

Ownership, Beneficiary, or Name Change Booklet



Pacific Life Insurance Company

Life Insurance Division

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(800) 347-7787, Fax (866) 398-0467

www.PacificLife.com



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PACIFIC LIFE

OWNERSHIP, BENEFICIARY, OR NAME CHANGE REQUEST

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

1. Ownership Change Important Information

- A change in ownership may result in adverse tax consequences. Consult your tax advisor for guidance.
- **An ownership change will invalidate any existing telephone/electronic authorization.** Should the new Policyowner(s) wish to establish authorization for themselves and another person, the new Policyowner(s) should complete and submit a new signed and dated *Transaction Authorization* form (15-40749).
- If the new Policyowner is a trust, the new Policyowner must complete the *Trust Certification for In-Force Policies* form (15-47910).
- If multiple policyowners, or policyowner is a corporation or entity, the new Policyowner should complete the *Authorization to Exercise Ownership Rights* form (15-16547) 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.
- **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, use the "Additional Information" section or an additional sheet of paper.
- Refer to the "Sample Ownership Wording" section for examples of ownership designations.
- **For policies with a Long-Term Care Rider (LTCR):**
 - If the Policyowner of this policy is to be a trust then the following statements apply: 1) the Proposed Insured is a beneficiary of the trust; 2) the provisions of the trust permit the trustee to make distributions of principal to the Proposed Insured; and 3) the trustee intends to use the long-term care benefits to reimburse the long-term care expenses of the Proposed Insured.
 - If the Policyowner of this policy is to be a business or corporation then the following statements apply: 1) the Proposed Insured is a key employee of the business; and 2) the business has a formalized plan in place to reimburse the long-term care expenses of the Proposed Insured.

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				Date of Birth (mm/dd/yyyy)	
SSN/TIN	Relationship to Insured	E-Mail Address (Optional)			
Address: Street	City	State	Zip Code	Telephone # (include area code)	

Policyowner Name				Date of Birth (mm/dd/yyyy)	
SSN/TIN	Relationship to Insured	E-Mail Address (Optional)			
Address: Street	City	State	Zip Code	Telephone # (include area code)	

**OWNERSHIP, BENEFICIARY, OR
NAME CHANGE REQUEST**



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

B. New Contingent Policyowner - (Optional)

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

Policyowner Name		Date of Birth (mm/dd/yyyy)	
SSN/TIN	Relationship to Insured	E-Mail Address (Optional)	
Address: Street	City	State	Zip Code Telephone # (include area code)

3. Certification of New Policyowner's Taxpayer Identification Number

Check this box if you are not a U.S. Citizen or other U.S. person as defined in #3 below and this section does not apply to you.

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. Future Premium Notice Information (Required for payor changes)

By default the new Policyowner will receive all future notices unless the new Policyowner indicates otherwise below. Complete this section if you wish to have another party receive future premium and other notices. If more than one party is to receive notices, check all applicable parties below and provide their name and address.

Party	Name	Address (street, city, state, zip code)
<input type="checkbox"/> New Policyowner	_____	_____
<input type="checkbox"/> Insured	_____	_____
<input type="checkbox"/> Payor*	_____	_____
<input type="checkbox"/> Other	_____	_____

*If the payor is new to the policy, the relationship to the policy must be provided.

Relationship to the policy: _____

5. Third Party Designation (Optional for ownership changes)

Provide the name and address of a third party other than the Insured or Policyowner to receive notices of policy grace and lapse only. I revoke all previous third party designations and designate the following individual(s) to receive notices of policy grace and lapse only.

Third Party's Name _____

Address: Street	City	State	Zip Code	Telephone # (include area code)
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OWNERSHIP, BENEFICIARY, OR NAME CHANGE REQUEST



Insured's Name: First	MI	Last	Policy Number(s):
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6. 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. If the policy has a Benefit Distribution Rider (BDR), all or a portion of the Death Benefit Proceeds may be paid in periodic payments for a period of up to 30 years.
- **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), % of proceeds, and their required information in Section 7. A. and/or 7.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 the “Additional Information” section or an additional sheet of paper.**
- 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.
 - **Long-Term Care (LTC) Benefits**
 - **For LTC Policies:** The irrevocable beneficiary does not have the right to either submit claims or receive payment for long-term care benefits. This right is reserved to the Policyowner.
 - **For LTC Rider (LTCR):** Any benefit payments under the LTCR will be paid to the Policyowner provided that any irrevocable beneficiary has given their consent prior to any payments.

