



DISABILITY CERTIFICATION

CONTACT INFORMATION

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

Owners: (800) 722-4448
Fax: (888) 837-8172
Web Site: www.PacificLife.com

All Overnight Deliveries:
6750 Mercy Rd, 4th Floor, RSD
Omaha, NE 68106

Registered Representatives: (800) 722-2333

CONTACT INFORMATION (for New York only)

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

Phone: (800) 748-6907
Fax: (800) 586-0096

Pacific Life requires this form before your distribution request due to disability can be processed.

1 OWNER INFORMATION Owner's Name (First, Middle, Last)	Annuity Contract Number
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2 DEFINITION OF DISABILITY

Internal Revenue Code (IRC) Section 72(m)(7) states "an individual shall be considered to be disabled if he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration."

3 CERTIFICATION OF DISABILITY

I, _____ certify that _____
Physician's Printed Name Owners' Name

meets the IRC Section 72(m)(7) disability criteria.

Signature of Physician Date

Pacific Life refers to Pacific Life Insurance Company and its affiliates, including Pacific Life & Annuity Company. Insurance products are issued by Pacific Life Insurance Company in all states except New York and in New York by Pacific Life & Annuity Company. Product availability and features may vary by state. Each company is solely responsible for the financial obligations accruing under the products it issues. Insurance product and rider guarantees are backed by the financial strength and claims-paying ability of the issuing company and do not protect the value of the variable investment options.

