

SERFF Tracking Number: PALD-126252454 State: Arkansas  
Filing Company: Pacific Life Insurance Company State Tracking Number: 43236  
Company Tracking Number: A10IUW  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: A10IUW  
Project Name/Number: A10IUW/A10IUW

## Filing at a Glance

Company: Pacific Life Insurance Company

Product Name: A10IUW

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: PALD-126252454 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 43236

Co Tr Num: A10IUW

State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Jill Dease

Disposition Date: 08/18/2009

Date Submitted: 08/14/2009

Disposition Status: Approved-  
Closed

Implementation Date:

Implementation Date Requested: 09/01/2009

State Filing Description:

## General Information

Project Name: A10IUW

Project Number: A10IUW

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/18/2009

Deemer Date:

Submitted By: Jill Dease

Filing Description:

August 3, 2009 NAIC # 00067466

FEIN # 95-1079000

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 08/18/2009

Created By: Jill Dease

Corresponding Filing Tracking Number:  
A10IUW

Mr. John Shields

Policy Form Filings, Life

Arkansas Department of Insurance

1200 W. Third Street

Little Rock, AR 72201-1904

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Re: Form A10IUW, Application for Life Insurance

Dear Mr. Shields,

We are submitting the above referenced individual life insurance form in final print for your approval. This is a new form that does not replace any previously approved form. It is being submitted in Nebraska, our state of domicile, and in all other states where Pacific Life is licensed and which require such filing.

The form is to be used with all life insurance policies that are available from Pacific Life, including UL, EIUL, VUL, Whole Life, and Term such that there may be some sections that don't apply to a particular sale.

The following pertain to this submission:

- The Readability score for the form is 50.2, thus satisfying any pertinent readability requirements of your state. The form will be used with products marketed through our licensed agents.
- The target release date is September 1, 2009, or upon approval.
- The form is intended for use with both variable and general account products.
- If a filing fee is required, it is handled in the usual manner, or you will bill us, as appropriate.
- Any required certification forms are enclosed.

Statement of Variability – The only material that is variable has been bracketed for ease of identification, as follows:

Page Current Content Future Content

1 Current company mailing address Future company mailing address

1 Current primary insured term riders available Future primary insured term riders available

1 Current optional benefits available Future optional benefits available

8 Current indexed accounts available Future indexed accounts available

9 Current Fund Managers and Fund Names available Future Fund Managers and Fund Names available

To the best of my knowledge and belief this filing complies with the laws and regulations of your state. If you would like to discuss any aspect of this filing, please feel free to contact me at (800) 800-6416, extension 7081.

Sincerely,

Jill Dease

Compliance Analyst, Product Compliance, Life Division

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## Company and Contact

### Filing Contact Information

Jill Dease, Compliance Analyst Jill.Klinger@pacificlifec.com  
 45 Enterprise Drive 949-420-7081 [Phone]  
 Aliso Viejo, CA 92656 949-420-7424 [FAX]

### Filing Company Information

Pacific Life Insurance Company CoCode: 67466 State of Domicile: Nebraska  
 45 Enterprise Drive Group Code: 709 Company Type:  
 Aliso Viejo, CA 92656 Group Name: State ID Number:  
 (949) 420-7080 ext. [Phone] FEIN Number: 95-1079000

## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pacific Life Insurance Company	\$20.00	08/14/2009	29859513

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/18/2009	08/18/2009

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## Disposition

Disposition Date: 08/18/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>PALD-126252454</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pacific Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43236</i>
<i>Company Tracking Number:</i>	<i>A10IUW</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>A10IUW</i>		
<i>Project Name/Number:</i>	<i>A10IUW/A10IUW</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Application Package		Yes
<b>Supporting Document</b>	Statement of Variability		Yes
<b>Form</b>	Application for Life Insurance		Yes

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## Form Schedule

**Lead Form Number: A10IUW**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	A10IUW	Application/ Enrollment Form Application for Life Insurance	Initial		50.200	A10IUW.pdf

PACIFIC LIFE INSURANCE COMPANY

[Life Insurance Operations Center
P.O. Box 2030 • Omaha, NE 68103-2030
(800) 347-7787 • Fax (866) 964-4860
www.PacificLife.com]



APPLICATION FOR LIFE INSURANCE

PROPOSED INSURED
1A. Name: First MI Last B. Gender
C. Residence Address: Street City State Zip Code D. How Long
E. Date of Birth (mm/dd/yyyy) F. Place of Birth (State/Country) G. Soc. Sec. #
H. Driver's License # & State I. Telephone # (include area code) J. Occupation
2A. Employer's Name B. How Long
C. Proposed Insured's Work Address/Physical Location: Street City State Zip Code D. Type of Business
3A. Proposed Insured is a: U.S. Citizen U.S. Permanent Resident Foreign National (Complete 3B through D)
B. If Foreign National, provide Country C. Visa Type D. How long in this country?
4. Annual earned income from occupation \$ 5. Annual unearned income (State sources in Remarks) \$ 6. Net Worth Individual Joint
7. Is the Proposed Insured married or in a legally recognized civil union or domestic partnership? Yes No
If Yes, and applying for individual life insurance, list amount of life insurance in force on your spouse/partner \$

POLICY INFORMATION
1. Product Name 2. Planned Annual Premium \$

FACE AMOUNT/ DEATH BENEFIT
Basic Coverage Amount \$
Annual Renewable Term Varying \$
Annual Renewable Term - Last Survivor Varying \$
ECV Coverage \$
SVER Term Insurance Rider \$
SVER Term Insurance Rider - Last Survivor \$
SVER Term Insurance Rider Trust/Executive Benefit \$
Other \$
Total Initial Coverage = \$
DEATH BENEFIT OPTION (Check one):
Option A (Level) Option B (Increasing)
Option C (Face Amount plus premiums less distributions subject to limit shown in the illustration)
LIFE INSURANCE QUALIFICATION TEST (Check one):
Guideline Premium Test (GPT)
Cash Value Accumulation Test (CVAT)
GUARANTEED COST OF INSURANCE PERIOD
Indicate years:
0 1 2 3 5 10 15 Other

OPTIONAL BENEFITS
1. Accelerated Living Benefit Rider (Complete disclosure form)
2. Accidental Death Rider \$
3. Annual Renewable Term Rider (Proposed Insured) Varying \$
4. Annual Renewable Term Rider (Additional Insured) Varying \$
5. Children's Term Rider \$
6. Disability Benefit Rider \$
7. Guaranteed Insurability Rider \$
8. Flexible Duration No Lapse Guarantee Rider
9. No Lapse Guarantee Rider
10. IRC 412(e)(3) Life Insurance Rider
11. Minimum Earnings Benefit Rider Years
12. Waiver of Charges (Check one):
Insured Owner Payor
13. \$
14. \$





ADDITIONAL POLICYOWNER (If more than one individual is named as policyowner, they will own policy as joint tenants with rights of survivorship unless otherwise stated.)

1. Policyowner is (Check one):  Corporation/Business (Also complete #4)  Individual  Partnership  Other  
 Qualified Plan  Trust (Also complete #3 & 4)  Parent/Guardian

2A. Name		B. Relationship to Proposed Insured(s)	
C. Address: Street	City	State	Zip Code
D. Date of Birth (mm/dd/yyyy)	E. Soc. Sec. # / Tax ID #	F. Telephone # (include area code)	
3A. Trustee Name(s)			B. Date of Trust (mm/dd/yyyy)
C. Does the trust agreement require all Trustees to sign? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, indicate who is required to sign in Remarks)			D. Total # of Trustees
4A. Authorized Representative's Name: First	MI	Last	B. Title

APPLICANT (The applicant is the party that applies for the policy. If other than Proposed Insured or Policyowner, also complete #2.)

