

SERFF Tracking Number: PACL-126696427 State: Arkansas  
Filing Company: Pacific Life Insurance Company State Tracking Number: 46079  
Company Tracking Number: APPS  
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
Product Name: Application  
Project Name/Number: Application/APPS

## Filing at a Glance

Company: Pacific Life Insurance Company

Product Name: Application

TOI: A03I Individual Annuities - Deferred Variable

Sub-TOI: A03I.002 Flexible Premium

Filing Type: Form

SERFF Tr Num: PACL-126696427 State: Arkansas

SERFF Status: Closed-Approved-Closed State Tr Num: 46079

Co Tr Num: APPS

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Maysy Vang, Brian Deleget, Karen Givens

Disposition Date: 06/29/2010

Date Submitted: 06/28/2010

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: Application

Project Number: APPS

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/29/2010

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 12/04/2009

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 06/29/2010

Created By: Maysy Vang

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Maysy Vang

Filing Description:

NAIC: 67466

FEIN: 95-1079000

To the Individual Life Insurance Department of Arkansas.

We are submitting the following annuity applications for approval in your state:

Form Number(s) Form Description(s)

SERFF Tracking Number: PACL-126696427 State: Arkansas  
Filing Company: Pacific Life Insurance Company State Tracking Number: 46079  
Company Tracking Number: APPS  
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
Product Name: Application  
Project Name/Number: Application/APPS  
25-1174AR Variable Annuity Application  
25-1165AR Deferred Annuity Application  
25-1173AR Single Premium Deferred Annuity Application

When approved, the forms submitted will replace the application forms listed below, previously approved by the Department as of the dates shown.

Application Form No. Submitted - Replaces Application Form No. -State Tracking No. Date Approved - SERFF Tracking No.

25-1174AR - 25-1174 - 43971 - 11/5/2009 - PACL-126367877

25-1165AR - 25-1165 - 41606 - 2/24/2009 - PACL-126041026

25-1173AR - 25-1173 - 44424 - 1/4/2010 - PACL-126369763

The forms have been revised pursuant to Arkansas Rule 82, Suitability in Annuity Transaction. The phrase "I further certify that, prior to soliciting the contract applied for, I have completed all state mandated annuity, insurance, and/or product training and agree to provide documentation of such completion upon request by Pacific Life. I understand that such documentation must be maintained by me for at least seven (7) years." has been added under the Registered Representative Statement section.

The forms submitted will be used to apply for their respective individual annuity contracts list below, previously approved by the Department as of the dates shown:

Application Form No. Submitted - Contract Form No. - State Tracking No. - Date Approved - SERFF Tracking No.

25-1174AR - 10-10300 - N/A - 11/25/2002 - N/A

25-1174AR - 10-1107 - 31740 - 1/31/2006 - USPH-6L4R2B106

25-1174AR - 10-1108 - 26069 - 4/14/2004 -USPH-5XUQHZ984

25-1174AR - 10-1128 -31553 -1/12/2006 -USPH-6K8MUR948

25-1174AR - 10-1130 -33657 -9/15/2006 -USPH-6T8LDL846

25-1174AR - 10-17800 -22504 -4/4/2003 -USPH-5L3VPU266

25-1165AR - 30-1165-1 - 43507 -9/18/2009 -PACL-126301537

25-1173AR - 30-1173 -44424 -1/4/2010 -PACL-126369763

#### Statement of Variability

The application has been completed in John Doe fashion. Bracketed matter (variable material) shown within each applicable section is subject to change. The accompanying Statement of Variability provides an explanation of the variable material that has been bracketed.

SERFF Tracking Number: PACL-126696427 State: Arkansas  
Filing Company: Pacific Life Insurance Company State Tracking Number: 46079  
Company Tracking Number: APPS  
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
Product Name: Application  
Project Name/Number: Application/APPS

The forms submitted:

- is exempt from flesch score readability requirements as it is a security subject to federal jurisdiction;
- the combination of application forms 25-1165AR and 25-1173AR achieved a readability flesch score of 42.5.
- is in final print and subject only to minor modification in paper size, stock, ink, border, Company logo, adaptation to electronic media or computer printing and as otherwise specified in the accompanying Statement of Variability.

All required transmittals, checklists, certifications and/or filing fees, as applicable, are included in this submission.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

Should you have any questions or require additional information, please call toll-free 1-800-722-2333 Ext. 6907

Sincerely,

Maysy Vang  
Compliance Analyst  
RSD - Product Compliance  
Amfproduct.filing@pacificlife.com

## Company and Contact

### Filing Contact Information

Maysy Vang, Compliance Analyst  
700 Newport Center Drive  
Newport Beach, CA 92660

Mvang@pacificlife.com  
949-219-6907 [Phone]  
949-219-0579 [FAX]

### Filing Company Information

Pacific Life Insurance Company  
700 Newport Center Drive  
Newport Beach, CA 92660-6397  
(800) 722-2333 ext. [Phone]

CoCode: 67466  
Group Code: 709  
Group Name:  
FEIN Number: 95-1079000

State of Domicile: Nebraska  
Company Type: Annuities  
State ID Number:

## Filing Fees

SERFF Tracking Number: PACL-126696427 State: Arkansas  
Filing Company: Pacific Life Insurance Company State Tracking Number: 46079  
Company Tracking Number: APPS  
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium  
Product Name: Application  
Project Name/Number: Application/APPS

Fee Required? Yes  
Fee Amount: \$150.00  
Retaliatory? No  
Fee Explanation: 3 x \$50 = \$150.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pacific Life Insurance Company	\$150.00	06/28/2010	37617261

SERFF Tracking Number: PACL-126696427 State: Arkansas  
Filing Company: Pacific Life Insurance Company State Tracking Number: 46079  
Company Tracking Number: APPS  
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium  
Product Name: Application  
Project Name/Number: Application/APPS

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/29/2010	06/29/2010

*SERFF Tracking Number:*      *PACL-126696427*                      *State:*                      *Arkansas*  
*Filing Company:*              *Pacific Life Insurance Company*              *State Tracking Number:*      *46079*  
*Company Tracking Number:*      *APPS*  
*TOI:*                      *A031 Individual Annuities - Deferred Variable*      *Sub-TOI:*                      *A031.002 Flexible Premium*  
*Product Name:*              *Application*  
*Project Name/Number:*      *Application/APPS*

