

SERFF Tracking Number: PALD-126433329 State: Arkansas  
Filing Company: Pacific Life Insurance Company State Tracking Number: 44443  
Company Tracking Number: E09VUL  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: E09VUL  
Project Name/Number: E09VUL/E09VUL

## Filing at a Glance

Company: Pacific Life Insurance Company

Product Name: E09VUL

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: PALD-126433329 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 44443

Co Tr Num: E09VUL

State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Jill Dease

Disposition Date: 01/05/2010

Date Submitted: 12/31/2009

Disposition Status: Approved-  
Closed

Implementation Date:

Implementation Date Requested: 03/01/2010

State Filing Description:

## General Information

Project Name: E09VUL

Project Number: E09VUL

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/05/2010

Deemer Date:

Submitted By: Jill Dease

Filing Description:

December 30, 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: 01/05/2010

Created By: Jill Dease

Corresponding Filing Tracking Number:  
E09VUL

Mr. John Shields

Policy Form Filings, Life

Arkansas Department of Insurance

1200 W. Third Street

Little Rock, AR 72201-1904

<i>SERFF Tracking Number:</i>	<i>PALD-126433329</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pacific Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44443</i>
<i>Company Tracking Number:</i>	<i>E09VUL</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>E09VUL</i>		
<i>Project Name/Number:</i>	<i>E09VUL/E09VUL</i>		

Re: Form E09VUL, Premium Allocation Endorsement  
Form E09SE5, Loan Endorsement

Dear Mr. Shields:

We are submitting the above referenced individual (non-group) life insurance forms in final print for your approval. These are new forms which do not replace any previously approved forms. This filing is being submitted in Nebraska, our state of domicile, as well as in all other states where Pacific Life is licensed, and where such filing is required. The endorsement changes may be inserted into the affected policy forms on reprint. Endorsement E09VUL delays transfer of the initial premium until 15 days after issue for any newly issued Variable Universal Life (VUL) policies that provide for return of premium on exercise of the free look right under the policy to reduce the company's investment risk during the free look period. Endorsement E09SE5 makes needed technical clarifications for loan processing. It will be used with the following recently filed VUL policies (none of these policies have been issued thus far):

- Policy P09SE5, approved 9/16/09
- Policy P09MVP, approved 9/16/09

The following pertain to this submission:

- Issue Ages depend on the product to which each endorsement is attached.
- Any required certification forms are included.
- Actuarial Memorandum is not included because the endorsements do not add any benefits, and thus do not change the actuarial memorandums of the products that the endorsements will be used with.
- Since these will be used only with variable products, they are exempt from the readability requirements, and thus no readability information is provided.
- The forms will be marketed through licensed producers.
- The target release is 3/1/10, or upon approval.
- The forms will be used primarily with application #A09IUW2, approved on 9/16/09.
- If a filing fee is required, it is handled in the usual manner.
- For those states that have adopted the NAIC Model Illustration Regulation, please note that this filing is exempt from the requirements of the regulation (Illustrations Actuary's Certification, etc.) since the referenced forms are endorsements, not policies, and are used only with VUL policy forms.

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 [jill.dease@pacificlife.com](mailto:jill.dease@pacificlife.com) or (800) 800-7681, ext. 7081.

Sincerely,

SERFF Tracking Number: PALD-126433329 State: Arkansas  
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Jill Dease  
 Sr. Compliance Analyst, Product Compliance, Life Division

## Company and Contact

### Filing Contact Information

Jill Dease, Compliance Analyst Jill.Klinger@pacificlife.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: \$40.00  
 Retaliatory? No  
 Fee Explanation: \$20.00 per form when no policy is attached  
 2 Forms = \$40.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pacific Life Insurance Company	\$40.00	12/31/2009	33206757

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/05/2010	01/05/2010

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## Disposition

Disposition Date: 01/05/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		Yes
Form	Premium Allocation Endorsement		Yes
Form	Loan Endorsement		Yes

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## Form Schedule

Lead Form Number: E09VUL

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	E09VUL	Policy/Cont Premium Allocation ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	E09VUL.pdf
	E09SE5	Policy/Cont Loan Endorsement ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	E09SE5.pdf

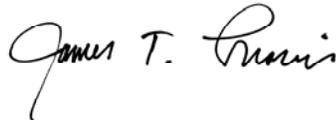
## PREMIUM ALLOCATION ENDORSEMENT

This endorsement modifies the policy to which it is attached ("Policy"). The Premium Allocation provision is hereby replaced by the following:

**Premium Allocation** – Any Net Premium we receive before your policy has been placed In Force will be allocated to the Money Market Variable Account. When all outstanding requirements to place your policy In Force have been satisfied, the Accumulated Value in the Money Market Variable Account will be transferred to the Investment Options according to the most recent premium allocation instructions we have received from you, provided that if the Policy provides for a full refund of premium upon exercise of the Free Look Right, as described on the cover of this Policy, then transfer to the Investment Options will not occur until 15 days after the policy is issued. Any Net Premium we receive after your policy has been placed In Force and after the initial transfer to the Investment Options described above will be allocated to the Investment Options according to the most recent premium allocation instructions we have received from you.

All other provisions of the Policy remain unchanged.

Signed for Pacific Life Insurance Company,



Chairman, President, and Chief Executive Officer



Secretary

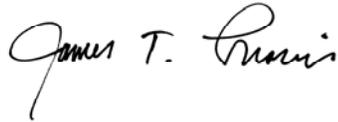
## LOAN ENDORSEMENT

This endorsement modifies the policy to which it is attached ("Policy"). The last paragraph of the Loan Account Value provision of the Accumulated Value section is hereby replaced by the following:

On each policy anniversary, if the Loan Account Value exceeds policy debt, the excess will be transferred from the Loan Account to the Fixed and Variable Accounts according to your most recent premium allocation instructions, and if Policy Debt exceeds the Loan Account Value, the excess will be transferred from the Fixed and Variable Accounts on a proportionate basis to the Loan Account.

All other provisions of the Policy remain unchanged.

