



PACIFIC LIFE

FINANCIAL PROFESSIONAL AND BROKER/DEALER CHANGE REQUEST

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

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 make financial professional and/or broker/dealer changes on non-custodially owned contracts. If more than one contract is being changed, please attach a list with the information specified below. If the contract is custodially owned, use the Annuity Custodial Contract Change Request form. If an Attorney-in-Fact is signing this form, include an original or certified copy of the Power-of-Attorney documentation accompanied by a notarized sample signature for the Attorney-in-Fact. This additional documentation may be excluded if previously submitted to Pacific Life.

- Financial Professional and broker/dealer change. Complete Sections 1, 2, and 3.
- Financial Professional within the same broker/dealer change only. Complete Sections 1, 2, 3, and 4 (if applicable).

1 OWNER INFORMATION Owner's Name (First, Middle, Last)	Daytime Telephone Number	Annuity Contract Number
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2 NEW FINANCIAL PROFESSIONAL(S) INFORMATION If more than two financial professionals are being changed, please attach a signed list with the information specified below.
Broker/Dealer's Name

Financial Professional #1

Financial Professional's Name (First, Middle, Last)	% Split (if applicable)
Business Street Address	City, State, ZIP
	Telephone Number

Financial Professional #2 (if applicable)

Financial Professional's (First, Middle, Last)	% Split (if applicable)
Business Street Address	City, State, ZIP
	Telephone Number

3 OWNER AUTHORIZATION By signing this form, I authorize Pacific Life to change the financial professional(s) and broker/dealer on my annuity contract(s).	
SIGN HERE Owner's Signature	mo / day / yr
SIGN HERE Joint Owner Signature (if applicable)	mo / day / yr

4 BROKER/DEALER AUTHORIZATION If contract(s) are staying within the same broker/dealer, then an officer, principal or branch manager may authorize the updated financial professional.	
SIGN HERE Broker/Dealer Signature & Title (<i>Must be an officer, principal, or branch manager</i>)	mo / day / yr

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.

