

PACIFIC LIFE INSURANCE COMPANY

Life Insurance Division
P.O. Box 2030 • Omaha, NE 68103-2030
(800) 347-7787 • Fax (866) 964-4860
www.PacificLife.com



INSTRUCTIONS – APPLICATION FOR LIFE INSURANCE, A10IUW2-FL

SUBMITTING YOUR BUSINESS

- Submit the completed application and supplemental forms to Pacific Life Insurance Company (PLIC) through your established distribution channel.
 - PLIC will accept fax copies of individual life new business submission, placement, and delivery paperwork.
 - Originals may be required if the fax image is unreadable.
 - The acceptance of fax copies excludes 1035 Exchange paperwork and checks.
 - If you need additional information, please contact your PLIC representative.
-

SUBMISSION CHECKLIST

Remember to submit the following forms and requirements:

Always Required

- Application for Life Insurance, A10IUW2**
 - Authorization to Obtain Information (HIPAA)
 - Producer Report
- Sales Illustration** with the Producer/Home Office Administration Worksheet
 - For Non-Variable Life Products, the illustration must be signed.
(see reverse for details)
- Underwriting Requirements**
Order all applicable underwriting requirements. See the Medical Requirements Chart (15-27057) on Lifeline.PacificLife.com for details.

Frequently Required

- New Business Submission Transmittal
- HIV Form(s)
- Replacement Form(s) (see reverse for details)
- Internal Replacement Request (see reverse for details)
- New Business Variable Life Optional Services (used to request Dollar Cost Averaging, Rebalancing, or Fixed Transfer Services)
- Temporary Insurance Agreement (see reverse for details)

Additional forms may be needed based on requested policy and case design.

May Be Required

- 1035 Exchange Absolute Assignment
- Accelerated Living Benefit Disclosure Statement
- Authorization for Electronic Funds Transfer (EFT)
- Aviation Questionnaire
- Avocation Questionnaire
- Foreign Residence & Travel Questionnaire
- Policy Notification Request (used to request additional copies of premium and other notices to be sent to another party)
- Premium Financing Disclosure and Acknowledgment
- Trust Information Form

Client Information Booklet

This booklet is required to be left with the Proposed Insured(s) and/or Applicant. It includes Disclosure Notice – How We Use Your Information, a Life Insurance Buyer's Guide and, if applicable, product or rider disclosure notice(s).

SPECIAL STATE REQUIREMENTS

New Jersey Resident – The *New Jersey Verification* form (15-17990) is required when **the product is not available for sale** in New Jersey and the application is solicited outside of New Jersey on the life of a New Jersey resident.

New York Resident – The *New York Verification* form (15-16581) is required if a Pacific Life application is solicited outside of New York on the life of a New York resident and/or the applicant/policyowner is a New York resident.

IMPORTANT REMINDERS

- The Producer must be licensed, appointed, and contracted with PLIC in each state in which the policy will be solicited, applied for, and delivered.
- Use appropriate forms of premium payment. For additional information, see *Acceptable Forms of Payment* (15-24004).
- Verify that all parties have signed the application in all the appropriate places and all signatures are original.
- Never initial or sign for anyone else other than yourself or have blank forms signed.
- Do not add additional information to the application after it is signed, unless it is initialed by the appropriate party(ies).
- Do not use "white out" to make changes. Any corrections made need to be initialed by the appropriate party(ies) to avoid amendments.

TEMPORARY INSURANCE AGREEMENT (TIA)

Qualifications

To qualify for temporary life insurance, the Proposed Insured(s) must be over 15 days of age or under age 70 (nearest birthday), and able to answer "No" to all of the questions on the Temporary Insurance Agreement (TIA).

Limits

The TIA is limited to \$1,000,000 for individual products and \$1,500,000 for Second-to-Die products.

Initial Premium

The minimum initial premium that can be submitted with the completed application and the TIA is **either** 1) 10% of the annual premium, or 2) greater of one modal premium or three times the monthly initial minimum premium illustrated.

Submitting

- The application, TIA, and check should be dated the same.
- If it is not possible to obtain a check at the time the application is completed, the check may be dated up to 3 days later than the TIA and application.
- The check, TIA, and application must be sent to PLIC at the same time.

REPLACEMENTS

The Replacement Notice and any other state-required replacement forms must be signed and dated on, or prior to, the application date. If paperwork submitted does not meet state requirements, the application package may be returned.

To obtain the most current state replacement forms, refer to State Applications using Quick Links on Lifeline.PacificLife.com.

1998 NAIC Replacement Model Regulation States

- For states that have adopted the 1998 NAIC Replacement Model Regulation, the *Replacement Notice* (15-22390) must be submitted with the application if any coverage is in force, even if a replacement is not involved.
- If any policy will be replaced, also submit the *Sales Material Checklist* (15-22363) with the application.
- For a list of the states that have adopted the 1998 NAIC Replacement Model Regulation, refer to Lifeline.PacificLife.com: Underwriting & New Business >> Compliance.

External Replacements for states that have not adopted the 1998 NAIC Replacement Model Regulation

- Submit the applicable state-required replacement form(s). If the state does not have any replacement form requirements, submit PLIC's *Replacement Notice* (15-20889).

Internal Replacements

- Submit any applicable state-required forms indicated above;
- PLIC's *Internal Replacement Request* (15-20839) form; and
- Signed and dated new business and in force illustrations.

1035 Exchange

- Submit the *1035 Exchange Absolute Assignment* (15-28979) form with applicable replacement forms indicated above.

Qualified Plan Transfer of Assets

- Submit the *Transfer of Qualified Plan Assets Request* (15-17637) form with applicable replacement forms indicated above.

SALES ILLUSTRATION

The complete illustration, including the Producer/Home Office Administration Worksheet and Input page(s) representing how the policy is being applied for, must be submitted with the application. The illustration information must match the application. If not, the application may be amended or endorsed.

Non-Variable Life Insurance – The Non-Variable Life Products Illustration Acknowledgment section of the application must be completed. If submitting an illustration, the illustration must be signed and dated by the Applicant and Soliciting Producer on or prior to the application date. In addition, the run date must be prior to or the same date as when the illustration is signed.

HOW TO OBTAIN FORMS

- Log in to PLIC's website for Producers: <https://Lifeline.PacificLife.com>.
 - For a full submission package, go to State Applications using the Quick Links section.
 - For individual forms, go to Forms and Sales Materials from the drop-down menu.
- E-mail marketing.orders@PacificLife.com.
- Call Marketing at (800) 800-7681 ext. 3920.

