

SERFF Tracking Number: PACL-125878320 State: Arkansas
Filing Company: Pacific Life Insurance Company State Tracking Number: 40742
Company Tracking Number: 25-1157
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: 25-1157 Variable Annuity Application
Project Name/Number: 25-1157 Variable Annuity Application/25-1157

Filing at a Glance

Company: Pacific Life Insurance Company

Product Name: 25-1157 Variable Annuity Application

TOI: A03I Individual Annuities - Deferred Variable

Sub-TOI: A03I.002 Flexible Premium

Filing Type: Form

SERFF Tr Num: PACL-125878320 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 40742

Co Tr Num: 25-1157

State Status: Approved-Closed

Co Status:

Reviewer(s): Linda Bird

Authors: Larry Gardner, Karima Rajan, Maysy Vang, Brian Deleget, Karen Givens

Disposition Date: 11/14/2008

Date Submitted: 10/31/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 25-1157 Variable Annuity Application

Project Number: 25-1157

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/14/2008

State Status Changed: 11/14/2008

Corresponding Filing Tracking Number:

Filing Description:

NAIC: 67466

FEIN: 95-079000

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 10/23/2008

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

To the Individual Life Insurance Department of Arkansas

SERFF Tracking Number: PACL-125878320 State: Arkansas
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We are submitting the following form for approval in your state:

Form Number Form Description

25-1157 Variable Annuity Application

This is a new form that does not replace any existing approved application.

Variable Annuity Application (25-1157)

The application is designed to be used in an electronic format, as well as in a printed paper format. The format for this application follows the general application design developed by an industry working group spearheaded by NAVA and including representatives of several major variable annuity writers, the ACLI, and other interested parties as part of NAVA's Straight-Through-Processing (STP) initiative.

Once implemented, application form 25-1157 will be made available for use with the following contracts, as well as contracts subsequently approved by your department:

Contract Form No.	Issue Ages	Min/Max	Date Approved
10-10300	0 / 85		11/25/2002
10-1107	0 / 85		1/31/2006
10-1128	0 / 90		1/12/2006
10-17800	0 / 90		4/4/2003
10-1108	0 / 80		4/14/2004
10-1130	0 / 85		9/15/2006
10-1136	0 / 85		4/24/2007
10-1143	0 / 85		3/13/2008

All required transmittals, checklists, and certifications are included in this submission. The application is in final print

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migration to another form.

To the best of our knowledge and belief, this application filing is complete and complies with the insurance laws of your state. This application was approved by our home state of Nebraska effective October 23, 2008.

Please feel free to contact me with any questions or concerns at 1-866-746-2724, extension 3212.

Company and Contact

Filing Contact Information

Karima Rajan, Compliance Specialist karima.rajan@pacificlife.com
 700 Newport Center (402) 574-3280 [Phone]
 Newport Beach, CA 92660 (402) 574-3256[FAX]

Filing Company Information

Pacific Life Insurance Company CoCode: 67466 State of Domicile: Nebraska
 700 Newport Center Drive Group Code: 709 Company Type: Annuities
 Newport Beach, CA 92660-6397 Group Name: State ID Number:
 (800) 722-2333 ext. [Phone] FEIN Number: 95-1079000

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pacific Life Insurance Company	\$20.00	10/31/2008	23642924

SERFF Tracking Number: PACL-125878320 State: Arkansas
Filing Company: Pacific Life Insurance Company State Tracking Number: 40742
Company Tracking Number: 25-1157
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
Product Name: 25-1157 Variable Annuity Application
Project Name/Number: 25-1157 Variable Annuity Application/25-1157

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	11/14/2008	11/14/2008

SERFF Tracking Number: PACL-125878320 *State:* Arkansas
Filing Company: Pacific Life Insurance Company *State Tracking Number:* 40742
Company Tracking Number: 25-1157
TOI: A03I Individual Annuities - Deferred Variable *Sub-TOI:* A03I.002 Flexible Premium
Product Name: 25-1157 Variable Annuity Application
Project Name/Number: 25-1157 Variable Annuity Application/25-1157

Disposition

Disposition Date: 11/14/2008

Implementation Date:

Status: Approved

Comment: It is our opinion that a company that follows the NAVA STP Standards in transacting new business submissions for annuities complies with the requirements of Arkansas law.

