



## NEW YORK VERIFICATION

### CONTACT INFORMATION

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

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

For Financial Professionals: (800) 722-2333  
For Owners: (800) 722-4448  
Fax: (888) 837-8172  
Web Site: www.PacificLife.com

### Use this form if:

- Any proposed owner (individual or entity) or any proposed annuitant, for a Pacific Life Insurance Company annuity application, is a resident of the state of New York, and if so;
- This form must be completed, signed by both the Financial Professional and the Applicant, and submitted with the application – no annuity will be issued unless Pacific Life has received this form.

Note: Print clearly in dark ink and avoid highlighting.

<b>1 GENERAL INFORMATION</b> Owner's Name (First, Middle, Last)	Daytime Telephone Number (     )	Annuity Contract Number (if known)
---	-------------------------------------	------------------------------------

**2 CERTIFICATION**  
Pacific Life Insurance Company is not licensed to conduct the business of insurance in the state of New York. New York law permits a non-New York insurer such as Pacific Life to provide annuities to, or on the lives of, residents of New York state if and only if: (1) the solicitation, execution of the application, and delivery of the annuity contract take place outside of the state of New York; and (2) the contract is applied for, issued, and delivered in a state or states in which the insurer is authorized to conduct the business of insurance.

The Financial Professional must be certain that the solicitation, the negotiation, the signing of the application, the issuance, and the delivery of the contract all actually take place outside the state of New York. The prohibition of solicitation means that a Financial Professional cannot communicate in any way, including but not limited to telephone conversation, with any person while either that person or the Financial Professional is physically present in New York, if the direct or indirect purpose of the communication is to sell a Pacific Life product to that person. Initial as well as subsequent contact is prohibited.

This form must be completed and signed by both the Financial Professional and the Applicant whenever an application is taken on the life of a New York resident (i.e. a New York resident is an annuitant) or a New York resident is the applicant or contract owner (Individual, Corporation, Partnership, Association, or Trust).

**3 STATEMENT OF OWNER(S)**  
I acknowledge and affirm that the application was taken/signed, and that the solicitation for the annuity contract being applied for took place outside the state of New York.

**SIGN HERE** \_\_\_\_\_ mo / day / yr  
Owner's Signature

**SIGN HERE** \_\_\_\_\_ mo / day / yr  
Joint Owner's Signature (if applicable)

**4 FINANCIAL PROFESSIONAL STATEMENT**  
I acknowledge and affirm that the application was taken/signed outside the state of New York, the solicitation, and negotiation for the annuity contract being applied for took place outside the state of New York, and the contract being applied for will be delivered outside the state of New York.

**SIGN HERE** \_\_\_\_\_ mo / day / yr  
Financial Professional's Signature

Pacific Life refers to Pacific Life Insurance Company (Newport Beach, CA), licensed in all states except New York.