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APPLICATION FOR LIFE INSURANCE

PROPOSED INSURED
1A. Name: First MI Last
B. Gender Male Female
C. Residence Address: Street City State Zip Code
D. How Long yr mo
E. Date of Birth (mm/dd/yyyy) F. Place of Birth (State/Country) G. Soc. Sec. #
H. Driver's License # & State I. Telephone # (include area code) J. Occupation
2A. Employer's Name B. How Long yr mo
C. Proposed Insured's Work Address/Physical Location: Street City State Zip Code D. Type of Business
3A. Proposed Insured is a: U.S. Citizen U.S. Permanent Resident Foreign National (Complete 3B through D)
B. If Foreign National, provide Country C. Visa Type D. How long in this country?
4. Annual earned income from occupation \$ 5. Annual unearned income (State sources in Remarks) \$ 6. Net Worth Individual Joint \$
7. Is the Proposed Insured married or in a legally recognized civil union or domestic partnership? Yes No
If Yes, and applying for individual life insurance, list amount of life insurance in force on your spouse/partner \$

POLICY INFORMATION (If you are applying for a variable life insurance policy, benefits are on a variable basis, may increase or decrease, and are not guaranteed as to a fixed dollar amount.)

1. Product Name 2. Planned Annual Premium \$

FACE AMOUNT/ DEATH BENEFIT
Basic Coverage Amount \$
Annual Renewable Term Varying \$
Annual Renewable Term - Last Survivor Varying \$
ECV Coverage \$
SV ER Term Insurance Rider \$
SV ER Term Insurance Rider - Last Survivor \$
SV ER Term Insurance Rider Trust/Executive Benefit \$
Total Initial Coverage = \$

DEATH BENEFIT OPTION (Check one):
Option A (Level) Option B (Increasing)
Option C (Face Amount plus premiums less distributions subject to limit shown in the illustration)
BASIC COVERAGE TYPE (Not available on all products, check one)
Type CV Type DB
LIFE INSURANCE QUALIFICATION TEST (Check one):
(Qualification test may not be changed for the life of this policy)
Guideline Premium Test (GPT)
Cash Value Accumulation Test (CVAT)
GUARANTEED COST OF INSURANCE PERIOD
Indicate years:
0 1 2 3 5 10 15 Other

OPTIONAL BENEFITS
1. Accelerated Living Benefit Rider (Complete disclosure form)
2. Accidental Death Rider \$
3. Annual Renewable Term Rider (Proposed Insured) Varying \$
4. Annual Renewable Term Rider (Additional Insured) Varying \$
5. Children's Term Rider \$
6. Disability Benefit Rider \$
7. Guaranteed Insurability Rider \$

8. Flexible Duration No Lapse Guarantee Rider
9. No Lapse Guarantee Rider
10. IRC 412(e)(3) Life Insurance Rider
11. Minimum Earnings Benefit Rider Years
12. Waiver of Charges (Check one):
Insured Owner Payor



ADDITIONAL POLICYOWNER (If more than one individual is named as policyowner, they will own policy as joint tenants with rights of survivorship unless otherwise stated.)

1. Policyowner is (Check one): Corporation/Business (Also complete #4) Individual Partnership Other
 Qualified Plan Trust (Also complete #3 & 4) Parent/Guardian

2A. Name		B. Relationship to Proposed Insured(s)	
C. Address: Street	City	State	Zip Code
D. Date of Birth (mm/dd/yyyy)	E. Soc. Sec. # / Tax ID #	F. Telephone # (include area code)	
3A. Trustee Name(s)			B. Date of Trust (mm/dd/yyyy)
C. Does the trust agreement require all Trustees to sign? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, indicate who is required to sign in Remarks)			D. Total # of Trustees
4A. Authorized Representative's Name: First	MI	Last	B. Title

APPLICANT (The applicant is the party that applies for the policy. If other than Proposed Insured or Policyowner, also complete #2.)

1. Applicant is (Check one): Proposed Insured Policyowner Corporation/Business Other

2A. Applicant Name		B. Relationship to Proposed Insured(s)	
C. Authorized Representative's Name: First	MI	Last	D. Title

PRIMARY BENEFICIARY (If percentages are left blank, all named Primary Beneficiaries will share equally.)

1A. Name	B. % Share	C. Date of Birth (mm/dd/yyyy)
D. Relationship to Proposed Insured(s)	E. Soc. Sec. # / Tax ID #	F. Date of Trust (mm/dd/yyyy)

ADDITIONAL BENEFICIARY(IES) (Optional)

1A. <input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Term Rider on _____		
B. Name	C. % Share	D. Date of Birth (mm/dd/yyyy)
E. Relationship to Proposed Insured(s)	F. Soc. Sec. # / Tax ID #	G. Date of Trust (mm/dd/yyyy)
2A. <input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Term Rider on _____		
B. Name	C. % Share	D. Date of Birth (mm/dd/yyyy)
E. Relationship to Proposed Insured(s)	F. Soc. Sec. # / Tax ID #	G. Date of Trust (mm/dd/yyyy)

APPLICANT/POLICYOWNER REPRESENTATIONS OF INSURABLE INTEREST

As the Applicant and/or Policyowner, I represent that the Policyowner and Beneficiary have an insurable interest in the life of the Proposed Insured(s). (Applicable except where the Proposed Insured is both Applicant and Policyowner.)

CERTIFICATION OF POLICYOWNER'S TAXPAYER IDENTIFICATION NUMBER

Under penalties of perjury, I, the policyowner, 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).

Note: You must cross out item 2 above 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.

TAX REPORTING ON DISTRIBUTIONS TO FOREIGN NATIONALS

While Pacific Life Insurance Company (Pacific Life) may provide tax information to various United States federal and state agencies regarding certain life insurance or annuity activity, Pacific Life does not as a matter of course provide such information to any foreign governmental agencies and does not anticipate doing so at this time. Nonetheless, Pacific Life's tax reporting does not in any way affect the obligations that its policyowners may have with respect to such foreign governmental agencies or under foreign law. Pacific Life does not provide tax or legal advice, and nothing contained herein should be construed as such.