Rate data does NOT apply to filing.

SERFF Tracking Number: PACL-125878320 State: Arkansas
 Filing Company: Pacific Life Insurance Company State Tracking Number: 40742
 Company Tracking Number: 25-1157
 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
 Product Name: 25-1157 Variable Annuity Application
 Project Name/Number: 25-1157 Variable Annuity Application/25-1157

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	SOV		Yes
Form	Variable Annuity Application		Yes

SERFF Tracking Number: PACL-125878320 State: Arkansas
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 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
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Form Schedule

Lead Form Number: 25-1157

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	25-1157	Application/Variable Annuity Enrollment Application Form	Initial		0	25-1157 John Doe.pdf



PACIFIC LIFE

Pacific Life Insurance Company

P.O. Box 2378, Omaha, NE 68103-2378
or 1299 Farnam Street, 6th Floor, AMF, Omaha, NE 68102
www.PacificLife.com
Contract Owners: (800) 722-4448
Registered Representatives, call (800) 722-2333 for assistance.

PACIFIC VALUE

Variable Annuity Application

1. SOLICITATION STATE

Solicited at: State	Complete this box for custodial-owned qualified contracts only. Will not be valid for any other contract types. Information put here will be used for contract and registered representative appointment purposes.
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2. OWNER(S) If annuitant and owner are the same, do not complete this section. Check product guidelines for maximum issue age.

- For contracts with an owner that is a 401(a), 401(k), 457(b), or Keogh/HR10 plan, also complete the Qualified Plan and 457(b) Plan Disclosure form.
- For Individual(k) contracts with Ascensus, Inc. as the record keeper, also complete the Individual(k) Qualified Plan Disclosure form.
- For individual-owned or trust-owned Inherited IRA contracts, also complete the appropriate Inherited IRA Certification form.
- For non-qualified contracts, if the owner is a non-natural person or corporation, also complete the Non-Natural or Corporate-Owned Disclosure Statement.
- If the owner is a trust, also complete the Trustee Certification and Disclosure form.

Name (First, Middle, Last)	Birth Date (mo/day/yr)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address	City, State, ZIP	SSN/TIN
Residential Address (if different than mailing address)	City, State, ZIP	

ADDITIONAL OWNER Not applicable for qualified contracts. Check One: Joint Contingent

Name (First, Middle, Last)	Birth Date (mo/day/yr)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

3. ANNUITANT(S) Must be an individual. Check product guidelines for maximum issue age.

Name (First, Middle, Last) <i>John R. Doe</i>	Birth Date (mo/day/yr) <i>01/01/1972</i>	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Mailing Address <i>555 Main Street</i>	City, State, ZIP <i>Anytown, USA 12345</i>	SSN <i>999-77-8888</i>
Residential Address (if different than mailing address)	City, State, ZIP	

ADDITIONAL ANNUITANT Not applicable for qualified contracts. Check One: Joint Contingent

Name (First, Middle, Last) <i>Jane R. Doe</i>	Birth Date (mo/day/yr) <i>01/01/1972</i>	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F
Mailing Address <i>555 Main Street</i>	City, State, ZIP <i>Anytown, USA 12345</i>	SSN <i>999-66-5555</i>
Residential Address (if different than mailing address)	City, State, ZIP	



4. BENEFICIARIES If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. For contracts owned by a non-individual custodian (including IRAs, 457, and qualified plans) or other non-natural owners, the beneficiary must be the owner listed on the application. Use Section 7, Special Requests, to provide additional beneficiary information.

Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage
Mary S. Doe	01/01/92		Daughter	333-22-7777	100%
Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage
Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage
Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage
Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage

5. CONTRACT TYPE AND INITIAL PURCHASE PAYMENT

CONTRACT TYPE Select one.

