



## POWER OF ATTORNEY CERTIFICATION 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](mailto:AnnuityService@PacificLife.com)

Web Site: [www.PacificLife.com](http://www.PacificLife.com)

### ALL OVERNIGHT DELIVERIES:

Pacific Life Insurance Company  
6750 Mercy Rd, RSD  
Omaha, NE 68106

- **"Principal"** means an individual who grants authority to an Attorney-in-Fact in a Power of Attorney (POA). **"Attorney-in-Fact"** (AIF) means a person granted authority to act for a principal under a POA.
- You must attach a complete copy of the POA along with any Riders or addendums that may be required by your state. If the POA's effective date is contingent upon an event or occurrence (such as incompetency of the Principal) you must also attach the proof as required by the POA that the event or occurrence has happened.
- Pacific Life will review the POA to determine that it has become effective and that its powers grant the AIF authority regarding transactions and/or changes pertaining to this policy or contract.
- If the POA grants authority to multiple AIFs each AIF must complete and sign a separate Certification form.

1	PRINCIPAL INFORMATION Name (First, Middle, Last)	Annuity Contract Number(s)
2	ATTORNEY-IN-FACT INFORMATION Name (First, Middle, Last)	Daytime Phone Number
Street Address		City, State, ZIP

3	POA EXECUTION DATE:
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4	AS ATTORNEY-IN-FACT FOR THE PRINCIPAL, I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT: <ol style="list-style-type: none"><li>1. The Principal named above is alive and has granted me authority as an agent or successor agent;</li><li>2. The Power of Attorney and my authority to act under the Power of Attorney have not terminated and if I was named as a successor agent, the prior agent is no longer able or willing to serve;</li><li>3. If the Power of Attorney becomes effective upon the happening of an event or contingency, that event or contingency has occurred, and the proof required by the Power of Attorney is attached.</li></ol>
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5	SIGNATURE (Must be Notarized)
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SIGN  
HERE

Attorney-in-Fact's Signature

mo / day / yr

6	NOTARY
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A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

proved to me of the basis of satisfactory evidence to be the person who appeared before me.

(notary seal)

Signature

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.