GENERAL INFORMATION (Provide details in Remarks)

	Proposed Insured		Additional Insured	
	YES	NO	YES	NO
1. Within the next 2 years do you plan to fly, or within the last 2 years have you flown, as a pilot, student pilot, or crewmember? (If Yes, complete the Aviation Questionnaire)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Within the next 2 years do you plan to participate in, or within the last 2 years have you participated in, parachute jumping, scuba diving, auto/motorboat/motorcycle racing, hang gliding, or mountain climbing? (If Yes, complete the Avocation Questionnaire)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Within the next 2 years do you plan or expect to travel or reside outside the USA? (If Yes, complete the Travel Questionnaire)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you applied for any other life insurance within the last 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had life insurance declined, rated, modified, cancelled, or not renewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you been convicted of a felony within the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you had a driver's license restricted or revoked or been convicted of 3 or more moving violations within the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOBACCO USE INFORMATION (Complete if Proposed Insured and/or Proposed Additional Insured is age 20 and above)

	YES	NO	YES	NO
1. Within the last 5 years, have you used or smoked tobacco and/or any other product containing nicotine in any quantity? (If Yes, check all that apply and indicate date when product was last used below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROPOSED INSURED'S INFORMATION		PROPOSED ADDITIONAL INSURED'S INFORMATION	
Type of Product (check all that apply)	Date last used (mm/yyyy)	Type of Product (check all that apply)	Date last used (mm/yyyy)
<input type="checkbox"/> Cigarettes		<input type="checkbox"/> Cigarettes	
<input type="checkbox"/> Cigars		<input type="checkbox"/> Cigars	
<input type="checkbox"/> Pipe		<input type="checkbox"/> Pipe	
<input type="checkbox"/> Chewing Tobacco		<input type="checkbox"/> Chewing Tobacco	
<input type="checkbox"/> Nicotine Patch		<input type="checkbox"/> Nicotine Patch	
<input type="checkbox"/> Nicotine Gum		<input type="checkbox"/> Nicotine Gum	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	

REMARKS

IN FORCE, PENDING, AND REPLACEMENT INFORMATION

1. Is there any existing life insurance or annuity on any Proposed Insured(s)?
 Yes No
2. Will the Pacific Life policy applied for replace, cause a change in, or involve a cash withdrawal or loan from or lapse of any life insurance policy or annuity on any Proposed Insured's life?
 Yes No (If Yes, complete the applicable state replacement forms and submit with the application.)

3A. Complete the chart below for any **existing** life insurance or annuity:

	Policy/ Contract #	Company	Face Amount	Issue Year	Check All Applicable Boxes							
					Replace	1035 or Transfer Assets*	Life	Ann	Ind	Grp	Bus	Pers
Primary Proposed Insured												
Additional Proposed Insured												

*Complete 1035 Exchange Absolute Assignment form or Transfer of Qualified Plan Assets Request

Complete #3B through #3D if answering Yes to #2 above:

3B. Is any existing policy being replaced a Modified Endowment Contract (MEC)?

- Yes (Provide policy number(s) in Remarks) No Unknown

Under federal tax rules, if any policy is received in exchange for a MEC, the new policy will also be a MEC. This rule applies whether or not the policies are issued by the same insurance company.

C. To the best of your knowledge is there a loan on any existing policy to be replaced? Yes (Provide policy number(s) in Remarks) No

D. If you answered Yes to #3C, do you want a new loan of equal value on this new policy? Yes (Not available if current policy is a MEC) No

4A. Do you have any application currently **pending**, or within the next 2 years do you **plan to apply** for any new life insurance or annuity with any other company?

- Yes (Complete chart below) No

Proposed Insured	Company	Face Amount	Purpose
<input type="checkbox"/> Primary <input type="checkbox"/> Additional			
<input type="checkbox"/> Primary <input type="checkbox"/> Additional			
<input type="checkbox"/> Primary <input type="checkbox"/> Additional			

4B. Within the next two years, does Applicant plan to accept any policy in the chart above in addition to the Pacific Life policy being applied for?

- Yes (Explain in Remarks) No

C. If any application listed in the chart above is approved, will any replace, cause a change in, or involve a cash withdrawal or loan from or lapse of any life insurance policy or annuity on any Proposed Insured's life? Yes (Explain in Remarks) No

5. What is the total amount of coverage to be in force with all carriers when this policy and any other pending policies are placed in force?

\$ _____

REMARKS

OWNERSHIP TRANSFER INFORMATION

1A. Has any life insurance on any Proposed Insured ever been sold, assigned or transferred to a life settlement or viatical company or any other person or entity? Yes (Complete 1B through F) No

B. Name of Insurance Company	C. Face Amount	D. Date Policy Issued
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E. Date Policy Sold, Assigned or Settled	F. Reason
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2. Within the next three years, do you plan to sell, assign or transfer this policy if issued to a life settlement or viatical company or any other person or entity? Yes (Explain in Remarks) No

PREMIUM FINANCING

1A. Have you entered into, or have you made plans to enter into, within the next two years, an arrangement to borrow current or future premiums, or both, in connection with this Application for Life Insurance?

Yes No (If Yes, complete the Premium Financing Disclosure and Acknowledgment form and provide a copy of the loan term sheet.)

B. Name of lender	C. Name of financing arrangement
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D. How will the loan interest be paid?	E. What is the type and amount of the collateral for this loan?
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2A. Have you made plans to transfer this policy to a third party as repayment of any premium financing debt within the next five years?

Yes (Give details below) No

B. Details

PREMIUM BILLING METHODS

1. Billing Method (Check one):

A. Direct

B. Monthly Bank Draft (Complete Authorization for Electronic Funds Transfer (EFT) form)

C. Single Premium

D. List Bill (Check one):

New List Bill Add to Existing List Bill # (Do not complete #2): _____

The premium for this policy will be included in an itemized list provided to the payor and will constitute notice of premium due.

Separate premium notices or other notices regarding premiums will not be sent to any other party.

2. Frequency of Payment for **Direct** and **List Bill** (Check one):

A. Annually

B. Semi-Annually

C. Quarterly

D. Monthly (Available with List Bill only)

PAYOR OF PREMIUMS

1. Payor of premium is (Check one): Proposed Insured Proposed Additional Insured Primary Policyowner
 Employer Other

2. Complete payor's address information below if different (or not included) on pages 1 or 2.

A. Name	B. Relationship to Proposed Insured(s)
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C. Care of (if applicable)

D. Address: Street	City	State	Zip Code
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3. Source of Premium Payments: Earned Income Unearned Income Savings Gift Inheritance
 Business Income Trust Premium Financing Other _____

REMARKS

SECONDARY ADDRESSEE (Optional) Complete if designating another mailing address to receive notice of impending lapse for the Insured(s).

1A. Name

B. Care of (if applicable)

C. Address: Street

City

State

Zip Code

TELEPHONE & ELECTRONIC AUTHORIZATION

As the Policyowner, I understand that by checking the box below Pacific Life will act upon my telephone and/or electronic instructions for all of the following requests.