## **Disposition**

Disposition Date: 06/29/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PACL-126696427 State: Arkansas  
 Filing Company: Pacific Life Insurance Company State Tracking Number: 46079  
 Company Tracking Number: APPS  
 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium  
 Product Name: Application  
 Project Name/Number: Application/APPS

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Variable Annuity Application		Yes
Form	Deferred Annuity Application		Yes
Form	Single Premium Deferred Annuity Application		Yes

SERFF Tracking Number: PACL-126696427 State: Arkansas  
 Filing Company: Pacific Life Insurance Company State Tracking Number: 46079  
 Company Tracking Number: APPS  
 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
 Product Name: Application  
 Project Name/Number: Application/APPS

## Form Schedule

### Lead Form Number: 25-1174AR

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	25-1174AR	Application/Variable Annuity Enrollment Application Form	Initial		0.000	25-1174AR.pdf
	25-1165AR	Application/Deferred Annuity Enrollment Application Form	Initial		42.500	25-1165AR.pdf
	25-1173AR	Application/Single Premium Enrollment Deferred Annuity Form Application	Initial		42.500	25-1173AR.pdf



**PACIFIC LIFE**

Pacific Life Insurance Company  
[P.O. Box 2378, Omaha, NE 68103-2378  
or 1299 Farnam Street, 6<sup>th</sup> Floor, RSD, Omaha, NE 68102  
www.PacificLife.com  
Contract Owners: (800) 722-4448

**[Pacific Value]**  
Variable Annuity Application

**ARKANSAS**

Registered Representatives, call (800) 722-2333 for assistance]

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

Name (First, Middle, Last) JOHN A. DOE		Birth Date (mo/day/yr) 01/01/1972	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Mailing Address 111 CENTER DRIVE	City, State, ZIP ANYTOWN, CA 12345		SSN 999-77-8888
Residential Address (if different than mailing address)	City, State, ZIP		

Solicited at: State _____
------------------------------

*Complete this box for custodial-owned qualified contracts only. Will not be valid for any other contract types. Information put here will be used for contract and registered representative appointment purposes.*

ADDITIONAL ANNUITANT *Not applicable for qualified contracts or contracts with non-natural owners. Check One:*  Joint  Contingent

Name (First, Middle, Last) JANE A. DOE		Birth Date (mo/day/yr) 01/01/19972	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F
Mailing Address 111 CENTER DRIVE	City, State, ZIP ANYTOWN, CA 12345		SSN 999-66-8888
Residential Address (if different than mailing address)	City, State, ZIP		

2. OWNER(S) *If annuitant and owner are the same, do not complete this section. Check product guidelines for maximum issue age.*

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

ADDITIONAL OWNER *Not applicable for qualified contracts.*

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

3. DEATH BENEFIT COVERAGE

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

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



4. TELEPHONE/ELECTRONIC AUTHORIZATIONS

  Yes

TELEPHONE/ELECTRONIC TRANSACTION AUTHORIZATION As the owner, I will receive this privilege automatically.

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

**ELECTRONIC INFORMATION CONSENT** By providing my e-mail address, I consent to receive documents and notices applicable to my contract, including but not limited to prospectuses, prospectus supplements, annual and semi-annual reports, quarterly statements and immediate confirmations, privacy notice and other notices and documentation in electronic format when available instead of receiving paper copies of these documents by U.S. mail. I will continue to receive paper copies of annual statements if required by state or federal law. Not all contract documentation and notifications may be currently available in electronic format. I consent to receive in electronic format any documents added in the future. For jointly owned contracts, both owners are consenting to receive information electronically. I confirm that I have ready access to a computer with Internet access, an active e-mail account to receive this information electronically, and the ability to read and retain it.

I understand that:

- There is no charge for electronic delivery, although my Internet provider may charge for Internet access.
- I must provide a current 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 information at any time for no charge, even though I consented to electronic delivery, or if I decide to revoke my consent.
- For jointly owned contracts, both owners are consenting that the primary owner will receive information electronically. (Only the primary owner will receive e-mail notices.)
- Electronic delivery will be cancelled if e-mails are returned undeliverable.
- This election will be effective for all contracts I currently own or acquire in the future.
- This consent will remain in effect until I revoke it.

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



E-Mail address: JDOE@INTERNET.COM

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

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

**6. BENEFICIARIES** If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. For contracts owned by a non-individual custodian (including IRAs) or other non-natural owners, the beneficiary will be the owner listed on the application and information provided below will not be valid. Use Section 14, Special Requests, to provide additional beneficiary information.

Name (First, Middle, Last) JACK A.D OE	Birth Date (mo/day/yr) 01/01/1992	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship SON	SSN/TIN 333-22-7777	Percentage 100 %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %

7. CONTRACT TYPE Select ONE.

Non-Qualified<sup>1,2</sup>    SIMPLE IRA<sup>4</sup>    Roth IRA    401(a)<sup>6</sup>    Individual(k)<sup>7</sup>    457(b) - 501(c) tax exempt<sup>6</sup>  
 IRA<sup>3</sup>    SEP-IRA    TSA/403(b)<sup>5</sup>    401(k)<sup>6</sup>    457(b) - gov't. entity<sup>6</sup>    Keogh/HR-10<sup>6</sup>

<sup>1</sup> For trust-owned contracts, complete Trustee Certification and Disclosure. <sup>2</sup> For non-qualified contracts, if owner is a non-natural person or corporation, complete the Non-Natural or Corporate-Owned Disclosure Statement. <sup>3</sup> For individual-owned or trust-owned Inherited IRA contracts, complete appropriate Inherited IRA Certification. <sup>4</sup> Complete SIMPLE IRA Employer Information. <sup>5</sup> Complete TSA Certification. <sup>6</sup> Complete Qualified Plan and 457(b) Plan Disclosure. <sup>7</sup> Complete Individual(k) Qualified Plan Disclosure.



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

**8A. NON-QUALIFIED CONTRACT PAYMENT TYPE**

Indicate type of initial payment.

<input type="checkbox"/> 1035 exchange(s)/estimated transfer...\$ _____	
<input checked="" type="checkbox"/> Amount enclosed.....\$ <u>25,000.00</u>	

**8B. QUALIFIED CONTRACT PAYMENT TYPE** *Indicate type of initial payment. If no year is indicated, contribution defaults to current tax year.*

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

**9. REPLACEMENT**

**9A. EXISTING INSURANCE**

<b>CHECK ONE</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
------------------	------------------------------	--

Do you have any existing life insurance or annuity contracts with this or any other company?  
(Default is "Yes" if neither box is checked.)

