



# REGISTERED REPRESENTATIVE AND BROKER/DEALER CHANGE REQUEST

## 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

Phone: (800) 722-4448  
Fax: (888) 837-8172  
Web Site: [www.PacificLife.com](http://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  
Fax: (800) 586-0096  
Web Site: [www.PacificLife.com](http://www.PacificLife.com)

Use this form to make registered representative 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.

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

<b>1</b> OWNER INFORMATION	Owner's Name (First, Middle, Last)	Daytime Telephone Number	Annuity Contract Number
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**2 NEW REGISTERED REPRESENTATIVE(S) INFORMATION**  
If more than two representatives are being changed, please attach a signed list with the information specified below.

Broker/Dealer's Name

**Representative #1**

Representative's Name (First, Middle, Last) % Split (if applicable)

Business Street Address City, State, ZIP Telephone Number

**Representative #2 (if applicable)**

Representative's Name (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 registered representative(s) and broker/dealer on my annuity contract(s).

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

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

**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 registered representative.

**SIGN HERE** \_\_\_\_\_ mo / day / yr  
Broker/Dealer Signature & Title (Must be an officer, principal, or branch manager)

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. Product guarantees are backed by the financial strength and claims-paying ability of the issuing company.