Signed for Pacific Life Insurance Company,



Chairman, President, and Chief Executive Officer



Secretary

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Flesch Certification		
<b>Bypass Reason:</b> N/A - Variable product		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Application		
<b>Comments:</b> Approved 9/16/2009 - AR filing # 43437		
<b>Attachment:</b> A09IUW2.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]



PACIFIC LIFE

APPLICATION FOR LIFE INSURANCE

CLIENT INFORMATION

PROPOSED INSURED
Complete for all Life Insurance Policies.
1A. Name: First MI Last B. Gender Male Female
C. Residence Address: Street City State Zip Code
D. Date of Birth (mm/dd/yyyy) E. Place of Birth (State/Country) F. Soc. Sec. #
G. Driver's License # & State H. Telephone # (include area code) I. Occupation
J. Proposed Insured is a: U.S. Citizen U.S. Permanent Resident Foreign National
If Foreign National, provide Country and Visa Type
2A. Employer's Name B. How Long yr mo
C. Employee's Work Address: Street City State Zip Code D. Type of Business

PROPOSED ADDITIONAL INSURED
Complete for either:
• Second-to-Die Life Insurance Policy
• Term Rider on Additional Insured (e.g., Spouse) for an Individual Life Insurance Policy
Employee's work address should be the location where Proposed Additional Insured physically works.
3A. Name: First MI Last B. Gender Male Female
C. Residence Address: Street City State Zip Code
D. Date of Birth (mm/dd/yyyy) E. Place of Birth (State/Country) F. Soc. Sec. # G. Relationship to Insured
H. Driver's License # & State I. Telephone # (include area code) J. Occupation
K. Proposed Additional Insured is a: U.S. Citizen U.S. Permanent Resident Foreign National
If Foreign National, provide Country and Visa Type
4A. Employer's Name B. How Long yr mo
C. Employee's Work Address: Street City State Zip Code D. Type of Business

REMARKS - IDENTIFY QUESTION AND GIVE DETAILS





**CLIENT INFORMATION (Continued)**

**PRIMARY BENEFICIARY(IES)**

Total of percentages must equal 100%.

If percentage shares are left blank, the shares will be divided equally.

13A. Name			B. % Share
C. Relationship to Insured(s)	D. Soc. Sec. # / Tax ID #	E. Date of Birth (mm/dd/yyyy)	
14A. Trustee's Name			B. Date of Trust (mm/dd/yyyy)
C. Additional Trustee's Name			
15A. Name			B. % Share
C. Relationship to Insured(s)	D. Soc. Sec. # / Tax ID #	E. Date of Birth (mm/dd/yyyy)	
16A. Trustee's Name			B. Date of Trust (mm/dd/yyyy)
C. Additional Trustee's Name			
17A. Name			B. % Share
C. Relationship to Insured(s)	D. Soc. Sec. # / Tax ID #	E. Date of Birth (mm/dd/yyyy)	
18A. Trustee's Name			B. Date of Trust (mm/dd/yyyy)
C. Additional Trustee's Name			
19A. Name			B. % Share
C. Relationship to Insured(s)	D. Soc. Sec. # / Tax ID #	E. Date of Birth (mm/dd/yyyy)	
20A. Trustee's Name			B. Date of Trust (mm/dd/yyyy)
C. Additional Trustee's Name			

**REMARKS – IDENTIFY QUESTION AND GIVE DETAILS**

**CLIENT INFORMATION (Continued)**

<b>PRIMARY CONTINGENT BENEFICIARY(IES)</b> (Optional)  Total of percentages must equal 100%.  If percentage shares are left blank, the shares will be divided equally.	21A. Name			B. % Share
	C. Relationship to Insured(s)	D. Soc. Sec. # / Tax ID #	E. Date of Birth (mm/dd/yyyy)	
	22A. Trustee's Name			B. Date of Trust (mm/dd/yyyy)
	C. Additional Trustee's Name			
	23A. Name			B. % Share
	C. Relationship to Insured(s)	D. Soc. Sec. # / Tax ID #	E. Date of Birth (mm/dd/yyyy)	
24A. Trustee's Name			B. Date of Trust (mm/dd/yyyy)	
C. Additional Trustee's Name				

<b>TERM RIDER ON ADDITIONAL INSURED BENEFICIARY(IES)</b>  Complete if Term Rider on Additional Insured or Second- to-Die Life Insurance Policy's beneficiary is different than the primary beneficiary.  Total of percentages must equal 100%.  If percentage shares are left blank, the shares will be divided equally.	25A. Name			B. % Share
	C. Relationship to Insured(s)	D. Soc. Sec. # / Tax ID #	E. Date of Birth (mm/dd/yyyy)	
	26A. Trustee's Name			B. Date of Trust (mm/dd/yyyy)
	C. Additional Trustee's Name			
	27A. Additional Name (if applicable)			B. % Share
	C. Relationship to Insured(s)	D. Soc. Sec. # / Tax ID #	E. Date of Birth (mm/dd/yyyy)	
28A. Trustee's Name			B. Date of Trust (mm/dd/yyyy)	
C. Additional Trustee's Name				

<b>TERM RIDER ON PRIMARY INSURED BENEFICIARY(IES)</b>  Complete if Second- to-Die Life Insurance Policy's beneficiary is different than the primary beneficiary.  Total of percentages must equal 100%.  If percentage shares are left blank, the shares will be divided equally.	29A. Name			B. % Share
	C. Relationship to Insured(s)	D. Soc. Sec. # / Tax ID #	E. Date of Birth (mm/dd/yyyy)	
	30A. Trustee's Name			B. Date of Trust (mm/dd/yyyy)
	C. Additional Trustee's Name			
	31A. Additional Name (if applicable)			B. % Share
	C. Relationship to Insured(s)	D. Soc. Sec. # / Tax ID #	E. Date of Birth (mm/dd/yyyy)	
32A. Trustee's Name			B. Date of Trust (mm/dd/yyyy)	
C. Additional Trustee's Name				

**REMARKS - IDENTIFY QUESTION AND GIVE DETAILS**

**EXISTING / PENDING INSURANCE INFORMATION**

**IN FORCE, PENDING, AND REPLACEMENT INFORMATION**

1. Is there any existing or pending life insurance or annuities on any Proposed Insured(s)?
  - Yes (Complete any applicable state replacement notice and submit with the application. See IMPORTANT note.)
  - No
2. 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 contract on any Proposed Insured's life?
  - Yes (Complete the applicable state replacement forms and submit with the application. If any are to be processed as a 1035 Exchange or Qualified Transfer of Assets, indicate such in questions 3 and 5 below.)
  - No

**IMPORTANT**

Certain states require replacement forms for any in-force policies even if a replacement is not intended. Refer to Producer Instructions for a list of states.

