

SERFF Tracking Number: PACL-127186158 State: Arkansas  
Filing Company: Pacific Life Insurance Company State Tracking Number: 48883  
Company Tracking Number: 25-1220  
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
Product Name: Individual Variable Annuity Application  
Project Name/Number: Individual Variable Annuity Application/25-1220

## Filing at a Glance

Company: Pacific Life Insurance Company

Product Name: Individual Variable Annuity Application

TOI: A03I Individual Annuities - Deferred Variable

Sub-TOI: A03I.002 Flexible Premium

Filing Type: Form

SERFF Tr Num: PACL-127186158 State: Arkansas

SERFF Status: Closed-Approved-Closed State Tr Num: 48883

Co Tr Num: 25-1220

Authors: Maysy Novak, Brian Deleget, Craig Hopkins

Date Submitted: 05/25/2011

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 06/02/2011

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: Individual Variable Annuity Application

Project Number: 25-1220

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Maysy Novak

Filing Description:

To the Individual Life Insurance Department of Arkansas.

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 06/02/2011

State Status Changed: 06/02/2011

Created By: Maysy Novak

Corresponding Filing Tracking Number:

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

Form Number Form Description

25-1220 Individual Variable Annuity Application

SERFF Tracking Number: PACL-127186158 State: Arkansas  
Filing Company: Pacific Life Insurance Company State Tracking Number: 48883  
Company Tracking Number: 25-1220  
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium  
Product Name: Individual Variable Annuity Application  
Project Name/Number: Individual Variable Annuity Application/25-1220

This is a new form that does not replace any existing approved application.

The application is designed to be used in a printed paper format.

When approved, application form 25-1220 will be made available for use with the individual annuity contract list below, as well as any future variable annuity contracts that may be approved prospectively by the Department:

Contract Form No. - Date Approved - State Tracking No. - SERFF Tracking No.  
10-1130 - 9/15/2006 - 33657 - USPH-6T8LDL846

#### 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.

The form submitted:

- is exempt from flesch score readability requirements as it is a security subject to federal jurisdiction; and
- 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 Novak  
Compliance Analyst  
Product Compliance - RSD  
Email: rsdmbproduct.filing@pacificlife.com

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: PACL-127186158 State: Arkansas  
 Filing Company: Pacific Life Insurance Company State Tracking Number: 48883  
 Company Tracking Number: 25-1220  
 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium  
 Product Name: Individual Variable Annuity Application  
 Project Name/Number: Individual Variable Annuity Application/25-1220

Maysy Novak, Compliance Analyst Maysy.Novak@PacificLife.com  
 700 Newport Center Drive 949-219-6907 [Phone]  
 Newport Beach, CA 92660 949-219-0579 [FAX]

**Filing Company Information**

Pacific Life Insurance Company CoCode: 67466 State of Domicile: Nebraska  
 700 Newport Center Drive Group Code: 709 Company Type: Annuities  
 Newport Beach, CA 92660-6397 Group Name: State ID Number:  
 (800) 722-2333 ext. [Phone] FEIN Number: 95-1079000

-----

**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pacific Life Insurance Company	\$50.00	05/25/2011	48013541

SERFF Tracking Number: PACL-127186158 State: Arkansas  
Filing Company: Pacific Life Insurance Company State Tracking Number: 48883  
Company Tracking Number: 25-1220  
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium  
Product Name: Individual Variable Annuity Application  
Project Name/Number: Individual Variable Annuity Application/25-1220

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/02/2011	06/02/2011

*SERFF Tracking Number:* PACL-127186158      *State:* Arkansas  
*Filing Company:* Pacific Life Insurance Company      *State Tracking Number:* 48883  
*Company Tracking Number:* 25-1220  
*TOI:* A031 Individual Annuities - Deferred Variable      *Sub-TOI:* A031.002 Flexible Premium  
*Product Name:* Individual Variable Annuity Application  
*Project Name/Number:* Individual Variable Annuity Application/25-1220

## **Disposition**

Disposition Date: 06/02/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PACL-127186158 State: Arkansas  
 Filing Company: Pacific Life Insurance Company State Tracking Number: 48883  
 Company Tracking Number: 25-1220  
 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium  
 Product Name: Individual Variable Annuity Application  
 Project Name/Number: Individual Variable Annuity Application/25-1220

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		No
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	Statement of Variability		Yes
<b>Supporting Document</b>	CERTS 6 & 19		Yes
<b>Form</b>	Individual Variable Annuity Application		Yes

SERFF Tracking Number: PACL-127186158 State: Arkansas  
 Filing Company: Pacific Life Insurance Company State Tracking Number: 48883  
 Company Tracking Number: 25-1220  
 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium  
 Product Name: Individual Variable Annuity Application  
 Project Name/Number: Individual Variable Annuity Application/25-1220

## Form Schedule

Lead Form Number: 25-1220

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	25-1220	Application/ Individual Variable Enrollment Annuity Application Form	Initial		0.000	25-1220 Chase VA Application.pdf

Please verify that the information is correct, and carefully read and sign where indicated.

