

SERFF Tracking Number: PALD-126627341 State: Arkansas  
Filing Company: Pacific Life Insurance Company State Tracking Number: 45660  
Company Tracking Number:  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: R10SIR  
Project Name/Number: R10SIR/R10SIR

## Filing at a Glance

Company: Pacific Life Insurance Company

Product Name: R10SIR

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: PALD-126627341 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 45660

Co Tr Num:

State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Robin Lee

Disposition Date: 05/17/2010

Date Submitted: 05/13/2010

Disposition Status: Approved-  
Closed

Implementation Date:

Implementation Date Requested:

State Filing Description:

## General Information

Project Name: R10SIR

Project Number: R10SIR

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type:

Overall Rate Impact:

Filing Status Changed: 05/17/2010

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 05/17/2010

Created By: Robin Lee

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Robin Lee

Filing Description:

May 10, 2010 NAIC # 00067466

FEIN # 95-1079000

Mr. John Shields

Policy Form Filings, Life

Arkansas Department of Insurance

1200 W. Third Street

Little Rock, AR 72201-1904

SERFF Tracking Number: PALD-126627341 State: Arkansas  
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TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: R10SIR  
Project Name/Number: R10SIR/R10SIR

Re: Form R10ARS, Annual Renewable Term Rider  
Form R10SIR, Scheduled Increase Rider  
Form E10VPM, Endorsement for Scheduled Increases in Basic Coverage  
Form A10FNS, Supplement to Application - Financial

Dear Mr. Shields:

We are submitting the above referenced individual (non-group) life insurance forms in final print for your approval. Rider form R10ARS is a primary insured term insurance rider. Rider form R10SIR is a rider that provides scheduled increases in coverage, either to the basic coverage or to term coverage. Such increases are guaranteed as to medical underwriting at policy issue, but, depending on the amount of the increase, financial underwriting may be performed and guaranteed at policy issue or performed at the at the time of the scheduled increase. Endorsement form E10VPM is an endorsement that allows for scheduled increases in basic coverage under the policy. Supplement to Application – Financial form A10FNS is a financial questionnaire that is designed for the owner and proposed insured to provide information that would justify the financial need, generally at the time of the increase in coverage. These forms are designed to be used with policy form P10VPM, a universal life policy approved 03/17/10. The last form (A10FNS) has been designed to be used with application A10IUW2, approved on 03/17/10, as well as other applications. This filing is being submitted in Nebraska, our state of domicile, and in all other states where Pacific Life is licensed, and where such filing is required.

The following pertain to this submission:

- Issue Ages are 20-65.
- Any required certification forms are included.
- Actuarial Memorandum is included.
- Readability scores are 51.3, 51.1, 52.6, and 52.5, respectively, thus satisfying any readability requirements of your state.
- The forms will be marketed through licensed producers.
- The target release is 8/1/10 or upon approval.
- The forms will be used primarily with application #A10IUW2, approved on 03/17/10.
- If a filing fee is required, it is handled in the usual manner.
- For those states having adopted the NAIC Model Illustration Regulation, please note that this filing is exempt from the requirements of the regulation (Illustration Actuary's Certification, etc.) since the referenced forms do not comprise a policy.
- Statement of Variability for form R10SIR, Table of Surrender Charge Factors:

Variable [bracketed item] Range

Level Period XX Years Used only for products with a level period for Surrender Charges

Surrender Charge Period 10 years for Coverage Type CV, 15 years for Coverage Type DB

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To the best of my knowledge and belief this filing complies with your state's laws and regulations. If you would like to discuss any aspect of this filing, please contact me at (800) 800-6416, extension 7087.

Sincerely,

Robin Lee, FLMI, AIRC  
 Senior Compliance Analyst, Product Compliance, Life Division

## Company and Contact

### Filing Contact Information

Robin Lee, Compliance Analyst rmlee@pacificlife.com  
 45 Enterprise Drive 949-420-7087 [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: \$200.00  
 Retaliatory? No  
 Fee Explanation: \$50 per form x 4 forms = \$200.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pacific Life Insurance Company	\$200.00	05/13/2010	36484787

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Product Name: R10SIR  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/17/2010	05/17/2010

SERFF Tracking Number: PALD-126627341 State: Arkansas  
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Company Tracking Number:  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: R10SIR  
Project Name/Number: R10SIR/R10SIR

## Disposition

Disposition Date: 05/17/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PALD-126627341 State: Arkansas  
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 Company Tracking Number:  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: R10SIR  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Form	Annual Renewable Term Rider		Yes
Form	Scheduled Increase Rider		Yes
Form	Endorsement for Scheduled Increases in Basic Coverage		Yes
Form	Supplement to Application - Financial		Yes

SERFF Tracking Number: PALD-126627341 State: Arkansas  
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 Product Name: R10SIR  
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## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	R10ARS	Policy/Cont Annual Renewable ract/Fratern Term Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.300	R10ARS.pdf
	R10SIR	Policy/Cont Scheduled Increase ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.100	R10SIR.pdf
	E10VPM	Policy/Cont Endorsement for ract/Fratern Scheduled Increases al in Basic Coverage Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52.650	E10VPM.pdf
	A10FNS	Application/ Supplement to Enrollment Application - Form Financial	Initial		52.500	A10FNS.pdf

## ANNUAL RENEWABLE TERM RIDER - INDIVIDUAL

This Rider ("Rider") becomes a part of the policy to which it is attached ("the Policy"). All terms of the Policy that do not conflict with this Rider's terms apply to this Rider.