**9B. REPLACEMENT**

<b>CHECK ONE</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
------------------	------------------------------	--

Will the purchase of this annuity result in the replacement, termination or change in value of any existing life insurance or annuity in this or any other company? If "Yes," provide the information below for each policy or contract being replaced and attach any required state replacement and/or 1035 exchange/transfer forms

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

**10. OPTIONAL RIDERS** **Subject to state availability.** *To qualify for CoreIncome Advantage, CoreIncome Advantage5, CoreProtect Advantage, Income Access, GPA3, or GIA Plus rider benefits, the entire contract value must stay invested in allowable allocation options Pacific Life makes available for the riders. Note: Optional Guaranteed Minimum Withdrawal Benefit Riders are not available with Inherited IRA and Inherited TSA business.*

**10A. Guaranteed Minimum Withdrawal Benefit** *Select one.*

- CoreIncome Advantage** Annuitant(s) must not be over age 85 at issue.
- CoreIncome Advantage5** Annuitant(s) must not be over age 85 at issue.
- CoreProtect Advantage** Annuitant(s) must be no younger than age 55 and no older than age 85 at issue.
- Income Access with Automatic Reset/Step-up Option.** Annuitant(s) must not be over age 85 at issue.
- I elect to opt out of Income Access Automatic Reset/Step-up Option.

- 10B.  **GPA3** Annuitant(s) must not be over age 85 at issue, which must be at least 10 years prior to the annuity date.
- 10C.  **GIA Plus** Annuitant(s) must not be over age 80 at issue.
- 10D.  **EEG** Annuitant(s) must not be over age 75 at issue.

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

**11. DOLLAR COST AVERAGING** *If elected, 100% of your initial investment will be allocated to the DCA Plus term unless you indicate a different percentage below. If you select a Custom Model in Section 13 and are using DCA Plus, you must allocate 100% of your investment to the DCA Plus term. If you select Portfolio Optimization, Asset Allocation Strategies or Individual Investments and a percentage less than 100% is indicated, the remainder of the purchase payment will be allocated pro rata to the allocations selected. To indicate a source account other than DCA Plus, use Section 14, Special Requests, or the [Transfers and Allocations form]. Additional investments will be allocated to the DCA Plus selection indicated below unless alternate instructions are on file or provided with the investment. Note: Only DCA Plus may be used with Custom Models.*

**DCA Plus Term** *Select One.*

<input checked="" type="checkbox"/> 6 months <input type="checkbox"/> 12 months	_____ % of initial investment. Default will be 100% if not indicated or if a Custom Model is selected in Section 13.
---	--

**12. REBALANCING** *Choose one rebalancing frequency. Rebalancing is optional unless you select a Custom Model in Section 13. If you select a Custom Model, rebalancing will be quarterly.*

<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Semiannually	<input type="checkbox"/> Annually
---	---------------------------------------	-----------------------------------



**13. ALLOCATION OPTIONS** Use this section to allocate 100% of your investment. Use whole percentages only. Additional investments will be allocated based on the options below and where applicable, if a selection was made in section 11, unless alternate instructions are on file or provided with the investment. **IMPORTANT:** To be eligible for an optional rider in Section 10, you must select **ONE** of the following options:

- I. **Portfolio Optimization:** Select one model. 100% of your investment will be allocated to the model selected. [Note: Model E is not an available allocation option for use with Optional Riders in Section 10.]
- II. **Asset Allocation Strategies:** Indicate the percentage of your investment for each Asset Allocation Strategy. Allocations may be among these strategies and must total 100%.
- III. **Custom Models:** For Categories A, B, and C indicate no more than 15% in any individual investment. In addition, you must allocate at least 25% into each of Categories A, B, and C. Categories A, B, C, and D must total 100%. Category D is optional provided the previous requirements are met. You may allocate up to 25% into an individual investment in Category D.

If you want to select individual investments and are not choosing an optional rider in Section 10, you may indicate any combination of investments in Option III. Allocations must total 100%.

Models	OPTION I: PORTFOLIO OPTIMIZATION				
	Select one: <input type="checkbox"/> Model A <input type="checkbox"/> Model B <input type="checkbox"/> Model C <input type="checkbox"/> Model D <input type="checkbox"/> Model E				
<b>Asset Allocation Strategies</b>	100% allocation to one or a combination of these strategies is approved for selection of an optional rider in Section 10. Pacific Dynamix-Conservative Growth Portfolio _____%    Franklin Templeton VIP Founding Funds _____% Pacific Dynamix-Moderate Growth Portfolio _____%    GE Investments Total Return Fund _____% Pacific Dynamix-Growth Portfolio _____%    Invesco Van Kampen _____% AllianceBernstein VPS Balanced _____%    V.I. Global Tactical Asset Allocation Fund _____% Wealth Strategy _____%    Invesco V.I. Global Multi-Asset Fund _____% BlackRock Global Allocation V.I. Fund _____%    PIMCO Global Multi-Asset Portfolio _____% American Funds® Asset Allocation _____%				_____ % Total
	<b>OPTION III Select one:    <input type="checkbox"/> CUSTOM MODEL    <input type="checkbox"/> INDIVIDUAL INVESTMENTS</b> <b>Custom Models:</b> For Categories A, B, and C indicate no more than 15% in any individual investment. In addition, you must allocate at least 25% into each of Categories A, B, and C. Categories A, B, C, and D must total 100%. Category D is optional provided the previous requirements are met. You may allocate up to 25% into an individual investment in Category D. <b>Individual Investments:</b> If you want to select individual investments and are not choosing an optional rider in Section 10, you may indicate any combination of investments. Allocations must total 100%.				
<b>Category A Fixed-Income Portfolios</b>	Eaton Vance Floating Rate Loan _____% Goldman Sachs Short Duration Bond _____% PAM Cash Management _____% PAM High Yield Bond _____%	PIMCO Managed Bond _____% PIMCO Inflation Managed _____% Western Asset Management Diversified Bond _____%	_____ % Total		
<b>Category B Domestic Equity Portfolios</b>	Alger Small Cap Growth _____% Analytic Investors/ JPMorgan Long/Short Large-Cap _____% BlackRock Equity Index _____% BlackRock Mid-Cap Value _____% BlackRock Small-Cap Index _____% Capital Guardian Equity _____% Capital Research American Funds® Growth-Income _____% Capital Research American Funds® Growth Large Cap Value _____% ClearBridge Large Cap Value _____%	Franklin Templeton/ BlackRock Small-Cap Equity _____% Invesco Comstock _____% Janus Growth LT _____% Janus Focused 30 _____% Lazard Mid-Cap Equity _____% Morgan Stanley Mid-Cap Growth _____% NFJ Small-Cap Value _____% Oppenheimer Multi-Strategy _____% Oppenheimer Main Street® Core _____% T. Rowe Price Dividend Growth _____% UBS Large-Cap Growth _____%	_____ % Total		
<b>Category C International Equity and Sector Portfolios</b>	AllianceBernstein International Value _____% Batterymarch International Small-Cap _____% Columbia Technology _____% Jennison Health Sciences _____%	MFS International Large-Cap _____% Morgan Stanley Real Estate _____% Oppenheimer Emerging Market _____%	_____ % Total		
<b>Category D Asset Allocation Strategies</b>	Pacific Dynamix-Conservative Growth Portfolio _____%    Franklin Templeton VIP Founding Funds _____% Pacific Dynamix-Moderate Growth Portfolio _____%    GE Investments Total Return Fund _____% Pacific Dynamix-Growth Portfolio _____%    Invesco Van Kampen _____% AllianceBernstein VPS Balanced _____%    V.I. Global Tactical Asset Allocation Fund _____% Wealth Strategy _____%    Invesco V.I. Global Multi-Asset Fund _____% BlackRock Global Allocation V.I. Fund _____%    PIMCO Global Multi-Asset Portfolio _____% American Funds® Asset Allocation _____%				_____ % Total
<b>CATEGORIES A – D MUST TOTAL 100%</b>				_____ % Total	



