

SERFF Tracking Number: PALD-127141981 State: Arkansas
Filing Company: Pacific Life Insurance Company State Tracking Number: 48591
Company Tracking Number: A09IUW3
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: A09IUW3
Project Name/Number: A09IUW3/

Filing at a Glance

Company: Pacific Life Insurance Company

Product Name: A09IUW3

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: PALD-127141981 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 48591

Co Tr Num: A09IUW3

State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Hong Do

Disposition Date: 04/28/2011

Date Submitted: 04/26/2011

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: A09IUW3

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Hong Do

Filing Description:

April 26, 2011

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 04/28/2011

State Status Changed: 04/28/2011

Created By: Hong Do

Corresponding Filing Tracking Number:

NAIC # 00067466

FEIN # 95-1079000

Mr. John Shields

Policy Form Filings, Life

Arkansas Department of Insurance

1200 W. Third Street

SERFF Tracking Number: PALD-127141981 State: Arkansas
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TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: A09IUW3
Project Name/Number: A09IUW3/
Little Rock, AR 72201-1904

Re: A09IUW3 – Application for Life Insurance

Dear Mr. Shields:

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

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

The following pertain to this submission:

- The Readability score for the form is 50.9, thus satisfying any pertinent readability requirements of your state. The form will be used with products marketed through our licensed agents.
- The target release date is upon approval.
- The form is intended for use with both variable and general account products.
- If a filing fee is required, it is handled in the usual manner, or you will bill us, as appropriate.
- Any required certification forms are enclosed.

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

Page 1, Current company mailing address, Future company mailing address

Page 9, Current primary insured term riders available, Future primary insured term riders available

Page 9, Current optional benefits available, Future optional benefits available

Page 12, Current indexed accounts available, Future indexed accounts available

Page 13, Current indexed accounts available, Future indexed accounts available

Page 14, Current Fund Managers and Fund Names available, Future Fund Managers and Fund Names available

To the best of my knowledge and belief this filing complies with the laws and regulations of your state. If you would like to discuss any aspect of this filing, please feel free to contact me at (800) 800-6416, extension 8576 or email me at LifeProductCompliance@PacificLife.com.

Sincerely,
Hong Do
Senior Compliance Analyst

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 Product Compliance, Life Division

Company and Contact

Filing Contact Information

Hong Do, thuhong.do@pacificlife.com
 45 Enterprise Drive 949-420-8576 [Phone]
 Aliso Viejo, CA 92656

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? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pacific Life Insurance Company	\$0.00	04/26/2011	
Pacific Life Insurance Company	\$50.00	04/27/2011	46989215

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/28/2011	04/28/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	04/27/2011	04/27/2011	Hong Do	04/27/2011	04/27/2011

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Disposition

Disposition Date: 04/28/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>PALD-127141981</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pacific Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48591</i>
<i>Company Tracking Number:</i>	<i>A09IUW3</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>A09IUW3</i>		
<i>Project Name/Number:</i>	<i>A09IUW3/</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	Application for Life Insurance		Yes

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Product Name: A09IUW3
Project Name/Number: A09IUW3/

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/27/2011
Submitted Date 04/27/2011
Respond By Date 05/27/2011

Dear Hong Do,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: The application form was not attached to the Form Schedule on this submission.

Please feel free to contact me if you have questions.

Sincerely,
Linda Bird

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/27/2011
Submitted Date 04/27/2011

Dear Linda Bird,

Comments:

I apologized for not initially attaching the application.

Response 1

Comments: Application A09IUW3 is attached to the Form Schedule tab.

Related Objection 1

Comment:

The application form was not attached to the Form Schedule on this submission.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Application for Life Insurance	A09IUW3		Application/Enrollment Form	Initial		50.900	A09IUW3.pdf

No Rate/Rule Schedule items changed.

Please let me know if you need any other additional information.