Variable Life Policies		Indexed Universal Life (IUL) Policies
<ul style="list-style-type: none"> • Transfer Between Investment Options • Initiate Dollar Cost Averaging • Rebalance Variable Investment Options 	<ul style="list-style-type: none"> • Change Future Premium Allocation Instructions • Initiate Policy Loans 	<ul style="list-style-type: none"> • Automatic & Recurring Transfers • One-Time Transfers • Initiate Policy Loans • Segment Maturity

Pacific Life will use reasonable procedures to confirm that these requests are authorized and genuine. As long as these procedures are followed, Pacific Life 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 and/or electronic transfers and allocation changes will be subject to the policy's terms and conditions and Pacific Life's administrative requirements.

By checking YES, I give my authorization for such telephone and/or electronic requests. YES

AUTHORIZATION FOR APPOINTMENT (Optional)

As the Policyowner, I authorize and appoint the party listed below to act on my behalf for the following limited requests, including any telephone and/or electronic requests:

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

Check one:

- All Requests (listed in the Telephone & Electronic Authorization section)
- All Requests (listed in the Telephone & Electronic Authorization section) except initiating Policy Loans

NON-VARIABLE LIFE PRODUCTS ILLUSTRATION ACKNOWLEDGMENT

An illustration is defined as a presentation or depiction that includes non-guaranteed elements of a policy over a period of years. If an illustration was presented during the sale process and matches the policy applied for, a copy of that illustration must be signed and submitted to Pacific Life with the application. If the signed matching illustration is not submitted, indicate the reason (Check one):

- A. An illustration was not presented to me.
- B. An illustration was presented to me; however, the policy applied for is different than as illustrated.

If A or B is checked, I acknowledge, as applicant, that I did not receive and sign an illustration that matches this application for the reason indicated above. I also understand that an illustration matching the policy as issued will be provided for my signature no later than at the time the policy is delivered.

REMARKS

INDEXED UNIVERSAL LIFE INSURANCE - AUTOMATIC TRANSFERS AFTER PREMIUM PAYMENT AND/OR LOAN REPAYMENT

(Required) Percentages must be whole numbers. The sum of the percentages may be equal to or less than 100%.

These are my automatic transfer instructions. The amount* in the Fixed Account to be transferred to the Indexed Account(s) selected below on the next transfer date.

- | | |
|---|--|
| A. 1 Year Indexed Account _____ % | D. 2 Year Indexed Account _____ % |
| B. 1 Year Indexed Account 2
(1 Year International Indexed Account) _____ % | E. 5 Year Indexed Account 2
(High Par 5 Year Indexed Account) _____ % |
| C. 1 Year Indexed Account 3
(1 Year High Par Indexed Account) _____ % | |

F. By checking NO, I elect No Automatic Transfers (funds will remain in Fixed Account). **NO**

*The amount automatically transferred is the lesser of: 1) your selected transfer percentage multiplied by all premium payments and loan repayments paid since the last Transfer Date; and 2) the balance of the Fixed Account as of the applicable Transfer Date.

INDEXED UNIVERSAL LIFE INSURANCE - SEGMENT MATURITY (Optional) If not specified below, 100% of the value of the matured segment will be reallocated to the same Indexed Account and be applied to a new segment of the same type and duration. Percentages must be whole numbers.

These are my segment maturity automatic transfer instructions for the percentage of the Segment Maturity Value to be applied to a new Segment(s) in the Indexed Account(s) or Fixed Account.

1 Year (Yr) Indexed Account (Acct) Segment Maturity Instructions	2 Year (Yr) Indexed Account (Acct) Segment Maturity Instructions
1. Transfer _____ % to new 1 Yr Indexed Acct 2. Transfer _____ % to new 1 Yr Indexed Acct 2 3. Transfer _____ % to new 1 Yr Indexed Acct 3 4. Transfer _____ % to new 2 Yr Indexed Acct 5. Transfer _____ % to new 5 Yr Indexed Acct 2 6. Transfer _____ % to Fixed Account Total: _____ % MUST EQUAL 100%	19. Transfer _____ % to new 1 Yr Indexed Acct 20. Transfer _____ % to new 1 Yr Indexed Acct 2 21. Transfer _____ % to new 1 Yr Indexed Acct 3 22. Transfer _____ % to new 2 Yr Indexed Acct 23. Transfer _____ % to new 5 Yr Indexed Acct 2 24. Transfer _____ % to Fixed Account Total: _____ % MUST EQUAL 100%
1 Year (Yr) Indexed Account (Acct) 2 Segment Maturity Instructions	5 Year (Yr) Indexed Account (Acct) 2 Segment Maturity Instructions
7. Transfer _____ % to new 1 Yr Indexed Acct 8. Transfer _____ % to new 1 Yr Indexed Acct 2 9. Transfer _____ % to new 1 Yr Indexed Acct 3 10. Transfer _____ % to new 2 Yr Indexed Acct 11. Transfer _____ % to new 5 Yr Indexed Acct 2 12. Transfer _____ % to Fixed Account Total: _____ % MUST EQUAL 100%	25. Transfer _____ % to new 1 Yr Indexed Acct 26. Transfer _____ % to new 1 Yr Indexed Acct 2 27. Transfer _____ % to new 1 Yr Indexed Acct 3 28. Transfer _____ % to new 2 Yr Indexed Acct 29. Transfer _____ % to new 5 Yr Indexed Acct 2 30. Transfer _____ % to Fixed Account Total: _____ % MUST EQUAL 100%
1 Year (Yr) Indexed Account (Acct) 3 Segment Maturity Instructions	
13. Transfer _____ % to new 1 Yr Indexed Acct 14. Transfer _____ % to new 1 Yr Indexed Acct 2 15. Transfer _____ % to new 1 Yr Indexed Acct 3 16. Transfer _____ % to new 2 Yr Indexed Acct 17. Transfer _____ % to new 5 Yr Indexed Acct 2 18. Transfer _____ % to Fixed Account Total: _____ % MUST EQUAL 100%	

INDEXED UNIVERSAL LIFE INSURANCE – RECURRING TRANSFER FROM THE FIXED ACCOUNT TO THE INDEXED ACCOUNT

(Optional) Only available if the Automatic Transfer is less than 100% and not available when the premium frequency is monthly.

By completing the section below, I'm requesting to establish a schedule of transfers from the Fixed Account Value to the Indexed Account(s) on each scheduled Transfer Date as indicated below. **Percentages must be whole numbers.** The first transfer will be effective on the next eligible Transfer Date which corresponds to the frequency selected.