**Rider Benefit Summary** – This Rider provides additional life insurance coverage on the Insured under the Policy as long as the Policy is In Force and this Rider has not terminated. The Rider Face Amount contributes to the Total Face Amount, and consequently to the Death Benefit, of the Policy. This rider has no Accumulated Value of its own, but affects the Policy's Accumulated Value because the charges for the Rider are deducted from the Accumulated Value of the Policy.

**Insured** – As used in this Rider, the "Insured" means the individual covered under the Policy's Base Coverage, as shown in the Policy Specifications.

**Rider Coverage Layer Date** - is the effective date that a Rider Coverage Layer becomes effective. Coverage Layer months, years and anniversaries are measured from this date. The Coverage Layer Date for the initial Rider Coverage Layer is the Policy Date as shown in the Policy Specifications.

**Rider Coverage** – is insurance coverage on the Insured provided by this Rider as shown in the Specifications, rather than coverage provided by the Policy.

**Rider Coverage Layer** – is a layer of life insurance coverage under this Rider. There may be one or more Rider Coverage Layers. Each Rider Coverage Layer has its own Face Amount, Risk Class, Rider Coverage Layer Date, and set of charges. The Face Amount, Risk Class, Rider Coverage Layer Date, and set of charges for the initial Rider Coverage Layer and for any Scheduled Increases in Rider Coverage are shown in the Policy Specifications.

**Rider Face Amount** – The Rider Face Amount is the sum of the Face Amounts of all Rider Coverage Layers. The Face Amount of the initial Rider Coverage is shown in the Policy Specifications.

**Scheduled Increases in Rider Coverage** – A scheduled increase in Rider Coverage ("Scheduled Increase") is an Increase that goes into effect at the beginning of the Policy Year shown in the Policy Specifications. Any such Increase comprises a new Rider Coverage Layer and is shown in the Policy Specifications.

You may provide a Written Request to cancel Scheduled Increases provided we receive such request before the Rider Coverage Layer Date. If you choose to cancel a Scheduled Increase, all future Scheduled Increases will also be cancelled. We will send you a Supplemental Schedule of Coverage to reflect your Rider Coverage as a result of the change.

**Requested Increases in Rider Face Amount** – A requested increase in Rider Coverage ("Requested Increase") is an increase that you apply for, and that we approve, after the Policy has been issued. Each such Requested Increase comprises a new Rider Coverage Layer. Not all policies allow for Requested Increases. If the Policy allows Requested Increases in Face Amount, then Requested Increases in this Rider are also allowed.

You must submit an application for a Requested Increase. Your application must include Evidence of Insurability satisfactory to us and is subject to our approval. The effective date of the Requested Increase will be the first Monthly Payment Date on or next following the date all required conditions are met or any other date you request and we approve. We reserve the right to limit Requested Increases to one per policy year and to charge a fee not to exceed \$100. Upon approval of any such increase, we will send you a Supplemental Schedule of Coverage, which will include the following information:

- The Rider Coverage Layer Date
- The Rider Coverage Layer Face Amount
- The Risk Class for the Rider Coverage Layer

- The Maximum Monthly Cost of Insurance Rates applicable to the Rider Coverage Layer
- The Maximum Monthly Coverage Charge for the Rider Coverage Layer
- If the Guideline Premium Test is used, the Policy's new Guideline Premiums

**Other Increases in Rider Face Amount** – An increase in the Total Face Amount may arise when you request a change in Death Benefit Option. In this case, we will increase the Face Amount of the most recently issued Coverage Layer. If there are Rider and Base Coverage Layers with the same Coverage Layer Date, then this rider's Coverage Layer will be increased first.

**Decrease in Rider Face Amount** – You may request a decrease in the Total Face Amount, subject to the provisions in the Policy. The effective date of the decrease will be the first Monthly Payment Date on or next following the date when we receive the Written Request and have approved it. Upon approval of any decrease, we will send you a Supplemental Schedule of Coverage. If you request a reduction in the Total Face Amount under the policy, then all future Scheduled Increases will be cancelled.

Unless and until you specify otherwise by Written Request, any request for a Rider Face Amount decrease will not take effect if the requested change would cause the policy to be classified as a Modified Endowment Contract under the Code. We recommend you consult your tax advisor before requesting a decrease in Total Face Amount. Upon approval of any decrease, we will send you a Supplemental Schedule of Coverage to reflect the decrease.