The irrevocable beneficiary does not have the right to either submit claims or receive payment for long-term care benefits. This right is reserved to the Policyowner. The signature of an irrevocable beneficiary on this form indicates that their consent is being given to PLIC to make any long-term care benefit payments for the life of the policy. Please refer to the provisions of the policy and the LTCR for additional information, including the amount, duration, and frequency of any benefit payments and their effect on policy values.

7. 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.

A. New Primary Beneficiary(ies)

I revoke all previous beneficiary designations. 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 Name				Date of Birth/Trust (mm/dd/yyyy)	
% of Proceeds	SSN/TIN	Relationship to Insured	E-Mail Address (Optional)		
Address: Street		City	State	Zip Code	Telephone # (include area code)

Beneficiary Name				Date of Birth/Trust (mm/dd/yyyy)	
% of Proceeds	SSN/TIN	Relationship to Insured	E-Mail Address (Optional)		
Address: Street		City	State	Zip Code	Telephone # (include area code)

B. New Contingent Beneficiary (Optional)

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

Beneficiary Name				Date of Birth/Trust (mm/dd/yyyy)	
% of Proceeds	SSN/TIN	Relationship to Insured	E-Mail Address (Optional)		
Address: Street		City	State	Zip Code	Telephone # (include area code)

OWNERSHIP, BENEFICIARY, OR NAME CHANGE REQUEST



Insured's Name: First	MI	Last	Policy Number(s):
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8. Name Change

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

Old Name _____
New Name _____

Name Change Applies To:

- Policyowner
- Beneficiary
- Other covered person

Reason For Change:

- Insured
- Marriage
- Court Order (attach copy)
- Divorce
- Correction
- Other _____

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

9. Additional Information

Use this section to include the **Required Information** for beneficiaries listed in a class, to provide information on additional policyowners or beneficiaries, or for complex designations. If more room is needed use an additional sheet of paper. **For proper identification, be sure to include their name and whether they are a primary or contingent policyowner or beneficiary.**

10. 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 it has obtained appropriate advice from their qualified independent legal and/or tax advisor regarding the potential impact of IRC Section 101(j).
- For Long-Term Care Rider (LTCR) Benefits: If I/we are signing as an Irrevocable Beneficiary(ies) or Assignee(s), our signatures signify that we are giving our prior consent to payment of any LTCR benefits to the Policyowner as described in Section 6.

**OWNERSHIP, BENEFICIARY, OR
NAME CHANGE REQUEST**



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 (Name of Trust) Trust, dated (Trust date), with (Name of Trustee), Trustee, or the successor or successors in trust.

Inter-Vivos Trust with More Than One Trustee

The (Name of Trust) Trust, dated (Trust date), with (Names of all Co-Trustees), or their successor or successors in trust, with exercise of any and all ownership rights requiring the signatures of any one Co-Trustee only**.

**Where all Co-Trustees must sign for each transaction, substitute the wording "of any one Co-Trustee only" with "All Co-Trustees."

Corporation

The ABC Company, a (State Of Incorporation) corporation, its successors or assigns.

Qualified Pension or Profit Sharing Plan Owner, with Trustee or Plan Administrator

(Name of Plan) Plan, with (Name of Trustee or Plan Administrator), Trustee or Plan Administrator.

UGMA/UTMA

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.)

SAMPLE BENEFICIARY WORDING

Beneficiary Arrangement

Sample Wording

Estate

The Insured's Estate.

One Primary Beneficiary

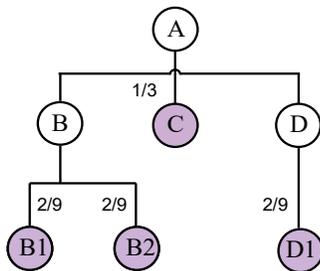
Mary Doe, Wife.

Several Primary Beneficiaries

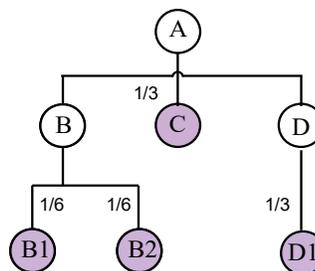
Mary Doe, Jane Doe and Thomas Doe, Wife and Children, equally, survivors or survivor.