Sincerely,
Hong Do

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	A09IUW3	Application/ Enrollment Form Application for Life Insurance	Initial		50.900	A09IUW3.pdf

PACIFIC LIFE INSURANCE COMPANY

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



PACIFIC LIFE

APPLICATION FOR LIFE INSURANCE

CLIENT INFORMATION

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

PROPOSED ADDITIONAL INSURED Complete for either: <ul style="list-style-type: none"> • Second-to-Die Life Insurance Policy • Term Rider on Additional Insured (e.g., Spouse) for an Individual Life Insurance Policy Employee's work address should be the location where Proposed Additional Insured physically works.	3A. Name: First MI Last		B. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
	C. Residence Address: Street City		State Zip Code		
	D. Date of Birth (mm/dd/yyyy)	E. Place of Birth (State/Country)		F. Soc. Sec. #	G. Relationship to Insured
	H. Driver's License # & State	I. Telephone # (include area code)	J. Occupation		
	K. Proposed Additional Insured is a: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> Foreign National If Foreign National, provide Country _____ and Visa Type _____				
Employee's work address should be the location where Proposed Additional Insured physically works.	4A. Employer's Name			B. How Long yr mo	
	C. Employee's Work Address: Street City			D. Type of Business	
	State Zip Code				

REMARKS – IDENTIFY QUESTION AND GIVE DETAILS



CLIENT INFORMATION (Continued)

PRIMARY BENEFICIARY(IES)

Total of percentages must equal 100%.

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

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

REMARKS – IDENTIFY QUESTION AND GIVE DETAILS

CLIENT INFORMATION (Continued)

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

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

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

REMARKS – IDENTIFY QUESTION AND GIVE DETAILS

EXISTING / PENDING INSURANCE INFORMATION

IN FORCE, PENDING, AND REPLACEMENT INFORMATION

- Is there any existing or pending life insurance or annuities on any Proposed Insured(s)?
 - Yes (Complete any applicable state replacement notice and submit with the application. See IMPORTANT note.)
 - No
- Will the policy applied for replace, cause a change in, or involve a cash withdrawal or loan from or lapse of any life insurance policy or annuity contract on any Proposed Insured's life?
 - Yes (**Complete the applicable state replacement forms and submit with the application. If any are to be processed as a 1035 Exchange or Qualified Transfer of Assets, indicate such in questions 3 and 5 below.**)
 - No

IMPORTANT

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

Add additional policies under Remarks Section.

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

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

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

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

1035 EXCHANGES OR QUALIFIED TRANSFER OF ASSETS

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

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

MODIFIED ENDOWMENT CONTRACT (MEC) DISCLOSURE

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

REMARKS – IDENTIFY QUESTION AND GIVE DETAILS

PERSONAL INFORMATION

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

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

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

MEDICAL CERTIFICATION

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

REMARKS – IDENTIFY QUESTION AND GIVE DETAILS

PREMIUM AND BILLING INFORMATION

AMOUNT PAID WITH THIS APPLICATION

The application, TIA, and check should all have the same date.

- 1A. Is an initial premium submitted with this application?
 No Yes (Do not submit money unless the Temporary Insurance Agreement (TIA) is completed)
 - B. If yes, show amount of initial premium. Amount \$ _____
- If yes, by signing in the signature section, I understand, accept, and agree to the terms of the TIA.

PREMIUM FINANCING

All questions must be answered.

- 2. Premium financing, or borrowing life insurance premiums from a lender or other third party, can be a legitimate method of obtaining life insurance premiums. However, not all premium financing arrangements may be appropriate and otherwise in compliance with the applicable laws and regulations. In fact, Pacific Life does not allow its products to be used in certain premium financing arrangements and will decline applications for life insurance made in connection with a premium financing arrangement that is not approved for use with Pacific Life products.
 - A. Have you entered into, or have you made plans to enter into, an agreement to borrow current or future premiums, or both, in connection with this Application for Life Insurance?
 Yes (Sign the applicable Premium Financing Disclosure Statement and submit with the application)

Indicate name of the financing agreement _____

Indicate name of the lender _____
 No
 - B. Have you made plans to transfer the policy to a third party as repayment of any premium financing debt?
 Yes (Give details in the Remarks section) No

PREMIUM BILLING METHODS

If adding to an existing List Bill, question #4 is not applicable.

- 3. Billing Method (Check one):
 - A. Direct
 - B. Monthly Bank Draft (Complete Authorization for Electronic Funds Transfer (EFT) form)
 - C. Single Premium
 - D. List Bill – I/We agree that the premium for this policy shall be included in an itemized list provided to the payor and shall constitute notice of premium due, and I/we understand that I/we will not receive any premium notices or other notices regarding premiums (Check one)
 New List Bill Add to Existing List Bill #: _____
- 4. Frequency of Payment for **Direct** and **List Bill**: (Check one)
 - A. Annually C. Quarterly
 - B. Semi-Annually D. Monthly (Available with List Bill only)

PAYOR OF PREMIUMS

Individual or entity paying premium.

