

Application for Individual Life Insurance



Pacific Life Insurance Company

Lynchburg
Operations

6750 Mercy Rd., Ste. B, Omaha, NE 68106

P.O. Box 2869, Omaha, NE 68103

(844) 276-5759 • Fax (844) 520-1618 • www.PacificLife.com



PACIFIC LIFE

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LICENSED INSURANCE PRODUCER CHECKLIST FOR LIFE INSURANCE PART I

Please complete the application properly and ensure that you have satisfied all of our requirements. Follow the submission instructions provided through your marketing distribution channel. We sincerely appreciate your business.

This checklist is not part of the application. Please remove this page before submitting the application to the Insurer.

Does your applicant qualify for PL Smooth Sailing?

- Applicant is between age nearest birthday 50-69, any risk class including Substandard
- Amount of coverage applied for and in force with Pacific Life is less than or equal to \$1,000,000.
- Applicant had a comprehensive physical and bloodwork with their primary care health provider within the last 18 months, with two or more years of history with the doctor

If all three requirements can be met, check “Yes” Section 3 of the Producer’s Report indicating your application meets the pre-screen requirements.

Be sure to...

- Give the *Notice to Proposed Insured and Owner* to the Proposed Insured or Owner before completing the application.
- Ask all questions and fully and accurately record all given answers – the application will be part of any policy issued.
- Enter the Proposed Insured’s SSN, date of birth, address, and phone numbers.
- Enter each beneficiary’s SSN, date of birth, address, and phone numbers – it will help us locate the beneficiary at time of claim.
- Print in dark ink.
- Obtain all necessary signatures.
- Complete and sign the Licensed Insurance Producer’s report, located after the application.
- Promptly schedule any required medical exam. (If the Proposed Insured does not qualify for PL Smooth Sailing)
- Obtain proper identification and sufficient information about the customer and source of funds to ensure that money laundering is not involved in the transaction.
- If you accept payment with the application:
 - Accept payment only in the form of currently dated check or money order made payable to the selected insurer.
 - Enter the full amount accepted in Section 7e on page 2.
 - If the answer to any of the questions is “Yes”, the Proposed Insured is not eligible for temporary coverage, and no Temporary Insurance Application Agreement (TIAA) form or premium should be accepted.
 - Explain the terms and conditions of the TIAA to the Owner and Proposed Insured and have them sign it. Point out that the date of the policy will be the TIAA date and premiums will be due from that date.
 - Complete and sign the Licensed Insurance Producer’s Statement on the TIAA.
 - Give the Owner the COPY of the TIAA. Keep the ORIGINAL with the application.
 - Promptly send the payment and the Application Part I, including the ORIGINAL of the TIAA.
- For Term – explain that for premiums not paid on an annual basis at the beginning of a policy year, we adjust the annual premium by a modal factor to compensate for the lost investment earnings, additional administrative costs, and expected early lapses. These modal factors are available and will be provided on request.

Do Not...

- Use pencil or correction fluid
- Attempt to waive any of our requirements or any information that we request; you do not have the authority to make or modify contracts.
- Promise or imply that we will provide insurance.
- Accept payment in the form of cash/currency or Traveler’s checks.
- Accept a check or money order made payable to you or with the payee left blank.
- Accept payment when the amount applied for plus existing insurance with the Insurer exceed \$1,000,000.
- Accept payment if the Proposed Insured’s age nearest birthday exceeds 70 years.
- Accept payment if any question on the TIAA is answered “Yes” or left blank.



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CONSENT TO ELECTRONIC DELIVERY AND USE OF AUTOMATED TECHNOLOGY

Proposed Insured's Name: First MI Last Date of Birth (mm/dd/yyyy)
Email Address

The Producer must present this statement of consent to the Proposed Insured:

Pacific Life Insurance Company "Pacific Life") and its third-party vendors use technology that includes automated telephone dialing systems, artificial or prerecorded voice messages, and prerecorded telephone calls "Automated Technology") to facilitate and improve the life insurance application process.

Pacific Life and its third-party vendors use email and the internet to deliver documents and notices applicable to your life insurance application, policy contract, customer service forms, statements, servicing communications, other notices and documentation in an electronic format as permitted by law ("Electronic Delivery").

By signing below, you understand and expressly, affirmatively, and voluntarily consent to the following:

- You are authorizing Pacific Life and its third-party vendors to use Electronic Delivery and Automated Technology for calls, text messages, and emails to all the phone numbers and email addresses provided to Pacific Life...
To receive documentation and other information electronically from Pacific Life, you should have a device with ready internet access, an active e-mail account, as well as the ability to read and retain online documents;
You should provide Pacific Life current email addresses, current phone numbers, and update Pacific Life promptly when those changes occur either through online updates or by calling Pacific Life at (844) 276-5759;
There is no charge to you from Pacific Life or its third-party vendors for the use of Automated Technology, the use of paper delivery, or the use of Electronic Delivery;
You are not required to provide consent to Pacific Life and its third-party vendors to use this Automated Technology or Electronic Delivery as a condition of completing the application process or purchasing insurance or other products from Pacific Life;
Electronic Delivery will be cancelled if emails are returned as undeliverable; and,
This consent will remain in effect until you revoke it. You may revoke this consent, opt-out of Electronic Delivery or Automated Technology, or request paper copies of information at any time by contacting Pacific Life at (844) 276-5759.

Signatures:

I, the Producer, certify and attest that: (a) the statement above was presented to the Proposed Insured; (b) the Proposed Insured expressly, affirmatively, and voluntarily consented to the use of Electronic Delivery and Automated Technology by Pacific Life and its third-party vendors.

X
Producer's Signature Date
Producer's Name First MI Last (Print)

I, the Proposed Insured, expressly, affirmatively, and voluntarily consent to the use of Electronic Delivery and Automated Technology by Pacific Life and its third-party vendors.

X
Proposed Insured's Signature Date
Proposed Insured's Name: First MI Last (Print)



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APPLICATION FOR INDIVIDUAL LIFE INSURANCE — PART I

1. Proposed Insured Information

Name: First Middle Last

Previously used name(s) (Including maiden name)

Sex [] Male [] Female SSN Date of Birth State/Country of Birth

Is the Proposed Insured a United States citizen? [] Yes [] No (If "No," complete the Resident Alien Supplement form.)

Home Address: Street City State Zip Code

Mailing Address: Street City State Zip Code

How long at home address? Driver's License Number/State Marital Status: Select one: [] Single [] Married [] Divorced [] Widowed

Email address

Home Phone Number Cell Phone Number Alternate Phone Number

Preferred Method of Communication: [] Telephone [] Text [] Email

Occupation (describe duties)

Employer name and address How long with employer?

2. Policyowner Information (Complete only if Policyowner is someone other than the Proposed Insured. If Trust, give full name of trust and date of trust agreement.)

Policyowner (Full Name)

Relationship to Insured SSN/TIN Date of Birth/Trust State/Country of Birth (If an individual)

Is the Policyowner a United States citizen? [] Yes [] No (If "No," complete the Owner Resident Alien Supplement form.)

Mailing Address: Street City State Zip Code

Email address

Home Phone Number Cell Phone Number Alternate Phone Number

Preferred Method of Communication: [] Telephone [] Text [] Email

Policyowner Type: Select One [] Individual [] Trust [] Corporation [] Limited Liability Company [] Limited Liability Partnership [] Charity [] General Partnership [] Sole Proprietor [] Other (Specify):

If policyowner above is a business, complete the business information below:

Purpose of Business State/Country of Incorporation/Formation Date of Incorporation/Formation

2. Policyowner Information (Continued)(Complete only if Policyowner is someone other than the Proposed Insured. If Trust, give full name of trust and date of trust agreement.)