Add additional policies under Remarks Section.

3. Complete the chart below for all **existing** life insurance or annuities:

Proposed Insured	Policy/Contract #	Company	Face Amount	Issue Year	CHECK ALL APPLICABLE BOXES								
					Replace	1035 or Transfer Asset	Life	Ann	Ind	Grp	Bus	Pers	
<input type="checkbox"/> Primary <input type="checkbox"/> Additional					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Primary <input type="checkbox"/> Additional					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Primary <input type="checkbox"/> Additional					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Primary <input type="checkbox"/> Additional					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Complete the chart below if you have any applications currently **pending** or if you **plan to apply** for any new life insurance or annuity contracts:

Proposed Insured	Policy/Contract #	Company	Face Amount	Reason Policy Applied For
<input type="checkbox"/> Primary <input type="checkbox"/> Additional				
<input type="checkbox"/> Primary <input type="checkbox"/> Additional				
<input type="checkbox"/> Primary <input type="checkbox"/> Additional				

**1035 EXCHANGES OR QUALIFIED TRANSFER OF ASSETS**

5. Complete the following chart if 1035 Exchange or a Qualified Transfer of Assets is checked above. Submit the applicable 1035 Absolute Assignment form or the Transfer of Qualified Plan Assets form:

Policy/Contract #	Loan Carryover		Modified Endowment Contract		
	Yes	No	Yes	No	Unknown
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MODIFIED ENDOWMENT CONTRACT (MEC) DISCLOSURE**

Under federal tax rules, if a policy is received in exchange for an old policy that had become a MEC, the new policy will also be a MEC. This rule applies whether or not the two policies are issued by the same insurance company. A MEC Acceptance Form must be signed and submitted with the application, or must be signed upon policy delivery.

**REMARKS – IDENTIFY QUESTION AND GIVE DETAILS**

**PERSONAL INFORMATION**

<b>FINANCIAL INFORMATION</b>		<b>Proposed Insured</b>	<b>Additional Insured</b>
	1. Annual earned income from occupation (After deduction of business expenses)	\$	\$
	2. Annual unearned income (State source in Remarks below)	\$	\$
	3. Net worth: <input type="checkbox"/> Individual <input type="checkbox"/> Joint	\$	\$
	4A. Is the Proposed Insured married? B. If married and applying for individual life insurance, list amount of life insurance in force on the spouse \$ _____ (for business or survivor insurance write N/A)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>GENERAL INFORMATION</b>  Complete each question for the Proposed Insured and Proposed Additional Insured.  Explain all "Yes" answers in Remarks Section unless instructed otherwise.		<b>Proposed Insured</b>	<b>Additional Insured</b>
	5. 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)	<b>YES NO</b>	<b>YES NO</b>
	6. 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"/>
	7. 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"/>
	8. 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"/>
	9. 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"/>
	10. Have you been convicted of a felony within the past 5 years?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	11. 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"/>

<b>TOBACCO USE INFORMATION</b> Complete if Proposed Insured and/or Proposed Additional Insured is age 20 and above.	12. Within the last 5 years, have you used or smoked in any quantity tobacco and/or any other product containing nicotine? (If yes, check all that apply and indicate date when product was last used)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	<b>PROPOSED INSURED'S INFORMATION</b>		<b>PROPOSED ADDITIONAL INSURED'S INFORMATION</b>	
	<b>Type of Product</b> (check all that apply)	<b>Date last used</b> (mm/yyyy)	<b>Type of Product</b> (check all that apply)	<b>Date last used</b> (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		<input type="checkbox"/> Chewing	
	<input type="checkbox"/> Patch		<input type="checkbox"/> Patch	
	<input type="checkbox"/> Gum		<input type="checkbox"/> Gum	
	<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	

**MEDICAL CERTIFICATION**

<b>MEDICAL CERTIFICATION</b>  Complete when submitting a medical examination from another insurance company.  Another insurance company's exam may be accepted if the proposed/additional insured was examined within the past six months.	1. The attached examination is on the life of (Use check boxes):		
	<b>Proposed Insured</b>	<b>Additional Insured</b>	<b>Name of Insurance Company</b>
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	2. To the best of your knowledge and belief, are the statements in the examination true as of today? (If no, explain in Remarks)		
	Proposed Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Additional Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	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)		
	Proposed Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Additional Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**REMARKS – IDENTIFY QUESTION AND GIVE DETAILS**

