

# Policy Change Forms Booklet



## **Pacific Life Insurance Company**

Lynchburg Operations

P.O. Box 2873, Omaha, NE 68103-2030

(844) 276-0193, Fax (949) 219-8811

[www.PacificLife.com](http://www.PacificLife.com)



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**INSTRUCTIONS – POLICY CHANGE APPLICATION**

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**When to use this form**

Use this form to request changes in coverage on an in-force policy. The “Type of Change” column on the following pages of this form provides a list of policy changes you may request.

**Do not use this form for:**

Term Rider or Term Policy Conversion – Complete the “Term Policy Conversion Request Application” form and follow the submission instructions on the form.

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**General Information**

Policy Coverages, Riders, Benefits, and Fees - Information on coverages, riders, benefits, changes that are allowed, and how those changes will affect your policy, can be found in the policy and rider provisions.

Effective Date – In most cases, the effective date on certain transactions will be determined in part by the date all requirements are received, PLIC approval, and/or language contained in your policy.

Decrease in Benefits or Coverages - If the policy is within 15 years of the issue date and if a withdrawal was processed in the last two years, PLIC will determine if the decrease will result in a tax reportable event. If the decrease results in a tax reportable event, we will contact the policyowner prior to processing to confirm they would like to move forward with the decrease in coverage.

Risk Classification Change - Not all risk class changes, or classifications are available for all products. Evidence of insurability is required for risk class changes. Underwriting will consider a risk class based on the forms and evidence submitted. Please note that submission of any requirements does not guarantee approval.

Other Changes – If the change you are requesting is not listed, indicate the requested change in the Additional Changes/Remarks Section of the Policy Change Application or contact our office for instructions.

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**Evidence of Insurability Requirements**

Underwriting requirements vary based upon the type of change requested. The underwriter reserves the right to request additional requirements, such as a paramed exam, labs, attending physician’s statements or questionnaires.

**Additional Form Requirements** – Based on the type of policy change, one or more of the following state specific forms may be required.

- Supplemental Application for Children’s Term Insurance
  - Individual Life Insurance Application Part II Medical History
  - Authorization to Collect and Disclose Information
  - Proposal/Quote
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**Signature Requirements**

- Policyowner(s)\* – Required
- Assignee\* – 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(s) – Any party that has an ownership interest that requires them to approve this policy request. Indicate their signing capacity by checking the appropriate role.
- Insured – Required on the Policy Change Application for Individual Life Insurance, Individual Life Insurance Application Part II Medical History, and Authorization to Collect and Disclose Information

\*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.

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**Important Reminders**

- Complete all appropriate sections prior to signing the form.
- Do not use “white out” to make changes. Cross out the incorrect information and add the new, if necessary. All cross outs with or without additions need to be initialed by the appropriate party(ies).
- An incomplete form may result in delays with processing the request.

## Where to send the forms

### 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

Email: [LYNCustomerService@PacifiClife.com](mailto:LYNCustomerService@PacifiClife.com)

Phone: (844) 276-0193

Type of Change	Section on form	Additional Form(s) to Submit	Additional Information
Risk Classification Change	Section 1	Individual Life Insurance Application Part II Medical History  Authorization to Collect and Disclose Information	Evidence of insurability may be required. Refer to the General Information Section – Risk Classification Change and the Evidence of Insurability Requirements for additional information.
Add Coverage	Section 2	Supplemental Application for Children's Term Insurance	The maximum amount of units for the child(ren) is 10 units. 1 unit = \$1,000 of coverage.
Decrease/Reduce Coverage	Section 4B	Proposal/Quote	<b>Important:</b> Prior to completing the Policy Change Application, review the General Information Section for more detailed information on decreases in benefits or coverages, the impact on certain policy charges, and possible tax implications. You can also review your policy and rider provisions.  In the applicable question(s) on the Policy Change Application, indicate the amount of coverage desired <b>after</b> the decrease. Certain charges for some coverages, riders, and benefits may not be reduced even if a decrease in face amount takes place.
Add Eligible Child(ren) to existing Children's Term Rider	Check appropriate box in Section 3	Supplemental Application for Children's Term Insurance	Complete the Supplemental Application for Children's Term Insurance in its entirety for the child(ren) being added to the existing rider.
Terminate Riders and Benefits	Section 4C	Proposal/Quote	A proposal/quote is required.



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**POLICY CHANGE APPLICATION FOR INDIVIDUAL LIFE INSURANCE**

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

**Important Information: Not all risk classifications, riders and benefits, or policy changes are available for all products and some changes are subject to underwriting approval.**

**1. Risk Classification Change**

See the Instructions Section for important underwriting information. Evidence of insurability will be required (Check all that apply).