<input checked="" type="checkbox"/> Non-Qualified <input type="checkbox"/> IRA	<input type="checkbox"/> SIMPLE IRA ¹ <input type="checkbox"/> SEP-IRA	<input type="checkbox"/> Roth IRA <input type="checkbox"/> TSA/403(b) ²	<input type="checkbox"/> 401(a) ³ <input type="checkbox"/> 401(k) ³	<input type="checkbox"/> Individual(k) ⁴ <input type="checkbox"/> 457(b) – gov't. entity ³	<input type="checkbox"/> 457(b) - 501(c) tax exempt ³ <input type="checkbox"/> Keogh/HR-10 ³
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¹ Complete SIMPLE IRA Employer Information. ² Complete TSA Certification. ³ Complete Qualified Plan and 457(b) Plan Disclosure. ⁴ Complete Individual(k) Qualified Plan Disclosure.

INITIAL PURCHASE PAYMENT Make check payable to Pacific Life Insurance Company.

5A. NON-QUALIFIED CONTRACT PAYMENT TYPE

Indicate type of initial payment.

<input type="checkbox"/> 1035 exchange/estimated transfer \$ _____
<input checked="" type="checkbox"/> Amount enclosed \$ <u>10,000.00</u>

5B. QUALIFIED CONTRACT PAYMENT TYPE Indicate type of initial payment. If no year is indicated, contribution defaults to current tax year.

<input type="checkbox"/> Transfer \$ _____
<input type="checkbox"/> Rollover \$ _____
<input type="checkbox"/> Contribution \$ _____ for tax year _____



6. OPTIONAL BENEFITS

DEATH BENEFIT COVERAGE

Stepped-Up Death Benefit Annuitant(s) must not be over age 75 at issue.

If the stepped-up death benefit I have selected cannot be added to the contract due to age restrictions or state availability, I understand that the contract will be issued without the stepped-up death benefit rider.

OPTIONAL RIDERS Subject to state availability. To qualify for Foundation10, Income Access, Automatic Income Builder, FLI Plus (Flexible Lifetime Income Plus), GIA Plus (Guaranteed Income Annuity Plus), or GPA3 (Guaranteed Protection Advantage 3) rider benefits, the entire contract value must stay invested in allowable allocation options Pacific Life makes available for the riders.

6A. **Guaranteed Withdrawal Benefit (You may only select one Guaranteed Withdrawal Benefit rider.)**

- Foundation 10** Annuitant(s) must not be over age 85 at issue.
- Income Access** with Automatic Reset/Step-up Option. Annuitant(s) must not be over age 85 at issue.
- Income Access** without Automatic Reset/Step-up Option. Annuitant(s) must not be over age 85 at issue.
- Automatic Income Builder** Annuitant(s) must not be over age 85 at issue.
- FLI Plus (Flexible Lifetime Income Plus)** Select one. If neither box below is checked, the single life optional rider will be issued.
 - Single Life** Annuitant(s) must not be over age 85 at issue.
 - Joint Life** (Complete the beneficiary information in Section 4.) Available only if the Contract Type selected in Section 5 is Non-Qualified (not available if the Owner is a trust or other entity), IRA (including custodial IRAs), Roth IRA, SIMPLE IRA, SEP-IRA, or TSA/403(b). Additionally, Joint Owners or Owner and Beneficiary must be at least age 59½ and not older than age 85 at issue. Joint Owners must be husband and wife. If the contract is owned by a sole Owner, the Owner's spouse must be designated as the sole primary beneficiary. If this is a custodially owned IRA, it is the responsibility of the custodian to verify that the beneficiary designation at the custodian is the spouse of the Annuitant and is at least age 59½ and not older than age 85 at issue.

6B. **GIA Plus (Guaranteed Income Annuity Plus)** Annuitant(s) must not be over age 80 at issue.

6C. **GPA3 (Guaranteed Protection Advantage 3)** Annuitant(s) must not be over age 85 at issue, which must be at least 10 years prior to the annuity date.

6D. **EEG (Guaranteed Earnings Enhancement Rider)** Annuitant(s) must not be over age 75 at issue.

If any rider selected in this section cannot be added to the contract due to age and/or other rider restrictions or state availability, the contract will be issued without that rider.