**CONTRACT INFORMATION**

**Product Name:** [Pacific Value] **Contract Type:** [Non-Qualified]  
**Initial Purchase Payment:** [\$1,000,000.00] **Source of Initial Purchase Payment:** [Deposit, Exchange]  
**Owner Type:** [Individual] **Contribution Year:** [2011]

**Owner Information**

**Name:** [John Doe]  
**Residential Address:** [123 Any Street]  
 [Anyplace, CA]  
 [12345-1234]  
**Mailing Address:** [123 Any Street]  
 [Anyplace, CA]  
 [12345-1234]  
**SSN/TIN:** [123-45-6789]  
**Birth Date/Trust Date:** [01/01/2011]  
**Gender:** [Male]

**Annuitant Information**

**Name:** [John Doe]  
**Residential Address:** [123 Any Street]  
 [Anyplace, CA]  
 [12345-1234]  
**Mailing Address:** [123 Any Street]  
 [Anyplace, CA]  
 [12345-1234]  
**SSN:** [123-45-6789]  
**Birth Date:** [01/01/2011]  
**Gender:** [Male]

**Joint Owner Information**

**Name:** [Jane Doe]  
**Residential Address:** [123 Any Street]  
 [Anyplace, CA]  
 [12345-1234]  
**Mailing Address:** [123 Any Street]  
 [Anyplace, CA]  
 [12345-1234]  
**SSN:** [123-45-6789]  
**Birth Date:** [01/01/2011]  
**Gender:** [Female]

**Additional Annuitant Information**

**Name:** [Jane Doe]  
**Residential Address:** [123 Any Street]  
 [Anyplace, CA]  
 [12345-1234]  
**Mailing Address:** [123 Any Street]  
 [Anyplace, CA]  
 [12345-1234]  
**SSN:** [123-45-6789]  
**Birth Date:** [01/01/2011]  
**Gender:** [Female]  
**Annuitant Type:** [Joint or Contingent]

**Beneficiaries**

<u>Name</u>	<u>Primary or Contingent</u>	<u>Percentage Allocation</u>	<u>Birthdate (mo/day/yr)</u>	<u>Relationship</u>	<u>SSN/TIN</u>
[Jen Doe]	[Primary]	[10%]	[01/01/1970]	[Daughter]	[123-45-6789]
[Jen Doe]	[Primary]	[10%]	[01/01/1970]	[Daughter]	[123-45-6789]
[Jen Doe]	[Primary]	[10%]	[01/01/1970]	[Daughter]	[123-45-6789]
[Jen Doe]	[Primary]	[10%]	[01/01/1970]	[Daughter]	[123-45-6789]
[Jen Doe]	[Primary]	[10%]	[01/01/1970]	[Daughter]	[123-45-6789]
[Jen Doe]	[Primary]	[10%]	[01/01/1970]	[Daughter]	[123-45-6789]
[Jen Doe]	[Primary]	[10%]	[01/01/1970]	[Daughter]	[123-45-6789]
[Jen Doe]	[Primary]	[10%]	[01/01/1970]	[Daughter]	[123-45-6789]
[Jen Doe]	[Primary]	[10%]	[01/01/1970]	[Daughter]	[123-45-6789]
[Jen Doe]	[Primary]	[10%]	[01/01/1970]	[Daughter]	[123-45-6789]



**Contract Options Elected**

[Stepped-Up Death Benefit]  
[CoreIncome Advantage5 Plus]  
[GPA3]

**Initial Purchase Payment Allocation**

[Pacific Dynamix Conservative Growth	10%	Pacific Dynamix Moderate Growth	10%]
[Pacific Dynamix Conservative Growth	10%	Pacific Dynamix Moderate Growth	10%]
[Pacific Dynamix Conservative Growth	10%	Pacific Dynamix Moderate Growth	10%]
[Pacific Dynamix Conservative Growth	10%	Pacific Dynamix Moderate Growth	10%]
[Pacific Dynamix Conservative Growth	10%	Pacific Dynamix Moderate Growth	10%]

**Contract Services**

Asset Rebalancing: [Annually]  
Dollar Cost Averaging: [DCA Plus 6 Month Term]  
Electronic Information Consent: [Yes Email Address: john.doe@mailbox.net]  
Householding Service: [Yes]

**Special Requests**



**ELECTRONIC INFORMATION CONSENT**

By providing the e-mail address in the Contract Services section on page 2 of this application, I consent to receive documents and notices applicable to my contract, including but not limited to prospectuses, prospectus supplements, reports, statements, 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 email account to receive this information electronically, and 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 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.