1. Applicant is (Check one):  Proposed Insured  Policyowner  Corporation/Business  Other

2A. Applicant Name		B. Relationship to Proposed Insured(s)	
C. Authorized Representative's Name: First	MI	Last	D. Title

PRIMARY BENEFICIARY (If percentages are left blank, all named Primary Beneficiaries will share equally.)

1A. Name	B. % Share	C. Date of Birth (mm/dd/yyyy)
D. Relationship to Proposed Insured(s)	E. Soc. Sec. # / Tax ID #	F. Date of Trust (mm/dd/yyyy)

ADDITIONAL BENEFICIARY(IES) (Optional)

1A.  Primary  Contingent  Term Rider on \_\_\_\_\_

B. Name	C. % Share	D. Date of Birth (mm/dd/yyyy)
E. Relationship to Proposed Insured(s)	F. Soc. Sec. # / Tax ID #	G. Date of Trust (mm/dd/yyyy)
2A. <input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Term Rider on _____		
B. Name	C. % Share	D. Date of Birth (mm/dd/yyyy)
E. Relationship to Proposed Insured(s)	F. Soc. Sec. # / Tax ID #	G. Date of Trust (mm/dd/yyyy)

APPLICANT/POLICYOWNER REPRESENTATIONS OF INSURABLE INTEREST

As the Applicant and/or Policyowner, I represent that the Policyowner and Beneficiary have an insurable interest in the life of the Proposed Insured(s). (Applicable except where the Proposed Insured is both Applicant and Policyowner.)

CERTIFICATION OF POLICYOWNER'S TAXPAYER IDENTIFICATION NUMBER

Under penalties of perjury, I, the policyowner, certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined in the instructions in item 3 of the Certification on the official IRS Form W-9).

Note: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

TAX REPORTING ON DISTRIBUTIONS TO FOREIGN NATIONALS

While Pacific Life Insurance Company (Pacific Life) may provide tax information to various United States federal and state agencies regarding certain life insurance or annuity activity, Pacific Life does not as a matter of course provide such information to any foreign governmental agencies and does not anticipate doing so at this time. Nonetheless, Pacific Life's tax reporting does not in any way affect the obligations that its policyowners may have with respect to such foreign governmental agencies or under foreign law. Pacific Life does not provide tax or legal advice, and nothing contained herein should be construed as such.

GENERAL INFORMATION (Provide details in Remarks)	Proposed Insured		Additional Insured	
	YES	NO	YES	NO
1. Within the next 2 years do you plan to fly, or within the last 2 years have you flown, as a pilot, student pilot, or crewmember? (If Yes, complete the Aviation Questionnaire)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Within the next 2 years do you plan to participate in, or within the last 2 years have you participated in, parachute jumping, scuba diving, auto/motorboat/motorcycle racing, hang gliding, or mountain climbing? (If Yes, complete the Avocation Questionnaire)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you plan or expect to travel or reside outside the USA? (If Yes, complete the Travel Questionnaire)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you applied for any other life insurance within the last 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had life insurance declined, rated, modified, cancelled, or not renewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you been convicted of a felony within the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you had a driver's license restricted or revoked or been convicted of 3 or more moving violations within the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOBACCO USE INFORMATION (Complete if Proposed Insured and/or Proposed Additional Insured is age 20 and above)	YES	NO	YES	NO
1. Within the last 5 years, have you used or smoked tobacco and/or any other product containing nicotine in any quantity? (If Yes, check all that apply and indicate date when product was last used below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROPOSED INSURED'S INFORMATION		PROPOSED ADDITIONAL INSURED'S INFORMATION	
Type of Product (check all that apply)	Date last used (mm/yyyy)	Type of Product (check all that apply)	Date last used (mm/yyyy)
<input type="checkbox"/> Cigarettes		<input type="checkbox"/> Cigarettes	
<input type="checkbox"/> Cigars		<input type="checkbox"/> Cigars	
<input type="checkbox"/> Pipe		<input type="checkbox"/> Pipe	
<input type="checkbox"/> Chewing Tobacco		<input type="checkbox"/> Chewing Tobacco	
<input type="checkbox"/> Nicotine Patch		<input type="checkbox"/> Nicotine Patch	
<input type="checkbox"/> Nicotine Gum		<input type="checkbox"/> Nicotine Gum	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	

MEDICAL CERTIFICATION (Complete when submitting a medical examination from another life insurance company, if dated within the last 6 months. If circumstances warrant, a current exam may be required.)

1. The attached examination is on the life of (Use check boxes):

Proposed Insured	Additional Insured	Name of Insurance Company	Date of Exam (mm/yyyy)
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

	Proposed Insured		Additional Insured	
	YES	NO	YES	NO
2. To the best of your knowledge and belief, are the statements in the examination true as of today? (If No, explain in Remarks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the person who was examined consulted a doctor or other medical practitioner, or received medical or surgical advice since the date of the examination? (If Yes, explain in Remarks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS

**IN FORCE, PENDING, AND REPLACEMENT INFORMATION** (Certain states require replacement forms for in force policies even if a replacement is not intended.)

1. Is there any existing life insurance or annuity on any Proposed Insured(s)?  
 Yes    No   (If Yes, complete any applicable state replacement notice and submit with the application.)
2. Will the Pacific Life policy applied for replace, cause a change in, or involve a cash withdrawal or loan from or lapse of any life insurance policy or annuity on any Proposed Insured's life?  
 Yes    No   (If Yes, complete the applicable state replacement forms and submit with the application.)

3A. Complete the chart below for any **existing** life insurance or annuity:

	Policy/ Contract #	Company	Face Amount	Issue Year	Check All Applicable Boxes							
					Replace	1035 or Transfer Assets*	Life	Ann	Ind	Grp	Bus	Pers
<b>Primary Proposed Insured</b>												
<b>Additional Proposed Insured</b>												

\*Complete 1035 Exchange Absolute Assignment form or Transfer of Qualified Plan Assets Request

Complete #3B through #3D if answering Yes to #2 above:

3B. Is any existing policy being replaced a Modified Endowment Contract (MEC)?

- Yes (Provide policy number(s) in Remarks)    No    Unknown

Under federal tax rules, if any policy is received in exchange for a MEC, the new policy will also be a MEC. This rule applies whether or not the policies are issued by the same insurance company.

C. To the best of your knowledge is there a loan on any existing policy to be replaced?    Yes (Provide policy number(s) in Remarks)    No

D. If you answered Yes to #3C, do you want a new loan of equal value on this new policy?    Yes (Not available if current policy is a MEC)    No

4A. Do you have any application currently **pending**, or do you **plan to apply** for any new life insurance or annuity with any other company?

- Yes (Complete chart below)    No

Proposed Insured	Company	Face Amount	Purpose
<input type="checkbox"/> Primary <input type="checkbox"/> Additional			
<input type="checkbox"/> Primary <input type="checkbox"/> Additional			
<input type="checkbox"/> Primary <input type="checkbox"/> Additional			

4B. Does Applicant plan to accept any policy in the chart above in addition to the Pacific Life policy being applied for?

- Yes (Explain in Remarks)    No

C. If any application listed in the chart above is approved, will any replace, cause a change in, or involve a cash withdrawal or loan from or lapse of any life insurance policy or annuity on any Proposed Insured's life?    Yes (Explain in Remarks)    No

5. What is the total amount of coverage to be in force with all carriers when this policy and any other pending policies are placed in force?