- Reduce or remove flat extra or table rating
- Change to non-nicotine risk class
- Change to the best available risk class

**2. Add Coverage**

To add a rider, check the appropriate box below and indicate coverage amount.

- Children's Term Rider (max 10 units, 1 unit = \$1,000 of coverage) \_\_\_\_\_  
(Complete "Supplemental Application for Children's Term Insurance")
- \_\_\_\_\_
- \_\_\_\_\_

**3. Change in Coverage**

**Important Information:** Refer to the policy and rider provisions of your policy for information related to eligibility, riders, coverages, charges, costs, and benefits. Some changes may affect the Expected Annual Premium.

**A. What type of policy change are you requesting?**

<input type="checkbox"/> Decrease/Reduce Coverage	<ul style="list-style-type: none"> <li>• Complete question 3B1 and/or 3B2.</li> <li>• Some riders do not allow the option to reduce coverage to zero. If not allowed, the rider and its coverages, benefits, and charges will be automatically terminated, if the amount in Section 3B is shown as zero.</li> </ul>
<input type="checkbox"/> Add Eligible Child(ren) to existing Children's Term Rider	<ul style="list-style-type: none"> <li>• Complete Supplemental Application for Children's Term Insurance</li> </ul>
<input type="checkbox"/> Terminate Riders and Benefits	<ul style="list-style-type: none"> <li>• Complete question 3C</li> <li>• Rider/benefit is terminated, and coverage is no longer in force.</li> <li>• Charges will cease.</li> <li>• Terminated riders and benefits cannot be added back on to a policy.</li> </ul>

**B. What is the requested amount after the decrease in coverage?**

- 1. Base Coverage: Face amount after the change \$ \_\_\_\_\_
- 2. Rider/Benefit – Children's Term Rider: Number of units after the change \_\_\_\_\_  
(max 10 units, 1 unit = \$1,000 of coverage)

**C. To terminate riders or benefits, check appropriate box(es) below:**

- Accelerated Death Benefit Rider for Chronic Illness
- Waiver of Premium Rider
- \_\_\_\_\_
- Children's Term Rider
- \_\_\_\_\_
- \_\_\_\_\_

**4. Additional Changes/Remarks** (Use this section for additional information)

**5. Declarations of all signing parties**

By signing in the Signature Section, I authorize Pacific Life Insurance Company (PLIC) to process the policy change(s) as requested. I also declare the following:

Applicant Acknowledgements

1. The answers provided in this application are true and complete to the best of my knowledge and belief.
2. Applicable tax reporting is submitted to the Internal Revenue Service (IRS) under the primary policyowner's tax identification number, unless directed otherwise.
3. For some coverages, riders, and benefits, the expense and/or administrative charges may not be reduced even if a decrease in face amount or termination takes place. Refer to the rider and policy provisions for more information.
4. Any policy change may impact policy benefits, costs, charges, and performance.
5. I will review the policy and ask the Producer or PLIC about the specific premium and risk class referenced in the policy.
6. The policy change(s) as applied for in this application may meet my insurance needs and financial objectives. I understand that I may consult with my life insurance producer or financial advisor prior to making any changes to this life insurance policy.

Applicant Agreement

1. Upon approval by PLIC, this policy change request will become effective on the date set forth in your Supplemental Schedule of Coverage (SSC). Please refer to the SSC for additional details. Refer to your policy for specific information.

Company Position

1. PLIC makes no representation to me based on information provided in the application as to whether a particular premium, rate, risk category, or class will be offered to me.
2. PLIC may request a policy quote/proposal reflecting the policy change(s) requested.

Statement of Law Notifications

1. This application will be attached to and made part of the policy.

**6. Signatures**

**Fraud Notice:** Any false statement or misrepresentation made in the application shall not bar the right to recovery under the policy unless such statement was made with intent to deceive PLIC or unless it materially affected either the acceptance of the risk or the hazard assumed by PLIC.

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 are 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.

**If Proposed Insured or Policyowner is under age 18, a signature of parent/guardian is required in place of the minor's signature.**

**SIGNED AND DATED ON:**

Date (mm/dd/yyyy)

**SIGNED STATE:**

**X**  
\_\_\_\_\_  
Policyowner's Signature Title, if applicable

Print Name: First, MI, Last

**X**  
\_\_\_\_\_  
Assignee's Signature Title, if applicable

Print Name: First, MI, Last

**X**  
\_\_\_\_\_  
Other's Signature Title, if applicable

Print Name: First, MI, Last