**Processing of Face Amount Decreases** – Any reduction in the Total Face Amount, whether by Written Request or due to a withdrawal or change in Death Benefit Option, will affect the Total Face Amount under the policy by reducing the Face Amount of Coverage Layers as described below.

Coverage layers are reduced or eliminated based on Coverage Layer Date, in order from the latest to the earliest. If more than one Coverage Layer has the same Coverage Layer Date, we will first reduce or eliminate the Rider Face Amount of the Coverage Layer of this rider first, before any other Coverage Layer.

Further, if on a given Rider Coverage Layer Date there are Rider Coverage Layers of both Scheduled and Requested Increases under this Rider, we will reduce the Coverage Layer associated with a Scheduled Increase first.

**Charge for this Rider** – On each Monthly Payment Date prior to the Monthly Deduction End Date, there is a charge for this Rider equal to the sum of the Rider Coverage Charge and the Rider Cost of Insurance Charge. Such charges may vary by Class.

**Rider Coverage Charge** – The Coverage Charge for this Rider is the sum of the Coverage Charge for all Rider Coverage Layers. The Coverage Charge for initial Rider Coverage and any Scheduled Increases will not exceed the Coverage Charge shown in the Policy Specifications. The Coverage Charge for any Requested Increase will not exceed the Coverage Charge shown in the Supplemental Schedule of Coverage sent to you when the Requested Increase is added. The Rider Coverage Charge is not decreased even if there is a reduction in the Rider Face Amount, unless the rider is terminated.

**Rider Cost of Insurance Charge** – The Maximum Rider Cost of Insurance Charge is the sum of the Maximum Cost of Insurance Charge for each Rider Coverage Layer. The Maximum Cost of Insurance Charge for each Rider Coverage Layer is equal to (1) multiplied by (2), where:

- (1) is the Maximum Monthly Cost of Insurance Rate for the Rider Coverage Layer divided by 1000; and
- (2) is the Net Amount at Risk allocated to the Rider Coverage Layer.

The Maximum Monthly Cost of Insurance Rates for each Rider Coverage Layer are shown in the Policy Specifications, or for Requested Increases, in the Supplemental Schedule of Coverage associated with the Increase. We may charge less than the Maximum Rider Cost of Insurance Charge. The Net Amount

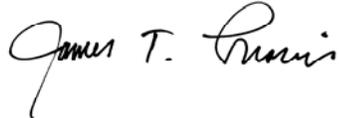
at Risk is allocated to each Rider Coverage Layer according to the Face Amount of each Rider Coverage Layer in proportion to the Total Face Amount.

**Conversion** – This Rider is not convertible.

**Effective Dates** – This Rider is effective on the Policy Date unless otherwise stated. It will terminate on the earlier of:

- Your Written Request
- The date the Rider or the Policy ceases to be In Force

Signed for **Pacific Life Insurance Company,**



Chairman, President and Chief Executive Officer



Secretary

SUMMARY OF COVERAGES EFFECTIVE ON THE POLICY DATE

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SUMMARY OF OTHER COVERAGES

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R10ARS ANNUAL RENEWABLE TERM RIDER

FACE AMOUNT:	SEE TABLE OF TERM COVERAGE
INSURED:	LELAND STANFORD
SEX AND AGE:	MALE 35
RISK CLASS:	STANDARD NONSMOKER

TABLE OF TERM COVERAGE  
 APPLICABLE TO ANNUAL RENEWABLE TERM ("ART") RIDER

INSURED: LELAND STANFORD

FOR EACH TERM COVERAGE  
 LAYER\*\*\* FIRST EFFECTIVE IN THE  
 POLICY YEAR SHOWN

TOTALS FOR ALL TERM COVERAGE  
 LAYERS\*\*\* THAT HAVE BECOME EFFECTIVE  
 BY THE POLICY YEAR SHOWN

POLICY YEAR	FACE	COVERAGE CHARGE		FACE	COVERAGE
	AMOUNT	YEARS* 1-20	YEARS* 21+	AMOUNT	CHARGE
1	\$100,000	\$22.68	\$25.92	\$100,000	\$22.68
2	0	0	0	100,000	22.68
3	0	0	0	100,000	22.68
4	0	0	0	100,000	22.68
5	0	0	0	100,000	22.68
6	0	0	0	100,000	22.68
7	0	0	0	100,000	22.68
8	0	0	0	100,000	22.68
9	0	0	0	100,000	22.68
10	0	0	0	100,000	22.68
11	0	0	0	100,000	22.68
12	0	0	0	100,000	22.68
13	0	0	0	100,000	22.68
14	0	0	0	100,000	22.68
15	0	0	0	100,000	22.68
16	0	0	0	100,000	22.68
17	0	0	0	100,000	22.68
18	0	0	0	100,000	22.68
19	0	0	0	100,000	22.68
20	0	0	0	100,000	22.68
21	0	0	0	100,000	25.92
22	0	0	0	100,000	25.92
23	0	0	0	100,000	25.92
24	0	0	0	100,000	25.92
25	0	0	0	100,000	25.92
26	0	0	0	100,000	25.92
27	0	0	0	100,000	25.92
28	0	0	0	100,000	25.92
29	0	0	0	100,000	25.92
30	0	0	0	100,000	25.92
31	0	0	0	100,000	25.92
32	0	0	0	100,000	25.92
33	0	0	0	100,000	25.92
34	0	0	0	100,000	25.92
35	0	0	0	100,000	25.92
36	0	0	0	100,000	25.92
37	0	0	0	100,000	25.92
38	0	0	0	100,000	25.92
39	0	0	0	100,000	25.92
40	0	0	0	100,000	25.92
41	0	0	0	100,000	25.92
42	0	0	0	100,000	25.92
43	0	0	0	100,000	25.92
44	0	0	0	100,000	25.92