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

[Empty rectangular box for special requests]

**15. FRAUD NOTICE**

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



**16. STATEMENT OF OWNER(S)** I understand that federal law requires all financial institutions to obtain the name, residential address, date of birth, Social Security or taxpayer identification number, and any other information necessary to sufficiently verify the identity of each customer.

I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract termination. I, the owner(s), understand that I have applied for a variable annuity contract ("contract") issued by Pacific Life Insurance Company ("company"). I received prospectuses for this variable annuity contract. After reviewing my financial background with my registered representative, I believe this contract, including the benefits of its insurance features, will meet my financial objectives based in part upon my age, income, net worth, and tax status, and any existing investments, annuities, or other insurance products I own. If applicable, I considered the appropriateness of full or partial replacement of any existing life insurance or annuity. I also considered my liquidity needs, risk tolerance, and investment time horizon when selecting variable investment options. I understand the terms and conditions related to any optional rider applied for and believe that the rider(s) meet(s) my insurable needs and financial objectives. I have discussed all fees and charges for this contract with my registered representative, including withdrawal charges, if applicable. I understand that if I cancel a contract issued as a result of this application without penalty during the Right to Cancel initial review period, depending upon the state where my contract is issued, it is possible the amount refunded may be less than the initial amount I invested due to the investment experience of my selected investment options. If I am an active duty member of the United States Armed Forces (including active duty military reserve personnel), I confirm that this application was not solicited and/or signed on a military base or installation, and I have received from the registered representative the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act. I certify, under penalties of perjury, that I am a U.S. person (including a U.S. resident alien) and that the taxpayer identification number is correct. All answers to questions and statements made on this application are to the best of my knowledge and belief. **I UNDERSTAND THAT BENEFITS AND VALUES PROVIDED UNDER THE CONTRACT MAY BE ON A VARIABLE BASIS. AMOUNTS DIRECTED INTO ONE OR MORE VARIABLE INVESTMENT OPTIONS WILL REFLECT THE INVESTMENT EXPERIENCE OF THOSE INVESTMENT OPTIONS. THESE AMOUNTS MAY INCREASE OR DECREASE AND ARE NOT GUARANTEED AS TO DOLLAR AMOUNT.**

Owner's Signature  <i>John A. Doe</i>	Date (mo/day/yr)  06/28/2010	Signed at: City  Anytown	State  <u>C</u> <u>A</u>
Additional Owner's Signature (if applicable)  <i>Jane A. Doe</i>	Date (mo/day/yr)  06/28/2010		

**17. REGISTERED REPRESENTATIVE'S STATEMENT**

17A.  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)
17B.  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued? If "Yes," I affirm that I have instructed the applicant to answer "Yes" to the replacement question in Section 9B of this application.

I hereby certify that I have used only Pacific Life's approved sales material in connection with this sale and that copies of all sales materials used were left with the applicant. Any insurer-approved electronically presented sales materials will be provided in printed form to the applicant no later than at the time of the policy or contract delivery. I further certify that I have discussed the appropriateness of replacement and followed Pacific Life's written replacement guidelines. I have explained to the owner(s) how the annuity will meet their insurable needs and financial objectives. I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner, as applicable, including age, income, net worth, and tax status, and any existing investments and insurance program. I further certify that I have also considered the owner's liquidity needs, risk tolerance, and investment time horizon; that I followed my broker/dealer's suitability guidelines in both the recommendation of this annuity and the choice of investment options; and that this application is subject to review for suitability by my broker/dealer. I further certify that I have truly and accurately recorded on the application the information provided to me by the applicant. If the applicant is an active duty member of the United States Armed Forces (including active duty military reserve personnel), I certify that this application was not solicited and/or signed on a military base or installation, and I provided to the applicant the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act.