- 5. Payor of premium is: (Check one) Proposed Insured Proposed Additional Insured Primary Policyowner
 Employer Other
- 6. Complete information below for above party(ies), if different from (or not included) in Client Information section.

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

ADDITIONAL PREMIUM NOTICES

(Optional)
Not available for list bill. In addition to the Payor above, the individual or entity entered in this section will receive a premium notice.

- 7. Send Premium Notices to: Proposed Insured Proposed Additional Insured Primary Policyowner
 All Policyowners Other
- 8. Complete information below for above party(ies), if different from (or not included) in Client Information section.

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

NOTIFICATION INFORMATION**ADDITIONAL NOTIFICATIONS**

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

1. Notifications are sent to the primary policyowner and include, but are not limited to, Policy Annual Statements, Last Premium Offers/Lapse Notices, and Confirmation Statements. Indicate where additional notifications should be sent:
 Proposed Insured Proposed Additional Insured Payor Other
2. Complete information below for above party(ies), if different from (or not included) in Client Information section.
- | | | | |
|----------------------------|-------------------------------|-------|----------|
| A. Name | B. Relationship to Insured(s) | | |
| C. Care of (if applicable) | | | |
| D. Address: Street | City | State | Zip Code |

NOTIFICATIONS FOR EMPLOYER SPONSORED POLICY

(Optional)
Complete if notifications should be sent to a party other than the policyowner.

3. Notifications include, but are not limited to, Policy Annual Statements, Last Premium Offers/Lapse Notices, and Confirmation Statements.
4. Indicate where notifications should be sent: Employer Other
5. Complete information below for above party, if different from the policyowner's information.
- | | | | |
|----------------------------|------|-------|----------|
| A. Name | | | |
| B. Care of (if applicable) | | | |
| C. Address: Street | City | State | Zip Code |

ELECT TO RECEIVE DOCUMENTS IN ELECTRONIC FORMAT

(Optional)

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

E-mail Address: _____ (please print legibly)

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

REMARKS – IDENTIFY QUESTION AND GIVE DETAILS

LIFE INSURANCE COVERAGE INFORMATION

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

ILLUSTRATION INFORMATION**ILLUSTRATION
ACKNOWLEDGMENT****IMPORTANT**

Must complete when applying for a **non-variable** product.

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

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

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

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

**ILLUSTRATION
DISCLOSURE**

This section applies when applying for a **Variable** product

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

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

REMARKS – IDENTIFY QUESTION AND GIVE DETAILS

TELEPHONE & ELECTRONIC AUTHORIZATION INFORMATION

TELEPHONE & ELECTRONIC AUTHORIZATION

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

Variable Life Policies

- Transfer Between Investment Options
- Initiate Dollar Cost Averaging
- Rebalance Variable Investment Options
- Change Future Premium Allocation Instructions
- Initiate Policy Loans

Indexed Universal Life (IUL) Policies

- Automatic Transfers
- One-Time Transfers
- Recurring Transfers
- Initiate Policy Loans

Pacific Life will use reasonable procedures to confirm that these requests are authorized and genuine. As long as these procedures are followed, Pacific Life and its affiliates and their directors, trustees, officers, employees, representatives and/or agents, will be held harmless for any claim, liability, loss or cost.

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

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

AUTHORIZATION FOR APPOINTMENT (Optional)

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

A. Appointee's Name: First MI Last	Relationship to Policyowner <input type="checkbox"/> Producer <input type="checkbox"/> Other Party
--	---

Check one:
 All Requests (listed in Telephone & Electronic Authorization section)
 All Requests (listed in Telephone & Electronic Authorization section) except initiating Policy Loans

B. Appointee's Name: First MI Last	Relationship to Policyowner <input type="checkbox"/> Producer <input type="checkbox"/> Other Party
--	---

Check one:
 All Requests (listed in Telephone & Electronic Authorization section)
 All Requests (listed in Telephone & Electronic Authorization section) except initiating Policy Loans

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INDEXED UNIVERSAL LIFE INSURANCE INFORMATION

AUTOMATIC TRANSFERS AFTER PREMIUM PAYMENT AND/OR LOAN REPAYMENT (Required)
 Percentages must be whole numbers.
 A Recurring Transfer is not available if 100% of the Fixed Account is being transferred to one or both of the Indexed Account(s).

