



APPOINTMENT DATA SHEET
Individual

CONTACT INFORMATION

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

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

Phone: (800) 722-2333
Fax: (888) 837-8172
Web Site: www.PacificLife.com

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
Web Site: www.PacificLife.com

Important: Copies of your insurance license(s) and securities registration must accompany this form.

1 APPOINTMENT INFORMATION Select only one per form.

Financial Professional Corporate Officer

2 GENERAL INFORMATION Name (First, Middle, Last) Indicate your full legal name as it appears on your insurance license.

Form with fields: Gender (Male/Female), Date of Birth (mo/day/yr), Place of Birth (City & State), Financial Professional's ID Number (SSN)

E-mail Address

Residence Address

Form with fields: City, State, Zip, Telephone Number

3 BROKER/DEALER AFFILIATION

4 BUSINESS OFFICE INFORMATION Business Address Business Telephone Number

Form with fields: City, State, Zip, Business Fax Number

5 CHANNEL DESIGNATION

Do you work in a Bank, Savings & Loan, or Credit Union? Yes

6 STATE APPOINTMENTS List all states where you would like to be appointed. A valid license must be held. Include copies of your insurance licenses and securities registration (FINRA/CRD report), as well as any state forms that are necessary for an appointment in that state.

Table with columns: Variable, Life, License #, Expiration/Renewal Date. Rows for Resident State and three Nonresident States.

If seeking a nonresident appointment in Florida, also list counties where you will be doing business.

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.

7 BACKGROUND INFORMATION All questions must be answered.

If the answer to any of the following questions is yes, give full details under explanation. If you answer yes, your appointment must be recommended by a broker/dealer. Use additional paper if necessary, and attach all relevant documentation.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Do you have any outstanding debt(s) with any insurance company or companies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you currently have any outstanding and/or unsatisfied judgments or liens against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever made a compromise with creditors, filed a bankruptcy petition or been declared bankrupt or insolvent, either personally or in business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has a bonding company ever denied, paid out, or revoked a surety or fidelity bond for you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been charged with, been convicted of, or pled "nolo contendere" ("no contest") to: | | |
| a. any felony or misdemeanor, other than minor traffic offenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. any violation of state insurance department regulation or statute? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. any violation of federal or state securities or investment-related regulation or statute? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been the subject of an investment- or insurance-related, consumer-initiated complaint or proceeding? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had an insurance or securities license denied or revoked by any state or federal regulatory agency? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you now the subject of any complaint, investigation, or proceeding that could result in a yes answer to any of the above questions? | <input type="checkbox"/> | <input type="checkbox"/> |

Explanation: _____

Fair Credit Reporting Act Disclosure

This is to inform you that as part of our procedure for processing your license/appointment application, an investigative consumer report may be made whereby information is obtained through personal interviews with third parties such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, whichever may be applicable. You have the right to make a written request within a reasonable period of time to Pacific Life for complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

Applicant's Declaration And Authorization

- I hereby certify that my answers to the questions appearing in this appointment data sheet are true and complete.
- I hereby acknowledge that I have read, understand, received, and retained for my records a copy of the Fair Credit Reporting Act Disclosure set forth above.

AUTHORIZATION FOR RELEASE OF INFORMATION

To Whom It May Concern: I hereby authorize any employer, insurance company, general or managing agent, educational institution, financial institution, consumer reporting agency, criminal justice agency, insurance department, or individual having any information relating to my activities to release such information to Pacific Life Insurance Company or any consumer reporting agency acting on behalf of Pacific Life. This information may include, but is not limited to, employment and job performance history, academic records, credit records, disciplinary, arrest and conviction records, and personal history, including information as to character, general reputation, and mode of living.

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: www.pacificlife.com/home/privacy-and-other-policies/our-privacy-promise.html

8 SIGNATURE Sign and return to Pacific Life.

I agree that a photocopy or facsimile of this authorization shall be as valid as the original.

**SIGN
HERE** 

Signature of Financial Professional

mo / day / yr