\* YEARS ARE MEASURED FROM THE EFFECTIVE DATE OF THE COVERAGE LAYER.

\*\* INCREASE IS NOT GUARANTEED. EVIDENCE OF FINANCIAL INSURABILITY WILL BE REQUIRED.

\*\*\* OTHER THAN TERM COVERAGE LAYERS RESULTING FROM REQUESTED INCREASES



## SCHEDULED INCREASE RIDER

This rider ("Rider") becomes a part of the policy to which it is attached ("Policy"). All terms of the Policy that do not conflict with this Rider's terms apply to the Rider.

**Rider Benefit Summary** – This Rider provides for Scheduled Increases in Face Amount on the Insured's life as long as:

- The Policy is In Force and this Rider has not terminated.
- We have approved such increase, if approval is required (see "Evidence of Financial Insurability May Be Required").

Each such increase is referred to in this Rider as a "Scheduled Increase", and is scheduled for a particular policy anniversary, as shown in the Policy Specifications. Each Scheduled Increase that goes into effect becomes a new Coverage Layer with a particular Face Amount and charges (see "Charges for Scheduled Increases"). The Face Amount of each Coverage Layer contributes to the Total Face Amount, and consequently to the Death Benefit, of the Policy. This rider has no Accumulated Value of its own, but affects the Policy's Accumulated Value because the charges for the Rider and the charges for any Scheduled Increase that may result from it, are deducted from the Accumulated Value of the Policy.

**Evidence of Financial Insurability May Be Required** - Evidence of Financial Insurability ("Evidence") with respect to this Rider means financial documentation required by us at the time we evaluate the Scheduled Increase that is consistent with our financial underwriting standards and practices. Each Scheduled Increase may be subject to our approval based on the Evidence you provide at the time the Scheduled Increase is scheduled. If Evidence is required for one or more Scheduled Increases, the Policy Specifications for the Rider will so state. If Evidence is required, the Scheduled Increase will only occur if you provide the required Evidence at least 15 days before the Scheduled Increase is scheduled to occur, and only if we approve the Scheduled Increase by determining that the Evidence meets our financial underwriting standards and practices. If you fail to provide the required Evidence or if we determine that the Evidence you provide does not meet our financial underwriting standards and practices, we will not approve the Scheduled Increase and the Scheduled Increase will not take effect, provided that we may approve an increase for an amount less than the Scheduled Increase, in which case only the lesser amount will take effect.

**Insured** – As used in this Rider, the "Insured" means the individual covered under the Policy's Basic Coverage, as shown in the Policy Specifications.

**Scheduled Increase Type** – Each Scheduled Increase is an increase either to Basic Coverage or to term insurance coverage on the Insured provided by rider ("Term Coverage"), or to both Basic Coverage and Term Coverage. If there are Scheduled Increases that apply to Basic Coverage, they will be shown in a Table of Scheduled Increases in Basic Coverage shown in the Policy Specifications. When any such Basic Coverage goes into effect, it will become a part of, and be administered according to, the Policy. Likewise, if there are Scheduled Increases that apply to Term Coverage, they will be shown in a Table of Term Coverage shown in the Policy Specifications. When any such Term Coverage goes into effect, it will become a part of, and be administered according to, the rider to which Scheduled Increase applies, as shown in the Policy Specifications.

**Charge for this Rider** – On each Monthly Payment Date, there is a Rider Charge that will be part of the Policy's Monthly Deduction. The maximum Rider Charge is shown in the Policy Specifications and applies for the first twenty policy years. We may charge less than such maximum charge. The Rider Charge will apply whether or not a particular Scheduled Increase goes into effect and regardless of whether any Scheduled Increases stay in effect.

**Charges for Scheduled Increases** – Any Scheduled Increase that has gone into effect as a result of this Rider will have an associated Coverage Charge and Cost of Insurance Charge, and, in the case of Scheduled Increase in Basic Coverage, an associated Surrender Charge. The charges for Scheduled Increases in Basic Coverage are described in the Policy. The charges for Scheduled Increases in Term Coverage are described in the rider, to which the Scheduled Increases apply.