**HOUSEHOLDING**

If elected on page 2 and 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 prospectuses, prospectus supplements, announcements, and 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.

**REPLACEMENT QUESTIONS**

State in which the application is signed: [California]

- Yes  No Do you have any existing life insurance or annuity contracts with this or any other company?  
 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?

Insurance Company Name:	[Hartford]	Insurance Company Name:	[Hartford]
Policy or Contract Number:	[123456]	Policy or Contract Number:	[123456]
Policy or Contract Type Being Replaced:	[Variable Annuity]	Policy or Contract Type Being Replaced:	[Variable Annuity]

**REQUIRED FOR CALIFORNIA OWNER(S)/ANNUITANTS(S) AGE 60 OR OLDER ONLY**

California law requires that during the 30-day Free Look period on variable annuity contracts issued to Owners/Annuitants who are age 60 or older, the Initial Purchase Payment may be invested only in fixed income investments or money market funds, unless the Owner specifically directs the Initial Purchase Payment be invested in the Variable Investment Options.

**Return of Purchase Payment** - Any portion of the Initial Purchase Payment allocated to any Variable Investment Option will be invested in the Cash Management Subaccount during the 30-day Free Look period. Any portion of the Initial Purchase Payment allocated to any Fixed Option will be immediately invested in those options. At the end of the Free Look period, my Cash Management Subaccount Value will be reallocated to the Variable Investment Options as specified in the Initial Purchase Payment Allocation section on page 2 of this application. If the Free Look option is exercised within the 30-day Free Look period, the Initial Purchase Payment will be returned.

**Return of Contract Value** - The Initial Purchase Payment will be immediately invested as specified in the Initial Purchase Payment Allocation section on page 2 of this application. If the Free Look option is exercised within the 30-day Free Look period, the Contract Value will be returned.



## STATE DISCLOSURES

**[NOTICE TO AZ APPLICANTS:** Upon written request, we will provide you within a reasonable time, reasonable factual information regarding the benefits and provisions of the annuity contract. If, for any reason, you are not satisfied with the contract, you may return it within ten (10) days **(OR THIRTY (30) DAYS IF YOU ARE SIXTY-FIVE (65) YEARS OF AGE OR OLDER ON THE DATE OF THE APPLICATION FOR THE ANNUITY CONTRACT)** after you receive it. To do so, mail it to us at our service center or to the agent who sold it to you. No withdrawal charge will be imposed, and we will refund the contract value, including any fees or charges for premium taxes and/or other taxes that were deducted from the contract value. 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.]

**[NOTICE TO CO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services.]

**[NOTICE TO DC APPLICANTS: WARNING** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.]

**[NOTICE TO FL APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.]

**[NOTICE TO MD APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

**NOTICE TO NJ APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**[NOTICE TO OH APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.]

**[NOTICE TO PA APPLICANTS:** 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 is a crime and subjects such person to criminal and civil penalties.]

**[NOTICE TO VT APPLICANTS:** Benefits based on the variable accounts are NOT guaranteed by Pacific Life, and any other insurance company; are NOT guaranteed by the U.S. Government or any state government; are NOT federally insured by the FDIC, the Federal Reserve Board or any other agency, federal or state; are NOT covered by an insurance guaranty fund or other solvency protection arrangement. 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.]

**[NOTICE TO VA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.]

**[NOTICE TO WA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.]

**[NOTICE TO WV APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

**[NOTICE TO AL, AK, AR, CA, CT, DE, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MA, MI, MS, MO, MT, NE, NV, NH, MN, NC, ND, OK, RI, SC, SD, TN, TX, UT, WI, AND WY APPLICANTS:** 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.]



**CONTRACT OWNER SIGNATURES**

By signing and dating this application, 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/agent, 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/agent, 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/agent the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act. I certify that I am a U.S. person (including a U.S. resident alien) and that the taxpayer identification number is correct. I certify that 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.**

I have read the applicable fraud statement contained in the State Disclosures section.

Contract Owner:  John Doe 1/1/11 Joint Owner:  Jane Doe 1/1/11  
(Signature) (Date) (Signature) (Date)

Signed At: City: [Anytown] State: [CA]

**REGISTERED REPRESENTATIVE/AGENT INFORMATION**

- Yes  No Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts?
- 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 instructed the applicant to answer "Yes" to the replacement question above.

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.

