> My Children equally, survivors or survivor. The Children born of the marriage between John and Mary Doe, equally, survivors or survivor. Thomas Doe, Son and any other children born of the marriage between John and Mary Doe, equally, survivors or survivor.
Unequal Amounts	One of the following: <ul style="list-style-type: none"> 70% to Mary Doe, Wife, and 30% to John Doe, Son, or all to the survivor. 60% to Joe Doe, Husband, 20% to Mary Doe, Daughter and 20% to John Doe, Son. If the beneficiary should not survive, then the remaining beneficiaries shall share the deceased beneficiary's portion equally.
Partnership (General)	Smith and Jones, a general partnership comprised of John Smith and Thomas Jones.
Partnership (Limited)	John Smith, general partner, Smith Associates, Limited Partnership.
Corporation	The ABC Company, a (State of Incorporation) corporation, its successors or assigns.
Inter-Vivos Trust	The (Name of Trust) Trust, dated Trust date), with (Name of Trustee), Trustee, or the successor or successors in trust.
Testamentary Trust	The Trust created by the Will of (Insured) by (Name of Trustee), Trustee, or the successor or successors in trust.
Split Dollar (Collateral Assignment or Endorsement)	XYZ Corporation, a (State of Incorporation) corporation, its successors or assigns, in the amount claimed by said corporation not to exceed the amount payable under the policy, and the balance if any, payable to Jane Doe, spouse of the insured.
Minor Under UGMA/UTMA	Someone Other Than Minor as Insured: Name of Custodian, as custodian for (Name of Minor), born (Date of Birth), under the (Name of the State and Name of the UGMA/UTMA Act for the State in Question.)