1. These are my automatic transfer instructions. The amount* in the Fixed Account to be transferred to the Indexed Account(s) selected below on the next transfer date. The sum of the percentages may be equal to or less than 100%.
- A. [1 Year Indexed Account _____%]
 - B. 1 Year Indexed Account 2 (1 Year International Indexed Account) _____%
 - C. 2 Year Indexed Account _____%
 - D. 5 Year Indexed Account 2 (High Par 5 Year Indexed Account) _____%]
 - E. By checking NO, I elect No Automatic Transfers (funds will remain in Fixed Account). **NO**
- *The amount automatically transferred is the lesser of: 1) your selected transfer percentage multiplied by all premium payments and loan repayments paid since the last Transfer Date; and 2) the balance of the Fixed Account as of the applicable Transfer Date.

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

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

[1 Year Indexed Account Segment Maturity Instructions	
A.	Transfer _____% to new 1 Year Indexed Account
B.	Transfer _____% to new 1 Year Indexed Account 2
C.	Transfer _____% to new 2 Year Indexed Account
D.	Transfer _____% to new 5 Year Indexed Account 2
E.	Transfer _____% to the Fixed Account
Total: _____% MUST EQUAL 100%	
1 Year Indexed Account 2 Segment Maturity Instructions	
F.	Transfer _____% to new 1 Year Indexed Account
G.	Transfer _____% to new 1 Year Indexed Account 2
H.	Transfer _____% to new 2 Year Indexed Account
I.	Transfer _____% to new 5 Year Indexed Account 2
J.	Transfer _____% to the Fixed Account
Total: _____% MUST EQUAL 100%	
2 Year Indexed Account Segment Maturity Instructions	
K.	Transfer _____% to new 1 Year Indexed Account
L.	Transfer _____% to new 1 Year Indexed Account 2
M.	Transfer _____% to new 2 Year Indexed Account
N.	Transfer _____% to new 5 Year Indexed Account 2
O.	Transfer _____% to the Fixed Account
Total: _____% MUST EQUAL 100%	
5 Year Indexed Account 2 Segment Maturity Instructions	
P.	Transfer _____% to new 1 Year Indexed Account
Q.	Transfer _____% to new 1 Year Indexed Account 2
R.	Transfer _____% to new 2 Year Indexed Account
S.	Transfer _____% to new 5 Year Indexed Account 2
T.	Transfer _____% to the Fixed Account
Total: _____% MUST EQUAL 100%	

