



POWER OF ATTORNEY CERTIFICATION FORM

CONTACT INFORMATION:

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

Clients: (800) 722-4448
Financial Professionals: (800) 722-2333
Fax: (888) 837-8172
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
Fax: (800) 586-0096

Email: AnnuityService@PacificLife.com

Web Site: www.PacificLife.com

ALL OVERNIGHT DELIVERIES:

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

- **“Principal”** means an individual who grants authority to an Attorney-in-Fact in a Power of Attorney (POA). **“Attorney-in-Fact”** (AIF) means a person granted authority to act for a principal under a POA.
- You must attach a complete copy of the POA along with any Riders or addendums that may be required by your state. If the POA's effective date is contingent upon an event or occurrence (such as incompetency of the Principal) you must also attach the proof as required by the POA that the event or occurrence has happened.
- Pacific Life will review the POA to determine that it has become effective and that its powers grant the AIF authority regarding transactions and/or changes pertaining to this policy or contract.
- If the POA grants authority to multiple AIFs each AIF must complete and sign a separate Certification form.

1	PRINCIPAL INFORMATION Name (First, Middle, Last)	Annuity Contract Number(s)
2	ATTORNEY-IN-FACT INFORMATION Name (First, Middle, Last)	Daytime Phone Number
	Street Address	City, State, ZIP

3 POA EXECUTION DATE: _____

4 AS ATTORNEY-IN-FACT FOR THE PRINCIPAL, I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT:

1. The Principal named above is alive and has granted me authority as an agent or successor agent;
2. The Power of Attorney and my authority to act under the Power of Attorney have not terminated and if I was named as a successor agent, the prior agent is no longer able or willing to serve;
3. If the Power of Attorney becomes effective upon the happening of an event or contingency, that event or contingency has occurred, and the proof required by the Power of Attorney is attached.

5 SIGNATURE (Must be Notarized)

SIGN
HERE

 mo / day / yr

Attorney-in-Fact's Signature

6 NOTARY

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of: _____

County of: _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____ by _____

proved to me of the basis of satisfactory evidence to be the person who appeared before me.

(notary seal)

Signature

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.