7. OPTIONAL FEATURES AND ALLOCATION OPTIONS

7A. OPTIONAL FEATURES

DOLLAR COST AVERAGING If elected, 100% of your initial investment will be allocated to the DCA Plus term unless you indicate a different percentage below. **If you select a Custom Model in Section 7B and are using DCA Plus, you must allocate 100% of your investment to the DCA Plus term.** If you select Portfolio Optimization, Asset Allocations Strategies or Individual Investments and a percentage less than 100% is indicated, the remainder of the purchase payment will be allocated pro rata to the allocations selected. To indicate a source account other than DCA Plus, use Section 7, Special Requests, or the Transfers and Allocations form. (Note: Only DCA Plus may be used with Custom Models.)

DCA Plus Term (Select One)

- 6 months 12 months

_____ % of initial investment. Default will be 100% if not indicated or if a Custom Model is selected in Section 7B.

REBALANCING Choose one rebalancing frequency. Rebalancing is optional unless you select a Custom Model in Section 7B. If you select a Custom Model, rebalancing will be quarterly.

- Quarterly† Semiannually Annually

†Required with a Custom Model selected in Section 7B.



TELEPHONE/ELECTRONIC AUTHORIZATIONS

√ Yes **TELEPHONE/ELECTRONIC TRANSACTION AUTHORIZATION** As the owner, I will receive this privilege automatically. If a contract has joint owners, each owner may individually make telephone and/or electronic requests. By checking "Yes," I am also authorizing and directing Pacific Life to act on telephone or electronic instructions from any other person(s) who can furnish proper identification. Pacific Life will use reasonable procedures to confirm that these instructions are authorized and genuine. As long as these procedures are followed, Pacific Life and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will be held harmless for any claim, liability, loss, or cost.

ELECTRONIC INFORMATION CONSENT By providing the email address below, I consent to receive my prospectuses, prospectus supplements, annual and semi-annual reports, quarterly statements and immediate confirmations, proxy solicitation, privacy notice and other notices and documentation in electronic format when available instead of receiving paper copies of these documents by U.S. mail. I will continue to receive paper copies of annual statements if required by state or federal law. Not all contract documentation and notifications may be currently available in electronic format. I consent to receive in electronic format any documents added in the future. For jointly owned contracts, both owners are consenting to receive information electronically.

I confirm that I have ready access to a computer with Internet access, an active email account to receive this information electronically, and the ability to read and retain it. I understand that:

- There is no charge for electronic delivery, although my internet provider may charge for internet access.
- I must provide a current email address and notify Pacific Life promptly when my email address changes.
- I must update any email filters that may prevent me from receiving email notifications from Pacific Life.
- I may request a paper copy of the information at any time for no charge, even though I consented to electronic delivery, or if I decide to revoke my consent.
- For jointly owned contracts, both owners are consenting that the primary owner will receive information electronically. (Only the primary owner will receive email notices.)
- Electronic delivery will be cancelled if emails are returned undeliverable.
- This consent will remain in effect until I revoke it.

Pacific Life is not required to deliver this information electronically and may discontinue electronic delivery in whole or in part at any time. Please call (800) 722-4448 if you would like to revoke your consent, wish to receive a paper copy of the information above, or need to update your email address.

FOR EVEN
FASTER
DELIVERY

E-mail address: jdoe@aol.com

HOUSEHOLDING By signing this application you consent to Pacific Life mailing one copy of contract owner documents to multiple contract owners who share the same household address. Such documents will include the prospectus, supplements, announcements, and annual and semiannual reports, but will not include contract-specific information such as transaction confirmations and statements. This service, known as "householding," reduces expenses, environmental waste, and the volume of mail you receive. If you do not wish to participate in this service and prefer to receive your own contract owner documents, please check the box below.

I elect **NOT** to participate in householding.

SPECIAL REQUESTS If additional space is needed, attach a letter signed and dated by the owner(s).

7B. ALLOCATION OPTIONS Use this section to allocate 100% of your investment, unless using DCA. If using DCA, the allocations below will be your target allocations. Use whole percentages only.