**I further certify that, prior to soliciting the contract applied for, I have completed all state mandated annuity, insurance, and/or product training and agree to provide documentation of such completion upon request by Pacific Life. I understand that such documentation must be maintained by me for at least seven (7) years.**

Soliciting Registered Representative's Signature  <i>Cindy Brown</i>	Print Registered Representative's Full Name Cindy Brown	Option <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Registered Representative's Telephone Number 123-456-7890	Registered Representative's E-Mail Address Cbrown@internet.com	
Broker/Dealer's Name Brown and Company	Brokerage Account Number (optional)	

Send completed application as follows:

**APPLICATION WITH PAYMENT:**

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

**APPLICATION WITHOUT PAYMENT:**

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





**PACIFIC LIFE**

Pacific Life Insurance Company  
P.O. Box 2378, Omaha, NE 68103-2378  
or 1299 Farnam Street, 6<sup>th</sup> Floor, RSD, Omaha, NE 68102  
www.PacificLife.com  
Contract Owners: (800) 722-4448

**[Pacific Explorer]**  
*Deferred Annuity Application*

**ARKANSAS**

**Registered Representatives/Producers, call (800) 722-2333 for assistance**

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

Name (First, Middle, Last) JOHN R. DOE		Birth Date (mo/day/yr) 01/01/1972	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Mailing Address 555 CENTER DRIVE	City, State, ZIP ANYTOWN, CA 12345	SSN 999-77-8888	
Residential Address (if different than mailing address)	City, State, ZIP		

Solicited at: State _____	<i>Complete this box for custodial-owned qualified contracts only. Will not be valid for any other contract types. Information put here will be used for contract and registered representative/producer appointment purposes.</i>
------------------------------	--

**ADDITIONAL ANNUITANT** *Optional. Not applicable for qualified contracts.*

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

**2. OWNER(S)** *If annuitant and owner are the same, do not complete this section. Check product guidelines for maximum issue age.*

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

**ADDITIONAL OWNER** *Optional. Not applicable for qualified contracts.*

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



**3. TELEPHONE/ELECTRONIC AUTHORIZATIONS**

Yes

**TELEPHONE/ELECTRONIC TRANSACTION AUTHORIZATION** As the owner, I will receive this privilege automatically.

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

**ELECTRONIC INFORMATION CONSENT** By providing the e-mail address below, I consent to receive documents and notices applicable to my contract, including but not limited to reports, statements, privacy notice and other notices, and documentation in electronic format when available instead of receiving paper copies of these documents by U.S. mail. I will continue to receive paper copies of annual statements if required by state or federal law. Not all contract documentation and notifications may be currently available in electronic format. I consent to receive in electronic format any documents added in the future. For jointly owned contracts, both owners are consenting to receive information electronically. I confirm that I have ready access to a computer with Internet access, an active e-mail account to receive this information electronically, and the ability to read and retain it. I understand that:

- There is no charge for electronic delivery, although my Internet provider may charge for Internet access.
- I must provide a current 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 information at any time for no charge, even though I consented to electronic delivery, or if I decide to revoke my consent.
- For jointly owned contracts, both owners are consenting that the primary owner will receive information electronically. (Only the primary owner will receive e-mail notices.)
- Electronic delivery will be cancelled if e-mails are returned undeliverable.
- This election will be effective for all contracts I currently own or acquire in the future.
- This consent will remain in effect until I revoke it.

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



E-Mail address: JDOE@INTERNET.COM

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

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

**5. BENEFICIARIES** If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. For contracts owned by a non-individual custodian (including IRAs, 457, and qualified plans) or other non-natural owners, the beneficiary must be the owner listed on the application. Use Section 10, Special Requests, to provide additional beneficiary information.

Name (First, Middle, Last) JACK A. DOE	Birth Date (mo/day/yr) 01/01/1992	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship SON	SSN/TIN 333-22-7777	Percentage 100 %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %

**6. CONTRACT TYPE** Select ONE.

Non-Qualified<sup>1,6</sup>    SIMPLE IRA<sup>2</sup>    Roth IRA    401(a)<sup>4</sup>    457(b) - gov't. entity<sup>4</sup>    Keogh/HR-10<sup>4</sup>  
 IRA<sup>5</sup>    SEP-IRA    TSA/403(b)<sup>3</sup>    401(k)<sup>4</sup>    457(b) - 501(c) tax exempt<sup>4</sup>

<sup>1</sup> For trust-owned contracts, complete Trustee Certification and Disclosure form. <sup>2</sup> Complete SIMPLE IRA Employer Information. <sup>3</sup> Complete TSA Certification. <sup>4</sup> Complete Qualified Plan and 457(b) Plan Disclosure. <sup>5</sup> For individual-owned or trust-owned Inherited IRA contracts, complete appropriate Inherited IRA Certification form. <sup>6</sup> For non-qualified contracts, if owner is a non-natural person or corporation, complete the Non-Natural or Corporate-Owned Disclosure Statement.



**7. INITIAL PREMIUM AMOUNT** Make check payable to Pacific Life Insurance Company.

**7A. NON-QUALIFIED CONTRACT PAYMENT TYPE**

Indicate type of initial payment.

1035 exchange/estimated transfer .....\$ \_\_\_\_\_

Amount enclosed .....\$ 25,000.00

**7B. QUALIFIED CONTRACT PAYMENT TYPE**

Indicate type of initial payment.

Transfer.....\$ \_\_\_\_\_

Rollover .....\$ \_\_\_\_\_

**8. GUARANTEE TERM** *Select ONE*

  1 Year Guarantee Term     3 Year Guarantee Term     6 Year Guarantee Term

**9. REPLACEMENT**

**9A. EXISTING INSURANCE**

  Yes  No

Do you have any existing life insurance or annuity contracts with this or any other company?  
(Default is "Yes" if neither box is checked.)

**9B. REPLACEMENT**

  Yes  No

Will the purchase of this annuity result in the replacement, termination, or change in value of any existing life insurance or annuity in this or any other company? If "Yes," provide the information below for each policy or contract being replaced and attach any required state replacement and/or 1035 exchange/transfer forms.

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

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

**11. FRAUD NOTICE**

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



**12. STATEMENT OF OWNER(S)** I understand that federal law requires all financial institutions to obtain the name, residential address, date of birth, Social Security or taxpayer identification number, and any other information necessary to sufficiently verify the identity of each customer. I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract termination. I, the owner(s), understand that I have applied for a deferred annuity contract ("contract") issued by Pacific Life Insurance Company ("company"). After reviewing my financial background with my registered representative/producer, I believe this contract, including the benefits of its insurance features, will meet my financial objectives based in part upon my age, income, net worth, and tax status, and any existing investments, annuities, or other insurance products I own. If applicable, I considered the appropriateness of full or partial replacement of any existing life insurance or annuity. I also considered my liquidity needs, risk tolerance, and investment time horizon when selecting guarantee terms. I have discussed all withdrawal charges for this contract with my registered representative/producer.

