



POWER OF ATTORNEY CERTIFICATION FORM

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

Owners: (800) 722-4448
Web Site: www.PacificLife.com

Registered Representatives: (800) 722-2333

CONTACT INFORMATION (for New York only)

Pacific Life & Annuity Company
P.O. Box 2829
Omaha, NE 68103-2829

Phone: (800) 748-6907
Web Site: www.PacificLife.com

Pacific Life requires this form to be completed by the Attorney-in-Fact (AIF) under the Power of Attorney and submitted along with a full and complete copy of the Power of Attorney as well as any applicable riders or addendums. Any event or contingency documentation required by the Power of Attorney must also be submitted.

All signatures must be original and notarized or signature guaranteed.

1 OWNER'S NAME ("Principal") (First, Middle, Last)	Annuity Contract Number(s)
2 ATTORNEY-IN-FACT'S NAME (First, Middle, Last)	Daytime Telephone Number

3 ATTORNEY-IN-FACT AFFIDAVIT *Note: Pacific Life requires this section be completed prior to processing any transactions submitted by the AIF.*

I, _____, being duly sworn, depose and state that:
(Attorney-in-Fact)

- The Principal validly executed, in accordance with state law, a power of attorney ("POA") dated _____, appointing me as his/her Attorney-in-Fact. Attached to this affidavit is a true and complete copy of the POA.
- This POA is now in full force and effect. The Principal is now living and I have received no notice that the Principal has revoked or suspended this POA.
- If the POA was drafted to become effective upon the happening of an event or contingency, that event or contingency has occurred. Any proof of the event or contingency required by the POA is attached.
- If the POA has an expiration date, I acknowledge that the powers granted will expire as per the date referenced in the POA.
- I make this affidavit for the purpose of inducing Pacific Life to accept delivery of the attached instrument(s) as executed by me in my capacity of Attorney-in-Fact of the Principal, with full knowledge that this affidavit will be relied upon by Pacific Life in accepting the instrument(s) affecting Pacific Life Contract Number(s) provided in Section 1 of this form.

4 SIGNATURE (Must be Notarized or Signature Guaranteed)



Attorney-in-Fact's Signature

mo / day / yr

5 NOTARIZATION

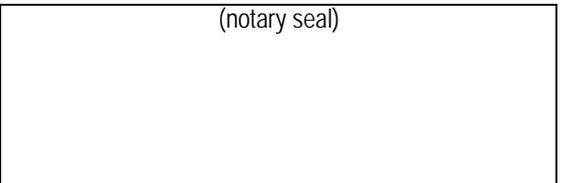
State of: _____

County of: _____

Subscribed and sworn or affirmed to before me on this _____ day of _____, 20____ by _____

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(notary seal)



By: _____
Name:

Pacific Life refers to Pacific Life Insurance Company and its affiliates, including Pacific Life & Annuity Company. Insurance products are issued by Pacific Life Insurance Company in all states except New York and in New York by Pacific Life & Annuity Company. Product availability and features may vary by state. Each company is solely responsible for the financial obligations accruing under the products it issues. Insurance product and rider guarantees are backed by the financial strength and claims-paying ability of the issuing company and do not protect the value of the variable investment options