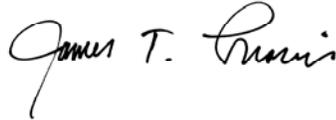
**Changes in Scheduled Increases** – If you request a decrease or termination of any Coverage Layer that has already gone into effect or if you decline a Scheduled Increase that has been approved, or if you transfer ownership of the Policy to any person or entity without an insurable interest in the life of the Insured, all future Scheduled Increases will be forfeited and we will send you a Supplemental Schedule of Coverage to reflect the change. If we do not approve a Scheduled Increase that requires Evidence or if we approve an increase for an amount less than the full amount of the Scheduled Increase, we will also send you a Supplemental Schedule of Coverage to reflect the change, but in this case any future Scheduled Increases will not be forfeited.

**Effective Dates** – This Rider is effective on the Policy Date unless otherwise stated. It will terminate on the earlier of:

- Your Written Request
- The date the Policy or the Rider ceases to be In Force

**Reinstatement** – If the Policy is reinstated, any Scheduled Increases that would have otherwise occurred when the Policy was lapsed will be forfeited. Scheduled Increases that are scheduled to occur after reinstatement will be handled as if the Policy had never lapsed.

Signed for **Pacific Life Insurance Company,**



Chairman, President and Chief Executive Officer



Secretary

POLICY SPECIFICATIONS

SUMMARY OF COVERAGES EFFECTIVE ON THE POLICY DATE

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SUMMARY OF OTHER COVERAGES

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R10SIR SCHEDULED INCREASE RIDER

RIDER CHARGE:

\$30.50 PER MONTH

POLICY SPECIFICATIONS

TABLE OF SCHEDULED INCREASES IN BASIC COVERAGE

INSURED: LELAND STANFORD

FOR EACH SCHEDULED INCREASE IN BASIC COVERAGE FIRST EFFECTIVE IN THE POLICY YEAR SHOWN

TOTALS FOR ALL SCHEDULED INCREASES IN BASIC COVERAGE THAT HAVE BECOME EFFECTIVE BY THE POLICY YEAR SHOWN

POLICY YEAR	FACE AMOUNT	COVERAGE CHARGE		FACE AMOUNT	COVERAGE CHARGE
		YEARS* 1-20	YEARS* 21+		
1	\$0	\$0	\$0	\$0	\$0
2	100,000	22.02	24.18	10,000	22.02
3	100,000	22.32	24.48	20,000	44.34
4	100,000	22.60	24.76	30,000	66.94
5	100,000	22.87	25.03	40,000	89.81
6	100,000	23.18	25.34	50,000	112.99
7	100,000**	23.55	25.71	60,000	136.54
8	100,000**	23.92	26.08	70,000	160.46
9	100,000**	24.30	26.46	80,000	184.76
10	100,000**	24.66	26.82	90,000	209.42
11	100,000**	25.08	27.24	100,000	234.50
12	0	0	0	100,000	234.50
13	0	0	0	100,000	234.50
14	0	0	0	100,000	234.50
15	0	0	0	100,000	234.50
16	0	0	0	100,000	234.50
17	0	0	0	100,000	234.50
18	0	0	0	100,000	234.50
19	0	0	0	100,000	234.50
20	0	0	0	100,000	234.50
21	0	0	0	100,000	234.50
22	0	0	0	100,000	236.66
23	0	0	0	100,000	238.82
24	0	0	0	100,000	240.98
25	0	0	0	100,000	243.14
26	0	0	0	100,000	245.30
27	0	0	0	100,000	247.46
28	0	0	0	100,000	249.62
29	0	0	0	100,000	251.78
30	0	0	0	100,000	253.94
31	0	0	0	100,000	256.10
32	0	0	0	100,000	256.10
33	0	0	0	100,000	256.10
34	0	0	0	100,000	256.10
35	0	0	0	100,000	256.10
36	0	0	0	100,000	256.10
37	0	0	0	100,000	256.10
38	0	0	0	100,000	256.10
39	0	0	0	100,000	256.10
40	0	0	0	100,000	256.10
41	0	0	0	100,000	256.10
42	0	0	0	100,000	256.10
43	0	0	0	100,000	256.10
44	0	0	0	100,000	256.10

\*YEARS ARE MEASURED FROM THE EFFECTIVE DATE OF THE COVERAGE LAYER.

\*\* INCREASE IS NOT GUARANTEED. EVIDENCE OF FINANCIAL INSURABILITY WILL BE REQUIRED.