\$ \_\_\_\_\_

REMARKS

OWNERSHIP TRANSFER INFORMATION

1A. Has any life insurance on any Proposed Insured ever been sold, assigned or transferred to a life settlement or viatical company or any other person or entity?  Yes (Complete 1B-F)  No

B. Name of Insurance Company C. Face Amount D. Date Policy Issued

E. Date Policy Sold, Assigned or Settled F. Reason

2. Do you plan to sell, assign or transfer this policy if issued to a life settlement or viatical company or any other person or entity?  Yes (Explain in Remarks)  No

PREMIUM FINANCING

1A. Have you entered into, or have you made plans to enter into, an arrangement to borrow current or future premiums, or both, in connection with this Application for Life Insurance?  Yes  No (If Yes, complete the Premium Financing Disclosure and Acknowledgement form and provide a copy of the loan term sheet.)

B. Name of lender C. Name of financing arrangement

D. How will the loan interest be paid? E. What is the type and amount of the collateral for this loan?

2A. Have you made plans to transfer this policy to a third party as repayment of any premium financing debt?  Yes (Give details below)  No

B. Details

PREMIUM BILLING METHODS

1. Billing Method (Check one):

- A.  Direct
B.  Monthly Bank Draft (Complete Authorization for Electronic Funds Transfer (EFT) form)
C.  Single Premium
D.  List Bill (Check one):

New List Bill  Add to Existing List Bill # (Do not complete #2): \_\_\_\_\_

The premium for this policy will be included in an itemized list provided to the payor and will constitute notice of premium due. Separate premium notices or other notices regarding premiums will not be sent to any other party.

2. Frequency of Payment for Direct and List Bill (Check one):

- A.  Annually B.  Semi-Annually C.  Quarterly D.  Monthly (Available with List Bill only)

PAYOR OF PREMIUMS

1. Payor of premium is (Check one):  Proposed Insured  Proposed Additional Insured  Primary Policyowner  Employer  Other

2. Complete payor's address information below if different (or not included) on pages 1 or 2.

A. Name B. Relationship to Proposed Insured(s)

C. Care of (if applicable)

D. Address: Street City State Zip Code

3. Source of Premium Payments:  Earned Income  Unearned Income  Savings  Gift  Inheritance  Business Income  Trust  Premium Financing  Other \_\_\_\_\_

REMARKS

TELEPHONE & ELECTRONIC AUTHORIZATION

As the Policyowner, I understand that Pacific Life will act upon my telephone and/or electronic instructions for all of the following requests, unless I have chosen to withhold my authorization by checking the box below.

Table with 2 columns: Variable Life Policies and Indexed Universal Life (IUL) Policies. Lists various policy actions like Transfer Between Investment Options, Change Future Premium Allocation Instructions, etc.

Pacific Life will use reasonable procedures to confirm that these requests 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.

I further understand and agree that telephone and/or electronic transfers and allocation changes will be subject to the policy's terms and conditions and Pacific Life's administrative requirements.

By checking NO, I withhold my authorization for such telephone and/or electronic requests. [ ] NO

AUTHORIZATION FOR APPOINTMENT (Optional)

As the Policyowner, I authorize and appoint the party listed below to act on my behalf for the following limited requests, including any telephone and/or electronic requests:

Table for appointee information with columns: Appointee's Name: First, MI, Last, Relationship to Policyowner (Producer, Other Party).

Check one:

- [ ] All Requests (listed in the Telephone & Electronic Authorization section)
[ ] All Requests (listed in the Telephone & Electronic Authorization section) except initiating Policy Loans

NON-VARIABLE LIFE PRODUCTS ILLUSTRATION ACKNOWLEDGEMENT

An illustration is defined as a presentation or depiction that includes non-guaranteed elements of a policy over a period of years. If an illustration was presented during the sale process and matches the policy applied for, a copy of that illustration must be signed and submitted to Pacific Life with the application. If the signed matching illustration is not submitted, indicate the reason (Check one):

- A. [ ] An illustration was not presented to me. (Not applicable in Michigan)
B. [ ] An illustration was presented to me; however, the policy applied for is different than as illustrated.

If A or B is checked, I acknowledge, as applicant, that I did not receive and sign an illustration that matches this application for the reason indicated above. I also understand that an illustration matching the policy as issued will be provided for my signature no later than at the time the policy is delivered.

REMARKS

**INDEXED UNIVERSAL LIFE INSURANCE - AUTOMATIC TRANSFERS AFTER PREMIUM PAYMENT AND/OR LOAN REPAYMENT (Required)** Percentages must be whole numbers. The sum of the percentages may be equal to or less than 100%.

These are my automatic transfer instructions. The amount\* in the Fixed Account to be transferred to the Indexed Account(s) selected below on the next transfer date.

- A. 1 Year Indexed Account \_\_\_\_\_% (100% Guaranteed Minimum Participation Rate, 0% Segment Guaranteed Interest Rate)
- B. 5 Year Indexed Account \_\_\_\_\_% (100% Guaranteed Minimum Participation Rate, 1% Segment Guaranteed Interest Rate)
- C. 5 Year Indexed Account 2 \_\_\_\_\_% (105% Guaranteed Minimum Participation Rate, 0% Segment Guaranteed Interest Rate)]
- D. By checking NO, I elect No Automatic Transfers (funds will remain in Fixed Account).       NO

\*The amount automatically transferred is the lesser of: 1) your selected transfer percentage multiplied by all premium payments and loan repayments paid since the last Transfer Date; and 2) the balance of the Fixed Account as of the applicable Transfer Date.

**INDEXED UNIVERSAL LIFE INSURANCE - SEGMENT MATURITY (Optional)** If not specified below, 100% of the value of the matured segment will be reallocated to the same Indexed Account and be applied to a new segment of the same type and duration. Percentages must be whole numbers.

These are my segment maturity automatic transfer instructions for the percentage of the Segment Maturity Value to be applied to a new Segment(s) in the Indexed Account(s) or Fixed Account.

[1 Year (Yr) Indexed Account (Acct) Segment Maturity Instructions	5 Year (Yr) Indexed Account (Acct) Segment Maturity Instructions	5 Year (Yr) Indexed Account (Acct) 2 Segment Maturity Instructions
A. Transfer _____ % to new 1 Yr Indexed Acct	E. Transfer _____ % to new 1 Yr Indexed Acct	I. Transfer _____ % to new 1 Yr Indexed Acct
B. Transfer _____ % to new 5 Yr Indexed Acct	F. Transfer _____ % to new 5 Yr Indexed Acct	J. Transfer _____ % to new 5 Yr Indexed Acct
C. Transfer _____ % to new 5 Yr Indexed Acct 2	G. Transfer _____ % to new 5 Yr Indexed Acct 2	K. Transfer _____ % to new 5 Yr Indexed Acct 2
D. Transfer _____ % to Fixed Account	H. Transfer _____ % to Fixed Account	L. Transfer _____ % to Fixed Account
<b>Total: _____ % MUST EQUAL 100%</b>	<b>Total: _____ % MUST EQUAL 100%</b>	<b>Total: _____ % MUST EQUAL 100%</b>

**INDEXED UNIVERSAL LIFE INSURANCE - RECURRING TRANSFER FROM THE FIXED ACCOUNT TO THE INDEXED ACCOUNT (Optional)** Only available if the Automatic Transfer is less than 100% and not available when the premium frequency is monthly.