IMPORTANT: To be eligible for an optional rider in Section 6, you must select ONE of the following options:

- I. **Portfolio Optimization:** Select one model. 100% of your investment will be allocated to the model selected.
- II. **Asset Allocation Strategies:** Indicate the percentage of your investment (or target for DCA) for each Asset Allocation Strategy. Allocations may be among these three strategies and must total 100%.
- III. **Custom Models:** For Categories A, B, and C indicate no more than 15% in any individual investment. In addition, you must allocate at least 25% into each of Categories A, B, and C. Categories A, B, C, and D must total 100%. Category D is optional provided the previous requirements are met. Custom Models will be rebalanced quarterly to the allocations selected.

If you want to select individual investments and are not choosing an optional rider in Section 6, you may indicate any combination of investments in Option III. Allocations must total 100%.



Models	OPTION I: PORTFOLIO OPTIMIZATION
	Select one: <input checked="" type="checkbox"/> Model A <input type="checkbox"/> Model B <input type="checkbox"/> Model C <input type="checkbox"/> Model D <input type="checkbox"/> Model E

Asset Allocation Strategies	OPTION II: ASSET ALLOCATION STRATEGIES	
	100% allocation to one or a combination of these three strategies is approved for selection of an optional rider in Section 6.	_____ % Total
	<input type="checkbox"/> % AllianceBernstein - VPS Balanced Wealth Strategy <input type="checkbox"/> % BlackRock – Global Allocation V.I. Fund <input type="checkbox"/> % Franklin Templeton - Franklin Templeton VIP Founding Funds	

	OPTION III Select one: <input type="checkbox"/> CUSTOM MODEL <input type="checkbox"/> INDIVIDUAL INVESTMENTS	
	<p>Custom Models: For Custom Models only, Categories A, B, and C indicate no more than 15% in any individual investment. In addition, you must allocate at least 25% into each of Categories A, B, and C. Categories A, B, C, and D must total 100%. Category D is optional provided the previous requirements are met.</p> <p>Individual Investments: If you want to select individual investments and are not choosing an optional rider in Section 6, you may indicate any combination of investments. Allocations must total 100%.</p>	

Category A Fixed-Income Portfolios	<input type="checkbox"/> % Goldman Sachs - Short Duration Bond <input type="checkbox"/> % Highland Capital - Floating Rate Loan <input type="checkbox"/> % JPMorgan - Diversified Bond <input type="checkbox"/> % PAM - Money Market <input type="checkbox"/> % PAM - High Yield Bond <input type="checkbox"/> % PIMCO - Managed Bond <input type="checkbox"/> % PIMCO - Inflation Managed	_____ % Total
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Category B Domestic Equity Portfolios	<input type="checkbox"/> % Alger - Small-Cap Growth <input type="checkbox"/> % Analytic Investors/JPMorgan - Long/Short Large Cap <input type="checkbox"/> % BlackRock - Equity Index <input type="checkbox"/> % BlackRock - Small-Cap Index <input type="checkbox"/> % Capital Guardian - Diversified Research <input type="checkbox"/> % Capital Guardian - Equity <input type="checkbox"/> % Capital Research - American Funds® Growth-Income <input type="checkbox"/> % Capital Research - American Funds® Growth <input type="checkbox"/> % ClearBridge - Large-Cap Value <input type="checkbox"/> % Janus - Growth LT <input type="checkbox"/> % Lazard - Mid-Cap Equity <input type="checkbox"/> % Loomis Sayles - Large-Cap Growth <input type="checkbox"/> % NFJ - Small-Cap Value <input type="checkbox"/> % Oppenheimer - Multi-Strategy <input type="checkbox"/> % Oppenheimer - Main Street® Core <input type="checkbox"/> % Van Kampen - Comstock <input type="checkbox"/> % Van Kampen - Mid-Cap Growth <input type="checkbox"/> % Vaughan Nelson - Small-Cap Equity	_____ % Total
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Category C International Equity and Sector Portfolios	<input type="checkbox"/> % AllianceBernstein - International Value <input type="checkbox"/> % Batterymarch - International Small-Cap <input type="checkbox"/> % Columbia - Technology <input type="checkbox"/> % Jennison - Health Sciences <input type="checkbox"/> % MFS - International Large-Cap <input type="checkbox"/> % Oppenheimer - Emerging Markets <input type="checkbox"/> % Van Kampen - Real Estate	_____ % Total
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Category D Asset Allocation Strategies	<input type="checkbox"/> % AllianceBernstein - VPS Balanced Wealth Strategy <input type="checkbox"/> % BlackRock - Global Allocation V.I. Fund <input type="checkbox"/> % Franklin Templeton - Franklin Templeton VIP Founding Funds	_____ % Total
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CATEGORIES A – D MUST TOTAL 100% _____ % Total



