

CONTACT INFORMATION:

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

Clients: (800) 722-4448

Financial Professionals: (800) 722-2333

RIA: (833) 953-1863

Fax: (888) 837-8172

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

Use this form to:

- Change, add, or remove an owner. Complete Sections 1, 2, 6, and 7.
- Change of address. Complete Sections 1, 3, and 7.
- Change or add beneficiaries. Complete Sections 1, 4, and 7.
- Name change. Complete Sections 1, 5, and 7.
- Provide telephone and electronic authorization or e-mail change. Complete Sections 1, 6, and 7.

Note: All pages of this form must be returned. Print clearly in dark ink and avoid highlighting.

Additional Forms: If an Attorney-in-Fact is signing this form, please contact Pacific Life prior to submission to discuss Power of Attorney requirements.

1 GENERAL INFORMATION If contract is an 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
Joint Owner's Name (First, Middle, Last)		Daytime Telephone Number
Trust/Entity Name		

2 CHANGE/ADD/REMOVE OWNER(S) By completing this section and signing, I am acknowledging I have read and understand the provisions of the contract and/or product prospectus (if applicable) regarding ownership changes. I understand that any gain in the contract on the date of an ownership change may be reported to the Internal Revenue Service for the current tax year and may be a taxable event. I further understand that neither Pacific Life nor its representatives, agents, or employees provide tax or legal advice and that it is my responsibility to consult with a tax or legal advisor prior to any ownership changes.

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number; and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. person (including a U.S. resident alien); and (4) I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. NOTE: The IRS does not require my consent to any provision on this form other than the certification required to avoid backup withholding.

Plan type, age restrictions and other limitations may apply. A change of owner may be a taxable event and may impact any optional benefits that are in effect. **Complete Section 4 to designate new beneficiaries or existing beneficiary designations will be retained. If the owner is updated to a trust, the beneficiary will also be updated to the trust. If enrolled in electronic delivery or telephone authorization, complete Section 6 to update the information we have on file or these services will be discontinued. If enrolled in a scheduled withdrawal program, an ownership change will cancel the program. To reestablish the scheduled withdrawal program, submit a Withdrawal Request form.**

Type of Change: (Select one)

- Change the existing contract owner.
- Add a new joint contract owner.
- Remove the existing joint contract owner named below.

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.



Annuity Contract Number _____

2 CHANGE/ADD/REMOVE OWNER(S) (Continued)

If changing the owner of the nonqualified contract to a trust, attach a completed Trustee Certification and Disclosure form. If changing the owner on a 401(a), 401(k), 457(b), or Keogh/HR10 contract, attach a completed Qualified Plan and 457(b) Plan Disclosure form. If the new owner is a non-natural person or corporation, attach a completed Non-Natural or Corporate-Owned Disclosure Statement.

Owner Information (Changed, Added, or Removed)

Owner's Name (First, Middle, Last)		Date of Birth (mm/dd/yy)	
Trust/Entity Name		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address	City	State	ZIP
Residential Address (if different than mailing address)	City	State	ZIP
Daytime Telephone Number	Relationship to Current Owner	SSN/TIN	

3 CHANGE OF ADDRESS

Select one: Owner Annuitant Joint Owner Joint Annuitant

Name of Person Whose Address is Changing (First, Middle, Last)		Daytime Telephone Number	
New Mailing Address	City	State	ZIP
New Residential Address (if different than mailing address)	City	State	ZIP

4 BENEFICIARY DESIGNATION

By completing this section and signing, I am acknowledging I have read and understand the provisions of the contract and/or product prospectus (if applicable) regarding beneficiary designations, death benefit proceeds and rider benefits (if applicable). I acknowledge that the information I have provided regarding my beneficiary(ies) is true, complete, and accurate and that this information will be relied on to identify my beneficiary(ies). Pacific Life may rely on information and/or confirmation by any responsible individual (e.g., executor) to identify a beneficiary(ies).

I understand that the beneficiary designation cancels and supersedes both current and previous beneficiary designations. In the event that no beneficiaries have been designated or that no beneficiaries have been clearly identified, Pacific Life may pay the death benefit proceeds to the owner's estate. I further understand that Pacific Life is not the administrator of any qualified retirement plan or program, or the custodian of any individual retirement annuity arrangement, and that Pacific Life's administrative duties are limited to the administration of the contract. Spouse's signature may be required in community property states. We recommend you discuss with your legal representative.

Complete for each person/entity you wish to designate as a beneficiary. Unless new beneficiary(ies) are designated, the existing beneficiary designations will be retained. If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Unless otherwise indicated, if two or more beneficiaries are designated in the same classification, each will share equally in any death benefit proceeds and/or rights granted.

For contracts owned by a non-individual custodian (including IRAs, 403(b), 457, and qualified plans) or other non-natural owners, the designated recipient will be the owner and beneficiary information provided below may not be valid. See your contract and prospectus for details about death benefit and beneficiary proceeds. Consult your tax advisor or financial professional for additional information.