1. **Objective** (Complete A or B):

A. Deplete* the value in the Fixed Account over _____ transfers

* The amount transferred will be a proportionate amount of the Fixed Account Balance based on the number of transfers indicated. Any balance in the Fixed Account on the date of the last recurring transfer will be transferred to the Indexed Account(s).

B. Transfer \$ _____ or _____% of the accumulated value in the Fixed Account for _____ transfers.

By checking **YES**, I authorize Pacific Life to deplete any remaining balance in the Fixed Account on the last transfer date. **YES**

2. **Transfer the amount derived from #1 above to the accounts listed below: MUST TOTAL 100%**

_____ % to the 1 Year Indexed Account

_____ % to the 2 Year Indexed Account

_____ % to the 1 Year Indexed Account 2

_____ % to the 5 Year Indexed Account 2

_____ % to the 1 Year Indexed Account 3

3. **Frequency of transfers** (Check one):

Monthly

Quarterly

Semi-Annually

Annually

REMARKS

VARIABLE LIFE PRODUCTS PREMIUM ALLOCATION INSTRUCTIONS

1. Indicate how premiums are to be initially allocated (Check one):

- Premium Allocation (Complete #2 below)
- Portfolio Optimization or Portfolio Optimization Plus (Complete New Business Variable Life Optional Services form. Not available with Fixed Accounts, First Year Transfer, or Dollar Cost Averaging services.)

2. Indicate percentage amount that you want allocated into each of the investment options below. The total of the percentages must be 100%.

%	Manager & Investment Option	%	Manager & Investment Option	%	Manager & Investment Option
_____	Alger -Small-Cap Growth	_____	Franklin -Templeton Global Bond Sec	_____	PAM -High Yield Bond
_____	American Century -VP Mid Cap Val II	_____	Franklin/BlackRock -Small-Cap Equity	_____	PIMCO -Inflation Managed
_____	Ashmore -Emerging Markets Debt	_____	GEAM -Total Return Fund Class 3	_____	PIMCO -Managed Bond
_____	Batterymarch -International Small-Cap	_____	Invesco -Comstock	_____	PIMCO -PIMCO Global Multi-Asset Adv
_____	BlackRock -Basic Value V.I. Fund III	_____	Invesco -VI Intl Growth Fund II	_____	PLFA -Pac Dynamix-Conservative Growth
_____	BlackRock -Equity Index	_____	Janus -Focused 30	_____	PLFA -Pac Dynamix-Growth
_____	BlackRock -Global Alloc V.I. Fund III	_____	Janus -Growth LT	_____	PLFA -Pac Dynamix-Moderate Growth
_____	BlackRock -Mid-Cap Value	_____	Janus -JAS Enterprise SS	_____	PLFA -Port Opt Aggressive-Growth
_____	BlackRock -Small-Cap Index	_____	Janus -JAS Overseas SS	_____	PLFA -Port Opt Conservative
_____	Capital Research -AF Asset Allocation	_____	Jennison -Health Sciences	_____	PLFA -Port Opt Growth
_____	Capital Research -AF Growth	_____	JP Morgan -Intl Value	_____	PLFA -Port Opt Moderate
_____	Capital Research -AF Growth-Income	_____	JP Morgan -Long/Short Large-Cap	_____	PLFA -Port Opt Moderate-Consrv
_____	ClearBridge -Large-Cap Value	_____	Lazard -LRS US Strategic Equity	_____	Royce -Micro-Cap Port SC
_____	ClearBridge -LM CBA Var Aggr Growth II	_____	Lazard -Mid-Cap Equity	_____	T. Rowe Price -Blue Chip Growth-II
_____	ClearBridge -LM CBA Var MC Core II	_____	Lord Abbett -Developing Growth VC	_____	T. Rowe Price -Dividend Growth
_____	Columbia -Technology	_____	Lord Abbett -Fundamental Equity VC	_____	T. Rowe Price -Equity Income II
_____	Eaton Vance -Floating Rate Loan	_____	MFS -International Large-Cap	_____	T. Rowe Price -Short Duration Bond
_____	Fidelity -VIP Contrafund SC2	_____	MFS -VIT New Discovery Series SC	_____	Templeton -Foreign Sec Fund CI 2
_____	Fidelity -VIP Freedom 2010 SC2	_____	MFS -VIT Utilities SC	_____	UBS Global AM -Large-Cap Growth
_____	Fidelity -VIP Freedom 2015 SC2	_____	Morgan Stanley -Mid-Cap Growth	_____	Van Eck -VIP Global Hard Assets
_____	Fidelity -VIP Freedom 2020 SC2	_____	Morgan Stanley -Real Estate	_____	WAMCO -Diversified Bond
_____	Fidelity -VIP Freedom 2025 SC2	_____	NFJ -Small-Cap Value	_____	WAMCO -Inflation Protected
_____	Fidelity -VIP Freedom 2030 SC2	_____	OppenheimerFunds -Emerging Markets	_____	_____
_____	Fidelity -VIP Freedom 2035 SC2	_____	OppenheimerFunds -Main Street Core	_____	_____
_____	Fidelity -VIP Freedom 2045 SC2	_____	Pacific Life -Fixed Account*	_____	_____
_____	Fidelity -VIP Freedom Inc SC2	_____	Pacific Life -Fixed LT Account*	_____	_____
_____	Fidelity -VIP Growth SC2	_____	Pacific Life -1 Year Indexed Account (Not available on all products)	_____	_____
_____	Fidelity -VIP Mid Cap SC2	_____	PAM -Cash Management	_____	_____
_____	Fidelity -VIP Value Strategies SC2	_____		_____	_____

MUST TOTAL 100% _____

* The Fixed LT Account has less transfer liquidity and may credit a higher current rate of interest than the Fixed Account. Both fixed account options credit a fixed minimum guaranteed interest rate. The Fixed Accounts are not available for portfolio rebalancing. See the prospectus for details.

VARIABLE LIFE PRODUCTS – OTHER AVAILABLE SERVICES (Optional)

- Portfolio Rebalancing (Complete New Business Variable Life Optional Services form. Not available with Fixed Accounts or Dollar Cost Averaging service.)
- First Year Transfer Service (To initiate this service, there must be Accumulated Value in the Fixed Account. Complete New Business Variable Life Optional Services form. Not available with Portfolio Optimization or Dollar Cost Averaging.)
- Dollar Cost Averaging (Complete Dollar Cost Averaging Request. Not available with Portfolio Optimization, Portfolio Rebalancing, or First Year Transfer services.)
- Electronic Information Consent (Complete New Business Variable Life Optional Services form for electronic delivery of prospectuses on CD-ROM.)