By completing the section below, I'm requesting to establish a schedule of transfers from the Fixed Account Value to the Indexed Account(s) on each scheduled Transfer Date as indicated below. **Percentages must be whole numbers.** The first transfer will be effective on the next eligible Transfer Date which corresponds to the frequency selected.

1. **Objective** (Complete A or B):

- A. Deplete\* the value in the Fixed Account over \_\_\_\_\_ transfers

\* The amount transferred will be a proportionate amount of the Fixed Account Balance based on the number of transfers indicated. Any balance in the Fixed Account on the date of the last recurring transfer will be transferred to the Indexed Account(s).

- B. Transfer \$ \_\_\_\_\_ or \_\_\_\_\_% of the accumulated value in the Fixed Account for \_\_\_\_\_ transfers.

By checking YES, I authorize Pacific Life to deplete any remaining balance in the Fixed Account on the last transfer date.       YES

2. **Transfer the amount derived from #1 above to the accounts listed below:**

- [ \_\_\_\_\_% to the 1 Year Indexed Account
- \_\_\_\_\_ % to the 5 Year Indexed Account
- \_\_\_\_\_ % to the 5 Year Indexed Account 2]

**MUST TOTAL 100%**

3. **Frequency of transfers** (Check one):

- Monthly                       Quarterly                       Semi-Annually                       Annually

REMARKS

VARIABLE LIFE PRODUCTS PREMIUM ALLOCATION INSTRUCTIONS

1. Indicate how premiums are to be initially allocated (Check one):

- Premium Allocation (Complete #2 below)
- Portfolio Optimization or Portfolio Optimization Plus (Complete New Business Variable Life Optional Services form. Not available with Fixed Accounts, First Year Transfer, or Dollar Cost Averaging services.)

2. Indicate percentage amount that you want allocated into each of the investment options below. The total of the percentages must be 100%.

<u>Manager</u>	<u>%</u>	<u>Investment Option</u>	<u>Manager</u>	<u>%</u>	<u>Investment Option</u>
[Alger	_____	Small-Cap Growth	Jennison	_____	Health Sciences
AllianceBernstein	_____	International Value	Lazard	_____	LRS US Strategic Equity
Analytic/JPM	_____	Long/Short Large-Cap	Lazard	_____	Mid-Cap Equity
Batterymarch	_____	International Small-Cap	MFS	_____	International Large-Cap
BlackRock	_____	BlackRock Basic Value V.I. Fund III	MFS	_____	MFS VIT New Discovery SC
BlackRock	_____	BlackRock Global Allocation V.I. Fund III	MFS	_____	MFS VIT Utilities SC
BlackRock	_____	Equity Index	NACM	_____	Premier VIT NACM Small Cap
BlackRock	_____	Mid-Cap Value	NFJ	_____	Small-Cap Value
BlackRock	_____	Small-Cap Index	OppenheimerFunds	_____	Emerging Markets
Capital Guardian	_____	Diversified Research	OppenheimerFunds	_____	Main Street® Core
Capital Guardian	_____	Equity	OppenheimerFunds	_____	Multi-Strategy]
Capital Research	_____	American Funds® Asset Allocation	Pacific Life	_____	Fixed Account*
Capital Research	_____	American Funds® Growth	Pacific Life	_____	Fixed LT Account*
Capital Research	_____	American Funds® Growth Income	[PAM	_____	High Yield Bond
ClearBridge	_____	Large-Cap Value	PAM	_____	Money Market
ClearBridge	_____	LMPV Aggressive Growth II	PIMCO	_____	Inflation Managed
ClearBridge	_____	LMPV Mid Cap Core II	PIMCO	_____	Managed Bond
Columbia	_____	Technology	PLFA	_____	Pacific Dynamix-Conservative Growth
Fidelity®	_____	VIP Contrafund® SC2	PLFA	_____	Pacific Dynamix-Moderate Growth
Fidelity®	_____	VIP Freedom 2010 SC2	PLFA	_____	Pacific Dynamix-Growth
Fidelity®	_____	VIP Freedom 2015 SC2	T. Rowe Price	_____	T. Rowe Price Blue Chip Growth-II
Fidelity®	_____	VIP Freedom 2020 SC2	T. Rowe Price	_____	T. Rowe Price Equity Income-II
Fidelity®	_____	VIP Freedom 2025 SC2	UBS Global AM	_____	Large-Cap Growth
Fidelity®	_____	VIP Freedom 2030 SC2	Van Eck	_____	Van Eck Worldwide Hard Assets
Fidelity®	_____	VIP Freedom Inc SC2	Van Kampen	_____	Comstock
Fidelity®	_____	VIP Growth SC2	Van Kampen	_____	Mid-Cap Growth
Fidelity®	_____	VIP Mid-Cap SC2	Van Kampen	_____	Real Estate
Fidelity®	_____	VIP Value Strategies SC2	Vaughan Nelson	_____	Small-Cap Equity
Goldman Sachs	_____	Short Duration Bond	WAMCO	_____	Diversified Bond]
Highland	_____	Floating Rate Loan			
INTECH	_____	JAS Risk-Managed Core SS			
Janus	_____	JAS Enterprise SS			
Janus	_____	JAS Overseas SS			
Janus	_____	Focused 30			
Janus	_____	Growth LT			

Select Other Manager and Investment Option	%

Select Other Manager and Investment Option	%

MUST TOTAL 100% \_\_\_\_\_

\* The Fixed LT Account has less transfer liquidity and may credit a higher current rate of interest than the Fixed Account. Both fixed account options credit a fixed minimum guaranteed interest rate. The Fixed Accounts are not available for portfolio rebalancing. See the prospectus for details.

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**VARIABLE LIFE PRODUCTS – OTHER AVAILABLE SERVICES (Optional)**

- Portfolio Rebalancing (Complete New Business Variable Life Optional Services form. Not available with Fixed Accounts or Dollar Cost Averaging service.)
- First Year Transfer Service (To initiate this service, there must be Accumulated Value in the Fixed Account. Complete New Business Variable Life Optional Services form. Not available with Portfolio Optimization or Dollar Cost Averaging.)
- Dollar Cost Averaging (Complete Dollar Cost Averaging Request. Not available with Portfolio Optimization, Portfolio Rebalancing, or First Year Transfer services.)
- Electronic Information Consent (Complete New Business Variable Life Optional Services form for electronic delivery of prospectuses on CD-ROM.)

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**VARIABLE LIFE PRODUCTS ACKNOWLEDGMENT**

With respect to the purchase of this variable life insurance policy, by signing this application I, the applicant, acknowledge that:

- I understand that the amount and duration of the death benefit may vary, depending on the investment performance of the variable investment options.
- I understand that the policy values may increase or decrease, depending on the investment experience of the variable investment options.
- I have considered the liquidity needs, risk tolerance and investment time horizon in selecting the variable investment options.
- My registered representative provided me with a copy of the current prospectus for the variable life insurance policy I applied for, as well as current prospectuses for all variable insurance options I've selected on the application or any supplementary forms.

POLICY VALUES MAY INCREASE OR DECREASE, AND MAY EVEN BE REDUCED TO ZERO AND CAUSE THE POLICY TO LAPSE WITHOUT VALUE, DEPENDING ON THE EXPERIENCE OF THE VARIABLE INVESTMENT OPTIONS. THE DEATH BENEFIT MAY BE VARIABLE OR FIXED UNDER SPECIFIED CONDITIONS. A CURRENT ILLUSTRATION OF BENEFITS, INCLUDING DEATH BENEFITS AND HYPOTHETICAL CASH SURRENDER VALUES, IS AVAILABLE UPON REQUEST.