VARIABLE LIFE INSURANCE INFORMATION

PREMIUM ALLOCATION

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

%	Manager & Investment Option	%	Manager & Investment Option	%	Manager & Investment Option
_____	[Alger -Small-Cap Growth	_____	Franklin/BlackRock -Small-Cap Equity	_____	PAM -High Yield Bond
_____	Batterymarch -International Small-Cap	_____	GEAM -Total Return Fund Class 3	_____	PIMCO -Inflation Managed
_____	BlackRock -Basic Value V.I. Fund III	_____	Invesco -Comstock	_____	PIMCO -Managed Bond
_____	BlackRock -Equity Index	_____	Janus -Focused 30	_____	PIMCO -PIMCO Global Multi-Asset Adv
_____	BlackRock -Global Alloc V.I. Fund III	_____	Janus -Growth LT	_____	PLFA -Pac Dynamix-Conservative Growth
_____	BlackRock -Mid-Cap Value	_____	Janus -JAS Enterprise SS	_____	PLFA -Pac Dynamix-Growth
_____	BlackRock -Small-Cap Index	_____	Janus -JAS Overseas SS	_____	PLFA -Pac Dynamix-Moderate Growth
_____	Capital Research -AF Asset Allocation	_____	Jennison -Health Sciences	_____	PLFA -Port Opt Aggressive-Growth
_____	Capital Research -AF Growth	_____	JP Morgan -Intl Value	_____	PLFA -Port Opt Conservative
_____	Capital Research -AF Growth-Income	_____	JP Morgan -Long/Short Large-Cap	_____	PLFA -Port Opt Growth
_____	ClearBridge -Large-Cap Value	_____	Lazard -LRS US Strategic Equity	_____	PLFA -Port Opt Moderate
_____	ClearBridge -LM CBA Var Aggr Growth II	_____	Lazard -Mid-Cap Equity	_____	PLFA -Port Opt Moderate-Consrv
_____	ClearBridge -LM CBA Var MC Core II	_____	Lord Abbett -Fundamental Equity VC	_____	Royce -Micro-Cap Port SC
_____	Columbia -Technology	_____	MFS -International Large-Cap	_____	T. Rowe Price -Blue Chip Growth-II
_____	Eaton Vance -Floating Rate Loan	_____	MFS -VIT New Discovery Series SC	_____	T. Rowe Price -Dividend Growth
_____	Fidelity -VIP Contrafund SC2	_____	MFS -VIT Utilities SC	_____	T. Rowe Price -Equity Income II
_____	Fidelity -VIP Freedom 2010 SC2	_____	Morgan Stanley -Mid-Cap Growth	_____	T. Rowe Price -Short Duration Bond
_____	Fidelity -VIP Freedom 2015 SC2	_____	Morgan Stanley -Real Estate	_____	UBS Global AM -Large-Cap Growth
_____	Fidelity -VIP Freedom 2020 SC2	_____	NFJ -Small-Cap Value	_____	Van Eck -VIP Global Hard Assets
_____	Fidelity -VIP Freedom 2025 SC2	_____	OppenheimerFunds -Emerging Markets	_____	WAMCO -Diversified Bond
_____	Fidelity -VIP Freedom 2030 SC2	_____	OppenheimerFunds -Main Street Core]	_____	WAMCO -Inflation Protected]
_____	Fidelity -VIP Freedom Inc SC2	_____	Pacific Life -Fixed Account*	_____	_____
_____	Fidelity -VIP Growth SC2	_____	Pacific Life -Fixed LT Account*	_____	_____
_____	Fidelity -VIP Mid Cap SC2	_____	[Pacific Life -1 Year Indexed Account	_____	_____
_____	Fidelity -VIP Value Strategies SC2	_____	(Not available on all products)	_____	_____
_____	Franklin -Templeton Global Bond Sec	_____	PAM -Cash Management	_____	_____

MUST TOTAL 100% _____

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

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VARIABLE LIFE INSURANCE INFORMATION (Continued)

ACKNOWLEDGMENT

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

- I understand that the amount and duration of the death benefit may vary, depending on the investment performance of the variable investment options.
- I understand that the policy values may increase or decrease, depending on the investment experience of the variable investment options.
- I have considered the liquidity needs, risk tolerance and investment time horizon in selecting the variable investment options.
- My registered representative provided me with a copy of the prospectus(es) for the variable life insurance policy I applied for, as well as prospectuses for all variable insurance funds which are available within the policy.

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

ADDITIONAL LIFE INSURANCE COVERAGE INFORMATION

ADDITIONAL INSURANCE
(Optional)