VARIABLE LIFE PRODUCTS ACKNOWLEDGMENT

With respect to the purchase of this variable life insurance policy, by signing this application I, the applicant, acknowledge that:

- I understand that the amount and duration of the death benefit may vary, depending on the investment performance of the variable investment options.
- I understand that the policy values may increase or decrease, depending on the investment experience of the variable investment options.
- I have considered the liquidity needs, risk tolerance and investment time horizon in selecting the variable investment options.
- My registered representative provided me with a copy of the current prospectus for the variable life insurance policy I applied for, as well as current prospectuses for all variable insurance options I've selected on the application or any supplementary forms.

POLICY VALUES MAY INCREASE OR DECREASE, AND MAY EVEN BE REDUCED TO ZERO AND CAUSE THE POLICY TO LAPSE WITHOUT VALUE, DEPENDING ON THE EXPERIENCE OF THE VARIABLE INVESTMENT OPTIONS. THE DEATH BENEFIT MAY BE VARIABLE OR FIXED UNDER SPECIFIED CONDITIONS. A CURRENT ILLUSTRATION OF BENEFITS, INCLUDING DEATH BENEFITS AND HYPOTHETICAL CASH SURRENDER VALUES, IS AVAILABLE UPON REQUEST.

VARIABLE LIFE PRODUCTS ILLUSTRATION DISCLOSURE

I, the applicant, understand that I have applied for and/or purchased a variable universal life insurance policy from Pacific Life. I understand the following about variable universal life insurance and variable universal life insurance illustrations:

- Policy illustrations demonstrate the workings of a policy over time. Policy illustrations are presentations of non-guaranteed policy values over a period of years, based on assumptions of future investment results and assumptions as to what policy charges and credits will then be in effect. The hypothetical investment rates used in illustrations are illustrative only and should not be deemed to represent past or future investment results.
- In addition to investment results, future policy values depend on policy charges and credits. These charges and credits are determined by and may be adjusted by Pacific Life subject to contractual guarantees.
- Future policy values are also dependent on the amount and timing of premium payments, withdrawals and loans. Policy cash values may be more or less than premiums paid.
- The actual performance of the policy is likely to vary from the illustration as actual investment results and future policy charges and credits are either more or less favorable than illustrated. Such changes are likely to change the amount or number of required premiums to meet the original goals.
- The illustration may be based on policy options that require future action. Consult with your representatives to determine which (if any) illustrated policy options require future action.
- Pacific Life does not offer legal advice regarding state and federal tax laws pertaining to life insurance.

REMARKS

PROPOSED INSURED'S CONSENT FOR EMPLOYER OWNED INSURANCE (Applicable only if the employer or employer-controlled trust is to be the policyowner)

As the Proposed Insured, I acknowledge and understand that (i) my employer (the "Employer"), or a trust established by my employer (the "Trust"), is involved in this Application for Life Insurance insuring my life ("Life Insurance Coverage"), (ii) the Employer or the Trust will have an interest as policyowner and/or beneficiary of the Life Insurance Coverage as reflected in this Application, and (iii) both I and my heirs may have no right or interest in or to the Life Insurance Coverage and its proceeds.

I (i) consent to the issuance of the Life Insurance Coverage as requested in this Application; (ii) acknowledge that the Life Insurance Coverage may continue after the termination of my employment with the Employer; (iii) acknowledge that my Employer has notified me in writing of the maximum life insurance face amount for which my Employer may seek Life Insurance Coverage insuring my life; and (iv) acknowledge that Pacific Life will not necessarily issue a policy at this maximum life insurance face amount.

My consent to this insurance has not been obtained by coercion of my Employer or its representatives or agents, whether express or implied. By signing this application, I am consenting to the Employer's and/or Trust's future face amount increases with respect to the policy issued in connection with this consent. However, should such face amount increases result in a face amount that exceeds the maximum life insurance face amount described above, my Employer may need to obtain additional written consent from me in order to comply with IRC section 101(j).

EMPLOYER ACKNOWLEDGMENT REGARDING THE POTENTIAL TAXATION OF DEATH BENEFITS

I acknowledge and understand: (i) the potential significance of IRC section 101(j); and (ii) that, if IRC section 101(j) applies, the policy(s) death benefit may be income taxable unless I, as employer, have satisfied the conditions of IRC Section 101(j); and (iii) that Pacific Life and its Producers are not authorized to provide tax or legal advice and that I must look to my independent tax and legal advisors for current information regarding this and other laws that may impact me and my life insurance policies.

I understand that it remains the employer's responsibility to ensure both current and ongoing compliance with the requirements of IRC sections 101(j) and 6039I, including appropriate annual IRS filings.

By signing this application, I acknowledge my understanding of this information, and that I have obtained or will obtain from my independent tax and legal advisors whatever advice I deem necessary or appropriate concerning the taxation of my life insurance policies.

DECLARATIONS

The answers provided in this application are true and complete to the best of my knowledge and belief. 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 as indicated under the title Endorsement, where permitted by state law. All other changes made to the application or policy by Pacific Life 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 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 Producer Certification section, the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act.
4. Except as provided in the terms or conditions of any Temporary Insurance Agreement (TIA) that I may have received in connection with this application, coverage will take effect when the policy is delivered and the entire first premium is paid only if at that time each Proposed Insured is alive, and all answers in this application that are material to the risk are still true and complete.
5. If I have given money with the application and received a TIA and if the coverage amount of the application exceeds the TIA coverage limits, I understand that if the Proposed Insured(s) die(s) before a policy is delivered, the death benefit will be limited to the TIA coverage limit.
6. I must inform the Producer or Pacific Life Insurance Company in writing of any changes in the health of any Proposed Insured(s) or if any of the statements or answers on this application change prior to delivery of the policy.
7. My statements and answers in this application must continue to be true as of the date I receive the policy.