Designation

Per capita by generation



Per stirpes



Living Deceased

Un-named Beneficiaries

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

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 Beneficiaries, UGMA/UTMA

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.)

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MINOR BENEFICIARY – CUSTODIAN INFORMATION

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

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) below 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.

1. Primary Beneficiary

If any proceeds become payable to a Primary Beneficiary who is a minor as defined in the applicable UTMA or UGMA laws, such death benefit proceeds shall be paid to:

A. Custodian

(Name of Custodian) _____ as Custodian for (Name of Minor) _____
 under the (State of) _____ UTMA or UGMA.

Custodian's Address: Street	City	State	Zip Code
E-mail Address (Optional)		Telephone # (include area code)	

B. Additional Custodian (Optional)

(Name of Custodian) _____ as Custodian for (Name of Minor) _____
 under the (State of) _____ UTMA or UGMA.

Custodian's Address: Street	City	State	Zip Code
E-mail Address (Optional)		Telephone # (include area code)	

2. Contingent Beneficiary

If any proceeds become payable to a Contingent Beneficiary who is a minor as defined in the applicable UTMA or UGMA laws, such death benefit proceeds shall be paid to:

A. Custodian Designation

(Name of Custodian) _____ as Custodian for (Name of Minor) _____
 under the (State of) _____ UTMA or UGMA.

Custodian's Address: Street	City	State	Zip Code
E-mail Address (Optional)		Telephone # (include area code)	

B. Additional Custodian (Optional)

(Name of Custodian) _____ as Custodian for (Name of Minor) _____
 under the (State of) _____ UTMA or UGMA.

Custodian's Address: Street	City	State	Zip Code
E-mail Address (Optional)		Telephone # (include area code)	



MINOR BENEFICIARY – CUSTODIAN INFORMATION

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

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 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.

Signed and Dated on:

Date (mm/dd/yyyy)

X

Policyowner's Signature (Current)

Policyowner'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
- Witness

- Attorney-in-Fact
- Assignee
- Irrevocable Beneficiary
- Other: _____

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PACIFIC LIFE

TRUST CERTIFICATION FOR IN-FORCE POLICIES

Form with fields for Insured Name: First MI Last, Policy Number(s), and Policyowner Name(s).

1. Important Information

- We recommend that you consult a qualified independent legal and/or tax advisor for advice based on your circumstances prior to completing this Certification.
Pacific Life Insurance Company (PLIC) reserves the right to request a copy of the Trust Document and additional documents that may be referenced in the Trust or other documents submitted.
If more space is needed to provide additional information, please attach a separate sheet of paper.

2. Definitions

- Grantor/Trustor/Settlor: The individual who creates a Trust and who gives (transfers) property to the Trust.
Trustee: The individual or institution named by the Grantor/Trustor/Settlor to act on behalf of the trust according to the terms outlined in the Trust Document.

3. Trust Information

Form with fields for Name of Trust, Date of Trust, Trust Tax ID Number, Trust is subject to the laws of the state of, Trust is: Revocable Irrevocable, Address of Trust, Grantor Name, Address of Grantor, Is Grantor deceased?, Additional Grantor Name, Address of Grantor, Is Grantor deceased?.

Trust Amendment Certification

Has trust been amended? Yes No If "Yes", provide date(s)

4. Current Trustee(s) Information: Provide the names of all Trustees (If more than 2 use an additional sheet of paper.)

Table with columns for Trustee Name, Relationship to Insured, and Is Trustee a life insurance professional? Yes No.

5. Signature Requirements (Complete when there are multiple trustees)

Indicate which trustee(s) must sign to exercise policy ownership rights. If no box is checked, the default is all signatures will be required for the exercise of any ownership rights.

Form with checkboxes for signature requirements: All trustees must sign (default), Any trustee may sign alone, Majority of trustees must sign, Certain trustees must act jointly (provide full names).

Note: If the policy's Life Insurance Producer is a Trustee, provide the reason and relationship of the Producer to the Insured.

Form with checkboxes for Note: Immediate family member, Other Reason.