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

I certify, under penalties of perjury, that I am a U.S. person (including a U.S. resident alien) and that the taxpayer identification number is correct. All answers to questions and statements made on this application are to the best of my knowledge and belief.

Owner's Signature  <i>John R. Doe</i>	Date (mo/day/yr)  06/28/2010	Signed at: City  Anytown	State  C A
Additional Owner's Signature (if applicable) 	Date (mo/day/yr) 		

**13. REGISTERED REPRESENTATIVE/PRODUCER'S STATEMENT**

<b>13A.</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)
<b>13B.</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued? If "Yes," I affirm that I have referred the applicant to the replacement question in Section 9B of this application.

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

I have explained to the owner(s) how the annuity will meet their insurable needs and financial objectives.

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

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

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

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

**I further certify that, prior to soliciting the contract applied for, I have completed all state mandated annuity, insurance, and/or product training and agree to provide documentation of such completion upon request by Pacific Life. I understand that such documentation must be maintained by me for at least seven (7) years.**

Soliciting Registered Representative/Producer's Signature  <i>Cindy Brown</i>	Print Registered Representative/Producer's Full Name Cindy Brown	Option <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C
Registered Representative/Producer's Telephone Number 123-45-6789	Registered Representative/Producer's E-Mail Address Cbrown@internet.com	
Broker/Dealer's Name Brown & Associates	Brokerage Account Number (optional)	

Send completed application as follows:

**APPLICATION WITH PAYMENT:**

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

**APPLICATION WITHOUT PAYMENT:**

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





**PACIFIC LIFE**

Pacific Life Insurance Company

P.O. Box 2378, Omaha, NE 68103-2378  
or 1299 Farnam Street, 6<sup>th</sup> Floor, RSD, Omaha, NE 68102

www.PacificLife.com

Contract Owners: (800) 722-4448

[Pacific Frontiers II]

Single Premium Deferred  
Annuity Application

**ARKANSAS**

[Registered Representatives/Producers, call (800) 722-2333 for assistance]

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

Name (First, Middle, Last) JOHN R. DOE		Birth Date (mo/day/yr) 01/01/1972	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F
Mailing Address 222 CENTER DRIVE	City, State, ZIP ANYTOWN, CA 12345	SSN 999-77-8888	
Residential Address (if different than mailing address)	City, State, ZIP		

Solicited at: State ____
-----------------------------

*Complete this box for custodial-owned qualified contracts only. Will not be valid for any other contract types. Information put here will be used for contract and registered representative/producer appointment purposes.*

**ADDITIONAL ANNUITANT** *Not applicable for qualified contracts or contracts with non-natural owners. Check One:*  Joint  Contingent

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

**2. OWNER(S)** *If annuitant and owner are the same, do not complete this section. Check product guidelines for maximum issue age.*

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

**ADDITIONAL OWNER** *Optional. Not applicable for qualified contracts.*

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



**3. TELEPHONE/ELECTRONIC AUTHORIZATIONS**

**CHECK IF YES**  Yes

**TELEPHONE/ELECTRONIC TRANSACTION AUTHORIZATION** As the owner, I will receive this privilege automatically.

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

**ELECTRONIC INFORMATION CONSENT** By providing the e-mail address below, I consent to receive documents and notices applicable to my contract, including but not limited to reports, statements, privacy notice and other notices, and documentation in electronic format when available instead of receiving paper copies of these documents by U.S. mail. I will continue to receive paper copies of annual statements if required by state or federal law. Not all contract documentation and notifications may be currently available in electronic format. I consent to receive in electronic format any documents added in the future. For jointly owned contracts, both owners are consenting to receive information electronically. I confirm that I have ready access to a computer with Internet access, an active e-mail account to receive this information electronically, and the ability to read and retain it. I understand that:

- There is no charge for electronic delivery, although my Internet provider may charge for Internet access.
- I must provide a current 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 information at any time for no charge, even though I consented to electronic delivery, or if I decide to revoke my consent.
- For jointly owned contracts, both owners are consenting that the primary owner will receive information electronically. (Only the primary owner will receive e-mail notices.)
- Electronic delivery will be cancelled if e-mails are returned undeliverable.
- This election will be effective for all contracts I currently own or acquire in the future.
- This consent will remain in effect until I revoke it.

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



E-Mail address: JDOE@INTERNET.COM

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

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

**5. BENEFICIARIES** If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. For contracts owned by a non-individual custodian (including IRAs, 457, and qualified plans) or other non-natural owners, the beneficiary must be the owner listed on the application. Use Section 10, Special Requests, to provide additional beneficiary information.

Name (First, Middle, Last) JACK A. DOE	Birth Date (mo/day/yr) 01/01/1992	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship SON	SSN/TIN 333-22-7777	Percentage 100 %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %

**6. CONTRACT TYPE** Select ONE.

Non-Qualified<sup>1,2</sup>  
  SEP-IRA  
  TSA/403(b)<sup>4</sup>  
  401(k)<sup>5</sup>  
  457(b) - 501(c) tax exempt<sup>5</sup>  
 IRA<sup>3</sup>  
  Roth IRA  
  401(a)<sup>5</sup>  
  457(b) - gov't. entity<sup>5</sup>  
  Keogh/HR-10<sup>5</sup>

<sup>1</sup> For trust-owned contracts, complete Trustee Certification and Disclosure form. <sup>2</sup> For non-qualified contracts, if owner is a non-natural person or corporation, complete the Non-Natural or Corporate-Owned Disclosure Statement. <sup>3</sup> For individual-owned or trust-owned Inherited IRA contracts, complete appropriate Inherited IRA Certification form. <sup>4</sup> Complete TSA Certification. <sup>5</sup> Complete Qualified Plan and 457(b) Plan Disclosure.



**7. SINGLE PREMIUM AMOUNT** Make check payable to Pacific Life Insurance Company.

Note: Combinations of funds and 1035 exchange/transfer paperwork are permitted only at the time of application.

**7A. NON-QUALIFIED CONTRACT PAYMENT TYPE**

Indicate type of initial payment.

<input type="checkbox"/> 1035 exchange/estimated transfer .....\$ _____	
<input checked="" type="checkbox"/> Amount enclosed .....\$ 25,000.00	

**7B. QUALIFIED CONTRACT PAYMENT TYPE**

Indicate type of initial payment.

