



CONTRACT DELIVERY RECEIPT AND ELECTRONIC SIGNATURE VERIFICATION 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

For your security, Pacific Life requires this form be completed when a contract is issued using an electronic signature.

No written withdrawals or contract changes can be processed until Pacific Life receives this form.

1 GENERAL INFORMATION If contract is trust, entity or custodially-owned, please put the name of the annuitant(s) on the owner line(s).		
Owner's Name (First, Middle, Last)		Annuity Contract Number(s)
Joint Owner's Name (First, Middle, Last) (if applicable)		Daytime Telephone Number ()
Trust/Entity Name (if applicable)		Date Contract was Received (mm/dd/yy)

2 SIGNATURE(S)**SIGN
HERE** _____
Owner's Signature_____
mm / dd / yy**SIGN
HERE** _____
Joint Owner's Signature (if applicable)_____
mm / dd / yy

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.