Contingent Policyowner (Full Name)

Relationship to Insured	SSN/TIN	Date of Birth/Trust	State/Country of Birth (If an individual)
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Is the Policyowner a United States citizen? Yes No (If "No," complete the *Owner Resident Alien Supplement* form.)

Mailing Address: Street	City	State	Zip Code
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Email address

Home Phone Number	Cell Phone Number	Alternate Phone Number
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Preferred Method of Communication: Telephone Text Email

Policyowner Type: Select One Individual Trust Corporation Limited Liability Company Limited Liability Partnership
 Charity General Partnership Sole Proprietor Other (Specify): _____

If policyowner above is a business, complete the business information below:

Purpose of Business	State/Country of Incorporation/Formation	Date of Incorporation/Formation
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3. Beneficiary Information (If percentages are not given, they will be equal. Use section 12 *Remarks* to name additional beneficiaries.)

Primary Beneficiary (Full Name)

Mailing Address: Street	City	State	Zip Code
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% Share	Relationship to Proposed Insured	SSN/TIN	Date of Birth/Trust
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Email address

Home Phone Number	Cell Phone Number	Alternate Phone Number
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Primary Beneficiary (Full Name)

Mailing Address: Street	City	State	Zip Code
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% Share	Relationship to Proposed Insured	SSN/TIN	Date of Birth/Trust
---------	----------------------------------	---------	---------------------

Email address

Home Phone Number	Cell Phone Number	Alternate Phone Number
-------------------	-------------------	------------------------

Contingent Beneficiary (Full Name)

Mailing Address: Street	City	State	Zip Code
-------------------------	------	-------	----------

% Share	Relationship to Proposed Insured	SSN/TIN	Date of Birth/Trust
---------	----------------------------------	---------	---------------------

Email address

Home Phone Number	Cell Phone Number	Alternate Phone Number
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Contingent Beneficiary (Full Name)

Mailing Address: Street	City	State	Zip Code
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% Share	Relationship to Proposed Insured	SSN/TIN	Date of Birth/Trust
---------	----------------------------------	---------	---------------------

Email address

Home Phone Number	Cell Phone Number	Alternate Phone Number
-------------------	-------------------	------------------------

4. Amount and Plan of Insurance

Plan of insurance	Amount of Insurance \$
-------------------	---------------------------

5. Riders (If available with plan)

- Children's Term Insurance _____Units
- Waiver of Monthly Premium/Deduction
- Accelerated Death Benefit Rider for Chronic Illness
Initial Lifetime Benefit Amount \$ _____
Maximum Monthly Percentage, Option: (Select One):
 2% 4% Per Diem Other _____

6. Death Benefits (Universal Life Only)

- Level (specified amount only)
- Increasing (specified amount only)

7. Premiums (If Payor is other than the Proposed Insured, payor information is required for electronic policy delivery.)

- a. Payment Method: Electronic Funds Transfer Direct Bill Other (Specify): _____
- b. Payment Mode: Monthly Quarterly Semi-Annual Annual
- c. Premium Source: Salary Investments Savings Gifts/Inheritance Other (Specify): _____
- d. Premium Payor: Insured Owner Other (Provide details below if "Other" is selected.)

Payor (Full Name)

Address: Street _____ City _____ State _____ Zip Code _____

Email address _____ SSN/TIN _____ Date of Birth _____

8. Proposed Insured's Tobacco and Nicotine Use (Additional space for details is available in section 12 **Remarks.**)

- a. When was the last time you used tobacco or nicotine delivery products in any form? (e.g., cigars, cigarettes, vapor products, chewing tobacco, nicotine patches or nicotine gum)
 Less than 1 year 1 or more/less than 2 years 2 or more/less than 3 years
 3 or more/less than 5 years 5 or more years Never
- b. If you use cigars, which of the following best describes your cigar use?
 More than 1 per month 1 per month Less than 1 per month

9. Proposed Insured's Insurance Needs (Complete either the Personal or Business section. Explain "Yes" answers in section 12 **Remarks.**)

- a. **Personal:** Income Replacement Debt Repayment Estate Conservation Other: _____

1. Personal Finances: \$ _____ \$ _____ \$ _____
Gross Annual Income Total Assets Total Liabilities

2. Within the past 5 years, have you filed or had filed against you a bankruptcy, collection, judgement and/or lien? Yes No
 (If "Yes", select all that apply and provide applicable details.)

- Bankruptcy Chapter: _____ Collection Judgement Lien

Has the bankruptcy been discharged? Yes No

If "Yes", provide discharged date: _____

If "No" (the bankruptcy **has not been discharged**), provide details in Section 12 **Remarks** including payment plan.

Has collection/judgement and/or lien been satisfied? Yes No

If "Yes", provide satisfied date: Collection: _____ Judgement: _____ Lien: _____

If "No" (collection/judgement/lien **has not been satisfied**), include amount and party to whom amount is owed in section 12 **Remarks.**

11. Proposed Insured's History (continued) (Explain "Yes" answers in section 12 **Remarks**.)

	Yes	No
g. Other than as a fare paying passenger on a scheduled airline, have you flown in the past 5 years, or do you plan to fly within the next 2 years? (If "Yes," complete <i>Aviation Supplement</i> .).....	<input type="checkbox"/>	<input type="checkbox"/>
h. Have you in the past 3 years engaged in, or do you plan within the next 2 years to engage in any of the following: (Check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Underwater diving <input type="checkbox"/> Sky sports <input type="checkbox"/> Mountain, Rock or Ice Climbing <input type="checkbox"/> Motor sport events (e.g. scuba diving, sky diving, base or bungee jumping, paraskiing, parakiting, racing on land or water to include auto, cycle, boat, snowmobile, etc) (If "Yes," complete appropriate activities supplements.)		
i. In the next 2 years, do you intend to travel or reside outside of the U.S. for more than 4 consecutive weeks other than for vacation? (If "Yes," complete <i>Foreign Residence/Travel Supplement</i> .)	<input type="checkbox"/>	<input type="checkbox"/>

12. Remarks. (Use this section to provide full details to all "Yes" answers from previous sections. Include question number and section/letter number. If beneficiaries are needed beyond those listed in section 3, provide full details here. Use Application Overflow form if additional space is needed.)

13. Authorization to Obtain Information

I authorize any physician, health care professional, medical practitioner, other health care provider, hospital, clinic, laboratory, pharmacy, medical facility, pharmacy benefit manager, information database manager, other medical or medically related facility, insurance company, health plan, MIB, Inc., consumer reporting agency, state motor vehicle agency, or employer to release to **Pacific Life Insurance Company (PLIC)** its subsidiaries, reinsurers, employees and representatives, any protected health information (PHI) they may have in their possession or under their control as to the diagnosis, treatment, prognosis of any physical or mental condition, human immunodeficiency virus (HIV) infection, sexually transmitted diseases, treatment of mental illness, and the use of tobacco; and any non-medical information, including finances, avocations, occupation, foreign travel, and driving record for me and any children who are to be insured. Although Federal Regulation protects information related to drug or alcohol abuse from disclosure, I give permission to collect this information. I authorize PLIC, or its reinsurers, to make a brief report of my PHI to MIB, Inc. This authorization is not affected or limited by any prior agreements I may have made with any of the above persons or entities to restrict the release of such information, and I instruct them to release and disclose all such information without restriction.