**PREMIUM AND BILLING INFORMATION**

<p><b>AMOUNT PAID WITH THIS APPLICATION</b> The application, TIA, and check should all have the same date.</p>	<p>1A. Is an initial premium submitted with this application?  <input type="checkbox"/> No                      <input type="checkbox"/> Yes (Do not submit money unless the Temporary Insurance Agreement (TIA) is completed)</p> <p>B. If yes, show amount of initial premium. Amount \$ _____                  If yes, by signing in the signature section, I understand, accept, and agree to the terms of the TIA.</p>						
<p><b>PREMIUM FINANCING</b> All questions must be answered.</p>	<p>2. Premium financing, or borrowing life insurance premiums from a lender or other third party, can be a legitimate method of obtaining life insurance premiums. However, not all premium financing arrangements may be appropriate and otherwise in compliance with the applicable laws and regulations. In fact, Pacific Life does not allow its products to be used in certain premium financing arrangements and will decline applications for life insurance made in connection with a premium financing arrangement that is not approved for use with Pacific Life products.</p> <p>A. Have you entered into, or have you made plans to enter into, an agreement to borrow current or future premiums, or both, in connection with this Application for Life Insurance?  <input type="checkbox"/> Yes (Sign the applicable Premium Financing Disclosure Statement and submit with the application)</p> <p style="padding-left: 40px;">Indicate name of the financing agreement _____</p> <p style="padding-left: 40px;">Indicate name of the lender _____</p> <p><input type="checkbox"/> No</p> <p>B. Have you made plans to transfer the policy to a third party as repayment of any premium financing debt?  <input type="checkbox"/> Yes (Give details in the Remarks section)    <input type="checkbox"/> No</p>						
<p><b>PREMIUM BILLING METHODS</b> If adding to an existing List Bill, question #4 is not applicable.</p>	<p>3. Billing Method (Check one):</p> <p>A. <input type="checkbox"/> Direct</p> <p>B. <input type="checkbox"/> Monthly Bank Draft (Complete Authorization for Electronic Funds Transfer (EFT) form)</p> <p>C. <input type="checkbox"/> Single Premium</p> <p>D. <input type="checkbox"/> List Bill – I/We agree that the premium for this policy shall be included in an itemized list provided to the payor and shall constitute notice of premium due, and I/we understand that I/we will not receive any premium notices or other notices regarding premiums (Check one)</p> <p style="padding-left: 40px;"><input type="checkbox"/> New List Bill                      <input type="checkbox"/> Add to Existing List Bill #: _____</p> <hr/> <p>4. Frequency of Payment for <b>Direct</b> and <b>List Bill</b>: (Check one)</p> <p>A. <input type="checkbox"/> Annually    C. <input type="checkbox"/> Quarterly</p> <p>B. <input type="checkbox"/> Semi-Annually    D. <input type="checkbox"/> Monthly (Available with List Bill only)</p>						
<p><b>PAYOR OF PREMIUMS</b> Individual or entity paying premium.</p>	<p>5. Payor of premium is: (Check one)    <input type="checkbox"/> Proposed Insured    <input type="checkbox"/> Proposed Additional Insured    <input type="checkbox"/> Primary Policyowner  <input type="checkbox"/> Employer                      <input type="checkbox"/> Other</p> <p>6. Complete information below for above party(ies), if different from (or not included) in Client Information section.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%; padding: 2px;">A. Name</td> <td style="width: 25%; padding: 2px;">B. Relationship to Insured(s)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">C. Care of (if applicable)</td> </tr> <tr> <td style="padding: 2px;">D. Address: Street</td> <td style="padding: 2px;">City                      State      Zip Code</td> </tr> </table>	A. Name	B. Relationship to Insured(s)	C. Care of (if applicable)		D. Address: Street	City                      State      Zip Code
A. Name	B. Relationship to Insured(s)						
C. Care of (if applicable)							
D. Address: Street	City                      State      Zip Code						
<p><b>ADDITIONAL PREMIUM NOTICES (Optional)</b> Not available for list bill. In addition to the Payor above, the individual or entity entered in this section will receive a premium notice.</p>	<p>7. Send Premium Notices to: <input type="checkbox"/> Proposed Insured    <input type="checkbox"/> Proposed Additional Insured    <input type="checkbox"/> Primary Policyowner  <input type="checkbox"/> All Policyowners    <input type="checkbox"/> Other</p> <p>8. Complete information below for above party(ies), if different from (or not included) in Client Information section.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%; padding: 2px;">A. Name</td> <td style="width: 25%; padding: 2px;">B. Relationship to Insured(s)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">C. Care of (if applicable)</td> </tr> <tr> <td style="padding: 2px;">D. Address: Street</td> <td style="padding: 2px;">City                      State      Zip Code</td> </tr> </table>	A. Name	B. Relationship to Insured(s)	C. Care of (if applicable)		D. Address: Street	City                      State      Zip Code
A. Name	B. Relationship to Insured(s)						
C. Care of (if applicable)							
D. Address: Street	City                      State      Zip Code						

**NOTIFICATION INFORMATION**

**ADDITIONAL NOTIFICATIONS**  
(Optional)  
Complete if additional notifications should be sent to another party.

1. Notifications are sent to the primary policyowner and include, but are not limited to, Policy Annual Statements, Last Premium Offers/Lapse Notices, and Confirmation Statements. Indicate where additional notifications should be sent:  
 Proposed Insured     Proposed Additional Insured     Payor     Other

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2. Complete information below for above party(ies), if different from (or not included) in Client Information section.

A. Name	B. Relationship to Insured(s)		
C. Care of (if applicable)			
D. Address: Street	City	State	Zip Code

**NOTIFICATIONS FOR EMPLOYER SPONSORED POLICY**  
(Optional)  
Complete if notifications should be sent to a party other than the policyowner.

3. Notifications include, but are not limited to, Policy Annual Statements, Last Premium Offers/Lapse Notices, and Confirmation Statements.

4. Indicate where notifications should be sent:     Employer     Other

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5. Complete information below for above party, if different from the policyowner's information.

A. Name			
B. Care of (if applicable)			
C. Address: Street	City	State	Zip Code

**ELECT TO RECEIVE DOCUMENTS IN ELECTRONIC FORMAT**  
(Optional)

6. As the policyowner, by checking YES, I authorize Pacific Life to provide my proxy, prospectuses, fund updates and any other documentation in electronic format when available.  YES

E-mail Address: \_\_\_\_\_ (please print legibly)

By consenting to receive my proxy, prospectuses, fund updates and any other documentation in electronic format, I agree that:

- This election will be effective for all life insurance policies I currently own and for life insurance policies I acquire in the future **(may exclude split dollar policies on a list bill)**
- Pacific Life will provide my prospectuses and other documents related to my policy electronically instead of sending paper copies of these documents by US mail
- I have the means to view such documents
- I understand that the initial electronic media type for prospectuses will be CD-ROM with future delivery method being an e-mail notification of documents that are viewable online
- **Not all Policy documentation and notification may be currently available in electronic format. Any documents added to electronic delivery in the future will also be automatically included in this authorization**
- **I must have internet access (my internet provider may charge for internet access)**
- **I must provide a current e-mail address and notify Pacific Life promptly when my e-mail address changes**
- **I must update any e-mail filters that may prevent me from receiving e-mail notifications from Pacific Life**
- I may request a paper copy of the documents at no cost by calling (800) 347-7787
- This authorization will remain in effect until such time as I may decide to revoke this authorization
- I may revoke this authorization at any time by calling (800) 347-7787