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**VARIABLE LIFE PRODUCTS ILLUSTRATION DISCLOSURE**

I, the applicant, understand that I have applied for and/or purchased a variable universal life insurance policy from Pacific Life. I understand the following about variable universal life insurance and variable universal life insurance illustrations:

- Policy illustrations demonstrate the workings of a policy over time. Policy illustrations are presentations of non-guaranteed policy values over a period of years, based on assumptions of future investment results and assumptions as to what policy charges and credits will then be in effect. The hypothetical investment rates used in illustrations are illustrative only and should not be deemed to represent past or future investment results.
- In addition to investment results, future policy values depend on policy charges and credits. These charges and credits are determined by and may be adjusted by Pacific Life subject to contractual guarantees.
- Future policy values are also dependent on the amount and timing of premium payments, withdrawals and loans. Policy cash values may be more or less than premiums paid.
- The actual performance of the policy is likely to vary from the illustration as actual investment results and future policy charges and credits are either more or less favorable than illustrated. Such changes are likely to change the amount or number of required premiums to meet the original goals.
- The illustration may be based on policy options that require future action. Consult with your representatives to determine which (if any) illustrated policy options require future action.
- Pacific Life does not offer legal advice regarding state and federal tax laws pertaining to life insurance.

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**REMARKS**

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PROPOSED INSURED'S CONSENT FOR EMPLOYER OWNED INSURANCE (Applicable only if the employer or employer-controlled trust is to be the policyowner)

As the Proposed Insured, I acknowledge and understand that (i) my employer (the "Employer"), or a trust established by my employer (the "Trust"), is involved in this Application for Life Insurance insuring my life ("Life Insurance Coverage"), (ii) the Employer or the Trust will have an interest as policyowner and/or beneficiary of the Life Insurance Coverage as reflected in this Application, and (iii) both I and my heirs may have no right or interest in or to the Life Insurance Coverage and its proceeds.

I (i) consent to the issuance of the Life Insurance Coverage as requested in this Application; (ii) acknowledge that the Life Insurance Coverage may continue after the termination of my employment with the Employer; (iii) acknowledge that my Employer has notified me in writing of the maximum life insurance face amount for which my Employer may seek Life Insurance Coverage insuring my life; and (iv) acknowledge that Pacific Life will not necessarily issue a policy at this maximum life insurance face amount.

My consent to this insurance has not been obtained by coercion of my Employer or its representatives or agents, whether express or implied. By signing this application, I am consenting to the Employer's and/or Trust's future face amount increases with respect to the policy issued in connection with this consent. However, should such face amount increases result in a face amount that exceeds the maximum life insurance face amount described above, my Employer may need to obtain additional written consent from me in order to comply with IRC section 101(j).

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EMPLOYER ACKNOWLEDGEMENT REGARDING THE POTENTIAL TAXATION OF DEATH BENEFITS

I acknowledge and understand: (i) the potential significance of IRC section 101(j); and (ii) that, if IRC section 101(j) applies, the policy(s) death benefit may be income taxable unless I, as employer, have satisfied the conditions of IRC Section 101(j); and (iii) that Pacific Life and its Producers are not authorized to provide tax or legal advice and that I must look to my independent tax and legal advisors for current information regarding this and other laws that may impact me and my life insurance policies.

I understand that it remains the employer's responsibility to ensure both current and ongoing compliance with the requirements of IRC sections 101(j) and 6039I, including appropriate annual IRS filings.

By signing this application, I acknowledge my understanding of this information, and that I have obtained or will obtain from my independent tax and legal advisors whatever advice I deem necessary or appropriate concerning the taxation of my life insurance policies.

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DECLARATIONS

The answers provided in this application are true and complete to the best of my knowledge and belief. I understand and agree that:

1. (NOT APPLICABLE IN WEST VIRGINIA) Acceptance of a life insurance policy will be ratification of any administrative change with respect to such policy made by Pacific Life as indicated under the title Endorsement, where permitted by state law. All other changes made to the application or policy by Pacific Life will be indicated on an Amendment to Application form that must be signed by all applicable parties, prior to or at the time of delivery of this policy.
2. (APPLICABLE ONLY IF THE EMPLOYER OR AN EMPLOYER-CONTROLLED TRUST IS TO BE THE POLICYOWNER OF THIS POLICY) If insurance is being applied for on the life of any non-exempt employee, then such insurance is not prohibited by applicable state law.
3. 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 Producer, whose name appears in the Producer Certification section, the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act.
4. Except as provided in the terms or conditions of any Temporary Insurance Agreement (TIA) that I may have received in connection with this application, coverage will take effect when the policy is delivered and the entire first premium is paid only if at that time each Proposed Insured is alive, and all answers in this application that are material to the risk are still true and complete.
5. If I have given money with the application and received a TIA and if the coverage amount of the application exceeds the TIA coverage limits, I understand that if the Proposed Insured(s) die(s) before a policy is delivered, the death benefit will be limited to the TIA coverage limit.
6. I must inform the Producer or Pacific Life Insurance Company in writing of any changes in the health of any Proposed Insured(s) or if any of the statements or answers on this application change prior to delivery of the policy.
7. My statements and answers in this application must continue to be true as of the date I receive the policy.

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NEW BUSINESS DATE STAMP (For Internal Use Only)

DECLARATIONS (Continued)

- 8. No Producer is authorized to make or change contracts or insurance policies on the behalf of Pacific Life and no Producer may alter the terms of this application, the TIA, or the policy, nor does the Producer have the authority to waive any of Pacific Life's rights or requirements.
- 9. No representation is made that, based on information provided in the application, a particular premium rate, risk category or class will be offered to me. I will review my policy and ask the Producer or the Company about the specific premium and risk class referenced in my policy.
- 10. The policy(ies) as applied for in this application will meet my insurance needs and financial objectives based in part upon my age, income, net worth, tax and family status, and any existing insurance policies I own.
- 11. If this application is for a product with an equity indexed feature, I ACKNOWLEDGE that: I am applying for a product with an equity indexed feature, for which the crediting for the indexed account tracks the gains and the losses of an outside financial index, subject to a growth cap and floor. I further understand that, while the values of the policy may be determined in part, by reference to an external index, the equity indexed feature does not directly participate in any stock or equity investments and values shown to me, other than the minimum values, are not guarantees, promises, or warranties.
- 12. THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE MY CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

SIGNATURES

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance 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. (Not applicable in Oregon.)

If you are signing on behalf of an entity, you represent that you are authorized to execute this document and to make the representations herein. If the entity is a Corporation, you further represent that all requirements under applicable law and under the Corporation's governing documents have been satisfied concerning the execution of this document, including the use of the corporate seal and number of signing officers.

If Proposed Insured or Policyowner is under age 16, a signature of parent/guardian is required in place of the minor's signature.

SIGNED BY APPLICANT IN:

APPLICANT SIGNED AND DATED ON:

<b>City</b>	<b>State</b>
-------------	--------------

<b>Date</b> (mm/dd/yyyy)
--------------------------



X  
Proposed Insured's Signature



X  
Proposed Additional Insured's Signature, if applicable



X  
Policyowner's Signature, if other than Proposed Insured, and include Title, if Corporation, Trust, or Business Entity



X  
Additional Policyowner's Signature & Title, if applicable



X  
Applicant's Signature, if other than Proposed Insured and/or Policyowner, and include Title, if Corporation, Trust or Business Entity

THE APPLICANT IS THE PARTY THAT APPLIES FOR THE POLICY.