I understand that the reason for releasing such information under this authorization is to determine eligibility for insurance, and that such information will not be released to any person or organization except: a reinsurer, MIB, Inc., business associates, or other persons or organizations performing business or legal services in connection with my application; or as may be otherwise required by law, or as I may further authorize. I understand that I may revoke this authorization at any time by sending a written revocation request to Pacific Life Insurance Company at: P.O. Box 42000, Lynchburg, VA 24506. Such a revocation will not affect any action taken or information released prior to the revocation, and will not affect any legal right PLIC has to contest an insurance policy/certificate, or to contest a claim under an insurance policy/certificate. I understand that if I revoke or refuse to sign this authorization, PLIC may not be able to process my application, and may not be able to make any benefit payments due under any existing policy, certificate, or other binding agreement.

This authorization will be valid for the period of time permitted by applicable law in the state where the policy is delivered or issued for delivery, after the date of my signature below, and a copy of this authorization is as valid as the original. I understand that once any such health-related information is released pursuant to this authorization, that information may be redisclosed and will no longer be covered or protected by the HIPAA rules governing privacy and confidentiality of health information, but such information may be covered or protected from such redisclosure under other federal or state privacy laws.

14. Declarations of All Signing Parties

I understand and agree that:

1. Acceptance of a life insurance policy will be ratification of any administrative change with respect to such policy made by Pacific Life Insurance Company (PLIC) as indicated under the title Endorsement, where permitted by state law. All other changes made to the application or policy by PLIC will be indicated on an Amendment to Application form that must be signed by all applicable parties, prior to or at the time of delivery of this policy.
2. (APPLICABLE ONLY IF THE EMPLOYER OR AN EMPLOYER-CONTROLLED TRUST IS TO BE THE POLICYOWNER OF THIS POLICY) If insurance is being applied for on the life of any non-exempt employee, then I represent such insurance is not prohibited by applicable state law.
3. If I am an active duty member of the United States Armed Forces (including active duty military reserve personnel), I confirm that this application was not solicited and/or signed on a military base or installation, and I have received from the Producer, whose name appears in the Signatures section, the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act.
4. Coverage will only take effect when: a) the policy is delivered and the entire first premium is paid; b) each Proposed Insured is alive at the time of delivery; and c) all answers in this application that are material to the basis of any policy issued by PLIC are still true and complete at the time of delivery.
5. Exceptions, if any, to the coverage conditions detailed above will apply as provided by the terms of any Temporary Insurance Application and Agreement (TIAA) or 1035 Exchange Agreement that I may have received in connection with this application.
6. The death benefit will not exceed the TIAA coverage limit if: a) I have given money and received a TIAA in connection with this application; b) the coverage amount of the application exceeds the TIAA coverage limits; and c) the Proposed Insured(s) die(s) before a policy is delivered.
7. I must inform PLIC of any changes in the health of any Proposed Insured(s) prior to policy issuance. If any of the statements or answers previously provided on the ticket/request (if applicable), applications, and medical forms change prior to delivery of the policy, I am obligated to notify PLIC of the changes immediately.
8. No Producer is authorized to make or change contracts or insurance policies on the behalf of PLIC and no Producer may alter the terms of this application, the TIAA, 1035 Exchange Agreement, or the policy, nor does the Producer have the authority to waive any of PLIC's rights or requirements.
9. No representation is made that, based on information provided in the application, a particular premium rate, risk category or class will be offered to me. I will review my policy and ask the Producer or PLIC about the specific premium and risk class referenced in my policy.
10. The policy as applied for in this application will meet my insurance needs and financial objectives based in part upon my age, income, net worth, tax and family status, and any existing insurance policies I own.
11. PLIC is not authorized to engage in any activity in non-US jurisdictions, and I will perform all parts of the application, underwriting and delivery associated with this policy in a U.S. jurisdiction.
12. The statements and answers in the application, in addition to any information we are authorized to collect, are the basis for any policy issued by PLIC, and no information about the applicant will be considered to have been given to PLIC unless it is stated in the application or provided to us as part of our underwriting process.
13. I represent that all parties have an insurable interest in the life of the Proposed Insured.

14. Declarations of All Signing Parties (continued)

14. I understand that only the Producer signing this application is responsible for ensuring that the policy meets my insurance needs and financial objectives, regardless of whether a PLIC employee attended any meetings to discuss the policy.
15. This application will be attached to and made part of the policy.
16. I HAVE READ the completed Application and all related forms before signing below. All statements and answers on this application are correctly recorded, and are full, complete and true to the best of my knowledge and belief.

15. Signatures

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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.

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

Date Signed (mm/dd/yyyy)

State in which owner signed application

State in which policy will be delivered

X

Proposed Insured's Signature

Proposed Insured Name (Print)

X

Policyowner's Signature

Policyowner Name (Print)

X

Producer's Signature

Producer Name (Print)

License No.: _____

Managing Agency/Brokerage No.: _____

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PRODUCER'S REPORT

1. Life Insurance Producers to Receive Commission (Complete for each producer to receive commission.) Total Commission Share(s) to equal 100%, including a Producer Report Overflow page, if applicable. Each producer will share equally unless otherwise indicated.

A. Producer's Name: First	MI	Last	B. Last four of SSN/TIN
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C. Address: Street	City	State	Zip
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D. Email Address	E. Telephone # (include area code)	F. Commission Share	G. Company Code #
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A. Producer's Name: First	MI	Last	B. Last four of SSN/TIN
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C. Address: Street	City	State	Zip
--------------------	------	-------	-----

D. Email Address	E. Telephone # (include area code)	F. Commission Share	G. Company Code #
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2. Managing Agency/Brokerage Report

A. Managing Agency/Brokerage Name	B. Managing Agency/Brokerage #
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C. Email Address	D. Date
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3. Smooth Sailing Underwriting Pre-Screen

The Proposed Insured may be eligible for Pacific Life Smooth Sailing underwriting without the need for a paramed exam with lab testing. If you and the Proposed Insured believe he/she meets the following criteria, please check "Yes" below indicating your client meets the pre-screen:

- Applicant is age nearest birthday 50-69, any risk class including Substandard
- Amount of coverage is <= \$1M pending and inforce with Pacific Life Insurance Company
- Has Attending Physician Statement (APS) with physical and blood work within the last 18 months, with two or more years of history with the doctor

Yes, the applicant qualifies for Pacific Life Smooth Sailing (If the box is **NOT** selected, you will be required to order the paramed exam with lab testing)

4. General Information

A. Indicate which language(s) the Proposed Insured speaks and understands.
 English Spanish Other: Provide Details _____

B. If the Proposed Insured is married, provide the amount of insurance on the spouse. \$ _____
If the spouse is not insured provide reason: _____

C. If the Proposed Insured is a minor, provide the amount of insurance on parents and siblings, include sibling's name, below:
Father: \$ _____ Mother: \$ _____ Sibling: _____ \$ _____
Sibling: _____ \$ _____ Sibling: _____ \$ _____
If parents and siblings are not insured provide reason: _____

5. Signature

I represent to the best of my knowledge and belief: (1) the insurance being applied for is suitable for the Owner's insurance needs and financial objectives, and I have discussed the appropriateness of replacement, if any, and followed applicable state laws; (2) the information provided in this report and by the Owner and Proposed Insured in the application is complete, accurate and correctly recorded; (3) there is nothing adversely affecting the insurability of the Proposed Insured other than as indicated in the application. I also represent that I gave all required form(s) on or before the date the application was taken.

Date (mm/dd/yyyy)

X _____
Producer's Signature

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PRODUCER’S REPORT OVERFLOW

1. Life Insurance Producers to Receive Commission (Complete for each producer to receive commission.) Total Commission Share(s) to equal 100%, including Producer listed on Producer Report form. Each producer will share equally unless otherwise indicated.