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

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

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

1. Product Name	2. Planned Annual Premium \$ _____
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3. Basic Coverage Amount \$ _____	+	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">[Annual Renewable Term Check one term type: <input type="checkbox"/> Level <input type="checkbox"/> Varying Annual Renewable Term (VART) <input type="checkbox"/> Group Term Carve Out (GTCO)</td> <td style="width: 5%; text-align: right; padding: 2px;">\$ _____</td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td style="padding: 2px;">Annual Renewable Term Rider—Last Survivor Check one term type: <input type="checkbox"/> Level <input type="checkbox"/> Varying Annual Renewable Term (VART)</td> <td style="text-align: right; padding: 2px;">\$ _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">ECV Coverage</td> <td style="text-align: right; padding: 2px;">\$ _____</td> <td style="text-align: center; vertical-align: middle;">=</td> <td></td> <td style="padding: 2px;">Total Initial Coverage \$ _____</td> </tr> <tr> <td style="padding: 2px;">SVER Term Insurance Rider</td> <td style="text-align: right; padding: 2px;">\$ _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">SVER Term Insurance Rider—Last Survivor</td> <td style="text-align: right; padding: 2px;">\$ _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">SVER Term Insurance Rider Trust/Executive Benefit</td> <td style="text-align: right; padding: 2px;">\$ _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">Other _____</td> <td style="text-align: right; padding: 2px;">\$ _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;">Total of Rider/Other Coverage Above</td> <td></td> <td></td> <td></td> </tr> </table>	[Annual Renewable Term Check one term type: <input type="checkbox"/> Level <input type="checkbox"/> Varying Annual Renewable Term (VART) <input type="checkbox"/> Group Term Carve Out (GTCO)	\$ _____				Annual Renewable Term Rider—Last Survivor Check one term type: <input type="checkbox"/> Level <input type="checkbox"/> Varying Annual Renewable Term (VART)	\$ _____				ECV Coverage	\$ _____	=		Total Initial Coverage \$ _____	SVER Term Insurance Rider	\$ _____				SVER Term Insurance Rider—Last Survivor	\$ _____				SVER Term Insurance Rider Trust/Executive Benefit	\$ _____				Other _____	\$ _____				Total of Rider/Other Coverage Above					
[Annual Renewable Term Check one term type: <input type="checkbox"/> Level <input type="checkbox"/> Varying Annual Renewable Term (VART) <input type="checkbox"/> Group Term Carve Out (GTCO)	\$ _____																																										
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SVER Term Insurance Rider—Last Survivor	\$ _____																																										
SVER Term Insurance Rider Trust/Executive Benefit	\$ _____																																										
Other _____	\$ _____																																										
Total of Rider/Other Coverage Above																																											

4. Check one:	<input type="checkbox"/> Option A (Level)	<input type="checkbox"/> Option B (Increasing)	<input type="checkbox"/> Option C (Face amount plus premiums less distributions subject to limit shown in the illustration)
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5. Check one: (Qualification test cannot be changed after the policy is in force)

A. Guideline Premium Test (GPT)

B. Cash Value Accumulation Test (CVAT)

6. Indicate number of years:

0 1 2 3 5 10 15 Other _____

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

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

9. A current policy date will be used unless you select one of the following.

Date to Save Age Specific Date _____ (Indicate a date, excluding 29th, 30th, and 31st)
(mm/dd/yyyy)

By signing in the signature section, I understand that insurance charges and expenses begin on the policy date.

10. I understand that the policy as applied for is expected to become a Modified Endowment Contract (MEC) prior to its first policy anniversary.

Yes (I have signed and submitted, or will sign upon policy delivery, a MEC Acceptance Form)

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

ALTERNATE LIFE INSURANCE COVERAGE INFORMATION

ALTERNATE INSURANCE
(Optional)

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

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

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

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

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

5. Check one: (Qualification test cannot be changed after the policy is in force)

A. Guideline Premium Test (GPT)

B. Cash Value Accumulation Test (CVAT)

6. Indicate number of years:

0 1 2 3 5 10 15 Other _____

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

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

9. A current policy date will be used unless you select one of the following.

Date to Save Age Specific Date _____ (Indicate a date, excluding 29th, 30th, and 31st) (mm/dd/yyyy)

By signing in the signature section, I understand that insurance charges and expenses begin on the policy date.

10. I understand that the policy as applied for is expected to become a Modified Endowment Contract (MEC) prior to its first policy anniversary.

Yes (I have signed and submitted, or will sign upon policy delivery, a MEC Acceptance Form)

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

APPLICANT/POLICYOWNER'S REPRESENTATION OF INSURABLE INTEREST

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

PROPOSED INSURED'S CONSENT FOR EMPLOYER OWNED INSURANCE

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

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

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

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

EMPLOYER ACKNOWLEDGMENT

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

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

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

APPLICATION PACKAGE

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

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

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

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

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

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

1. (NOT APPLICABLE IN WEST VIRGINIA) Acceptance of a life insurance policy will be ratification of any administrative change with respect to such policy made by Pacific Life as indicated under the title "Endorsement," where permitted by state law. All other changes made to the application or policy by Pacific Life will be indicated on an "Application Amendment Form" that must be signed by all applicable parties, prior to or at the time of delivery of this policy.
2. (APPLICABLE ONLY IF THE EMPLOYER OR AN EMPLOYER-CONTROLLED TRUST IS TO BE THE OWNER OF THIS POLICY) If insurance is being applied for on the life of any non-exempt employee, then such insurance is not prohibited by applicable state law.
3. If I am an active duty member of the United States Armed Forces (including active duty military reserve personnel), I confirm that this application was not solicited and/or signed on a military base or installation, and I have received from the producer, whose name appears below, the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act.