8. NOTICES AND DISCLAIMERS

I UNDERSTAND THAT BENEFITS AND VALUES PROVIDED UNDER THE CONTRACT MAY BE ON A VARIABLE BASIS. AMOUNTS DIRECTED INTO ONE OR MORE VARIABLE INVESTMENT OPTIONS WILL REFLECT THE INVESTMENT EXPERIENCE OF THOSE INVESTMENT OPTIONS. THESE AMOUNTS MAY INCREASE OR DECREASE AND ARE NOT GUARANTEED AS TO DOLLAR AMOUNT.

I received prospectuses for this variable annuity contract.

FRAUD NOTICES The following states require insurance companies to provide a fraud warning statement. Refer to the fraud warning statement for your state as indicated below. Please check for state product availability.

Colorado: It is unlawful to knowingly provide false, incomplete, misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services.

District of Columbia: WARNING It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

All Other States: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.



9. ACKNOWLEDGEMENTS AND SIGNATURE(S)

REPLACEMENT

9A. EXISTING INSURANCE

Yes No Do you have any existing life insurance or annuity contracts with this or any other company?
(Default is "Yes" if neither box is checked.)

9B. EXISTING INSURANCE

Yes No Will the purchase of this annuity result in the replacement, termination or change in value of any existing life insurance or annuity in this or any other company? If "Yes," provide the information below for each policy or contract being replaced and attach any required state replacement and/or 1035 exchange/transfer forms.

Insurance Company Name	Contract Number	Contract Type Being Replaced <input type="checkbox"/> Life Insurance <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity
Insurance Company Name	Contract Number	Contract Type Being Replaced <input type="checkbox"/> Life Insurance <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity

STATEMENT OF OWNER(S) I understand that federal law requires all financial institutions to obtain the name, residential address, date of birth, Social Security or taxpayer identification number, and any other information necessary to sufficiently verify the identity of each customer. I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract termination. I, the owner(s), understand that I have applied for a variable annuity contract ("contract") issued by Pacific Life Insurance Company ("company"). After reviewing my financial background with my registered representative, I believe this contract, including the benefits of its insurance features, will meet my financial objectives based in part upon my age, income, net worth, tax and family status, and any existing investments, annuities, or other insurance products I own. If applicable, I considered the appropriateness of full or partial replacement of any existing life insurance or annuity. I also considered my liquidity needs, risk tolerance, and investment time horizon when selecting variable investment options. I understand the terms and conditions related to any optional rider applied for and believe that the rider(s) meet(s) my insurable needs and financial objectives. I have discussed all fees and charges for this contract with my registered representative, including withdrawal charges, if applicable. I understand that if I cancel a contract issued as a result of this application without penalty during the Right to Cancel initial review period, depending upon the state where my contract is issued, it is possible the amount refunded may be less than the initial amount I invested due to the investment experience of my selected investment options.

If there are joint owners, the issued contract will be owned by the joint owners as Joint Tenants with Right of Survivorship and not as Tenants in Common.

If I am an active duty member of the United States Armed Forces (including active duty military reserve personnel), I confirm that this application was not solicited and/or signed on a military base or installation, and I have received from the registered representative the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act.

All answers to questions and statements made on this application are to the best of my knowledge and belief.

I certify, under penalties of perjury, that I am a U.S. person (including a U.S. resident alien) and that the taxpayer identification number is correct.