A. Producer’s Name: First	MI	Last	B. Last four of SSN/TIN
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C. Address: Street	City	State	Zip
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D. Email Address	E. Commission Share	F. Company Code #
------------------	---------------------	-------------------

A. Producer’s Name: First	MI	Last	B. Last four of SSN/TIN
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C. Address: Street	City	State	Zip
--------------------	------	-------	-----

D. Email Address	E. Commission Share	F. Company Code #
------------------	---------------------	-------------------

A. Producer’s Name: First	MI	Last	B. Last four of SSN/TIN
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C. Address: Street	City	State	Zip
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D. Email Address	E. Commission Share	F. Company Code #
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2. Signature

I represent to the best of my knowledge and belief: (1) the insurance being applied for is suitable for the Owner’s insurance needs and financial objectives; (2) the information provided in this report and by the Owner and Proposed Insured in the application is complete, accurate and correctly recorded; (3) there is nothing adversely affecting the insurability of the Proposed Insured other than as indicated in the application. I also represent that I gave all required form(s) on or before the date the application was taken.

X

Producer’s Signature

Date (mm/dd/yyyy)

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APPLICATION FOR INDIVIDUAL LIFE INSURANCE - OVERFLOW FORM

Proposed Insured

a. Full Name (First)	(Middle)	(Last)	b. Date of Birth (Mo./Day/Yr.)	c. Social Security Number
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Remarks *(Provide explanations and requested information. Identify applicable item number and letter.)*

I represent that the statements and answers given in the application are true, complete and correctly recorded to the best of my knowledge and belief. I agree that: (1) I will notify the Insurer if any statement or answer given in the application changes prior to policy delivery; and (2) **except as provided in the Temporary Insurance Application and Agreement, if any, insurance will not begin unless all persons proposed for insurance are living and insurable as set forth in the application at the time a policy is delivered to the Owner and the first premium is paid.**

Signature of Proposed Insured

Date signed

Signature of Owner (if other than Proposed Insured)

Signature of Licensed Insurance Producer or Examiner



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**RIGHT TO NAME A SECONDARY ADDRESSEE TO RECEIVE
POLICY NOTIFICATIONS**

The law in your state permits you to designate a secondary party to receive duplicate copies of your policy billing correspondence, including a notice of lapse or cancellation due to nonpayment of premium. You may designate this party at time of application, policy delivery or any time the policy is in force by written notice to Pacific Life. In addition, a Secondary Addressee Designation form will be provided at the time of policy delivery. You may revoke your designated secondary party at any time also by written notice to Pacific Life.

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PACIFIC LIFE

NOTICE TO PROPOSED INSURED AND OWNER

DETACH AND LEAVE WITH PROPOSED INSURED(S)

In this disclosure, “we”, “us”, “our”, and “PLIC” refer to Pacific Life Insurance Company, its affiliates, and its subsidiaries. This brief description of our underwriting process is designed to help you understand how an application for life insurance, which may contain long-term care benefits, is handled, the types and sources of information we may collect about you, the circumstances under which we may disclose that information to others and your right, or that of your authorized representative, to learn the nature and substance of that information upon written request. The purpose of the underwriting process is to make sure you qualify for insurance under our rules, and assuming you do, establish the proper premium charge for that insurance. The goal of the underwriting process is to have the cost of insurance distributed equitably among all policyowners, so that each individual pays his or her fair share. To determine your insurability, we must consider such factors as your medical history, physical condition, occupation, and hazardous avocations. We get this information from various sources.

Application and Medical Records – Your application, including the medical history, is the primary source of information in the evaluation process. In addition, we may ask you to take a physical examination or other special test such as an electrocardiogram. We may also ask for a report from your doctor or hospital, another insurance company, or MIB, Inc. (“MIB”, see below). When we do so, we will use the Authorization To Obtain Information that you signed. The purpose of MIB is to protect member companies, their policyowners, and insureds from those who would conceal significant facts relevant to their insurability.

MIB, Inc. – Information regarding your insurability will be treated as confidential. PLIC or its reinsurers may, however, make a brief report thereon to MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have about you in its file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB’s file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB’s information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

PLIC, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

Federal Fair Credit Reporting Act – As part of our underwriting, we may ask that an investigative consumer report be prepared. An independent source known as a consumer reporting agency will prepare the report. The report will typically include information as to your character, general reputation, mode of living and personal characteristics, as well as information obtained from other data sources. (“Mode of living” does not include information related directly or indirectly to your sexual orientation.) The agency may conduct personal interviews with your family, friends, neighbors, business associates, financial sources, or others with whom you are acquainted in order to get this information. If you write to us within a reasonable time after you receive this notice, we will tell you whether or not a report was requested. If a report was requested, we will tell you the name, address and telephone number of the agency to whom the request was made. Upon request, the agency will furnish information as to the nature and scope of its investigation. If you would like to inspect and to receive a copy of the report, you may do so by contacting the agency directly.

DISCLOSURE TO OTHERS

Personal information obtained about you during the underwriting process and at other times is confidential and will not be disclosed to other persons or organizations without your written authorization except to the extent necessary for the conduct of our business and only to the extent permitted by applicable state law. Examples of situations where we may share information about you are as follows:

- The Producer may retain a copy of your application, and if a policy is issued will have access to ongoing policy information to better serve your needs.
- If reinsurance is required, the reinsurance company would have access to our application file.
- We may release information to another insurance company to whom you have applied for life, long-term care, or health insurance or to whom you have submitted a claim for benefits, if you have authorized it to obtain such information.
- As stated earlier, we may report information to MIB.
- We will disclose information to government regulatory officials, law enforcement authorities, and others where required by law.

DISCLOSURE TO YOU

In general, you have a right to learn the nature and substance of any personal information about you in our file upon written request. Whenever an adverse underwriting decision is made, we will notify you of the reason(s) for the decision and the source of the information upon which our action is based. Medical record information, however, will normally be given only to a licensed physician of your choice. Please refer to the section on MIB for that organization’s disclosure procedure. Should you feel that any information we have is inaccurate or incomplete, please write to: Manager, New Business Services, Pacific Life Insurance Company, P.O. Box 42000, Lynchburg, VA 24506. Your comments will be carefully considered and corrections made where justified. We hope this Notice will help you to understand how we obtain and use personal information in the underwriting process, and the ways you can learn about this information. We are concerned with ensuring privacy as well as lives, and the collection, use, and disclosure of personal information is limited as specified in this Notice.

In Accordance with State Insurance Regulations, the Following Information is provided

The Truth About HIV and AIDS

AIDS is one of the leading causes of death among Americans ages 25 to 44. Many people currently living with HIV, the virus that causes AIDS, did not believe they were at risk. But HIV is serious, and it will be with us for a long time. However, you can prevent HIV infection. This brochure gives you important information about HIV and AIDS that will help you learn to protect yourselves and others.

TRUTH: AIDS is caused by a virus called HIV.

HIV stands for human immunodeficiency virus. It is the virus that causes AIDS - Acquired Immunodeficiency Syndrome. HIV is spread from one person to another through sex and blood-to-blood contact. When someone becomes infected with HIV, the virus attacks that person's immune system (the system that defends the body from illness). A person develops AIDS when his or her immune system becomes so damaged that it can no longer fight off diseases and infections. These diseases and infections can be fatal.

Most people get infected with HIV by having sex or sharing needles with someone who already has the virus.

HIV does not discriminate. Anyone can get HIV.

TRUTH: People infected with HIV may look and feel healthy for a long time.

It may take more than 10 years for people who are infected with HIV to develop AIDS. They may look and feel healthy for years after becoming infected. They may not know they are infected. Even if they don't look or feel sick they can infect others.

TRUTH: When signs of illness do appear, they vary from person to person.

When symptoms do appear, they can be like those of many common illnesses and may include swollen glands, fever, and diarrhea. In some women, recurrent, hard to treat vaginal yeast infections and cervical cancer may be related to HIV infection. Symptoms vary from person to person. None of the symptoms necessarily indicates HIV infection. When people develop AIDS, they may get illnesses that healthy people can usually resist. Only a test can tell if someone is infected with HIV. Only a doctor can diagnose AIDS.