NEW BUSINESS DATE STAMP (For Internal Use Only)

DECLARATIONS (Continued)

- 8. No Producer is authorized to make or change contracts or insurance policies on the behalf of Pacific Life and no Producer may alter the terms of this application, the TIA, or the policy, nor does the Producer have the authority to waive any of Pacific Life'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 the Company about the specific premium and risk class referenced in my policy.
- 10. The policy(ies) 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. If this application is for a product with an equity indexed feature, I ACKNOWLEDGE that: I am applying for a product with an equity indexed feature, for which the crediting for the indexed account tracks the gains and the losses of an outside financial index, subject to a growth cap and floor. I further understand that, while the values of the policy may be determined in part, by reference to an external index, the equity indexed feature does not directly participate in any stock or equity investments and values shown to me, other than the minimum values, are not guarantees, promises, or warranties.
- 12. If I am applying for a policy that requires me to elect one of two types of basic insurance coverage (Type CV or Type DB), I understand that each type of basic coverage has its own charges, fees and expenses, and will result in a different pattern of benefits, including the death benefits and cash values. In general, Basic Coverage Type CV emphasizes potential cash value growth, while Basic Coverage Type DB emphasizes economical death benefit. I have consulted with the Producer and I have applied for the type of basic coverage that best suits my insurance needs and financial objectives. I understand that this election cannot be changed after the policy has been issued.
- 13. **THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE MY CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.**

SIGNATURES

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

If you are signing on behalf of an entity, you represent that you are authorized to execute this document and to make the representations herein. If the entity is a Corporation, you further represent that all requirements under applicable law and under the Corporation's governing documents have been satisfied concerning the execution of this document, including the use of the corporate seal and number of signing officers.

If Proposed Insured or Policyowner is under age 16, a signature of parent/guardian is required in place of the minor's signature.

SIGNED BY APPLICANT IN:

APPLICANT SIGNED AND DATED ON:

City	State
-------------	--------------

Date (mm/dd/yyyy)



X

Proposed Insured's Signature



X

Proposed Additional Insured's Signature, if applicable



X

Policyowner's Signature, if other than Proposed Insured, and include Title, if Corporation, Trust, or Business Entity



X

Additional Policyowner's Signature & Title, if applicable



X

Applicant's Signature, if other than Proposed Insured and/or Policyowner, and include Title, if Corporation, Trust or Business Entity

THE APPLICANT IS THE PARTY THAT APPLIES FOR THE POLICY.

PRODUCER'S CERTIFICATION

I certify that I have truly and accurately recorded the information supplied in the application and any supplements, if required.



X

Signature of Agent (also referred to as Producer)

Name of Agent (also referred to as Producer): First MI Last (print)

State License ID#:

PACIFIC LIFE INSURANCE COMPANY

Life Insurance Division
P.O. Box 2030 • Omaha, NE 68103-2030
(800) 347-7787 • Fax (866) 964-4860
www.PacificLife.com



AUTHORIZATION TO OBTAIN INFORMATION

This authorization complies with HIPAA Privacy Rules.

PROPOSED INSURED

Proposed Insured's Name: First	MI	Last	Date of Birth (mm/dd/yyyy)
Proposed Additional Insured's Name: First	MI	Last (if applicable)	Date of Birth (mm/dd/yyyy)

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, 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 minor 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, and with the exception of medical test results with respect to exposure to the HIV infection or a specific sickness or medical condition derived from such exposure, 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 2030, Omaha, NE 68103-2030. 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 shall remain in force for 24 months 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.

SIGNATURES

I acknowledge that I have received the disclosure notice and a copy of this authorization.

Signed and Dated by the Insured(s) in: _____
City State Date (mm/dd/yyyy)

SIGN HERE X

Proposed Insured's Signature (or parent/guardian if a minor)

SIGN HERE X

Proposed Additional Insured's Signature (or parent/guardian if a minor)



PACIFIC LIFE INSURANCE COMPANY

Life Insurance Division
 P.O. Box 2030 • Omaha, NE 68103-2030
 (800) 347-7787 • Fax (866) 964-4860
 www.PacificLife.com



PACIFIC LIFE

PRODUCER REPORT

Proposed Insured's Name: First MI Last	Date of Birth (mm/dd/yyyy)
Proposed Additional Insured's Name: First MI Last (if applicable)	Date of Birth (mm/dd/yyyy)

SOLICITATION INFORMATION (To be answered by Soliciting Producer. Explain all "Yes" answers in Remarks section unless instructed otherwise.)

1. Did you personally meet with all parties who have signed this request/application and ask the appropriate parties all applicable questions in this request/application? Yes No (If No, explain in Remarks Section)
2. Are you related to: A. Proposed Insured Yes No B. Policyowner Yes No
3. Indicate the form of valid identification used to confirm the identity of each person signing this request/application. (Check all that apply)

Individual Person	Non-Individual Entity
<input type="checkbox"/> Driver's License <input type="checkbox"/> Government Issued Photo ID <input type="checkbox"/> Passport <input type="checkbox"/> _____	<input type="checkbox"/> Business License <input type="checkbox"/> Certified Articles of Incorporation <input type="checkbox"/> Partnership Agreement <input type="checkbox"/> Trust Document <input type="checkbox"/> _____

4. Has the Proposed Insured/Additional Insured changed his/her name during the past 5 years?
 Yes (Give former name(s) and reason for change below) No

5. This life insurance request/application is being purchased for:

Personal Insurance	Business Insurance (Complete business information on page 2.)		
	Non-Qualified	Qualified	
<input type="checkbox"/> Charitable Planning <input type="checkbox"/> Education Funding <input type="checkbox"/> Estate Planning <input type="checkbox"/> Income Replacement <input type="checkbox"/> Other _____	<input type="checkbox"/> Buy-Sell <input type="checkbox"/> Deferred Compensation <input type="checkbox"/> Executive Compensation _____ (Indicate type)	<input type="checkbox"/> Key Person <input type="checkbox"/> Section 79: # of Participants _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Defined Benefit Plan <input type="checkbox"/> Profit Sharing <input type="checkbox"/> 412(e)(3) <input type="checkbox"/> Other _____

- | | | | |
|--|--------------------------|------------|--------------------------|
| | | YES | NO |
| 6. Are you aware of any information not given in the request/application that might affect the insurability of the Proposed Insured(s)? | <input type="checkbox"/> | | <input type="checkbox"/> |
| 7. Certain states require replacement forms for any in force policies even if a replacement is not intended. | | | |
| A. Is there any existing or pending life insurance or annuity on any Proposed Insured? | <input type="checkbox"/> | | <input type="checkbox"/> |
| B. To the best of your knowledge, will the policy applied for replace, cause a change in, or involve a cash withdrawal or loan from or lapse of any life insurance policy or annuity on any Proposed Insured's life or in any life insurance or annuity owned by the Applicant, or is the policyowner considering using funds from existing policies to pay premiums on the new policy? | <input type="checkbox"/> | | <input type="checkbox"/> |
| C. I have discussed the appropriateness of replacement (if replacing a variable life or annuity contract, I also certify that I have the appropriate variable state licenses), and followed applicable state laws, Pacific Life Insurance Company's (PLIC) written replacement guidelines and, if applicable, I have complied with the replacement requirements of my broker-dealer. (If No, explain in Remarks Section) | <input type="checkbox"/> | | <input type="checkbox"/> |
| 8. Have plans been made that any other party (including a Life Settlement and/or Viatical Company), other than the policyowner, will obtain any right, title or interest in any policy issued on the life of the Proposed Insured(s) as a result of this request/application? | <input type="checkbox"/> | | <input type="checkbox"/> |
| 9. Check appropriate items that have been ordered: | | | |
| <input type="checkbox"/> Paramedical Exam <input type="checkbox"/> Medical Exam <input type="checkbox"/> APS _____ | | | |
| <input type="checkbox"/> Blood Profile <input type="checkbox"/> EKG | | | Facility/Physician Name |
| <input type="checkbox"/> H.O. Specimen <input type="checkbox"/> Inspection Report <input type="checkbox"/> APS _____ | | | Facility/Physician Name |