Owner's Signature <i>John R. Doe</i>	Date (mo/day/yr) <i>01/01/2008</i>	Signed at: City <i>Anytown</i>	State <i>US</i>
Joint Owner's Signature (if applicable) <i>Jane R. Doe</i>	Date (mo/day/yr) <i>01/01/2008</i>		



10. REGISTERED REPRESENTATIVE'S INFORMATION AND SIGNATURE(S)

REPLACEMENT

Yes No Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)

Yes No Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued?

If "Yes," I affirm that I have instructed the applicant to answer "Yes" to the replacement question in Section 9B of this application.

I hereby certify that I have used only Pacific Life's approved sales material in connection with this sale and that copies of all sales materials used were left with the applicant. Any insurer-approved electronically presented sales materials will be provided in printed form to the applicant no later than at the time of the policy or contract delivery. I further certify that I have discussed the appropriateness of replacement and followed Pacific Life's written replacement guidelines. I have explained to the owner(s) how the annuity will meet their insurable needs and financial objectives.

I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner, as applicable, including age, income, net worth, tax and family status, and any existing investments and insurance program.

I further certify that I have also considered the owner's liquidity needs, risk tolerance, and investment time horizon; that I followed my broker/dealer's suitability guidelines in both the recommendation of this annuity and the choice of investment options; and that this application is subject to review for suitability by my broker/dealer.

I further certify that I have truly and accurately recorded on the application the information provided to me by the applicant.

If the applicant is an active duty member of the United States Armed Forces (including active duty military reserve personnel), I certify that this application was not solicited and/or signed on a military base or installation, and I provided to the applicant the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act.

Soliciting Registered Representative's Signature <i>Cindy Brown</i>	Print Registered Representative's Full Name <i>Cindy Brown</i>	Insurance License Number <i>123456</i>	
Registered Representative's Telephone Number <i>213-495-0111</i>	Registered Representative's E-Mail Address <i>cbrown@aol.com</i>	Option <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C	Percentage <i>100%</i>
Broker/Dealer's Name <i>Brown & Associates</i>	Brokerage Account Number (optional)		

The following section is optional. Unless otherwise indicated, the percentage will be divided equally among all Registered Representatives listed above and below.

Print Additional Registered Representative's Full Name	Option <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Percentage	Insurance License Number
Print Additional Registered Representative's Full Name	Option <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Percentage	Insurance License Number
Print Additional Registered Representative's Full Name	Option <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Percentage	Insurance License Number

Send completed application as follows:

APPLICATION WITH PAYMENT:

Regular Mail Delivery: P.O. Box 2290, Omaha, NE 68103-2290
Express Mail Delivery: 1299 Farnam Street, 6th Floor, AMF, Omaha, NE 68102

APPLICATION WITHOUT PAYMENT:

Regular Mail Delivery: P.O. Box 2378, Omaha, NE 68103-2378
Express Mail Delivery: 1299 Farnam Street, 6th Floor, AMF, Omaha, NE 68102



SERFF Tracking Number: *PACL-125878320* *State:* *Arkansas*
Filing Company: *Pacific Life Insurance Company* *State Tracking Number:* *40742*
Company Tracking Number: *25-1157*
TOI: *A031 Individual Annuities - Deferred Variable* *Sub-TOI:* *A031.002 Flexible Premium*
Product Name: *25-1157 Variable Annuity Application*
Project Name/Number: *25-1157 Variable Annuity Application/25-1157*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PACL-125878320 State: Arkansas
Filing Company: Pacific Life Insurance Company State Tracking Number: 40742
Company Tracking Number: 25-1157
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: 25-1157 Variable Annuity Application
Project Name/Number: 25-1157 Variable Annuity Application/25-1157

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 10/29/2008

Comments:

Attachments:

AR Reg 19 Cert.pdf

AR Reg 6 Cert.pdf

Review Status:

Satisfied -Name: SOV 10/29/2008

Comments:

Attachment:

SOV1157.pdf

PACIFIC LIFE INSURANCE COMPANY
700 Newport Center Drive • Newport Beach, CA 92660

STATE OF ARKANSAS

REGULATION 19 CERTIFICATION

Form Number(s): **Form Description(s):**

I, Nancy A Hill, hereby certify that the above form(s) meet the provisions of Regulation 19 as well as all applicable requirements of the Arkansas Department of Insurance.