PRODUCER'S CERTIFICATION

I certify that I have truly and accurately recorded the information supplied in the application and any supplements, if required.



X  
Soliciting Producer's Signature

<b>Soliciting Producer's Name: First MI Last</b> (print)
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SERFF Tracking Number: PALD-126252454 State: Arkansas  
 Filing Company: Pacific Life Insurance Company State Tracking Number: 43236  
 Company Tracking Number: A10IUW  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: A10IUW  
 Project Name/Number: A10IUW/A10IUW

## Supporting Document Schedules

	Item Status:	Status Date:
<p><b>Satisfied - Item:</b> Flesch Certification  <b>Comments:</b>  <b>Attachments:</b>            AR Reg 19 Cert of Compliance.pdf            AR1GuarAssocNote.pdf            Readability Certification.pdf</p>		
<p><b>Bypassed - Item:</b> Application  <b>Bypass Reason:</b> N/A - This is an application filing  <b>Comments:</b></p>		
<p><b>Satisfied - Item:</b> Application Package  <b>Comments:</b>            These forms are a part of the "Application package"; that is, they are always included with the application when it is being completed by the Producer and applicant. They are not filed for approval, however, because they do not become a part of the contract. I have included them here since they include information that you may want to reference, including the Producers replacement question, the applicants authorization form and the disclosure document discussing MIB, Inc. and the sharing of information.</p> <p><b>Attachments:</b>            A10RPT.pdf            A09AUT1.pdf            A09DIS1.pdf</p>		
<p><b>Satisfied - Item:</b> Statement of Variability</p>		

*SERFF Tracking Number:*      *PALD-126252454*                      *State:*                      *Arkansas*  
*Filing Company:*              *Pacific Life Insurance Company*                      *State Tracking Number:*      *43236*  
*Company Tracking Number:*      *A10IUW*  
*TOI:*                      *L08 Life - Other*                      *Sub-TOI:*                      *L08.000 Life - Other*  
*Product Name:*              *A10IUW*  
*Project Name/Number:*      *A10IUW/A10IUW*

**Comments:**

**Attachment:**

Statement of Variability.pdf

**PACIFIC LIFE INSURANCE COMPANY**  
700 Newport Center Drive, Newport Beach, California 92660

**STATE OF ARKANSAS**

**CERTIFICATION OF COMPLIANCE**

**RE:** A10IUW

I hereby certify that to the best of my knowledge and belief, the above forms and their submission comply with Regulation 19, as well as the other laws and regulations of the State of Arkansas.

Signed for the Company at Newport Beach, California on August 14, 2004



SIGNATURE

THOMAS S. BEADLESTON

NAME

VICE PRESIDENT

TITLE

**Contact Person:**

Jill Klinger-Dease  
Compliance Analyst, Product Compliance, 800-800-6416, extension 3618

(Arkansas)

## **LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND DISABILITY INSURANCE GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or disability insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Disability Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

### **DISCLAIMER**

The Arkansas Life and Disability Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Disability Insurance Guaranty Association  
c/o The Liquidation Division  
1200 West Third Street (Third & Cross)  
Little Rock, Arkansas 72201-1904

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

The state law that provides for this safety net is called the Arkansas Life and Disability Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

### **COVERAGE**

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or disability insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

### **EXCLUSIONS FROM COVERAGE**

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

## **LIMITS ON AMOUNT OF COVERAGE**

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$100,000 in health insurance benefits, \$100,000 in present value of annuity benefits, or \$100,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

## READABILITY CERTIFICATION

Form Filing for: **Pacific Life Insurance Company**

Policy Form Number(s): A10IUW

Form Name(s): Application for Life Insurance

Flesch Score(s): 50.2

(Flesch test was made for entire form, not for selected samples.)

Test type: 10 point

I certify that in my judgment this filing is:

- READABLE (simple sentence structure – shortness of sentences – use of common words – avoidance of legal and technical terms to greatest possible extent and defining of those terms which cannot be avoided – minimum of cross-references).
- LEGIBLE (ample type size for text with contrasting type for headings and subheadings – ample space between lines – ample white space in margins and between section – ample ink-to-paper contrast).
- IN LOGICAL ORDER AND FORMAT (table of contents or index included – sections and subsections self-contained and arranged in logical flow – extensive use of headings and subheadings to facilitate location of particular items – outline form used where desirable for clarity).

I believe this filing:

- Meets or exceeds the requirements of the policy readability legislation already enacted in numerous states; and
- Meets or exceeds the requirements of the NAIC Model Bill on language simplification.

Signed for the Company at Newport Beach, California on

August 4, 2009



\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
THOMAS S. BEADLESTON

NAME

\_\_\_\_\_  
VICE PRESIDENT

TITLE

**PACIFIC LIFE INSURANCE COMPANY**

[Life Insurance Operations Center  
P.O. Box 2030 • Omaha, NE 68103-2030  
(800) 347-7787 • Fax (866) 964-4860  
www.PacificLife.com]



**PACIFIC LIFE**

**PRODUCER REPORT**

Proposed Insured's Name: First	MI	Last	Date of Birth (mm/dd/yyyy)
Proposed Additional Insured's Name: First	MI	Last (if applicable)	Date of Birth (mm/dd/yyyy)

SOLICITATION INFORMATION (To be answered by Soliciting Producer. Explain all "Yes" answers in Remarks section unless instructed otherwise.)

1. Did you personally meet with all parties who have signed this application and ask the appropriate parties all applicable questions in this application?  
 Yes  No (If No, explain in Remarks Section)

2. Indicate the form of valid identification used to confirm the identity of each person signing this application. (Check all that apply)

Individual Person	Non-Individual Entity
<input type="checkbox"/> Driver's License <input type="checkbox"/> Government Issued Photo ID <input type="checkbox"/> Passport <input type="checkbox"/> _____	<input type="checkbox"/> Business License <input type="checkbox"/> Certified Articles of Incorporation <input type="checkbox"/> Partnership Agreement <input type="checkbox"/> Trust Document <input type="checkbox"/> _____

3. Has the Proposed Insured/Additional Insured changed his/her name during the past 5 years?  
 Yes (Give former name(s) and reason for change below)  No

4. This life insurance application is being purchased for:

Personal Insurance	Business Insurance		
	Non-Qualified	Qualified	
<input type="checkbox"/> Charitable Planning <input type="checkbox"/> Education Funding <input type="checkbox"/> Estate Planning <input type="checkbox"/> Income Replacement <input type="checkbox"/> Other _____	<input type="checkbox"/> Buy-Sell <input type="checkbox"/> Deferred Compensation <input type="checkbox"/> Executive Compensation _____ (Indicate type)	<input type="checkbox"/> Key Person <input type="checkbox"/> Section 79: # of Participants _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Defined Benefit Plan <input type="checkbox"/> Profit Sharing <input type="checkbox"/> 412(e)(3) <input type="checkbox"/> Other _____