Registered Representative/Agent:  Joe Rep 01/01/2011  
(Signature) (Date)

Print Registered Representative/Agent Name: [Joe Rep]  
Broker/Dealer Name: [Chase]  
Registered Representative/Agent Address: [111 Anystreet]  
[Antown, Anystate]  
[12345-1234]  
Phone Number: [(123) 456-7890]  
State Insurance License Number: [1234567]  
Option: [A]

SERFF Tracking Number: PACL-127186158 State: Arkansas  
Filing Company: Pacific Life Insurance Company State Tracking Number: 48883  
Company Tracking Number: 25-1220  
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium  
Product Name: Individual Variable Annuity Application  
Project Name/Number: Individual Variable Annuity Application/25-1220

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Statement of Variability <b>Comments:</b> <b>Attachment:</b> 25-1220 SOV.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> CERTS 6 & 19 <b>Comments:</b> <b>Attachment:</b> AR 1220 CERT 6 AND 19.pdf		

# PACIFIC LIFE INSURANCE COMPANY

700 Newport Center Drive • Newport Beach, CA 92660

## STATEMENT OF VARIABILITY

**Form Number(s)**

**Form Description**

25-1220

Individual Variable Annuity Application

This Statement of Variability identifies and explains the variable items, denoted by brackets, contained in the above referenced application form. Any changes within these areas will be administered in accordance with the requirements of your State Insurance Department, including any requirements for prior approval of a change.

Page No.	Bracketed (Variable) Text	Explanation of Variability
1	Company Addresses, Website, 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	Product Name; Initial Purchase Payment; Owner Type; Contract Type; Source of Initial Purchase Payment; Contribution Year	The name of the Product applied for will be displayed. These items are completed, as applicable, depending on the contract applied for. The current available contract types are Non-Qualified, IRA, Simple IRA, SEP-IRA, Roth IRA, TSA/403(b), 401(a), 401(k), 457(b) – gov't entity, 457(b) – 501(c) tax exempt, Keogh/HR-10, and Individual(k).
1	Owner Information; Annuitant Information; Joint Owner Information; Additional Annuitant Information	Customer specific information will be listed here.
1	Beneficiaries	Beneficiary information will be listed here.
2	Contract Options Elected	The optional riders shown in this section are any approved individual deferred variable annuity riders which are available for the applicable contract. The current available riders include: CoreIncome Advantage Plus Single and Joint Life, CoreIncome Advantage5 Plus Single and Joint Life, CoreProtect Advantage, Income Access, GPA3, EEG, and the Stepped-Up Death Benefit.  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 have been previously approved.
2	Initial Purchase Payment Allocation	The investment options shown are those currently available for investment. From time to time, we may add, change or delete those investment options without prior approval unless the change significantly alters the underlying structure of the contract.
2	Asset Rebalancing	The rebalancing schedules that are available under the contract, including annual, semi-annual, quarterly, or monthly.
2	Dollar Cost Averaging	The Dollar Cost Averaging term selected with the contract will be listed here.
2	Electronic Information Consent	A yes or no response will show depending on whether or not this option is elected.
2	Householding Service	A yes or no response will show depending on whether or not this option is elected.

3	Replacement Question	The state in which the application is signed is listed here.
3	Insurance Company Name; Policy or Contract Number; Policy or Contract Type Being Replaced	The information relating to the replaced contracts will be listed here.
4	State Disclosures	The current required state disclosures and fraud notices are shown. In the event of a change in state disclosures or fraud notice, the new information will be displayed.
5	Signed at City; State	The city and state in which this application is being sign is listed here.
5	Registered Representative's Statement: Registered Representative/Agent Name; Broker/Dealer Name; Registered Representative/Agent Address; Phone Number; State Insurance License Number; Option Box	The Registered Representative information is listed here.  Commission schedules available under the Contract in which the Registered Representative can choose from will be displayed here. The range of commission options is A, B, C, D, E, F, and G.
1-5	Barcode and Date, bottom of each page.	Barcodes will be assigned to this form as necessary and will change from time to time. The most current barcode revision date will be displayed to the left of the barcode.

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

**STATE OF ARKANSAS**

**RULE AND REGULATION 6 CERTIFICATION**

**Form Number(s):**      **Form Description(s):**  
25-1220                      Individual Variable Annuity Application

I, Nancy A. Hill, hereby provide our assurance that Rule and Regulation 6 has been reviewed and the above form(s) are in compliance said Rule and Regulation 6 as well as all other applicable requirements of the Arkansas Department of Insurance.



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

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

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

5/25/10  
\_\_\_\_\_  
Date

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

**STATE OF ARKANSAS**

**REGULATION 19 CERTIFICATION**

**Form Number(s):**      **Form Description(s):**  
25-1220                      Individual Variable Annuity Application

I, Nancy A. Hill, hereby certify that the above form(s) meet the provisions of Rule and Regulation 19 as well as all applicable requirements of the Arkansas Department of Insurance.



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

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

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

5/25/10  
\_\_\_\_\_  
Date