**REMARKS – IDENTIFY QUESTION AND GIVE DETAILS**

**LIFE INSURANCE COVERAGE INFORMATION**

<b>PRODUCT/PREMIUM</b>	1. Product Name _____	2. Planned Annual Premium \$ _____	
<b>FACE AMOUNT/ DEATH BENEFIT</b> Select the appropriate basic and rider/other coverage face amount(s) as shown on the Illustration.  Not all rider/other coverages are available on all products.	3. Basic Coverage Amount \$ _____	[Annual Renewable Term \$ _____ Check one term type: <input type="checkbox"/> Level <input type="checkbox"/> Varying Annual Renewable Term (VART) <input type="checkbox"/> Group Term Carve Out (GTCO) Annual Renewable Term Rider–Last Survivor \$ _____ Check one term type: <input type="checkbox"/> Level <input type="checkbox"/> Varying Annual Renewable Term (VART) ECV Coverage \$ _____ SVER Term Insurance Rider \$ _____ SVER Term Insurance Rider–Last Survivor \$ _____ SVER Term Insurance Rider Trust/Executive \$ _____ Other _____ \$ _____ ]	
	+	=	Total Initial Coverage \$ _____
<b>DEATH BENEFIT OPTION</b> Not available on all products.	4. Check one: <input type="checkbox"/> Option A (Level)	<input type="checkbox"/> Option B (Increasing)	<input type="checkbox"/> Option C (Face amount plus premiums less distributions subject to limit shown in the illustration)
<b>LIFE INSURANCE QUALIFICATION TEST</b> Both tests not available on all products.	5. Check one: (Qualification test cannot be changed after the policy is in force) A. <input type="checkbox"/> Guideline Premium Test (GPT) B. <input type="checkbox"/> Cash Value Accumulation Test (CVAT)		
<b>GUARANTEED COST OF INSURANCE (COI) PERIOD</b> Not all years available on all products.	6. Indicate number of years: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> Other _____		
<b>OPTIONAL BENEFITS</b> Select the appropriate riders as indicated on the Illustration and indicate face amount(s) where applicable.  Not available on all products.	7. Select the appropriate riders as indicated on the Illustration and indicate face amount(s) where applicable.		
	A. <input type="checkbox"/> Accelerated Living Benefit Rider (Complete disclosure form) B. <input type="checkbox"/> Accidental Death Rider \$ _____ C. <input type="checkbox"/> Annual Renewable Term Rider Individual (Proposed Insured) \$ _____ <input type="checkbox"/> Varying D. <input type="checkbox"/> Annual Renewable Term Rider Individual (Additional Insured) \$ _____ <input type="checkbox"/> Varying E. <input type="checkbox"/> Annual Renewable Term Rider Additional Insured \$ _____ F. <input type="checkbox"/> Children's Term Rider \$ _____ (Complete Non-Medical form) G. <input type="checkbox"/> Disability Benefit Rider \$ _____ H. <input type="checkbox"/> Flexible Duration No Lapse Guarantee Rider I. <input type="checkbox"/> Guaranteed Insurability Rider \$ _____	J. <input type="checkbox"/> IRC § 412(e)(3) Life Insurance Rider K. <input type="checkbox"/> Minimum Earnings Benefit Rider _____ years (Indicate a Maturity Period) L. <input type="checkbox"/> No Lapse Guarantee Rider M. <input type="checkbox"/> Owner Waiver of Charges (Complete Non-Medical form) N. <input type="checkbox"/> Payor Waiver of Charges (Complete Non-Medical form) O. <input type="checkbox"/> Premium Waiver P. <input type="checkbox"/> Waiver of Charges (On Insured) Q. <input type="checkbox"/> Other _____ R. <input type="checkbox"/> Other _____ S. <input type="checkbox"/> Other _____	
<b>NON-FORFEITURE/ PREMIUM CESSATION OPTIONS</b> (If applicable)	8. <input type="checkbox"/> Automatic Premium Loan <input type="checkbox"/> Extended Insurance <input type="checkbox"/> Reduced Paid-Up		
<b>SPECIAL POLICY DATING</b> Backdating is subject to Pacific Life and state guidelines.	9. A current policy date will be used unless you select one of the following. <input type="checkbox"/> Date to Save Age <input type="checkbox"/> Specific Date _____ (Indicate a date, excluding 29 <sup>th</sup> , 30 <sup>th</sup> , and 31 <sup>st</sup> ) (mm/dd/yyyy) By signing in the signature section, I understand that insurance charges and expenses begin on the policy date.		
<b>MODIFIED ENDOWMENT CONTRACT (MEC) ACCEPTANCE</b> (If applicable)	10. I understand that the policy as applied for is expected to become a Modified Endowment Contract (MEC) prior to its first policy anniversary. <input type="checkbox"/> Yes (I have signed and submitted, or will sign upon policy delivery, a MEC Acceptance Form)		

**ILLUSTRATION INFORMATION**

**ILLUSTRATION ACKNOWLEDGMENT**

**IMPORTANT**

Must complete when applying for a non-variable product.

If box A is checked, a signed illustration must be submitted with the application.

1. An illustration is defined as a presentation or depiction that includes non-guaranteed elements of a policy over a period of years. This includes supplemental illustrations and/or sales material, which can be classified as a supplemental illustration. As applicant, I acknowledge that: (Check one)

- A.  An illustration that matches this application was presented, signed, and is being submitted with this application.
- B.  An illustration was not presented to me. (Not applicable in Michigan)
- C.  An illustration was presented to me; however, the policy applied for is different than as illustrated.
- D.  An illustration was displayed to me on a computer screen. The displayed illustration matches the policy applied for; however, no printed copy of the illustration was given to me. The illustration on the screen included personal and policy information as listed in this application.

If B, C, or D 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.