TRUTH: Most people with HIV or AIDS got the virus by having sex or sharing needles with someone who was already infected.

The most common ways in which HIV is spread are—

- Having vaginal, anal, or oral sex with someone who has HIV.
- Sharing needles or syringes with someone who has HIV.
- From a woman with HIV to her baby during pregnancy or childbirth through breast feeding.

HIV can be spread through an infected person's blood, semen, vaginal fluids, or breast milk.

TRUTH: You cannot "catch" HIV like you do a cold or flu.

HIV is not spread through the air or water. HIV is not spread through everyday casual contact.

You can not get HIV from—

- Handshakes.
- Hugs.
- Coughs or sneezes.
- Sweat or tears.
- Mosquitoes or other insects.
- Pets.
- Eating food prepared by someone else.
- Being around an infected person.

Or from using—

- Swimming Pools.
- Toilet seats.
- Phones or computers.
- Straws, spoons, or cups.
- Drinking fountains.

TRUTH: You can protect yourself and others from HIV.

Not having sex is the only sure way to avoid the sexual transmission of HIV. However, if you decide to have sex, you can reduce your risk of infection in several ways:

- Have sex with only one partner who is not infected, who has sex only with you, and who does not share needles or syringes. (Keep in mind that it is difficult to know these things about another person.)
- Avoid contact with your partner's blood, semen, or vaginal fluid.
- When having sex, using a latex condom the right way every time reduces your risk of HIV infection. (See instructions for latex condom use in this brochure.)
- For vaginal or anal sex, use a water-based lubricant with the condom to reduce the risk of breakage.
- For oral sex on a man, use a condom without spermicide or lubricants.

The most effective way to prevent HIV infection through drug use is to stop injecting drugs. People who inject drugs can prevent HIV infection by—

- Using **new**, sterile equipment every time.
- **Never** sharing needles or syringes.

When more effective prevention is not possible, drug equipment may be cleaned with bleach to reduce the risk of HIV infection. Contact your local drug treatment center, health department, or AIDS service organization for more information on how to clean drug equipment.

Producer: Must detach and leave with Proposed Insured in accordance with state regulations

In Accordance with State Insurance Regulations, the Following Information is provided

The Truth About HIV and AIDS

TRUTH: It is impossible for a donor to get HIV from giving blood or plasma.

In the United States, every piece of equipment (needles, tubing, containers) used to draw blood is brand new. It is used only once, then destroyed. **You cannot get HIV from giving blood.**

TRUTH: The chances of getting HIV from a blood transfusion in the United States are now extremely low.

Since 1985, all donated blood and plasma have been tested for signs of HIV. The tests used are more than 99 percent accurate. People who are at risk of being infected with certain germs, including HIV, are not allowed to give blood. If signs of the virus are found in donated blood, the blood is destroyed. Before 1985, some people became infected with HIV through infected blood and certain blood products used for transfusion and for treating diseases such as hemophilia.

TRUTH: There are tests for HIV.

If you think you may be infected with HIV, you are encouraged to seek HIV-antibody testing and counseling. Standard tests look for the presence of HIV antibodies, which are signs of the virus. The body almost always develops antibodies to fight off viruses that enter the blood stream.

Current tests are more than 99 percent accurate. However, it can take up to three months after a person becomes infected before antibodies can be detected by a test. For this reason, if someone was infected recently, the test may not yet show that the person is infected. Contact your local public health department, AIDS service organization, local Red Cross, or doctor's office for more information about HIV-antibody testing and counseling.

TRUTH: There is no vaccine for HIV or a cure for AIDS.

Some medicines are now available to help people with HIV live longer, healthier lives. None of these medicines can keep a person from becoming infected with HIV. None of the treatments can cure AIDS. But people can prevent HIV infection by learning the facts and acting on them.

TRUTH: You can help fight the battle against HIV and AIDS by being a volunteer.

Volunteers are always needed. They can answer AIDS hotlines and help teach others about HIV and AIDS. They can

help people living with HIV and AIDS by shopping for them or bringing meals to their homes. They can help raise funds to fight this epidemic. Call your local Red Cross or AIDS service organization to learn how you can help.

TRUTH: People with HIV and AIDS need your love and understanding.

You can't get HIV or AIDS from being a friend. People who are living with HIV and AIDS need your support and caring. Ask them how you can help.

What Can I Do to Help?

Know the facts about HIV and AIDS.

Use what you have learned to help protect yourself and others. Share the facts about HIV and AIDS with your family, friends, and co-workers.

Set an example for others.

Show support and caring for people who are living with HIV and AIDS. Remember, you can't get HIV from being a friend.

For more information, contact—

- The National AIDS Information Hotline (toll free): 1 (800) 342-2437. For Spanish-speaking persons, Línea Nacional de SIDA: 1 (800) 344-7432. For deaf and hearing-impaired persons, TTY/TDD Hotline: 1 (800) 243-7889.
- Your doctor or other health care provider.
- Your local or state public health department.
- Your local Red Cross.
- Your local AIDS service organization.
- The American Red Cross Internet Web site: <http://www.redcross.org/hss>.

Red Cross HIV/AIDS Programs

The Red Cross has Basic, African American, Hispanic, and Workplace HIV/AIDS Education programs. Youth materials, including Act SMART and The Party, are also available. Contact your local Red Cross for more information.

Information obtained from the American National Red Cross publication HIV & AIDS, stock #329560 Rev 3/98.

Producer: Must detach and leave with Proposed Insured in accordance with state regulations



PACIFIC LIFE INSURANCE COMPANY

Lynchburg
Operations

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**NOTICE AND CONSENT FOR TESTING WHICH MAY INCLUDE
AIDS VIRUS (HIV) ANTIBODY /ANTIGEN TESTING**

To determine your insurability, the Insurer indicated on this form has requested that you provide a sample of your blood, oral fluid or urine for testing and analysis. All tests will be performed by a licensed laboratory.

The consent you give by signing this form authorizes the Insurer to withdraw a blood sample, collect oral fluid or urine samples, and order laboratory tests only in regard to your present application for insurance. In order to perform all testing procedures, it may be necessary for you to provide more than one of these body fluid samples.

Unless precluded by law, tests may be performed to determine the presence of antibodies or antigens to the Human Immunodeficiency Virus (HIV), also known as the AIDS virus. The HIV antibody test that we perform is actually a series of tests done by a medically accepted procedure. The HIV antigen test directly identifies AIDS viral particles. These tests are extremely reliable. Other tests which may be performed include determinations of blood cholesterol and related lipids (fats) and screening for liver or kidney disorders, diabetes, and immune disorders.

All test results will be treated confidentially. They will be reported by the laboratory to the Insurer. When necessary for business reasons in connection with insurance you have or have applied for with the Insurer, the Insurer may disclose test results to others involved solely in the underwriting process such as its affiliates, reinsurers, employees, or contractors. If the Insurer is a member of MIB, Inc., and if the test results for HIV antibodies/antigens are other than normal, the Insurer will report to MIB, Inc., a generic code which signifies only a non-specific test abnormality. If your HIV test is normal, no report will be made about it to MIB, Inc. Other test results may be reported to MIB, Inc., in a more specific manner. The organizations described in this paragraph may maintain the test results in a file or data bank. There will be no other disclosure of test results or even that the tests have been done except as may be required or permitted by law or as authorized by you.

If your HIV test results are normal, no routine notification will be sent to you. If the HIV test results are other than normal, the Insurer will contact you. The Insurer may also contact you if there are other abnormal test results which, in the Insurer's opinion, are significant. The Insurer will ask you for the name of a physician or other health care provider to whom you may authorize disclosure and with whom you may wish to discuss the results.