DECLARATIONS (Continued)

4. Except as provided in the terms or conditions of any Temporary Insurance Agreement (TIA) that I may have received in connection with this application, coverage will take effect when the policy is delivered and the entire first premium is paid only if at that time the Proposed Insured(s) is alive, and all answers in this application that are material to the risk are still true and complete.
5. If I have given money with the application and received a TIA and if the coverage amount of the application exceeds the TIA coverage limits, I understand that if the Proposed Insured(s) die(s) before a policy is delivered, the death benefit will be limited to the TIA coverage limit.
6. I must inform the Producer or Pacific Life Insurance Company (PL) in writing of any changes in the health of any Proposed Insured(s) or if any of the statements or answers on this application change prior to delivery of the policy.
7. My statements and answers in this application must continue to be true as of the date I receive the policy.
8. No Producer is authorized to make or change contracts or insurance policies on the behalf of Pacific Life and no Producer may alter the terms of this application, the TIA, or the policy, nor does the Producer have the authority to waive any of Pacific Life's rights or requirements.
9. No representation is made that, based on information provided in the application, a particular premium rate, risk category or class will be offered to me. I will review my policy and ask the Producer or the Company about the specific premium and risk class referenced in my policy.
10. The policy(ies) as applied for in this application will meet my insurance needs and financial objectives based in part upon my age, income, net worth, tax and family status, and any existing insurance policies I own.
11. If this application is for a product with an equity indexed feature, I ACKNOWLEDGE that: I am applying for a product with an equity indexed feature, for which the crediting for the indexed account tracks the gains and the losses of an outside financial index, subject to a growth cap and floor. I further understand that, while the values of the policy may be determined in part, by reference to an external index, the equity indexed feature does not directly participate in any stock or equity investments and values shown to me, other than the minimum values, are not guarantees, promises, or warranties.

SIGNATURES

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in Oregon.)

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

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

SIGNED BY APPLICANT IN:

City	State
-------------	--------------

APPLICANT SIGNED AND DATED ON:

Date (mm/dd/yyyy)

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

 SIGN HERE

X

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

THE APPLICANT IS THE PARTY THAT APPLIES FOR THE POLICY.

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

 SIGN HERE

X

Proposed Insured's Signature, if other than applicant

 SIGN HERE

X

Proposed Additional Insured's Signature, if applicable

 SIGN HERE

X

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

 SIGN HERE

X

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

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

Corporation or Business Entity's Name, if applicable

PRODUCER'S CERTIFICATION

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

 SIGN HERE

X

Soliciting Producer's Signature

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

SERFF Tracking Number: PALD-127141981

State: Arkansas

Filing Company: Pacific Life Insurance Company

State Tracking Number: 48591

Company Tracking Number: A09IUW3

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Product Name: A09IUW3

Project Name/Number: A09IUW3/

Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

Readability Certification[1].pdf

AR1GuarAssocNote.pdf

AR Reg 19 Cert of Compliance.pdf

READABILITY CERTIFICATION

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

Policy Form Number(s): A09IUW3

Form Name(s): Application for Life Insurance

Flesch Score(s): 50.9

(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

4/19/11



SIGNATURE

THOMAS S. BEADLESTON

NAME

VICE PRESIDENT

TITLE

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

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

DISCLAIMER

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

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

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

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201-1904

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

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

COVERAGE

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

EXCLUSIONS FROM COVERAGE

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

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

The Guaranty Association also does NOT provide coverage for:

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

LIMITS ON AMOUNT OF COVERAGE

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

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

STATE OF ARKANSAS

CERTIFICATION OF COMPLIANCE

RE: A09IUW3
- _____

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

Signed for the Company at Newport Beach, California on April 26, 2011 _____



SIGNATURE

THOMAS S. BEADLESTON

NAME

NAME

VICE PRESIDENT

TITLE

TITLE

Contact Person:

Hong Do
Compliance Analyst, Product Compliance, 800-800-6416, extension 8576

(Arkansas)