BUSINESS INSURANCE INFORMATION (Complete if applying for business insurance)

1. Type of business: Corporation Partnership Sole Proprietorship Other: _____

2A. Total Business Assets \$ _____	2B. Total Business Liabilities \$ _____	2C. Total Business Net Worth \$ _____
3A. Net Income (Profit) for the past 2 years: Last Year: \$ _____		Previous Year \$ _____

4. List the business insurance in force and applied for on each corporate officer, key person or partner. If none, explain in Remarks.

Name	Title or Position	Percentage of Business Owned	Amount In Force	Amount Applied For
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____

5. If any officer, partner or key person is not proportionately insured, explain below.

JUVENILE/DEPENDENT INSURANCE INFORMATION (Complete if the Proposed Insured is under age 16 or a dependent of any age.)

1. Did you personally observe the Proposed Insured? Yes No (If No, explain in Remarks)

PERSON SUPPORTING PROPOSED INSURED

2A. Name: First _____ MI _____ Last _____	B. Relationship to Proposed Insured _____	C. Estimated annual income \$ _____
D. Estimated net worth \$ _____	E. Estimated amount of life insurance \$ _____	

INFORMATION ON OTHER FAMILY MEMBERS/RELATIONSHIPS

3. Indicate how much life insurance is in force with all companies for each of the following unless completed above:

A. Father \$ _____	B. Mother \$ _____	C. Policyowner \$ _____	D. Guardian (if applicable) \$ _____
E. Sibling 1 Age _____ Amount \$ _____		F. Sibling 2 Age _____ Amount \$ _____	
G. Sibling 3 Age _____ Amount \$ _____		H. Sibling 4 Age _____ Amount \$ _____	
I. Are all siblings insured or being insured for a like amount? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, explain in Remarks)			

REMARKS

PRODUCER COMMISSION INFORMATION (If more than three Producers, use Remarks)

SERVICING PRODUCER'S INFORMATION

Name: First	MI	Last	Soc. Sec. # / Tax ID #	
E-mail Address		Telephone # (include area code)	Fax # (include area code)	
RLO or PLIC Servicing Office #	SAID Code	Commission %	Commission Payout Choice* (check one) <input type="checkbox"/> A <input type="checkbox"/> B	

ADDITIONAL PRODUCER

Name: First	MI	Last	Soc. Sec. # / Tax ID #	
E-mail Address		Telephone # (include area code)	Fax # (include area code)	
RLO or PLIC Servicing Office #	SAID Code	Commission %	Commission Payout Choice* (check one) <input type="checkbox"/> A <input type="checkbox"/> B	

ADDITIONAL PRODUCER

Name: First	MI	Last	Soc. Sec. # / Tax ID #	
E-mail Address		Telephone # (include area code)	Fax # (include area code)	
RLO or PLIC Servicing Office #	SAID Code	Commission %	Commission Payout Choice* (check one) <input type="checkbox"/> A <input type="checkbox"/> B	

*Commission Payout Choice A is not available on all products. If no choice is indicated, commission payout choice B will be applied unless your broker-dealer has pre-selected a different payout choice. Please verify with your broker-dealer to ensure correct choice is indicated.

BROKER-DEALER INFORMATION

Broker-Dealer Name: _____

Name of Office Contact: _____	Broker-Dealer Client Account # (if available) _____
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SOLICITING PRODUCER'S CERTIFICATION

I certify that to the best of my knowledge and belief:

1. I have presented to the Company all pertinent facts and have correctly and completely recorded all required answers.
2. I have given the Proposed Insured(s) (or Parent for Juvenile insurance) a copy of the Disclosure Notice, and any other disclosure notice, statement or information required by state or federal law.
3. If applicable, I have fully explained the terms and conditions of the Temporary Insurance Agreement to all parties and I have provided a copy to all parties.
4. I have complied with all applicable state and/or federal laws in the recommendation and/or sale of this policy. I have also complied with PLIC's procedures on cost comparison, illustration, and replacement.
5. I have reviewed this request/application, and have determined that its proposed purchase is suitable as required under law, based in part upon information provided by the Applicant, Policyowner and Proposed Insured, as applicable, including age, income, net worth, tax and family status, and any existing insurance program. If the policy applied for is a variable life insurance policy, I further certify that I have also considered the Policyowner's liquidity needs, risk tolerance, and investment time horizon, and followed my broker-dealer's suitability guidelines in both the recommendation of this policy, and the choice of investment options.
6. Only sales materials provided or otherwise approved by PLIC were used in the sales process and copies of all sales material were left with the applicant.
7. I am appropriately state licensed and appointed in all jurisdictions in which sales activity (including solicitation, obtaining request/application signatures, and policy delivery) related to this request/application has taken or will take place.
8. If any person is an active duty member of the United States Armed Forces (including active duty military reserve personnel), I certify that this request/application was not solicited and/or signed on a military base or installation, and I provided to the applicant the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act.

Signed and Dated by the Soliciting Producer on: _____ (mm/dd/yyyy)



X _____

Soliciting Agent's Signature

MUST MATCH THE NAME OF AGENT ON THE REQUEST/APPLICATION'S SIGNATURE PAGE.

ADDITIONAL PRODUCER'S CERTIFICATION (Required if personally meeting with the client during solicitation or policy delivery.)

I am appropriately state licensed and appointed in all jurisdictions in which sales activity (including solicitation, obtaining request/application signatures, and policy delivery) related to this request/application has taken or will take place.

Signed and Dated by the Additional Producer(s) on: _____ (mm/dd/yyyy)



X _____

Additional Agent's Signature



X _____

Additional Agent's Signature