Positive HIV antibody/antigen test results do not mean that you have AIDS, but that you are at significantly increased risk of developing AIDS or AIDS-related conditions. Federal authorities say that persons who are HIV antibody/antigen positive should be considered infected with the AIDS virus and capable of infecting others.

Positive HIV antibody or antigen test results or other significant test result abnormalities will adversely affect your application for insurance. This means that your application may be declined, that an increased premium may be charged, or that other policy changes may be necessary.



I have read and I understand this Notice of Consent For Testing Which May Include HIV Antibody/Antigen Testing. I voluntarily consent to the withdrawal of a blood sample from me, the collection of oral fluid or urine samples, the testing of those samples, and the disclosure of the test results as described.

I understand that I have the right to request and receive a copy of this authorization. A photocopy of this form will be as valid as the original.

Proposed Insured (Please Print)

Date of Birth

Name and address of designated Physician:

Signature of Proposed Insured
or Parent/Guardian

Date

State of Residence

Examiner's Name and Address:

Life Insurance *Buyer's Guide*



INSURANCE



INSURANCE

Life Insurance *Buyer's Guide*



Prepared by the National Association of Insurance Commissioners

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various insurance departments to coordinate insurance laws for the benefit of all consumers.

This guide does not endorse any company or policy

Before You Buy Life Insurance

Understand What Life Insurance Is

Life insurance pays a death benefit if you die while the policy is in effect, in exchange for premiums you pay before your death. You can use the death benefit to protect against financial hardships such as loss of your income, funeral expenses, medical or nursing care expenses, debt repayments, and child care costs after your death. You can get information from the NAIC InsureU Life Insurance website --

www.insureuonline.org/insureu_type_life.htm

If You Need Life Insurance, Decide How Much Coverage to Buy

How much life insurance to buy depends on the financial needs that will continue after your death. Examples include supporting your family, paying for child(ren)'s education, and paying off a mortgage. Some questions you may want to ask about your own needs include:

- Does anyone depend on me financially?
- How much of the family income do I provide?
- How will my family pay my final expenses and repay debts after my death?
- Do I want to leave money to charity or family?
- If I have life insurance through my employer, is it enough to meet my financial obligations?

The answers to these questions can help you decide how much coverage you need. An insurance agent, financial advisor, or insurance company representative can help you evaluate your insurance needs and give you information about available policies.

If You Already Have Life Insurance, Assess Your Current Life Insurance Policy

It's important to compare your current policy with any new policy you might buy. Keep in mind that you may be able to change your current policy to get benefits you want. Also, know that any changes in your health may impact your ability to get a new policy or the premium you'll pay. Don't cancel your current policy until you get the new one.

Also, while you may have free or low-cost life insurance through your employer, the death benefit usually is less than you need. And if you leave the employer, you may not be able to take this coverage with you.



Life Insurance Buyer's Guide



Compare the Different Types of Insurance Policies

There are many types of life insurance policies. You should choose a policy with features that fit your individual needs. Some things to consider are:

- **Term Insurance vs. Cash Value Insurance.** Term insurance is intended to provide lower-cost coverage for a specific period of time (“a term”). If you want coverage for a longer period of time, such as for your lifetime, cash value insurance may be more cost effective. Most term policies don’t build up cash values that you can use in the future.

- **Renewable Term vs. Non-renewable Term.** Most term life insurance coverage can be continued (“renewed”) at the end of the term, even if your health has changed. If you renew a term policy, the new premiums are higher. Ask what the premiums will be before you renew the policy. Also ask if you’ll lose the right to renew the policy at a certain age. A Non-renewable term policy can’t be continued. You’ll have to apply for a new policy if you still want coverage.
- **Whole Life vs. Universal Life.** Whole life and universal life insurance are two types of cash value insurance. A key difference between the two is how you pay for the coverage. You typically pay premiums for whole life insurance according to a set schedule. In a universal life policy, you can choose a flexible premium payment pattern as long as you pay enough to keep your policy in force.
- **Variable Life vs. Non-variable Life.** The investments you will choose (such as stock and bond funds) in a variable life policy directly impact your cash value. These policies have the greatest potential to build cash value but also the greatest risk of losing cash value. Non-variable life policies often have guaranteed minimums for some features (interest or cash value, for example) but not all. Non-variable life policies also have less potential to build cash value than variable life policies.



Life Insurance *Buyer's Guide*

Be Sure You Can Afford the Premium

Before you buy a life insurance policy, be sure you can pay the premiums. Can you afford the initial premium? If the premium increases later, will you still be able to afford it? The premiums for many life insurance policies are sensitive to changes in the company's investment earnings, claims costs, and other expenses. If those are worse than expected, you may have to pay a much higher premium. Ask what might be the highest premium you'd have to pay to keep your coverage.

Understand the Application Process

You can apply for life insurance through life insurance agents, the mail, and online. In addition to basic information, such as your name, address, employer, job title, and date of birth, you'll be asked for more personal information. Depending on the type of policy, the insurer may require you to see a doctor, answer health-related questions, or have a medical professional come to your home or office to assess your health. Usually a policy that doesn't require detailed health information will cost more and provide less coverage than one that does.

It's important to tell the truth on the application. The insurance company will check your answers so review the application before you sign. If the insurance company discovers false statements on your application after it issues your policy, it could reduce or cancel your coverage.

Choose a Beneficiary

A beneficiary is the person(s) or organization(s) you name to receive your life insurance policy's death benefit. You'll need to know the Social Security or tax identification number for all beneficiaries. Experts advise you not to name a minor child as a beneficiary. Insurance companies won't pay a minor. Instead, consider leaving the money to your estate or trust.

Evaluate the Future of Your Policy

Does your policy have a cash value? In some cash value policies, the values are low in the early years but build later on. In other policies the values build up gradually over the years. Most term policies have no cash value. Ask your insurance agent, financial advisor, or an insurance company representative for an illustration showing future values and benefits.



Life Insurance *Buyer's Guide*



After You Buy Life Insurance

Read Your Policy Carefully

After you carefully read your policy, you should be able to answer the following important questions:

- Is your personal information correct?
- Do premiums or policy values vary from year to year?
- What part of the premium or policy value isn't guaranteed?
- How will the timing of money paid and received affect any interest the policy might earn?

Your insurance agent, financial advisor, or an insurance company representative can help you understand anything that isn't clear.

If you're not satisfied with your new policy, you can return it for a full refund within a certain period, usually 10 days after you receive it. The review period usually is stated on the first page of the policy.

Review Your Life Insurance Program Every Few Years

Review your policy with your insurance agent, financial advisor, or an insurance company representative every few years to keep up with changes in your policy and your needs.

- Have the premiums or benefits changed since your policy was issued?
- Do the death benefits still meet your needs?
- Do you need more or less coverage after life events, such as birth, adoption, marriage, job change, death, or divorce?

The insurance company can provide policy statements and illustrations to help with this review. As the policy owner, you can change beneficiaries at no cost. Be sure to review your beneficiaries every few years, especially after major life events that affect your life insurance needs.



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PACIFIC LIFE INSURANCE COMPANY

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IMPORTANT NOTICE: REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

Original to Insurer

Replacement Information

The Pacific Life Insurance Company listed above is referred to as “we” in this document.

The owner is referred to as “you” and “your.”

This document must be signed by you and the producer, if there is one, and a copy left with you.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the last page of this form.

Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?

Yes No

Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?

Yes No

The existing policy or contract is being replaced because:

.....

