

**PACIFIC LIFE INSURANCE COMPANY**

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

**PACIFIC LIFE****TEMPORARY INSURANCE AGREEMENT (TIA) – LIFE**

<b>Proposed Insured's Name:</b> First _____ MI _____ Last _____	<b>Date of Birth</b> (mm/dd/yyyy) _____
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This TIA provides a limited amount of life insurance coverage, for a limited period of time, subject to the Terms and Conditions shown below.

Advance payment in the amount of \$ \_\_\_\_\_ (checks must be made payable to "Pacific Life Insurance Company") is made in connection with either a request for determination of probable underwriting class or an application for life insurance (each referred to below as "Application") for proposed insured.

**HEALTH QUESTIONS**

Has any Proposed Insured:

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Within the past 90 days been admitted to a hospital or other medical facility, had surgery performed, or, as a result of a formal consultation with a licensed medical professional, had surgery recommended or been advised to be admitted to a hospital or other medical facility? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Within the past 5 years been diagnosed or treated by a member of the medical profession for heart trouble, stroke, or cancer?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Been tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection?   | <input type="checkbox"/> | <input type="checkbox"/> |

**If any of the above questions are answered YES or LEFT BLANK, or if any Proposed Insured is under 15 days of age or over age 70 (nearest birthday) on the date of this TIA, no representative of Pacific Life Insurance Company (PL) is authorized to accept money, and NO COVERAGE will take effect under this TIA.**

**TERMS AND CONDITIONS**

<b>AMOUNT OF COVERAGE - \$1,000,000* OVERALL MAXIMUM FOR ALL TIAs (\$1,500,000 OVERALL FOR SECOND-TO-DIE LIFE INSURANCE APPLICATIONS)</b>	If money has been accepted by PL as advance payment in connection with an Application and if any Proposed Insured dies (or for Second-to-Die life insurance Applications, if both Proposed Insureds die) while this TIA is in effect, PL will pay the designated beneficiary the lesser of (a) the amount of death benefits, if any, which would be payable under the policy and its riders if issued as shown in the Application, excluding any accidental death benefits, or (b) \$1,000,000* (\$1,500,000 for Second-to-Die life insurance Application). PL's aggregate liability under all TIAs in effect shall be subject to this limitation.  *For Monthly Benefit Term Life Insurance only, coverage under this TIA is limited to the lesser of the Monthly Benefit applied for or a Monthly Benefit of \$5,000.
<b>DATE COVERAGE BEGINS</b>	Temporary life insurance under this TIA will begin on the date of this TIA, but only if an Application has been completed and signed on the same date.
<b>DATE COVERAGE TERMINATES (90 DAY MAXIMUM)</b>	Temporary life insurance under this TIA will terminate automatically on the earliest of: a. 90 days from the date of this TIA; b. the date any policy is offered in connection with an Application; or c. five days after the date PL mails notice of termination of coverage and refunds the advance payment.  PL reserves the right to terminate this TIA under any of the following circumstances: a. 30 days have elapsed since the date of this TIA, and PL has not received in its Home Office the report of the medical examination, if such examination is required by PL's underwriting rules; b. PL has determined that any Proposed Insured is not insurable as a standard risk at the time of the Application or the medical examination, if later; or c. there are any errors or omissions on the current Application.
<b>LIMITATIONS</b>	This TIA does not provide benefits for disability. Fraud or material misrepresentation in the Application or in the answers to the Health Questions of this TIA invalidates this TIA, and PL's only liability is to refund any premium payment made. If any Proposed Insured dies by suicide, PL's liability under this TIA is limited to a refund of the payment made. There is no coverage under this TIA if the check submitted as payment is not honored by the bank on first presentation.  <b>No one is authorized to waive or modify any of the provisions of this TIA.</b>

I HAVE RECEIVED A COPY OF AND HAVE READ THIS TIA AND DECLARE THAT THE ANSWERS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND AND AGREE TO ALL ITS TERMS AND CONDITIONS.

Dated \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ **X**  
Signature of Proposed Insured (or parent if Proposed Insured is under age 16)

**X** \_\_\_\_\_ **X**  
Signature of Agent (Also referred to as Insurance Professional) Signature of Additional Proposed Insured (if applicable)

State License ID#: \_\_\_\_\_

**NOTICE TO APPLICANT:** Please retain your copy of this TIA. The original will be retained by PL. If you do not hear from us regarding the Application within 100 days from the date of this TIA, notify us at P.O. Box 2030, Omaha, NE 68103-2030, Attention: New Business Services.

**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.**

**INSURANCE PROFESSIONAL: PROVIDE A PHOTOCOPY OF THIS SIGNED FORM TO ALL SIGNING PARTIES**