POLICY SPECIFICATIONS

TABLE OF SCHEDULED INCREASES IN BASIC COVERAGE  
CONTINUED

INSURED: LELAND STANFORD

FOR EACH SCHEDULED INCREASE IN  
BASIC COVERAGE FIRST EFFECTIVE IN  
THE POLICY YEAR SHOWN

TOTALS FOR ALL SCHEDULED INCREASES IN  
BASIC COVERAGE THAT HAVE BECOME  
EFFECTIVE BY THE POLICY YEAR SHOWN

POLICY YEAR	FACE AMOUNT	COVERAGE YEARS* 1-20	CHARGE YEARS* 21+	FACE AMOUNT	COVERAGE CHARGE
45	\$0	\$0	\$0	\$100,000	\$256.10
46	0	0	0	100,000	256.10
47	0	0	0	100,000	256.10
48	0	0	0	100,000	256.10
49	0	0	0	100,000	256.10
50	0	0	0	100,000	256.10
51	0	0	0	100,000	256.10
52	0	0	0	100,000	256.10
53	0	0	0	100,000	256.10
54	0	0	0	100,000	256.10
55	0	0	0	100,000	256.10
56	0	0	0	100,000	256.10
57	0	0	0	100,000	256.10
58	0	0	0	100,000	256.10
59	0	0	0	100,000	256.10
60	0	0	0	100,000	256.10
61	0	0	0	100,000	256.10
62	0	0	0	100,000	256.10
63	0	0	0	100,000	256.10
64	0	0	0	100,000	256.10
65	0	0	0	100,000	256.10
66	0	0	0	100,000	256.10
67	0	0	0	100,000	256.10
68	0	0	0	100,000	256.10
69	0	0	0	100,000	256.10
70	0	0	0	100,000	256.10
71	0	0	0	100,000	256.10
72	0	0	0	100,000	256.10
73	0	0	0	100,000	256.10
74	0	0	0	100,000	256.10
75	0	0	0	100,000	256.10
76	0	0	0	100,000	256.10
77	0	0	0	100,000	256.10
78	0	0	0	100,000	256.10
79	0	0	0	100,000	256.10
80	0	0	0	100,000	256.10
81	0	0	0	100,000	256.10
82	0	0	0	100,000	256.10
83	0	0	0	100,000	256.10
84	0	0	0	100,000	256.10
85	0	0	0	100,000	256.10
86	0	0	0	100,000	256.10
87+	0	0	0	100,000	0

\*YEARS ARE MEASURED FROM THE EFFECTIVE DATE OF THE COVERAGE LAYER.

POLICY SPECIFICATIONS

TABLE OF SURRENDER CHARGE FACTORS  
FOR SCHEDULED INCREASES IN BASIC COVERAGE

INSURED: LELAND STANFORD

[LEVEL PERIOD: XX YEARS]

SURRENDER CHARGE PERIOD: [10] YEARS\*

FOR EACH SCHEDULED INCREASE IN BASIC COVERAGE  
FIRST EFFECTIVE IN THE POLICY YEAR SHOWN

POLICY YEAR	FACE AMOUNT	INITIAL AMOUNT	REDUCTION FACTOR
1	\$0	\$0	\$0
2	100,000	604.50	40.30
3	100,000	604.50	40.30
4	100,000	604.50	40.30
5	100,000	604.50	40.30
6	100,000	604.50	40.30
7	100,000**	604.50	40.30
8	100,000**	604.50	40.30
9	100,000**	604.50	40.30
10	100,000**	604.50	40.30
11	100,000**	604.50	40.30
12	0	0	0
13	0	0	0
14	0	0	0
15	0	0	0
16	0	0	0
17+	0	0	0

\*YEARS ARE MEASURED FROM THE EFFECTIVE DATE OF THE COVERAGE LAYER.

\*\* INCREASE IS NOT GUARANTEED. EVIDENCE OF FINANCIAL INSURABILITY WILL BE REQUIRED.