6. Certification of All Signing Parties

The undersigned Trustee(s) and Grantor(s), declare and affirm that:

1. The answers provided in this Trust Certification are true, accurate and complete.
2. The named Trust is currently in effect and has not been revoked, modified, or amended in any manner that would cause the representations in this Certification to be incorrect.
3. PLIC is relying exclusively on the representations in this Certification and not upon a review of the Trust document, even if the Trust document has been or is later provided. PLIC is permitted to rely upon the representations in this Certification, unless or until notice of any change, amendment, or revocation is provided in writing and delivered to PLIC.
4. Neither PLIC nor anyone acting on PLIC's behalf is responsible to determine the authority of the Trustee(s) or inquire into, or review the provisions of the Trust, and shall not be charged with knowledge of the terms of the Trust.
5. The Trustee(s) has/have the authority, either by the terms of the Trust or applicable state law, to own and purchase life insurance on the life of the Insured(s), and has the authority to exercise all rights associated with owning life insurance policies including; but not limited to, the right to surrender the policy, withdraw policy values, borrow against the policy values, select or transfer funds between variable and non-variable investment options, assign the policy, transfer ownership, and/or change the beneficiary.
6. The names and signatures of all current Trustee(s) of the Trust have been provided, and there are no other current Trustee(s) of the Trust.
7. I agree to inform PLIC in writing of any Trust amendments, changes of Trustee(s), or other facts and events that would affect or alter this Certification. Further, I agree to provide a copy of the death certificate for any deceased trustee.
8. I, jointly and severally, as Trustee or Grantor, indemnifies PLIC and agrees to hold PLIC harmless against all obligations, demands, losses or liabilities (including attorney's fees) that PLIC incurred, suffered, or paid or may incur, suffer, or pay in the future because of PLIC's reliance on this Certification and/or transactions or actions by the undersigned. By indemnifying PLIC, each of the undersigned, jointly and severally, as Trustee or Grantor, indemnifies PLIC's producers, officers, employees. This indemnification shall survive termination of this Certification or the life insurance policy.
9. The undersigned Trustee(s) agree(s) that PLIC shall not be responsible for the application or disposition of all or part of the proceeds of said policy and the payment to the Trustee(s) shall fully discharge PLIC from all liability under said policy to the extent of such payment.
10. I understand that PLIC and anyone acting on its behalf may not give legal or tax advice and that PLIC's acceptance of this Certification is not an endorsement of the named Trust. I have had the opportunity to consult with a qualified independent legal and/or tax advisor, to the extent necessary, before executing this Certification.
11. Where required or deemed necessary, all Grantors have signed this Certification. If requested, I agree to provide a copy of the death certificate of any deceased Grantor.

Signatures

Any person who knowingly presents a false statement in a claim for insurance may be guilty of a criminal offense and subject to penalties under state law. (Not applicable in Virginia)

If you are signing on behalf of an entity, you represent that you are authorized to execute this document and 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 <hr/> Trustee's Signature (Required)	 X <hr/> Grantor's Signature
 X <hr/> Trustee's Signature (Required)	 X <hr/> Grantor's Signature
 X <hr/> Trustee's Signature (Required)	 X <hr/> Grantor's Signature

PRODUCER: PROVIDE A PHOTOCOPY OF THIS SIGNED FORM TO ALL SIGNING PARTIES

INSTRUCTIONS

When to use this form:	For use on in-force policies when: <ul style="list-style-type: none"> • Submitting a claim when the beneficiary is a trust. • Submitting an ownership change to a trust or from the current trust to a new trust. • There is a change of trustee(s) to certify the list of all currently authorized trustees. 	
Who must sign this form:	TRUSTEE(S) – All current trustee’s signatures are required. GRANTOR(S) – All grantor’s signatures are required when changing ownership to a trust or as may be requested by PLIC.	
Where to send this form:	Regular Mail: Pacific Life Insurance Company Life Insurance Division P.O. Box 2030 Omaha, NE 68103-2030 Overnight Mail: Pacific Life Insurance Company Life Insurance Division, 5 th floor 6750 Mercy Rd Omaha, NE 68106	Fax: (866) 398-0467 E-mail for Title change requests: policy@pacificliflife.com E-mail for Claim requests: claimsnotificationin@pacificliflife.com Customer Service: (800) 347-7787

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PACIFIC LIFE

TRANSACTION AUTHORIZATION

For Telephone Requests

Primary Insured's Name: First MI Last	Policy Number(s)
Policyowner's Name	Phone Number (include area code)

1. TELEPHONE AUTHORIZATION FOR THE POLICYOWNER (Optional)

I authorize Pacific Life Insurance Company (PLIC) to act upon my telephone instructions, based on the type of policy(ies) I have, including but not limited to the requests shown below:

Variable Life Policies

- Transfer Between Investment Options
- Initiate Dollar Cost Averaging
- Rebalance Variable Investment Options
- Change Future Premium Allocation Instructions
- Initiate Policy Loans

Indexed Universal Life (IUL) Policies

- Payment Transfers
- One-Time Transfers
- Enhanced Performance Factor Rider Design Change
- Scheduled Indexed Transfers
- Initiate Policy Loans
- Segment Maturity

PLIC will use reasonable procedures to confirm that these requests are authorized and genuine. As long as these procedures are followed, PLIC and its affiliates and their directors, trustees, officers, employees, representatives and/or agents, will be held harmless for any claim, liability, loss or cost.

I further understand and agree that telephone transfers and allocation changes will be subject to the policy's terms and conditions and PLIC's administrative requirements. For Variable Life policies, see the Prospectus for details.

FOR PREMIUM FINANCED POLICIES SUBJECT TO A COLLATERAL ASSIGNMENT: Where the Assignee has the right to make and/or modify elections or options related to the policy's "Indexed and Separate Account(s)", PLIC cannot process a request received by a third party (e.g., life insurance producer) unless PLIC obtains prior approval from the Assignee authorizing said request.

2. REVOCATION OF CURRENT AUTHORIZATION(S) (Optional)

I revoke **all** prior authorizations and authorize the party(ies) listed in Section 3 to act on my behalf.

I revoke the following authorizations:

Authorized Party's Name: First MI Last	Relationship to Policyowner <input type="checkbox"/> Producer <input type="checkbox"/> Other Party
Authorized Party's Name: First MI Last	Relationship to Policyowner <input type="checkbox"/> Producer <input type="checkbox"/> Other Party

3. AUTHORIZATION FOR ANOTHER PARTY (Optional)

I authorize the party(ies) listed below to act on my behalf for the following types of requests, including any telephone requests:

Authorized Party's Name: First MI Last	Relationship to Policyowner <input type="checkbox"/> Producer <input type="checkbox"/> Other Party
----------------------------------------	-------------------------------------------------------------------------------------------------------

Check one:

- All Requests (listed in Section 1 - Telephone Authorization)
- All Requests (listed in Section 1 - Telephone Authorization) **except** initiating Policy Loans

Authorized Party's Name: First MI Last	Relationship to Policyowner <input type="checkbox"/> Producer <input type="checkbox"/> Other Party
----------------------------------------	-------------------------------------------------------------------------------------------------------

Check one:

- All Requests (listed in Section 1 - Telephone Authorization)
- All Requests (listed in Section 1 - Telephone Authorization) **except** initiating Policy Loans



TRANSACTION AUTHORIZATION



PACIFIC LIFE

For Telephone Requests

Primary Insured's Name: First MI Last	Policy Number(s)
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4. SIGNATURES

I understand that PLIC will not process any changes or financial transactions if my intent is determined to be unclear. In the event that PLIC needs clarification, the effective date of the transaction will correspond to the time and date that PLIC receives such clarification.

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:

X

Policyowner's Signature

X

Assignee's Signature

X

Other Required Signature (Must check a box below)

- | | | |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Indicate role of "Other Required" signature: | <input type="checkbox"/> Additional Policyowner
<input type="checkbox"/> Additional Assignee
<input type="checkbox"/> Insured
<input type="checkbox"/> Additional Insured
<input type="checkbox"/> Business Entity's Authorized Representative
<input type="checkbox"/> Trustee | <input type="checkbox"/> Attorney-in-Fact
<input type="checkbox"/> Irrevocable Beneficiary
<input type="checkbox"/> Premium Payor/Remitter
<input type="checkbox"/> New Policyowner (only required for ownership changes)
<input type="checkbox"/> Applicant (only required at time of application)
<input type="checkbox"/> Other: _____ |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

PRODUCER: PROVIDE A PHOTOCOPY OF THIS SIGNED FORM TO ALL SIGNING PARTIES.