<input type="checkbox"/> Transfer.....\$ _____	
<input type="checkbox"/> Rollover .....\$ _____	

**8. SINGLE PREMIUM ALLOCATION** *Select ONE.*

<input type="checkbox"/> 1 Year Guarantee Term	<input type="checkbox"/> 5 Year Guarantee Term	<input type="checkbox"/> 9 Year Guarantee Term
<input type="checkbox"/> 2 Year Guarantee Term	<input type="checkbox"/> 6 Year Guarantee Term	<input checked="" type="checkbox"/> 10 Year Guarantee Term
<input type="checkbox"/> 3 Year Guarantee Term	<input type="checkbox"/> 7 Year Guarantee Term	
<input type="checkbox"/> 4 Year Guarantee Term	<input type="checkbox"/> 8 Year Guarantee Term	

**9. REPLACEMENT**

**9A. EXISTING INSURANCE**

CHECK ONE	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
--------------	------------------------------	--

Do you have any existing life insurance or annuity contracts with this or any other company?  
(Default is "Yes" if neither box is checked.)

**9B. REPLACEMENT**

CHECK ONE	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
--------------	------------------------------	--

Will the purchase of this annuity result in the replacement, termination, or change in value of any existing life insurance or annuity in this or any other company? If "Yes," provide the information below for each policy or contract being replaced and attach any required state replacement and/or 1035 exchange/transfer forms.

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

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

**11. FRAUD NOTICE**

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



**12. STATEMENT OF OWNER(S)** I understand that federal law requires all financial institutions to obtain the name, residential address, date of birth, Social Security or taxpayer identification number, and any other information necessary to sufficiently verify the identity of each customer. I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract termination. I, the owner(s), understand that I have applied for an individual single premium deferred annuity contract ("contract") issued by Pacific Life Insurance Company ("company"). After reviewing my financial background with my registered representative/producer, I believe this contract, including the benefits of its insurance features, will meet my financial objectives based in part upon my age, income, net worth, and tax status, and any existing investments, annuities, or other insurance products I own. If applicable, I considered the appropriateness of full or partial replacement of any existing life insurance or annuity. I also considered my liquidity needs, risk tolerance, and investment time horizon when selecting guarantee terms. I have discussed all fees and charges for this contract with my registered representative/producer, including withdrawal charges.

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

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

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

**I UNDERSTAND THAT AMOUNTS WITHDRAWN OR APPLIED FOR AN ANNUITY BEFORE THE END OF A GUARANTEE TERM ARE SUBJECT TO A MARKETING VALUE ADJUSTMENT.**

Owner's Signature  <i>John a. Doe</i>	Date (mo/day/yr)  06/28/2010	Signed at: City  Anytown	State  C A
Additional Owner's Signature (if applicable) 	Date (mo/day/yr) 		

**13. REGISTERED REPRESENTATIVE/PRODUCER'S STATEMENT**

**13A.**   Yes  No Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)

**13B.**   Yes  No Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued? If "Yes," I affirm that I have referred the applicant to the replacement question in Section 9B of this application.

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

I have explained to the owner(s) how the annuity will meet their insurable needs and financial objectives.

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

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

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

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

**I further certify that, prior to soliciting the contract applied for, I have completed all state mandated annuity, insurance, and/or product training and agree to provide documentation of such completion upon request by Pacific Life. I understand that such documentation must be maintained by me for at least seven (7) years.**

Soliciting Registered Representative/Producer's Signature  <i>Cindy Brown</i>	Print Registered Representative/Producer's Full Name  Cindy Brown
Registered Representative/Producer's Telephone Number 123-456-7890	Registered Representative/Producer's E-Mail Address cbrown@internet.com
Broker/Dealer's Name	Brokerage Account Number (optional)

Send completed application as follows:

**APPLICATION WITH PAYMENT:**

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

**APPLICATION WITHOUT PAYMENT:**

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



SERFF Tracking Number: PACL-126696427 State: Arkansas  
Filing Company: Pacific Life Insurance Company State Tracking Number: 46079  
Company Tracking Number: APPS  
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
Product Name: Application  
Project Name/Number: Application/APPS

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> AR Cert of Readability.pdf		
<b>Satisfied - Item:</b> Application <b>Comments:</b> see Form Schedule tab.		
<b>Satisfied - Item:</b> Statement of Variability <b>Comments:</b> <b>Attachment:</b> AR SOV.pdf		

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

STATE OF ARKANSAS

CERTIFICATION OF READABILITY

This is to certify that the form(s) submitted herewith achieved the following reading ease score(s) as calculated by the Flesh Reading Ease Test and complies with the requirements of Arkansas State Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Simplification Act.

Form Number	Score
25-1165AR & 25-1173AR	42.5



\_\_\_\_\_  
Company Officer

Nancy A. Hill  
\_\_\_\_\_  
Name

Assistant Vice President  
\_\_\_\_\_  
Title

June 28, 2010  
\_\_\_\_\_  
Date

# PACIFIC LIFE INSURANCE COMPANY

700 Newport Center Drive • Newport Beach, CA 92660

## STATEMENT OF VARIABILITY

Form Number	Form Description
25-1174AR	Variable Annuity Application
25-1165AR	Deferred Annuity Application
25-1173AR	Single Premium Deferred Annuity Application

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

### Variable Annuity Application Form No. 25-1174AR

Page No.	Bracketed (Variable) Text	Explanation of Variability
1	Product Name	The name of the Product applied for will be displayed.
1	Company Addresses & Toll-Free Telephone Numbers	Current information shown. In the event of a change in the company address, internet address and/or toll-free telephone numbers, the new information will be shown, accordingly.
1	Section 3: Death Benefit Coverage	The optional death benefit rider shown in this section has been previously approved by the Department and available for the applicable contract. From time to time, we may add new optional death benefit riders and remove those riders that are no longer available or for which new sales have been discontinued. Any new optional death benefit rider added to this section will only be those optional death benefit riders that the Department has previously approved.
1,2,3,4,5,6	Barcode	The barcode and revision date assigned will be displayed.
2	Section 7 Contract Type: [Non-Qualified, SEP-IRA, IRA, Roth IRA, TSA/403(b), 401(a), 401(k), 457(b), 501(c), Keogh/HR10]	The contract may be issued in connection with any of the contract types shown below. From time to time, we may add new contract types and remove those contract types that are no longer available or for which new sales have been discontinued.
2	Section 7 - Contract Type: [ <sup>1</sup> For trust-owned contracts, complete Trustee Certification and Disclosure. <sup>2</sup> For non-qualified contracts, if owner is a non-natural person or corporation, complete the Non-Natural or Corporate-Owned Disclosure Statement. <sup>3</sup> For individual-owned or trust-owned Inherited IRA contracts, complete appropriate Inherited IRA Certification. <sup>4</sup> Complete SIMPLE IRA Employer Information. <sup>5</sup> Complete TSA Certification. <sup>6</sup> Complete Qualified Plan and 457(b) Plan Disclosure. <sup>7</sup> Complete Individual(k) Qualified Plan Disclosure.]	The references to internal forms shown in this space are their current titles. These references and their titles may change from time to time.

