



DISABILITY CERTIFICATION

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

Pacific Life requires this form before your distribution or death benefit request due to disability can be processed.

1 OWNER INFORMATION Owner's Name (First, Middle, Last)	Annuity Contract Number
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2 DEFINITION OF DISABILITY

Internal Revenue Code (IRC) Section 72(m)(7) states "an individual shall be considered to be disabled if he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration."

3 CERTIFICATION OF DISABILITY

I, _____ certify that _____
Physician's Printed Name Owners' Name

meets the IRC Section 72(m)(7) disability criteria.

Signature of Physician Date

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.