If this is a Pacific Select Variable Annuity (PSVA) or a Pacific Corinthian Life (PCL) contract, beneficiary(ies) listed below will be considered both owner and annuitant beneficiary(ies), unless otherwise designated.

Total percentages must equal 100% for all beneficiaries designated as primary beneficiaries and 100% for all beneficiaries designated as contingent beneficiaries. For additional beneficiaries, attach a separate sheet signed and dated by all owners, including all the information requested below.





Annuity Contract Number _____

4 BENEFICIARY DESIGNATION (Continued)**Beneficiary #1**

Beneficiary's Name (First, Middle, Last)		Date of Birth (mm/dd/yy)	SSN/TIN
Beneficiary Classification <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Relationship to Owner	Benefit %

Beneficiary #2

Beneficiary's Name (First, Middle, Last)		Date of Birth (mm/dd/yy)	SSN/TIN
Beneficiary Classification <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Relationship to Owner	Benefit %

Beneficiary #3

Beneficiary's Name (First, Middle, Last)		Date of Birth (mm/dd/yy)	SSN/TIN
Beneficiary Classification <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Relationship to Owner	Benefit %

Beneficiary #4

Beneficiary's Name (First, Middle, Last)		Date of Birth (mm/dd/yy)	SSN/TIN
Beneficiary Classification <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Relationship to Owner	Benefit %

Beneficiary #5

Beneficiary's Name (First, Middle, Last)		Date of Birth (mm/dd/yy)	SSN/TIN
Beneficiary Classification <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Relationship to Owner	Benefit %

5 NAME CHANGES

Note: If name change is for the current owner, signatures with the former and current name are required in Section 7. Include a copy of court documentation. Documentation is not required if reason for change is marriage or divorce.

Select one: Owner Annuitant Joint Owner Joint Annuitant Contingent Annuitant

Reason for change: Marriage Court Order Divorce Other _____

Former Name (First, Middle, Last)	New Name (First, Middle, Last)
-----------------------------------	--------------------------------

6 TELEPHONE AND ELECTRONIC AUTHORIZATION OR CHANGE

I acknowledge that I and any joint owner can individually make telephone and/or electronic requests as an automatic privilege.

A. TELEPHONE AND ELECTRONIC INSTRUCTIONS

CHECK IF YES Yes

By completing this section, I am authorizing another person to receive this privilege. I authorize and direct Pacific Life to act on telephone or electronic instructions from any other person(s) who can furnish proper identification. Pacific Life will use reasonable procedures to confirm that instructions given are authorized and genuine. As long as these procedures are followed, Pacific Life and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will be held harmless for any claim, liability, loss, or cost.



Annuity Contract Number _____

6 TELEPHONE AND ELECTRONIC AUTHORIZATION OR CHANGE (Continued)

B. ELECTRONIC INFORMATION OPT-IN CONSENT



E-mail address: _____

By providing the e-mail address above and signing, I voluntarily consent to receive documents and notices applicable to my contract as permitted by law, including prospectuses, prospectus supplements, reports, statements, immediate confirmations, tax forms, proxy solicitations, privacy notice and other notices and documentation in electronic format when available instead of receiving paper copies of these documents by U.S. mail. Pacific Life will send paper copies of annual statements if required by state or federal law. Not all contract documentation and notifications may be currently available in electronic format. For jointly owned contracts, both owners are consenting to receive information electronically.

Pacific Life suggests that in order to receive documents electronically, the contract owner should have ready access to a computer with Internet access, an active e-mail account to receive this information electronically, and the ability to read and retain it. I understand that:



- There is no charge for electronic delivery, although my Internet provider may charge for Internet access.
- I should provide a current e-mail address and notify Pacific Life promptly when my e-mail address changes.
- I should update any e-mail filters that may prevent me from receiving e-mail notifications from Pacific Life.
- I may request a paper copy of the information at any time for no charge, even though I consented to electronic delivery, or if I decide to revoke my consent.
- For jointly owned contracts, all information will be provided to the email address listed.
- Electronic delivery will be cancelled if e-mails are returned undeliverable.
- This consent will remain in effect until I revoke it or pass away.

Please call (800) 722-4448 and tell a customer service representative if you would like to revoke your consent, wish to receive a paper copy of the information above, or need to update your e-mail address. You may opt out of electronic delivery at any time.

7 SIGNATURE(S)

The data you are providing is used to service and manage your relationship with us. Please review our online Privacy Promise for details on how we use and protect your personal information: <https://pacilife.co/privacy-promise>

A signature guarantee may be requested if we are unable to verify a contract owner's signature.

 _____ Current Owner's Signature (Required for all changes)	mm/dd/yy	 _____ Joint Owner's Signature (If applicable, required for all changes)	mm/dd/yy
_____ New Owner's Signature (Required only for contract ownership changes)	mm/dd/yy	_____ New Joint Owner's signature (If applicable)	mm/dd/yy
_____ Updated Owner's Signature (Required only for owner name changes)	mm/dd/yy	_____ Spouse's Signature (If applicable)	mm/dd/yy