		<b>YES</b>	<b>NO</b>
5. Are you aware of any information not given in the application that might affect the insurability of the Proposed Insured(s)?	<input type="checkbox"/>		<input type="checkbox"/>
6. Certain states require replacement forms for any in force policies even if a replacement is not intended.	<input type="checkbox"/>		<input type="checkbox"/>
A. Is there any existing or pending life insurance or annuity on any Proposed Insured?	<input type="checkbox"/>		<input type="checkbox"/>
B. To the best of your knowledge, will the policy applied for replace, cause a change in, or involve a cash withdrawal or loan from or lapse of any life insurance policy or annuity on any Proposed Insured's life or in any life insurance or annuity owned by the Applicant, or is the policyowner considering using funds from existing policies to pay premiums on the new policy?	<input type="checkbox"/>		<input type="checkbox"/>
C. I have discussed the appropriateness of replacement, and followed applicable state laws, Pacific Life's written replacement guidelines and, if applicable, I have complied with the replacement requirements of my broker-dealer. (If No, explain in Remarks Section)	<input type="checkbox"/>		<input type="checkbox"/>
7. Have plans been made that any other party (including a Life Settlement and/or Viatical Company), other than the policyowner, will obtain any right, title or interest in any policy issued on the life of the Proposed Insured(s) as a result of this application?	<input type="checkbox"/>		<input type="checkbox"/>
8. Check appropriate items that have been ordered:			
<input type="checkbox"/> Paramedical Exam	<input type="checkbox"/> Medical Exam	<input type="checkbox"/> APS _____	
<input type="checkbox"/> Blood Profile	<input type="checkbox"/> EKG		Facility/Physician Name
<input type="checkbox"/> H.O. Specimen	<input type="checkbox"/> Inspection Report	<input type="checkbox"/> APS _____	
			Facility/Physician Name

REMARKS

**BUSINESS INSURANCE INFORMATION (Complete if applying for business insurance)**

1. Type of business:  Corporation  Partnership  Sole Proprietorship  Other: \_\_\_\_\_

2A. Total Business Assets \$	2B. Total Business Liabilities \$	2C. Total Business Net Worth \$
---------------------------------	--------------------------------------	------------------------------------

3A. Net Income (Profit) for the past 2 years: Last Year: \$ \_\_\_\_\_ Previous Year \$ \_\_\_\_\_

4. List the business insurance in force and applied for on each corporate officer, key person or partner. If none, explain in Remarks.

Name	Title or Position	Percentage of Business Owned	Amount In Force	Amount Applied For
			\$	\$
			\$	\$
			\$	\$
			\$	\$

5. If any officer, partner or key person is not proportionately insured, explain below.

**JUVENILE/DEPENDENT INSURANCE INFORMATION (Complete if the Proposed Insured is under age 16 or a dependent of any age.)**

1. Did you personally observe the Proposed Insured?  Yes  No (If No, explain in Remarks)

**PERSON SUPPORTING PROPOSED INSURED**

2A. Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

B. Relationship to Proposed Insured \_\_\_\_\_

C. Estimated annual income \$ \_\_\_\_\_

D. Estimated net worth \$ \_\_\_\_\_

E. Estimated amount of life insurance \$ \_\_\_\_\_

**INFORMATION ON OTHER FAMILY MEMBERS/RELATIONSHIPS**

3. Indicate how much life insurance is in force with all companies for each of the following unless completed above:

A. Father \$	B. Mother \$	C. Policyowner \$	D. Guardian (if applicable) \$
E. Sibling 1 Age _____ Amount \$	F. Sibling 2 Age _____ Amount \$		
G. Sibling 3 Age _____ Amount \$	H. Sibling 4 Age _____ Amount \$		

I. Are all siblings insured or being insured for a like amount?  Yes  No (If No, explain in Remarks)

REMARKS

PRODUCER COMMISSION INFORMATION (If more than three Producers, use Remarks)

SERVICING PRODUCER'S INFORMATION

Name: First MI Last Soc. Sec. # / Tax ID #
E-mail Address Telephone # (include area code) Fax # (include area code)
RLO or PL Servicing Office # Producer Code Commission % Commission Payout Choice\* (check one)
A B

ADDITIONAL PRODUCER

Name: First MI Last Soc. Sec. # / Tax ID #
E-mail Address Telephone # (include area code) Fax # (include area code)
RLO or PL Servicing Office # Producer Code Commission % Commission Payout Choice\* (check one)
A B

ADDITIONAL PRODUCER

Name: First MI Last Soc. Sec. # / Tax ID #
E-mail Address Telephone # (include area code) Fax # (include area code)
RLO or PL Servicing Office # Producer Code Commission % Commission Payout Choice\* (check one)
A B

\*Commission Payout Choice A is not available on all products. If no choice is indicated, commission payout choice B will be applied unless your broker-dealer has pre-selected a different payout choice. Please verify with your broker-dealer to ensure correct choice is indicated.

BROKER-DEALER INFORMATION

Broker-Dealer Name:
Name of Office Contact: Broker-Dealer Client Account # (if available)

SOLICITING PRODUCER'S CERTIFICATION

I certify that to the best of my knowledge and belief:

- 1. I have presented to the Company all pertinent facts and have correctly and completely recorded all required answers.
2. I have given the Proposed Insured(s) (or Parent for Juvenile insurance) a copy of the Disclosure Notice, and any other disclosure notice, statement or information required by state or federal law.
3. If applicable, I have fully explained the terms and conditions of the Temporary Insurance Agreement to all parties and I have provided a copy to all parties.
4. I have complied with all applicable state and/or federal laws in the recommendation and/or sale of this policy. I have also complied with Pacific Life's procedures on cost comparison, illustration, and replacement.
5. I have reviewed this Application, and have determined that its proposed purchase is suitable as required under law, based in part upon information provided by the Applicant, Policyowner and Proposed Insured, as applicable, including age, income, net worth, tax and family status, and any existing insurance program. If the policy applied for is a variable life insurance policy, I further certify that I have also considered the Policyowner's liquidity needs, risk tolerance, and investment time horizon, and followed my broker-dealer's suitability guidelines in both the recommendation of this policy, and the choice of investment options.
6. Only sales materials provided or otherwise approved by Pacific Life were used in the sales process and copies of all sales material were left with the applicant.
7. I am appropriately state licensed and appointed in all jurisdictions in which sales activity (including solicitation, obtaining application signatures, and policy delivery) related to this application has taken or will take place.
8. If any person 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.

Signed and Dated by the Soliciting Producer on: (mm/dd/yyyy)



X

Soliciting Producer's Signature

MUST MATCH THE SOLICITING PRODUCER ON THE APPLICATION'S SIGNATURE PAGE.

ADDITIONAL PRODUCER'S CERTIFICATION (Required if personally meeting with the client during solicitation or policy delivery.)

I am appropriately state licensed and appointed in all jurisdictions in which sales activity (including solicitation, obtaining application signatures, and policy delivery) related to this application has taken or will take place.

Signed and Dated by the Additional Producer(s) on: (mm/dd/yyyy)



X

Additional Producer's Signature



X

Additional Producer's Signature

**PACIFIC LIFE INSURANCE COMPANY**

Life Insurance Operations Center  
P.O. Box 2030 • Omaha, NE 68103-2030  
(800) 347-7787 • Fax (866) 964-4860  
www.PacificLife.com



**PACIFIC LIFE**

**AUTHORIZATION TO OBTAIN INFORMATION**

This authorization complies with HIPAA Privacy Rules

PROPOSED INSURED'S INFORMATION					
<b>Proposed Insured's Name: First</b>	<b>MI</b>	<b>Last</b>		<b>Date of Birth (mm/dd/yyyy)</b>	<b>Place of Birth (state/country)</b>
<b>Proposed Additional Insured's Name: First</b>	<b>MI</b>	<b>Last</b>	(if applicable)	<b>Date of Birth (mm/dd/yyyy)</b>	<b>Place of Birth (state/country)</b>

I authorize any physician, health care professional, medical practitioner, other health care provider, hospital, clinic, laboratory, pharmacy, medical facility, other medical or medically related facility, insurance company, health plan, MIB, Inc., consumer reporting agency, state motor vehicle agency, or employer to release to Pacific Life Insurance Company ("PL") its subsidiaries, reinsurers, employees and representatives, any information they may have in their possession or under their control as to the diagnosis, treatment, prognosis of any physical or mental condition, human immunodeficiency virus (HIV) infection, sexually transmitted diseases, treatment of mental illness, and the use of tobacco, and any non-medical information, including finances, avocations, occupation, foreign travel, and driving record for me and any minor children who are to be insured. Although Federal Regulation protects information related to drug or alcohol abuse from disclosure, I give permission to collect this information. This authorization is not affected or limited by any prior agreements I may have made with any of the above persons or entities to restrict the release of such information, and I instruct them to release and disclose all such information without restriction.