POLICY SPECIFICATIONS

TABLE OF TERM COVERAGE  
 APPLICABLE TO ANNUAL RENEWABLE TERM ("ART") RIDER

INSURED: LELAND STANFORD

FOR EACH TERM COVERAGE  
 LAYER\*\*\* FIRST EFFECTIVE IN THE  
 POLICY YEAR SHOWN

TOTALS FOR ALL TERM COVERAGE  
 LAYERS\*\*\* THAT HAVE BECOME EFFECTIVE  
 BY THE POLICY YEAR SHOWN

POLICY YEAR	FACE	COVERAGE CHARGE		FACE	COVERAGE
	AMOUNT	YEARS* 1-20	YEARS* 21+	AMOUNT	CHARGE
	\$0	\$0	\$0	\$0	\$0
1					
2	100,000	23.10	26.34	100,000	23.10
3	100,000	23.40	26.64	200,000	46.50
4	100,000	23.68	26.92	300,000	70.18
5	100,000	23.95	27.19	400,000	94.13
6	100,000	24.26	27.50	500,000	118.39
7	100,000**	24.63	27.87	600,000	143.02
8	100,000**	25.00	28.24	700,000	168.02
9	100,000**	25.38	28.62	800,000	193.40
10	100,000**	25.74	28.98	900,000	219.14
11	100,000**	26.16	29.40	1,000,000	245.30
12	0	0	0	1,000,000	245.30
13	0	0	0	1,000,000	245.30
14	0	0	0	1,000,000	245.30
15	0	0	0	1,000,000	245.30
16	0	0	0	1,000,000	245.30
17	0	0	0	1,000,000	245.30
18	0	0	0	1,000,000	245.30
19	0	0	0	1,000,000	245.30
20	0	0	0	1,000,000	245.30
21	0	0	0	1,000,000	245.30
22	0	0	0	1,000,000	248.54
23	0	0	0	1,000,000	251.78
24	0	0	0	1,000,000	255.02
25	0	0	0	1,000,000	258.26
26	0	0	0	1,000,000	261.50
27	0	0	0	1,000,000	264.74
28	0	0	0	1,000,000	267.98
29	0	0	0	1,000,000	271.22
30	0	0	0	1,000,000	274.46
31	0	0	0	1,000,000	277.70
32	0	0	0	1,000,000	277.70
33	0	0	0	1,000,000	277.70
34	0	0	0	1,000,000	277.70
35	0	0	0	1,000,000	277.70
36	0	0	0	1,000,000	277.70
37	0	0	0	1,000,000	277.70
38	0	0	0	1,000,000	277.70
39	0	0	0	1,000,000	277.70
40	0	0	0	1,000,000	277.70
41	0	0	0	1,000,000	277.70
42	0	0	0	1,000,000	277.70
43	0	0	0	1,000,000	277.70
44	0	0	0	1,000,000	277.70

\* YEARS ARE MEASURED FROM THE EFFECTIVE DATE OF THE COVERAGE LAYER.

\*\* INCREASE IS NOT GUARANTEED. EVIDENCE OF FINANCIAL INSURABILITY WILL BE REQUIRED.

\*\*\* OTHER THAN TERM COVERAGE LAYERS RESULTING FROM REQUESTED INCREASES

POLICY SPECIFICATIONS

TABLE OF TERM COVERAGE  
 APPLICABLE TO ANNUAL RENEWABLE TERM ("ART") RIDER  
 CONTINUED

INSURED: LELAND STANFORD

POLICY YEAR	FOR EACH TERM COVERAGE LAYER*** FIRST EFFECTIVE IN THE POLICY YEAR SHOWN			TOTALS FOR ALL TERM COVERAGE LAYERS*** THAT HAVE BECOME EFFECTIVE BY THE POLICY YEAR SHOWN	
	FACE AMOUNT	COVERAGE YEARS* 1-20	CHARGE YEARS* 21+	FACE AMOUNT	COVERAGE CHARGE
45	\$0	\$0	\$0	\$1,000,000	\$277.70
46	0	0	0	1,000,000	277.70
47	0	0	0	1,000,000	277.70
48	0	0	0	1,000,000	277.70
49	0	0	0	1,000,000	277.70
50	0	0	0	1,000,000	277.70
51	0	0	0	1,000,000	277.70
52	0	0	0	1,000,000	277.70
53	0	0	0	1,000,000	277.70
54	0	0	0	1,000,000	277.70
55	0	0	0	1,000,000	277.70
56	0	0	0	1,000,000	277.70
57	0	0	0	1,000,000	277.70
58	0	0	0	1,000,000	277.70
59	0	0	0	1,000,000	277.70
60	0	0	0	1,000,000	277.70
61	0	0	0	1,000,000	277.70
62	0	0	0	1,000,000	277.70
63	0	0	0	1,000,000	277.70
64	0	0	0	1,000,000	277.70
65	0	0	0	1,000,000	277.70
66	0	0	0	1,000,000	277.70
67	0	0	0	1,000,000	277.70
68	0	0	0	1,000,000	277.70
69	0	0	0	1,000,000	277.70
70	0	0	0	1,000,000	277.70
71	0	0	0	1,000,000	277.70
72	0	0	0	1,000,000	277.70
73	0	0	0	1,000,000	277.70
74	0	0	0	1,000,000	277.70
75	0	0	0	1,000,000	277.70
76	0	0	0	1,000,000	277.70
77	0	0	0	1,000,000	277.70
78	0	0	0	1,000,000	277.70
79	0	0	0	1,000,000	277.70
80	0	0	0	1,000,000	277.70
81	0	0	0	1,000,000	277.70
82	0	0	0	1,000,000	277.70
83	0	0	0	1,000,000	277.70
84	0	0	0	1,000,000	277.70
85	0	0	0	1,000,000	277.70
86	0	0	0	1,000,000	277.70
87+	0	0	0	1,000,000	0

\* YEARS ARE MEASURED FROM THE EFFECTIVE DATE OF THE COVERAGE LAYER

\*\*\* OTHER THAN TERM COVERAGE LAYERS RESULTING FROM REQUESTED INCREASES

## ENDORSEMENT FOR SCHEDULED INCREASES IN BASIC COVERAGE

This endorsement modifies the policy to which it is attached ("Policy"). The following provision is hereby added immediately before the Basic Face Amount Increase provision of the Death Benefit section:

**Scheduled Increases in Face Amount** – There may be scheduled increases in Basic Coverage Face Amount, and if so, they will be shown in the Policy Specifications. Each such increase is referred to as a "Scheduled Increase" and comprises a new Coverage Layer when it goes into effect.