If you answered “Yes” to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

Insurer name Contract/policy number

..... *Select one*

Replaced Financing

Insurer name Contract/policy number

..... *Select one*

Replaced Financing

Insurer name Contract/policy number

..... *Select one*

Replaced Financing

Make sure you know the facts. Contact your existing company or your producer for information about the old policy or contract. If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the producer in the sales presentation. Be sure that you are making an informed decision.



Important Notice

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or producer that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts.

You should discuss the following with your producer to determine whether replacement or financing your purchase makes sense:

Premiums

Are they affordable? Could they change? You're older—are premiums higher for the proposed new policy? How long will you have to pay premiums on the new policy? On the old policy?

Policy values

New policies usually take longer to build cash values and to pay dividends. Acquisition costs for the old policy may have been paid, you will incur costs for the new one. What surrender charges do the policies have? What expense and sales charges will you pay on the new policy? Does the new policy provide more insurance coverage?

Insurability

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down. You may need a medical exam for a new policy. Claims on most new policies for up to the first two years can be denied based on inaccurate statements. Suicide limitations may begin anew on the new coverage.

If you are keeping the old policy as well as the new policy

How are premiums for both policies being paid? How will the premiums on your existing policy be affected? Will a loan be deducted from death benefits? What values from the old policy are being used to pay premiums?

If you are surrendering an annuity or interest sensitive life product

Will you pay surrender charges on your old contract? What are the interest rate guarantees for the new contract? Have you compared the contract charges or other policy expenses?

Other issues to consider for all transactions

What are the tax consequences of buying the new policy? Is this a tax free exchange? (See your tax advisor.) Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code? Will the existing insurer be willing to modify the old policy? How does the quality and financial stability of the new company compare with your existing company?

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IMPORTANT NOTICE: REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

Copy to Applicant

Replacement Information

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The owner is referred to as “you” and “your.”

This document must be signed by you and the producer, if there is one, and a copy left with you.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

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Insurer name Contract/policy number

.....
 Insured/annuitant name *Select one*

.....
 Replaced Financing

Insurer name Contract/policy number

.....
 Insured/annuitant name *Select one*

.....
 Replaced Financing

Insurer name Contract/policy number

.....
 Insured/annuitant name *Select one*

.....
 Replaced Financing

Make sure you know the facts. Contact your existing company or your producer for information about the old policy or contract. If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the producer in the sales presentation. Be sure that you are making an informed decision.

Both questions to the right must be answered.

If either of the answers is “Yes,” provide the information noted below and complete the producer replacement sales certification on page 2.



Important Notice

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or producer that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts.

You should discuss the following with your producer to determine whether replacement or financing your purchase makes sense:

Premiums

Are they affordable? Could they change? You're older—are premiums higher for the proposed new policy? How long will you have to pay premiums on the new policy? On the old policy?

Policy values

New policies usually take longer to build cash values and to pay dividends. Acquisition costs for the old policy may have been paid, you will incur costs for the new one. What surrender charges do the policies have? What expense and sales charges will you pay on the new policy? Does the new policy provide more insurance coverage?

Insurability

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down. You may need a medical exam for a new policy. Claims on most new policies for up to the first two years can be denied based on inaccurate statements. Suicide limitations may begin anew on the new coverage.

If you are keeping the old policy as well as the new policy

How are premiums for both policies being paid? How will the premiums on your existing policy be affected? Will a loan be deducted from death benefits? What values from the old policy are being used to pay premiums?

If you are surrendering an annuity or interest sensitive life product

Will you pay surrender charges on your old contract? What are the interest rate guarantees for the new contract? Have you compared the contract charges or other policy expenses?

Other issues to consider for all transactions

What are the tax consequences of buying the new policy? Is this a tax free exchange? (See your tax advisor.) Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code? Will the existing insurer be willing to modify the old policy? How does the quality and financial stability of the new company compare with your existing company?



PACIFIC LIFE INSURANCE COMPANY

Lynchburg Operations | 6750 Mercy Rd., Ste. B, Omaha, NE 68106
P.O. Box 2869, Omaha, NE 68103
(844) 276-5759 • Fax (844) 520-1618 • www.PacificLife.com

AUTHORIZATION FOR PAYMENT - ELECTRONIC FUNDS TRANSFER (EFT) AND/OR CREDIT CARD (INITIAL PREMIUM)

Instructions: Complete this form in its entirety to authorize Pacific Life Insurance Company (PLIC) to collect the life insurance premium set forth below by EFT and/or credit card. This form is to be returned to PLIC along with your application for life insurance. Retain a copy of this form for your records.

1. Policy/Application Information

Name of Proposed Insured Policy/Application Number (if applicable)

2. Premium Payment Information

A. Premium payment frequency: [] Monthly [] Quarterly [] Semi-Annual [] Annual

B. Check all that apply below:

- [] Initial Premium authorized payment method (Check only one): [] EFT [] Credit Card (MasterCard® or Visa only®)
[] Recurring Premium authorized payment method (EFT only)

3. Checking Account Information (Complete for EFT only)

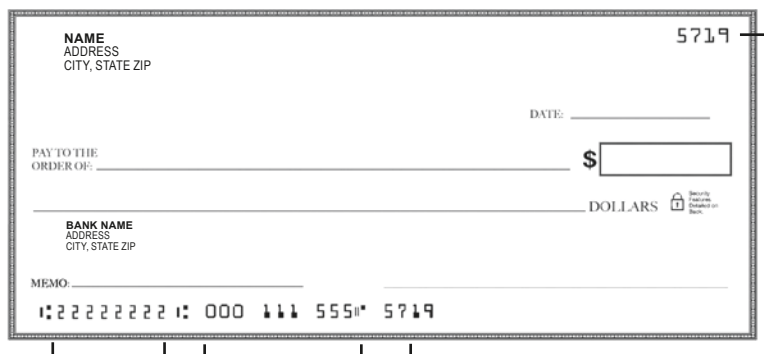
Bank Account Holder Name Additional Bank Account Holder Name (if applicable)

Bank Account Holder Address City State Zip Code

Financial Institution Name

Financial Institution Address City State Zip Code

Bank Routing Number (9 digits) Checking Account Number



9 Digit Routing Number Your Account Number Check Number



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TEMPORARY INDIVIDUAL LIFE INSURANCE APPLICATION AGREEMENT (TIAA)

ORIGINAL - Return with the application and the payment. COPY - Give to the Policyowner only if payment is made at the time the Application - Part I is signed.

1. Notice to Proposed Insured and Policyowner

Payment of the Amount Remitted may only be made at the same time that both the Application - Part I and this TIAA are completed. If the Insurer does not respond to you within 90 days, notify the Insurer at the above address. Make the Amount Remitted payable to the Insurer. Do not make it payable to the life insurance producer or leave the payee blank. Do not pay cash.

2. Temporary Insurance Application Answer all questions

Temporary insurance cannot begin and you should make no payment if any question is answered "Yes" or left blank.

- 1. Is the Proposed Insured less than 15 days old or more than 70 years old (age nearest birthday) on the date of this TIAA?
2. Is the Policy applied for a joint life insurance policy?
3. Does the total amount of insurance on the Proposed Insured's life in force with the Insurer under any policies, conditional receipts, or temporary insurance agreements exceed \$1,000,000?
4. In the past 90 days, has the Proposed Insured been admitted, or medically advised to be admitted, to a hospital or other licensed health care facility, had surgery performed or recommended, or been medically advised to have any diagnostic test (excluding an AIDS-related test) that was not completed?
5. In the past 5 years, has the Proposed Insured been diagnosed, treated, tested positive for, or been given medical advice by a professional health care provider for, heart disease, stroke, cancer, or alcohol or drug dependence or abuse?
6. Has a medical physician diagnosed the Proposed Insured as having Hepatitis C or Acquired Immunodeficiency Syndrome (AIDS)?
7. In the past year, has the Proposed Insured been convicted of a misdemeanor or felony or have such charge pending?