I understand that the reason for releasing such information under this authorization is to determine eligibility for insurance and that such information will not be released to any person or organization except a reinsurer, MIB, Inc., and other persons or organizations performing business or legal services in connection with my application, or as may be otherwise required by law, or as I may further authorize. I understand that I may revoke this authorization at any time by sending a written revocation request to Pacific Life Insurance Company at: P. O. Box 2030, Omaha, NE 68103-2030. Such a revocation will not affect any action taken or information released prior to the revocation, and will not affect any legal right Pacific Life has to contest an insurance policy/certificate, or to contest a claim under an insurance policy/certificate. I understand that if I revoke this authorization, Pacific Life may not be able to process my application, and may not be able to make any benefit payments due under any existing policy, certificate, or other binding agreement.

This authorization shall remain in force for 24 months after the date of my signature below, and a copy of this authorization is as valid as the original. I understand that once any such health-related information is released pursuant to this authorization, that information may be redisclosed and will no longer be covered or protected by the HIPAA rules governing privacy and confidentiality of health information.

I acknowledge that I have received the disclosure notice and a copy of this authorization.

**SIGNATURES**

Signed and Dated by the Insured(s) in: \_\_\_\_\_  
City State Date (mm/dd/yyyy)



**X**  
\_\_\_\_\_  
**Proposed Insured's Signature** (or parent/guardian if under age 16)



**X**  
\_\_\_\_\_  
**Proposed Additional Insured's Signature** (or parent/guardian if under age 16)

**PACIFIC LIFE INSURANCE COMPANY**

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**DISCLOSURE NOTICE****DETACH AND LEAVE WITH PROPOSED INSURED(S)**

This brief description of our underwriting process is designed to help you to understand how an application for life insurance is handled, the types and sources of information we may collect about you, the circumstances under which we may disclose that information to others and your right, or your authorized representative's right, to learn the nature and substance of that information upon written request. The purpose of the underwriting process is to make sure you qualify for life insurance under the rules of Pacific Life Insurance Company (PL), and assuming you do, establish the proper premium charge for that insurance. The goal of the underwriting process is to have the cost of insurance distributed equitably among all policyowners, so that each individual pays his or her fair share. To determine your insurability, we must consider such factors as your medical history, physical condition, occupation, and hazardous avocations. We get this information from various sources.

**Application and Medical Records** – Your application, including the medical history, is the primary source of information in the evaluation process. In addition, we may ask you to take a physical examination or other special test such as an electrocardiogram. We may also ask for a report from your doctor or hospital, another insurance company, or the Medical Information Bureau, Inc. When we do so, we will use the Authorization To Obtain Information that you signed.

**Medical Information Bureau, Inc. (MIB)** – is a non-profit corporation, which operates an information exchange on behalf of member life insurance companies. As a member company, we will ask the MIB if it has a record concerning you. If you previously applied to a member company for insurance, MIB may have information about you in its file. The purpose of the MIB is to protect member companies, their policyowners, and insureds from those who would conceal significant facts relevant to their insurability. The information, which is obtained from MIB, may be used only as an alert to the possible need for further independent investigation. It cannot be used as a basis to make a final underwriting decision. Information regarding your insurability will be treated as confidential. PL, its subsidiaries, or its reinsurer(s) may, however, make a brief report to the MIB. If you later apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the MIB, upon request, will supply the company with the information it may have about you in its file. PL, its subsidiaries, or its reinsurer(s) may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. At your request, or your authorized representative's request, the MIB will arrange disclosure of any information it may have about you in its file. If you question the accuracy of information on file, you may contact the MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the information office of MIB, Inc., is [50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734]. Their telephone number is [(866) 692-6901].

**Investigative Consumer Report** – As part of our underwriting procedure, we may request an investigative consumer report from a consumer reporting agency. A consumer report confirms and supplements the information on your application pertaining to employment and residence verification, smoking habits, marital status, occupation, hazardous avocations, and general health. This report may also cover information concerning your general reputation, personal characteristics, and mode of living (**except as may be related directly or indirectly to your sexual orientation**) including drug and alcohol use, motor vehicle driving record, and any criminal activity. This information may be obtained through personal interviews with you, your family, friends, neighbors, and business associates. If a report is required and you wish to be personally interviewed, please let us know and we will notify the consumer reporting agency. The information contained in the report may be retained by the consumer reporting agency and subsequently disclosed to other companies to the extent permitted by the Fair Credit Reporting Act. Investigative consumer reports are held in strict confidence and used only to evaluate your application on a fair and equitable basis. You have a right to inspect and obtain a copy of the report from the consumer reporting agency.

**DISCLOSURE TO OTHERS**

Personal information obtained about you during the underwriting process and at other times is confidential and will not be disclosed to other persons or organizations without your written authorization except to the extent necessary for the conduct of our business and only to the extent permitted by applicable state law. Examples of situations where we may share information about you are as follows:

- The Producer may retain a copy of your application, and after a policy is issued will have access to ongoing policy information in order to better serve your needs.
- If reinsurance is required, the reinsurance company would have access to our application file.
- We may release information to another life insurance company to whom you have applied for life or health insurance or to whom you have submitted a claim for benefits, if you have authorized it to obtain such information.
- As stated earlier, we may report information to the Medical Information Bureau, Inc.
- We will disclose information to government regulatory officials, law enforcement authorities, and others where required by law.

**DISCLOSURE TO YOU**

In general, you have a right to learn the nature and substance of any personal information about you in our file upon written request. Whenever an adverse underwriting decision is made, we will notify you of the reason(s) for the decision and the source of the information upon which our action is based. Medical record information, however, will normally be given only to a licensed physician of your choice. Please refer to the section on MIB, Inc., for that organization's disclosure procedure. Should you feel that any information we have is inaccurate or incomplete, please write to: Manager, New Business Services, PL Insurance Company, [P.O. Box 2030, Omaha, NE 68103-2030]. Your comments will be carefully considered and corrections made where justified. We hope this Notice will help you to understand how we obtain and use personal information in the underwriting process, and the ways you can learn about this information. We are concerned with insuring privacy as well as lives, and the collection, use, and disclosure of personal information is limited to those specified in this Notice.

Statement of Variability  
A10IUW

<b>Page</b>	<b>Current Content</b>	<b>Future Content</b>
1	Current company mailing address	Future company mailing address
1	Current primary insured term riders available	Future primary insured term riders available
1	Current optional benefits available	Future optional benefits available
8	Current indexed accounts available	Future indexed accounts available
9	Current Fund Managers and Fund Names available	Future Fund Managers and Fund Names available