**ILLUSTRATION DISCLOSURE**

This section applies when applying for a Variable product

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.

**REMARKS – IDENTIFY QUESTION AND GIVE DETAILS**

**TELEPHONE & ELECTRONIC AUTHORIZATION INFORMATION**

**TELEPHONE & ELECTRONIC AUTHORIZATION**

1. 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.

<p><b>Variable Life Policies</b></p> <ul style="list-style-type: none"> <li>• Transfer Between Investment Options</li> <li>• Initiate Dollar Cost Averaging</li> <li>• Rebalance Variable Investment Options</li> <li>• Change Future Premium Allocation Instructions</li> <li>• Initiate Policy Loans</li> </ul>	<p><b>Indexed Universal Life (IUL) Policies</b></p> <ul style="list-style-type: none"> <li>• Automatic Transfers</li> <li>• One-Time Transfers</li> <li>• Recurring Transfers</li> <li>• Initiate Policy Loans</li> </ul>
---	---

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)**

2. I authorize and appoint the party(ies) listed below to each act individually on my behalf for the following limited requests, including any telephone and/or electronic requests:

A. Appointee's Name: First                      MI                      Last	Relationship to Policyowner <input type="checkbox"/> Producer <input type="checkbox"/> Other Party
Check one: <input type="checkbox"/> All Requests (listed in Telephone & Electronic Authorization section) <input type="checkbox"/> All Requests (listed in Telephone & Electronic Authorization section) except initiating Policy Loans	
B. Appointee's Name: First                      MI                      Last	Relationship to Policyowner <input type="checkbox"/> Producer <input type="checkbox"/> Other Party
Check one: <input type="checkbox"/> All Requests (listed in Telephone & Electronic Authorization section) <input type="checkbox"/> All Requests (listed in Telephone & Electronic Authorization section) except initiating Policy Loans	

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**INDEXED UNIVERSAL LIFE INSURANCE INFORMATION**

**AUTOMATIC TRANSFERS AFTER PREMIUM PAYMENT AND/OR LOAN REPAYMENT (Required)**

Percentages must be whole numbers.  
A Recurring Transfer is not available if 100% of the Fixed Account is being transferred to one or both of the Indexed Account(s).

- 1 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. The sum of the percentages may be equal to or less than 100%.
- 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.

**SEGMENT MATURITY (Optional)**

Percentages must be whole numbers.  
If not specified, 100% of the value of the matured segment will remain in the Indexed Account(s) and be applied to a new segment of the same type and duration.

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

**INDEXED UNIVERSAL LIFE INSURANCE INFORMATION (Continued)**

**RECURRING TRANSFER FROM THE FIXED ACCOUNT TO THE INDEXED ACCOUNT (Optional)**

Recurring Transfer available only if Automatic Transfer is **less than** 100% and not available when premium frequency is monthly.

Percentages must be whole numbers.

3. 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. The first transfer will be effective on the next eligible Transfer Date which corresponds to the frequency selected.

**A. Objective (Complete 1 or 2):**

1. 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).

2. 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**

**B. Transfer the amount derived from A 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%**

**C. Frequency of transfers (Check one):**  Monthly  Quarterly  Semi-Annually  Annually

**REMARKS – IDENTIFY QUESTION AND GIVE DETAILS**

**VARIABLE LIFE INSURANCE INFORMATION**

**SELECTION OF PREMIUM ALLOCATION** 1. Indicate how premiums are to be allocated until later changed by you or your authorized representative.  
 A.  Premium Allocation – Complete Premium Allocation section  
 B.  Portfolio Optimization Model – Complete Portfolio Optimization Model section  
 C.  Portfolio Optimization Plus – Complete the Portfolio Optimization Plus section  
 D.  Other Asset Allocation Model \_\_\_\_\_ (Attach additional required forms and indicate any specifics in Remarks)

**PREMIUM ALLOCATION** 2. Indicate percentage amount that you want allocated into each of the investment options below. The total of the percentages must be 100%. Allocation percentages must be whole numbers.

Manager	%	Investment Option	Manager	%	Investment Option
[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	[Pacific Life	_____	1 Year Indexed Account (Not available on all products)
ClearBridge	_____	Large-Cap Value	PAM	_____	High Yield Bond
ClearBridge	_____	LMPV Aggressive Growth II	PAM	_____	Money Market
ClearBridge	_____	LMPV Mid Cap Core II	PIMCO	_____	Inflation Managed
Columbia	_____	Technology	PIMCO	_____	Managed Bond
Fidelity®	_____	VIP Contrafund® SC2	PLFA	_____	Pacific Dynamix-Conservative Growth
Fidelity®	_____	VIP Freedom 2010 SC2	PLFA	_____	Pacific Dynamix-Moderate Growth
Fidelity®	_____	VIP Freedom 2015 SC2	PLFA	_____	Pacific Dynamix-Growth
Fidelity®	_____	VIP Freedom 2020 SC2	T. Rowe Price	_____	T. Rowe Price Blue Chip Growth-II
Fidelity®	_____	VIP Freedom 2025 SC2	T. Rowe Price	_____	T. Rowe Price Equity Income-II
Fidelity®	_____	VIP Freedom 2030 SC2	UBS Global AM	_____	Large-Cap Growth
Fidelity®	_____	VIP Freedom Inc SC2	Van Eck	_____	Van Eck Worldwide Hard Assets
Fidelity®	_____	VIP Growth SC2	Van Kampen	_____	Comstock
Fidelity®	_____	VIP Mid-Cap SC2	Van Kampen	_____	Mid-Cap Growth
Fidelity®	_____	VIP Value Strategies SC2	Van Kampen	_____	Real Estate
Goldman Sachs	_____	Short Duration Bond	Vaughan Nelson	_____	Small-Cap Equity
Highland	_____	Floating Rate Loan	WAMCO	_____	Diversified Bond]
INTECH	_____	JAS Risk-Managed Core SS			
Janus	_____	JAS Enterprise SS			
Janus	_____	JAS Overseas SS			
Janus	_____	Focused 30			
Janus	_____	Growth LT			

**Other Investment Options**

Manager	%	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 automatic rebalancing. See the prospectus for details.