3	Section 8 - Initial Purchase Payment: [Make check payable to Pacific Life Insurance Company]	The text may be deleted in the future and will not appear if we feel the instructions are not necessary.
3	Section 10 – Optional Riders	The optional riders shown in this section are those that have been previously approved by the Department and available for the applicable contract. From time to time, we may add new optional riders and remove those riders that are no longer available or for which new sales have been discontinued. Any new optional rider added to this section will only be those optional riders that the Department has previously approved.
3	Section 11 – Dollar Cost Averaging	The references to internal forms and their titles may change from time to time. Additionally, the guarantee terms shown are those currently available under the contract to which Purchase Payments may be allocated and may change from time to time and will be between the range of 0 to 12 months. If the DCA Plus Program is not available on a specific product the following text will be displayed within the brackets: “Note: The DCA Plus Program is not available for this product.”
3	Section 12 – Rebalancing	The rebalance schedules available under the Contract. Rebalance schedules not available in the future will be removed from this section.
4	Section 13 – Allocation Options	The reference to allocation models and their titles may change from time to time. The Variable Investment Options shown are those currently available under the contract to which Purchase Payments may be allocated. From time to time, we may add, change or delete those Variable Investment Options.
6	Section 16 – Option Box	The commission schedules available under the Contract in which the Registered Representative can choose from. The range will be A, B, C, D, E, and F.
6	Regular Mail and Express Mail Delivery Addresses	Current addresses are shown. In the event of a change in the company’s mailing addresses, the new addresses will be shown.

**Deferred Annuity Application Form No. 25-1165AR**

Page No.	Bracketed (Variable) Text	Explanation of Variability
1	Product Name	The name of the Product applied for will be displayed.
1	Company Addresses & Toll-Free Telephone Numbers	Current information shown. In the event of a change in the company address, internet address and/or toll-free telephone numbers, the new information will be shown, accordingly.
1,2,3,4	Barcode	The barcode and revision date assigned will be displayed.
2	Section 6 Contract Type: [Non-Qualified, IRA, SIMPLE IRA, SEP-IRA, Roth IRA, TSA/403(b), 401(a), 401(k), 457(b), Keogh/HR-10]	The contract may be issued in connection with any of the contract types shown below. From time to time, we may add new contract types and remove those contract types that are no longer available or for which new sales have been discontinued.
2	Section 6 - Contract Type: [ <sup>1</sup> For trust-owned contracts, complete Trustee Certification and Disclosure form. <sup>2</sup> Complete SIMPLE IRA Employer Information. <sup>3</sup> Complete TSA Certification. <sup>4</sup> Complete Qualified Plan and 457(b) Plan Disclosure. <sup>5</sup> For individual-owned or trust-owned Inherited IRA contracts, complete appropriate Inherited IRA Certification form. <sup>6</sup> For non-qualified contracts, if owner is a non-natural person or corporation, complete the Non-Natural or Corporate-Owned Disclosure Statement.]	The references to internal forms shown in this space are their current titles. These references and their titles may change from time to time.
3	Section 7 - Initial Premium Amount: [Make check payable to Pacific Life Insurance Company]	The text may be deleted in the future and will not appear if we feel the instructions are not necessary.
3	Section 8 – Guaranteed Term	The Guarantee Term options available under the contract. The range for the Guarantee Terms is 1-6 years.
4	Section 13 – Option Box	The commission schedules available under the Contract in which the Registered Representative/Producer can choose from. The range will be A, B and C.
4	Regular Mail and Express Mail Delivery Addresses	Current addresses are shown. In the event of a change in the company's mailing addresses, the new addresses will be shown.

**Single Premium Deferred Annuity Application Form No. 25-1173AR**

Page No.	Bracketed (Variable) Text	Explanation of Variability
1	Product Name	The name of the Product applied for will be displayed.
1	Company Addresses & Toll-Free Telephone Numbers	Current information shown. In the event of a change in the company address, internet address and/or toll-free telephone numbers, the new information will be shown, accordingly.
1,2,3,4	Barcode	The barcode and revision date assigned will be displayed.
2	Section 6 Contract Type: [Non-Qualified, IRA, SEP-IRA, Roth IRA, TSA/403(b), 401(k), 457(b), Keogh/HR-10]	The contract may be issued in connection with any of the contract types shown below. From time to time, we may add new contract types and remove those contract types that are no longer available or for which new sales have been discontinued.
2	Section 6 - Contract Type: [ <sup>1</sup> For trust-owned contracts, complete Trustee Certification and Disclosure form. <sup>2</sup> For non-qualified contracts, if owner is a non-natural person or corporation, complete the Non-Natural or Corporate-Owned Disclosure Statement.. <sup>3</sup> For individual-owned or trust-owned Inherited IRA contracts, complete appropriate Inherited IRA Certification form. <sup>4</sup> Complete TSA Certification. <sup>5</sup> Complete Qualified Plan and 457(b) Plan Disclosure.]	The references to internal forms shown in this space are their current titles. These references and their titles may change from time to time.
3	Section 7 - Single Premium Amount: [Make check payable to Pacific Life Insurance Company]	The text may be deleted in the future and will not appear if we feel the instructions are not necessary.
3	Section 8 - Single Premium Allocation	The Guarantee Term options available under the contract. The range for the Guarantee Terms is 1-10 years.
4	Regular Mail and Express Mail Delivery Addresses	Current addresses are shown. In the event of a change in the company's mailing addresses, the new addresses will be shown.