INSTRUCTIONS

When to use this form:	This form is used to authorize the Policyowner to make telephone requests that are available on the policy, or to authorize a party other than the policyowner to make telephone requests. Note: A new authorization form will be required when a registered representative changes to a new Broker-Dealer.
Who must sign this form:	<p>POLICYOWNER(S) – Required signature(s).</p> <p>ASSIGNEE(S) – Required when the current policy has an active assignment.</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 checking the appropriate role.</p> <p>If the policyowner, assignee or other required signing party is a corporation, trust or business entity, the signature and title of an authorized representative(s) is required. If a trust, all required trustee(s) must sign according to the trust agreement.</p> <p>WITNESS(S) – Required if Section 3 is complete.</p> <ul style="list-style-type: none"> New Business – For all products solicited or issued in the state of Washington and if the Policyowner is authorizing another party to act on behalf of the Policyowner for telephone requests, a witness' signature, other than the authorized party is required. In-force Policies – If the policyowner lives in the state of Washington, and the Policyowner is authorizing another party to act on behalf of the Policyowner for telephone requests, a witness' signature, other than the authorized party, is required.
Where to send this form:	Send this form to Pacific Life Insurance Company, Attn: Life insurance Division, P.O. Box 2030, Omaha, NE 68103-2030. Our toll free number is (800) 347-7787.

PACIFIC LIFE INSURANCE COMPANY

Life Insurance Operations Center
P.O. Box 2030 • Omaha, NE 68103-2030
(800) 347-7787 • Fax (866) 398-0467
www.PacificLife.com



PACIFIC LIFE

AUTHORIZATION TO EXERCISE OWNERSHIP RIGHTS

Insured's Name: First MI Last	Policy Number/List Bill Number
Policyowner's Name: First MI Last	Policyowner's Telephone Number

Note: If the policy is owned by a Trust, please submit the Trust Information form in lieu of this form.

1 Authorization to Exercise Ownership Rights Provisions and Declarations:

The undersigned hereby acknowledge that:

- Pacific Life Insurance Company (PLIC) will follow the written instructions of the person(s) named below who is (are) authorized to exercise any and all ownership rights, including the right to change ownership.
- All prior authorizations to exercise ownership rights are revoked.
- Changes in the information provided herein can only be made by the filing of a new duly executed Authorization to Exercise Ownership Rights form which automatically revokes any prior authorizations.
- This form is intended only to instruct PLIC as to who has the authority to sign on behalf of the Policyowner(s). It is NOT intended to alter in any way the existing rights of the Policyowner.
- PLIC is not a party to, nor responsible for, any separate ownership arrangements.
- PLIC will be held harmless for any claims, expenses, losses or attorney fees arising from PLIC's good faith reliance on instructions that PLIC believes to be authorized and genuine.

2 Person(s) Authorized to Exercise Ownership Rights

(If additional space is needed, use an attachment referencing this form's name and policy number or list bill number.)

Name	Title (if applicable)	Authorized Signature

A. Are all of the authorized signatures listed above necessary to exercise ownership rights?

Yes No

(If YES, PLIC will require all of the above authorized signatures in order to execute any or all ownership rights.)

B. If NO, how many of the authorized signatures listed above are required to exercise ownership rights? _____

Which, if any, signature(s) is (are) always required to exercise ownership rights? (List below)



AUTHORIZATION TO EXERCISE OWNERSHIP RIGHTS



PACIFIC LIFE

3 SIGNATURE REQUIREMENTS

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

Date (mm/dd/yyyy)

SIGN HERE

X

Policyowner's* Signature

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

SIGN HERE

X

Other Required* Signature (Must check a box below)

Other Required Name: First MI Last (print)	Title, if applicable
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Indicate role of "Other Required" signature:

Additional Policyowner Other: _____

Business Entity's Authorized Representative

*If a Corporation or Business Entity, the full name of the Corporation or Business Entity must be shown below.

Corporation or Business Entity's Name

PRODUCER: PROVIDE A PHOTOCOPY OF THIS SIGNED FORM TO ALL SIGNING PARTIES.

INSTRUCTIONS

When to use this form:	This form is used for policies owned by business entities and other organizations, or for other ownership arrangements, to notify PLIC who is authorized to sign on behalf of the Policyowner(s) when exercising the policy's ownership rights. If you wish to change ownership, please submit a Change of Ownership form.
Who must sign this form:	POLICYOWNER(S) – Required signature(s). 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. If the policyowner or other required signing party is a Corporation or Business Entity, all signatures required by the governing documents must be included, in addition to the authorized representative(s) title or signing capacity.
Where to send this form:	Send this form to Pacific Life Insurance Company, Life Insurance Operations Center, P.O. Box 2030, Omaha, NE 68103-2030. Our toll free number is (800) 347-7787.