I represent that: (1) I have read and received a copy of this TIAA and agree to all of its terms and conditions; (2) I understand and agree that temporary insurance will not begin if any question above is answered "Yes" or left blank; (3) the answers given above are true to the best of my knowledge and belief, and I understand that, if they are false, temporary insurance may be denied or declined; (4) I understand that completing this TIAA does not guarantee that the Insurer will issue a policy on the Proposed Insured's life; and (5) I understand that the licensed insurance producer is not authorized to change or waive the terms of this TIAA.

Signature of Proposed Insured Date of this TIAA Signature of Policyowner (If other than Proposed Insured)
X X

3. Temporary Insurance Agreement

Agreement - Subject to the terms of the policy applied for and this TIAA, the Insurer agrees to pay the Limited Amount to the beneficiaries listed in the Application - Part I upon receipt of due proof that the Proposed Insured died while temporary insurance was in effect. The consideration for temporary insurance is the Temporary Insurance Application and payment of an amount equal to the first modal premium for the plan applied for.

Limited Amount - The Limited Amount is the lesser of: (1) the Amount of Insurance applied for in the Application - Part I; and (2) \$1,000,000 minus the amount of any insurance on the Proposed Insured's life in force with the Insurer under any policies, conditional receipts, or temporary insurance agreements.

Start Date - Temporary insurance equal to the Limited Amount will begin on the Start Date subject to the terms of this TIAA. The Start Date is the Date of this TIAA.

Stop Date - 90 Day Maximum - Temporary insurance automatically ends on the Stop Date and the entire amount remitted will be returned without interest to or for the benefit of the Policyowner. The Stop Date is the earliest of the following: (1) the date the Policyowner withdraws the application; (2) 45 days after the Start Date if the Insurer has not received a properly completed and signed Application Part II - Health History and all medical examinations and tests required by the Insurer as set forth in its Initial Submission Guidelines; (3) the date the Policyowner refuses to accept any policy issued or offered; (4) the date the Insurer sends notice to the Policyowner at the address shown in the Application - Part I that the Insurer has declined to issue insurance; and (5) 90 days after the Start Date.

Other Limitations - The Insurer's liability will be limited to a return of the Amount Remitted if: (1) any part of the life insurance application or this TIAA contains a misrepresentation material to the Insurer; or (2) the Proposed Insured dies by suicide.

Notice: When you provide a check as payment, you authorize us either to use the information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

4. Life Insurance Producer's Statement

Amount remitted \$ Person from whom received

On the Date of this TIAA, I received the Amount Remitted in exchange for this TIAA. The TIAA bears the same date as the Application - Part I. I agree that I am not authorized to change or waive the terms of this TIAA and represent that I have not attempted to do so. I have read and explained the terms of this TIAA to the Proposed Insured and Policyowner. I have left the Copy with the Policyowner.

Signature of Life Insurance Producer Life Insurance Producer Number(s)
X

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DISCLOSURE STATEMENT FOR ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS

Rider Benefit

This Rider provides for the early payment of part of the Policy's Death Proceeds. The Accelerated Death Benefit does not qualify as long term care insurance nor is it intended to qualify as such. We will make this Accelerated Death Benefit payment to the Owner of the Policy upon receiving proof that the Insured's life expectancy does not exceed twelve months.

The Owner may make only one request for an accelerated payment. We must receive, in writing, acknowledgement of and Consent for payment under this Rider from any irrevocable beneficiary and any collateral assignee of the Policy before making any payment.

There is no premium or cost of insurance charge for this Rider; however, an administrative fee is deducted before payment.

Consequences of Receiving Accelerated Death Benefit Payment

This Accelerated Death Benefit was not designed for any specific type of favorable tax treatment; such payment may be considered taxable income. A payment may also adversely affect the recipient's eligibility for Medicaid benefits or other state or federal government benefits or entitlements. The Owner should contact a qualified tax advisor and the appropriate government agencies before electing to receive a payment.

Amount of Benefit Available

The Owner requests the amount of Accelerated Death Benefit. Generally, the largest amount available is the benefit maximum minus any Loan Balance. This benefit maximum is the lesser of (a) and (b) where (a) is the amount equal to any Loan Value as defined in the Policy plus 75% of the difference between the Face Amount of the Policy and any Loan Value and (b) is the Maximum Accelerated Amount as shown in your Policy Specifications, which is the lesser of \$500,000 or the Policy's Face Amount. The benefit maximum can vary by state, however, and is defined by the Rider.

We will deduct an administrative fee from the Accelerated Death Benefit prior to payment to the Owner.

Effect of an Accelerated Death Benefit Payment

The Accelerated Death Benefit will be treated as a lien against the Death Proceeds of the Policy. Any Policy Value, if applicable under the Policy, is not impacted. However, this lien will reduce the Policy's Death Proceeds and limit the availability of any applicable surrender benefit, future policy loans and withdrawals under the Policy.

We will charge interest on the lien. We will charge interest at the policy loan interest rate(s), if any, stated in the Policy on the portion of the lien amount equal to any Loan Value. We will charge interest on the portion of the lien amount that exceeds any Loan Value at a rate not exceeding the greater of: (a) the current yield on a 90-day treasury bill; and (b) is the maximum fixed annual rate of 8% or a variable rate determined in accordance with the NAIC Model Policy Loan Interest Rate Bill, model #590.

Policy and rider premiums will not be reduced after an Accelerated Death Benefit payment and will remain payable. Any premiums due and unpaid will be added to the lien.

No matter how long the Insured lives, the Policy will not terminate as a result of a payment under this Rider unless the lien equals or exceeds the Death Proceeds. The Owner may repay all or part of the lien subject to the terms of the Rider.

Sample Illustration

Below is a sample illustration of the effect of an Accelerated Death Benefit payment. This illustration shows the effect on the Death Proceeds immediately after the Accelerated Death Benefit payment has been made and 3 months after payment of the Accelerated Death Benefit.

This sample illustration assumes: (1) \$800,000 Face Amount; (2) \$0 loan value; (3) no policy loans or Loan Balance; (4) the maximum Accelerated Death Benefit is elected; (5) the policy loan interest rate is 4.50%; (6) the lien interest rate is 8.00%; and (7) the quarterly premiums are \$500.

Before Accelerated Death Benefit Payment:

Face Amount	\$800,000
less: Loan Value	<u>\$0</u>
	\$800,000
Maximum Accelerating Percentage	<u>X 75%</u>
(a)	\$600,000
(b) plus: Loan Value	<u>\$0</u>
Min of (a+b, \$500,000)	\$500,000
less: Loan Balance	<u>\$0</u>
Maximum Accelerated Death Benefit Available	\$500,000
less: Administration Fee	<u>\$250</u>
Amount of Accelerated Death Benefit Payment	<u>\$499,750</u>

Immediately After Payment of Accelerated Death Benefit:

Amount of Accelerated Death Benefit Payment	\$499,750
plus: Administration Fee	<u>\$250</u>
Lien Amount	\$500,000
Face Amount	\$800,000
less: Lien Amount	\$500,000
less: Loan Balance	\$0
Payment upon Death	<u>\$300,000</u>

3 Months After Payment of Accelerated Death Benefit:

Amount of Accelerated Death Benefit Payment	\$499,750
plus: Administration Fee	\$250
plus Accrued Lien Interest (3 months)	\$9,713
plus: Premiums due and unpaid	<u>\$500</u>
(c) Lien Amount	\$510,213
(d) Loan Balance	\$0
(e) Face Amount	\$800,000
Payment upon Death (e-d-c)	<u>\$289,787</u>