**RETURN FOR ALL VARIABLE PRODUCTS**

**VARIABLE LIFE INSURANCE INFORMATION (Continued)**

**PORTFOLIO OPTIMIZATION MODEL (Optional)**

3. Subject to the Free-Look Transfer Date; I, as applicant, direct that my initial premium, less any premium loads, be allocated based on the Portfolio Optimization model that I selected below. I also direct all future premiums, less premium loads, be allocated to this model, unless otherwise instructed by me in writing.

**Target Composition (as of [5/1/09])**

Underlying Portfolios	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>
[American Funds® Growth	-	1%	2%	2%	3%
American Funds® Growth-Income	-	-	3%	5%	5%
Comstock	2%	3%	5%	6%	6%
Diversified Research	-	-	-	2%	2%
Equity Index	3%	6%	8%	8%	8%
Growth LT	-	2%	3%	3%	4%
Large-Cap Growth	1%	3%	3%	3%	4%
Large-Cap Value	5%	6%	8%	8%	8%
Long/Short Large-Cap	2%	3%	4%	4%	4%
Main Street® Core	-	2%	3%	3%	3%
Mid-Cap Equity	3%	2%	3%	5%	6%
Mid-Cap Growth	-	2%	2%	3%	4%
Mid-Cap Value	-	2%	3%	3%	3%
Small-Cap Equity	-	-	1%	3%	4%
Small-Cap Growth	-	-	1%	2%	2%
Small-Cap Index	-	-	-	-	2%
Small-Cap Value	-	1%	1%	2%	2%
Real Estate	-	-	-	2%	3%
Emerging Markets	-	-	3%	4%	5%
International Large-Cap	3%	4%	4%	7%	9%
International Small-Cap	-	1%	2%	3%	3%
International Value	2%	3%	4%	5%	7%
Diversified Bond	16%	11%	6%	2%	-
Floating Rate Loan	8%	6%	3%	-	-
High Yield Bond	5%	4%	3%	-	-
Inflation Managed	18%	14%	11%	8%	-
Managed Bond	21%	16%	11%	5%	3%
Short Duration Bond	11%	8%	3%	2%	-]

**PORTFOLIO OPTIMIZATION PLUS (Optional)**

Indicate the desired Fund Manager and Investment Option from the list of approved funds shown in the Premium Allocation Section on the previous page.

Allocation percentages must be whole numbers.

4A. I direct the percentages listed below to be allocated into each of the investment options outside of the Portfolio Optimization model. I understand that the investment options I listed below must not be investment options currently within the Portfolio Optimization model.

The percentage(s) I have listed below must total less than 100%.

Manager	%	Investment Option

B. Indicate which Portfolio Optimization model (see model composition above) the remaining percentage should be allocated to:

A       B       C       D       E

**VARIABLE LIFE INSURANCE INFORMATION (Continued)**

**PORTFOLIO OPTIMIZATION  
ACKNOWLEDGMENT**

5. With respect to enrolling in the Portfolio Optimization Service, by signing this application I understand that:
- I am directing my initial net premium payment be allocated based on the Portfolio Optimization model that I selected in the previous section. I also direct that subsequent net premium payments be allocated according to this model, as it may be modified from time to time, unless I instruct otherwise in writing.
  - I may utilize investment tools made available by Pacific Life Fund Advisors LLC (PLFA) for selecting a Portfolio Optimization model, but I understand that it is my decision, in consultation with my financial professional, to select a model. Neither PLFA nor Pacific Life bear responsibility for my decision.
  - The risk tolerance and models shown are targets only and that participation in Portfolio Optimization is not a guarantee against market loss.
  - Portfolio Optimization models will be analyzed from time to time and as a result, the investment options may be added or deleted from a model and/or the weightings of the investment options within a model may change. These investment options may be different from those currently available (including investment options not currently available). I have read the prospectus and the ADV brochure and understand that my model may be automatically updated. I grant PLFA, as investment adviser, limited discretionary investment authority to periodically make changes in the Portfolio Optimization investment options and to allocate and reallocate my account value in accordance with the Portfolio Optimization model I have selected, since the Portfolio Optimization model will be updated from time to time. PLFA can only transfer such discretionary authority (for example, the ability to periodically change model allocations) to another party with my consent, although PLFA may assume consent if it provides advance notice and I do not object. (For purposes of the preceding sentence, "transfer" means "assign" as interpreted under the Investment Advisers Act of 1940.)
  - I will receive transaction confirmations of the annual automatic updates, if applicable.
  - I will notify my financial professional if my financial situation and risk profile change in order to determine if I need to change to a different Portfolio Optimization model. I understand that I should periodically review, in consultation with my financial professional, my financial situation and risk profile to determine if I need to change my selected model.
  - Terminating my participation in the Portfolio Optimization service or participating in the Portfolio Optimization Plus service may impact my eligibility benefits under certain Pacific Life riders.
  - The Portfolio Optimization Service may be terminated at any time. PLFA and Pacific Life have no contractual obligation to continue the program.

**IMPORTANT**

Applicant's initials required if Portfolio Optimization or Portfolio Optimization Plus was selected.

Initials

**I have received Pacific Life Fund Advisors' Form ADV brochure.**

**ACKNOWLEDGMENT**

- With respect to the purchase of this variable life insurance policy, by signing this application I, 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 prospectus(es) for the variable life insurance policy I applied for, as well as prospectuses for all variable insurance funds which are available within the policy.
- 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.**





**ALTERNATE LIFE INSURANCE COVERAGE INFORMATION**

**ALTERNATE INSURANCE (Optional)**

Complete and submit the appropriate product pages when applying for both a variable and non-variable product.

A separate application should be completed in place of completing this section if any of the following apply:

- different policyowners
- different applicants
- premium allocations for variable products will be different
- percentage amounts for Indexed Universal Life products will be different.

