



THIRD PARTY DESIGNATION
REQUEST FOR CONTRACT
NOTICES – NEW JERSEY

CONTACT INFORMATION:

Pacific Life Insurance Company
P.O. Box 2378
Omaha, NE 68103-2378

Clients: (800) 722-4448

Financial Professionals: (800) 722-2333

RIAs: (833) 953-1863

CONTACT INFORMATION (for New York only):

Pacific Life & Annuity Company
P.O. Box 2829
Omaha, NE 68103-2829

Clients & Financial Professionals: (800) 748-6907

Web Site: www.PacificLife.com

ALL OVERNIGHT DELIVERIES:

Pacific Life Insurance Company
6750 Mercy Rd, RSD
Omaha, NE 68106

If the contract owner is 62 years or older, use this form to designate a third party to receive copies of all notices of cancellation.
This form must be sent certified mail, with a return receipt to the address indicated above.

1 GENERAL INFORMATION Owner's Name (First, Middle, Last) Annuity Contract Number (If known)

2 THIRD PARTY DESIGNEE'S INFORMATION (First, Middle, Last)

Address City, State Zip

3 SIGNATURES

I hereby designate the above person to receive duplicate copies of all notices of cancellation that you might send me regarding the contract shown above.

SIGN HERE

Owner's Signature

mo / day / yr

SIGN HERE

Joint Owner's Signature (if applicable)

mo / day / yr

I accept the above appointment to receive duplicate copies of all notices of cancellation relating to the above annuity contract. I understand that in order to terminate my appointment as a person to receive these notices, I will be required by law to send written notification of termination to both the contract owner and Pacific Life.

SIGN HERE

Third Party Designee's Signature

mo / day / yr

INSTRUCTIONS

- When to use this form: This form is used for contract owners 62 years or older to designate a third party to receive copies of all notices of cancellation.
To complete this form: Print clearly in dark ink. Provide requested information in full. An incomplete form may delay processing. Do not highlight any information submitted on this form. Paperwork submitted to Pacific Life is scanned into an imaging system and highlighting could make that information unreadable.
Who must sign the form: Contract Owner(s) – Required signature. Third Party Designee – Required signature.
How to mail this form: CERTIFIED MAIL, with a return receipt to the address indicated above.
Where to send this form: Certified Mailing Address: Pacific Life Insurance Company, 6750 Mercy Rd, RSD, Omaha, NE 68106

Pacific Life refers to Pacific Life Insurance Company (Newport Beach, CA) and its affiliates, including Pacific Life & Annuity Company. Pacific Life Insurance Company is the issuer in all states except New York. Pacific Life & Annuity Company is the issuer in New York.