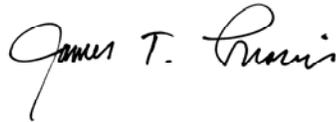
There is a Cost of Insurance Charge associated with each such Scheduled Increase that has gone into effect and continues to be in effect. Such Cost of Insurance Charge is part of the Monthly Deduction for the Policy and is calculated the same as that for other Basic Coverage Layers, subject to maximum Cost of Insurance Rates that are the same as those applicable to the initial Basic Coverage Layer.

There is a Coverage Charge associated with each Scheduled Increase that has gone into effect. Such Coverage Charge is also part of the Monthly Deduction for the Policy. The Coverage Charge for each such Scheduled Increase in Basic Coverage and the Total Coverage Charge for all Scheduled Increases in Basic Coverage are shown in the Policy Specifications. The Coverage Charge for each Scheduled Increase in Basic Coverage that has gone into effect does not decrease or terminate even if the associated Coverage Layer is decreased or terminated. However, if any Scheduled Increase in Basic Coverage does not go into effect as scheduled, the Coverage Charge for the Scheduled Increase will not go into effect, and we will send you a Supplemental Schedule of Coverage to reflect the change.

There is a Surrender Charge for Scheduled Increases in Basic Coverage, which is also described in the Policy Specifications and which is deducted from the Accumulated Value if you surrender the Policy. The Surrender Charge for Scheduled Increases in Basic Coverage that have gone into effect do not terminate or decrease even if a Scheduled Increase in Basic Coverage that has gone into effect is later decreased or terminated. However, if any Scheduled Increase in Basic Coverage does not go into effect as scheduled, the Surrender Charge for the Scheduled Increases in Basic Coverage will change and we will send you a Supplemental Schedule of Coverage to reflect the change.

All other provisions of the Policy remain unchanged.

Signed for Pacific Life Insurance Company,



Chairman, President, and Chief Executive Officer



Secretary

**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**

**SUPPLEMENT TO APPLICATION - FINANCIAL**

Primary Insured's Name: First	MI	Last	Date of Birth (mm/dd/yyyy)
Policyowner's Name			Policy Number

**GENERAL INFORMATION – PRIMARY INSURED**

1. Primary Insured's Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2A. Employer's Name	B. Occupation	C. How Long
		Yr                  Mo

3A. Annual earned income from occupation \$ _____	B. Annual unearned income (State sources in Remarks) \$ _____	C. Net Worth <input type="checkbox"/> Individual <input type="checkbox"/> Joint \$ _____
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4. Do you have any applications for life insurance currently pending, or within the last 6 months, have you applied for any life insurance that was not placed in force?  No     Yes    If Yes, give coverage amounts and final outcome \_\_\_\_\_

5. Give details of all life insurance in force on any Proposed Insured. If none, check this box:

Company	Product Plan	Year Issued	Amount	Purpose of Coverage

6. What is the total amount of life insurance to be in force with all carriers including this increase (if approved), other inforce coverage (which includes any automatically scheduled increases), and any pending or planned policies?  
 \$ \_\_\_\_\_

**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 request?  Yes     No (If Yes, complete the Premium Financing Disclosure and Acknowledgment 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?

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

**REMARKS** (Use additional sheets of paper, if necessary)

**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 and Vermont.)

If you are signing on behalf of an entity, you represent that you are authorized to execute this document and to make the statements that may be shown. You further represent that all requirements of those entities, including the use of any seal (in the case of a Corporation) and any authorized signatures (in the case of a Corporation and/or Trust) have been met.

Signed on: **Date (mm/dd/yyyy)**

**X** \_\_\_\_\_  
 Signature of Primary Insured

If Corporation, Trust or Business Entity, print name and title of Signer

**X** \_\_\_\_\_  
 Signature of Policyowner, if other than Primary Insured



SERFF Tracking Number: PALD-126627341 State: Arkansas  
Filing Company: Pacific Life Insurance Company State Tracking Number: 45660  
Company Tracking Number:  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: R10SIR  
Project Name/Number: R10SIR/R10SIR

## Supporting Document Schedules

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachment:**

ReadabilityCertification[1].pdf

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** Application

**Comments:**

The forms will be used primarily with application #A10IUW2, approved on 03/17/10.

## READABILITY CERTIFICATION

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

Policy Form Number(s): R10ARS  
R10SIR  
E10VPM  
A10FNS

Form Name(s): Annual Renewable Term Rider  
Scheduled Increase Rider  
Endorsement for Scheduled Increases in Basic Coverage  
Supplement to Application – Financial

Flesch Score(s): 51.3  
51.1  
52.6  
52.5

(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

5/10/10



\_\_\_\_\_  
SIGNATURE

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

NAME

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

TITLE