Company Officer

Nancy A Hill

Name

Assistant Vice President

Title

Date

Contact Person:

Karima Rajan
Compliance Specialist
Regulatory Affairs
Email: karima.rajan@paciicliflife.com
866-746-2724 Ext. (3280)

PACIFIC LIFE INSURANCE COMPANY
700 Newport Center Drive • Newport Beach, CA 92660

STATE OF ARKANSAS

RULE AND REGULATION 6 CERTIFICATION

Form Number(s): **Form Description(s):**

I, Nancy A Hill, hereby provide our assurance that Rule and Regulation 6 has been reviewed and the above form(s) are in compliance said Rule and Regulation 6 as well as all other applicable requirements of the Arkansas Department of Insurance.



Company Officer

Nancy A Hill
Name

Assistant Vice President
Title

Date

Contact Person:
Karima Rajan
Compliance Analyst
Product Compliance
Email: amfproduct.filing@paciiclife.com
866-746-2724 Ext. (3280)

PACIFIC LIFE INSURANCE COMPANY

700 Newport Center Drive • Newport Beach, CA 92660

STATEMENT OF VARIABILITY

<u>Form Number</u>	<u>Form Description</u>
25-1157	Variable Annuity Application

This Statement of Variability identifies and explains the bracketed material contained in the above referenced application form.

Variable Annuity Application Form No. 25-1157

- 1. Company Addresses and Toll-Free Telephone Numbers (Top of First Page):** In the event of a change in the company address, internet address, and/or toll-free telephone numbers, the new information will be shown.
- 2. Product Name (Top of First Page):** The name of the Product applied for will be displayed.
- 3. Section 2 – Owner(s):** The references to internal forms and their titles may change from time to time.
- 4. Section 5 – Contract Type:** The contract may be issued in connection with any of the contract types shown below. From time to time, we may add new contract types, and remove those contract types that are no longer available or for which new sales have been discontinued.

Non-Qualified IRA SIMPLE IRA	SEP-IRA Roth IRA TSA/403(b)	401(a) 401(k) Individual(k)	457(b) 457(b)-501(c) Keogh/HR10
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- 5. Section 6 – Optional Benefits:** The optional riders shown in this section are those that have been previously approved by the Department and available for the applicable contract. From time to time, we may add new optional riders, and remove those riders that are no longer available or for which new sales have been discontinued. Any new optional rider added to this section will only be those optional riders that the Department has previously approved.
- 6. Section 7A – Dollar Cost Averaging:** The references to internal forms and their titles may change from time to time. Additionally, the guarantee terms shown are those currently available under the contract to which Purchase Payments may be allocated. If Dollar Cost Averaging is not available on a specific Product, this text will be removed.
- 7. Section 7A – Rebalancing:** The rebalance schedules available under the Contract.
- 8. Section 7B – Allocation Options:** The reference to allocation models and their titles may change from time to time. The Variable Investment Options shown are those currently available under the contract to which Purchase Payments may be allocated. From time to time, we may add, change or delete those Variable Investment Options.
- 9. Section 8 – Fraud Notices:** The fraud statements may change due to state mandates or other regulatory requirements.
- 10. Section 10 – Registered Representative's Information and Signature(s) - Option Box:** The commission schedules available under the Contract in which the Registered Representative can choose from may change from time to time.
- 11. Regular Mail and Express Mail Delivery Addresses (bottom of last page) –** In the event of a change in the company's mailing addresses, the new addresses will be shown.

Except as otherwise described above, no other bracketed material appears within the application.

Company Contact Person

For inquiries regarding this Statement of Variability, please contact:

Larry Gardner
Compliance Manager
Product Compliance
Email: amfproduct.filing@pacificlife.com
Toll Free: 866-746-2724 x 3212
Direct Fax: 402-574-3256

Date Prepared: 10/31/2008