	1. Product Name	2. Planned Annual Premium \$ _____
3. Basic Coverage Amount \$ _____	[Annual Renewable Term \$ _____ Check one term type: <input type="checkbox"/> Level <input type="checkbox"/> Varying Annual Renewable Term (VART) <input type="checkbox"/> Group Term Carve Out (GTCO) Annual Renewable Term Rider-Last Survivor \$ _____ Check one term type: <input type="checkbox"/> Level <input type="checkbox"/> Varying Annual Renewable Term (VART) ECV Coverage \$ _____ SVER Term Insurance Rider \$ _____ SVER Term Insurance Rider-Last Survivor \$ _____ SVER Term Insurance Rider Trust/Executive \$ _____ Other _____ \$ _____ <b>Total of Rider/Other Coverage Above \$ _____</b>	= Total Initial Coverage \$ _____

4. Check one:  Option A (Level)     Option B (Increasing)     Option C (Face amount plus premiums less distributions subject to limit shown in the illustration)

5. Check one: (Qualification test cannot be changed after the policy is in force)  
 A.  Guideline Premium Test (GPT)  
 B.  Cash Value Accumulation Test (CVAT)

6. Indicate number of years:  
 0     1     2     3     5     10     15     Other \_\_\_\_\_

7. Select the appropriate riders as indicated on the Illustration and indicate face amount(s) where applicable.

A. <input type="checkbox"/> Accelerated Living Benefit Rider (Complete disclosure form) B. <input type="checkbox"/> Accidental Death Rider \$ _____ C. <input type="checkbox"/> Annual Renewable Term Rider <input type="checkbox"/> Varying Individual (Proposed Insured) \$ _____ D. <input type="checkbox"/> Annual Renewable Term Rider <input type="checkbox"/> Varying Individual (Additional Insured) \$ _____ E. <input type="checkbox"/> Annual Renewable Term Rider Additional Insured \$ _____ F. <input type="checkbox"/> Children's Term Rider \$ _____ (Complete Non-Medical form) G. <input type="checkbox"/> Disability Benefit Rider \$ _____ H. <input type="checkbox"/> Flexible Duration No Lapse Guarantee Rider I. <input type="checkbox"/> Guaranteed Insurability Rider \$ _____	J. <input type="checkbox"/> IRC § 412(e)(3) Life Insurance Rider K. <input type="checkbox"/> Minimum Earnings Benefit Rider _____ years (Indicate a Maturity Period) L. <input type="checkbox"/> No Lapse Guarantee Rider M. <input type="checkbox"/> Owner Waiver of Charges (Complete Non-Medical form) N. <input type="checkbox"/> Payor Waiver of Charges (Complete Non-Medical form) O. <input type="checkbox"/> Premium Waiver P. <input type="checkbox"/> Waiver of Charges (On Insured) Q. <input type="checkbox"/> Other _____ R. <input type="checkbox"/> Other _____ S. <input type="checkbox"/> Other _____
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8.  Automatic Premium Loan     Extended Insurance     Reduced Paid-Up

9. A current policy date will be used unless you select one of the following.  
 Date to Save Age     Specific Date \_\_\_\_\_ (Indicate a date, excluding 29<sup>th</sup>, 30<sup>th</sup>, and 31<sup>st</sup>)  
(mm/dd/yyyy)  
 By signing in the signature section, I understand that insurance charges and expenses begin on the policy date.

10. I understand that the policy as applied for is expected to become a Modified Endowment Contract (MEC) prior to its first policy anniversary.  
 Yes (I have signed and submitted, or will sign upon policy delivery, a MEC Acceptance Form)

**ALL COMPLETED FIELDS OF THE PRIMARY APPLICATION NOT INCLUDED IN THIS SECTION WILL APPLY UNLESS CHANGES ARE SPECIFIED IN REMARKS.**

**APPLICANT/POLICYOWNER'S REPRESENTATION OF INSURABLE INTEREST**

**REPRESENTATION 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.)

**PROPOSED INSURED'S CONSENT FOR EMPLOYER OWNED INSURANCE**

**PROPOSED INSURED'S CONSENT** 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.

Applicable only if the employer or an employer-controlled trust is to be the policyowner of this policy.

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 amount described above, my employer may need to obtain additional written consent from me in order to comply with IRC Section 101(j).

**EMPLOYER ACKNOWLEDGMENT**

**EMPLOYER ACKNOWLEDGMENT 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.

**APPLICATION PACKAGE**

**PAGES NOT SUBMITTED** 1. Indicate below each page not submitted from this application (Check all that apply):

Complete this section if one of the pages indicated in this section is blank and will not be submitted to the Life Insurance Operations Center.

- A.  Pages 12-13 – Indexed Universal Life Insurance Information
- B.  Pages 14-17 – Variable Life Insurance Information
- C.  Page 18 – Additional Life Insurance Coverage Information
- D.  Page 19 – Alternate Life Insurance Coverage Information

Note: Only the above-referenced pages are not required to be submitted if blank. The omission of any other pages may result in rejection of the application.

**NEW BUSINESS DATE STAMP (For Internal Use Only)**

**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 "Application Amendment 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 OWNER 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 below, the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act.

**DECLARATIONS (Continued)**

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 the Proposed Insured(s) 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 (PL) 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.
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.

**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 insured or owner 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:

City	State
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Date (mm/dd/yyyy)
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THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.



X

THE APPLICANT IS THE PARTY THAT APPLIES FOR THE POLICY.

\*Applicant's Signature, always required & Title, if Corporation, Trust or Business Entity

Applicant's Name: First MI Last (print)	Relationship To Proposed Insured
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X

Proposed Insured's Signature, if other than applicant



X

Proposed Additional Insured's Signature, if applicable



X

\*Policyowner's Signature, if other than applicant or insured & Title, if Corporation, Trust, or Business Entity



X

\*Additional Policyowner's Signature & Title, if applicable

\*If a corporation or business entity, indicate name below. The signature and title of any authorized representative is required and should be shown in the Client Information section. If a trust, all required trustees must sign according to the trust agreement.

Corporation or Business Entity's Name, if applicable
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**PRODUCER'S CERTIFICATION**

I certify that I have truly and accurately recorded the information supplied in the application.



X

Soliciting Producer's Signature

Soliciting Producer's Name: First MI Last (print)
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