Filing at a Glance

Company:	Pacific Life Insurance Company
Product Name:	Application
State:	Arkansas
TOI:	A02.1I Individual Annuities- Deferred Non-Variable and Variable
Sub-TOI:	A02.1I.003 Single Premium
Filing Type:	Form
Date Submitted:	10/19/2012
SERFF Tr Num:	PACL-128732312
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	F-APPS 1/1/13
Implementation Date Requested:	01/01/2013
Author(s):	Maysy Novak, Brian Deleget, Craig Hopkins
Reviewer(s):	Linda Bird (primary)
Disposition Date:	11/09/2012
Disposition Status:	Approved-Closed
Implementation Date:	

State Filing Description:

General Information

Project Name: Application
Project Number: 25-1181-1
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Maysy Novak

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments: We are not filing in Nebraska, our state of domicile is part of the IIPRC.

Market Type: Individual
Individual Market Type:
Filing Status Changed: 11/09/2012
State Status Changed: 10/25/2012
Created By: Maysy Novak
Corresponding Filing Tracking Number:

Filing Description:
To the Individual Life Insurance Department of Arkansas.

We are submitting the following forms for approval in your state:

Form Number(s) Form Description

25-1181-1 Individual Single Premium Immediate Annuity Application
25-1209-1 Individual Fixed Indexed Annuity Application
25-1228-3 Individual Limited Premium Deferred Annuity Application
25-1228-4 Individual Deferred Annuity Application
25-1229-2 Individual Limited Premium Deferred Annuity Application
25-1236-3 Individual Limited Premium Deferred Annuity Application
25-1237-3 Individual Single Premium Deferred Annuity Application

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

Application Form No. Submitted - Replaces Application Form No. - Date Approved - SERFF Tracking No.
25-1181-1 - 25-1181 - 7/23/2010 - PACL-126725200
25-1209-1 - 25-1209 - 8/26/2011 - PACL-127281381
25-1228-3 - 25-1228-1A - 07/09/2012 - PACL-128527501
25-1228-4 - 25-1228-2 - 07/09/2012 - PACL-128527501
25-1229-2 - 25-1229-1 - 4/9/2012 - PACL-128217918
25-1236-3 - 25-1236-1 - 4/4/2012 - PACL-128222040
25-1237-3 - 25-1237-1 - 4/4/2012 - PACL-128222040

The forms have been revised primarily as follows:

• From 25-1181-1, the layout has changed slightly; however, the content is the same. Additionally, we updated the Payment Start Date; added additional disclosures to the Statement of Owner(s) and Registered Representative's/Producer's Statement sections.
• Forms: 25-1209-1; 25-1228-3; 25-1228-4; 25-1229-2; 25-1236-3; 25-1237-3, we have added an additional question in the Registered Representative's/Producer's Statement section (it is the same for each application). No other changes have been

made to the forms.

Availability

The forms submitted will be used to apply for their respective individual annuity contracts list below, as well as any future annuity contracts that may be approved prospectively by the Department:

Application Form No. Submitted - For Use With Contract Form No. - Date Approved - SERFF Tracking No.
25-1181-1 - 30-1181 - 7/23/2010 - PACL-126725200
25-1209-1 - 30-1209 - 8/26/2011 - PACL-127281381
25-1228-3 - 30-1228 - 3/2/2012 - PACL-128126800
25-1228-4 - 30-1228 - 3/2/2012 - PACL-128126800
25-1229-2 - 30-1229 and 30-1229-R - 2/7/2012 - PACL-128046408
25-1236-3 - 30-1165-1 - 9/18/2009 - PACL-126301537
25-1237-3 - 30-1173 - 1/4/2010 - PACL-126369763

Statement of Variability

Each 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 forms submitted:
• Form 25-1181-1; 25-1228-3; and 25-1228-4 achieved 50.2 readability flesch score.
• Form 25-1209-1 achieved 50.0 readability flesch score.
• Form 25-1229-2; 25-1236-3; and 25-1237-3 achieved 50.1 readability flesch score.
• are 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

Company and Contact

Filing Contact Information

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

State: *Arkansas* **Filing Company:** *Pacific Life Insurance Company*
TOI/Sub-TOI: *A02.1I Individual Annuities- Deferred Non-Variable and Variable/A02.1I.003 Single Premium*
Product Name: *Application*
Project Name/Number: *Application/25-1181-1*

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:	$350.00
Retaliatory?	No
Fee Explanation:	7 x 50 = 350.00
Per Company:	No

Company	Amount	Date Processed	Transaction #
Pacific Life Insurance Company	$350.00	10/19/2012	64075149

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/09/2012	11/09/2012
Approved-Closed	Linda Bird	10/25/2012	10/25/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Individual Fixed Indexed Annuity Application	Maysy Novak	11/08/2012	11/08/2012
Form	Individual Limited Premium Deferred Annuity Application	Maysy Novak	11/08/2012	11/08/2012
Form	Individual Deferred Annuity Application	Maysy Novak	11/08/2012	11/08/2012
Form	Individual Limited Premium Deferred Annuity Application	Maysy Novak	11/08/2012	11/08/2012
Form	Individual Limited Premium Deferred Annuity Application	Maysy Novak	11/08/2012	11/08/2012
Form	Individual Single Premium Deferred Annuity Application	Maysy Novak	11/08/2012	11/08/2012
Form	Individual Fixed Indexed Annuity Application	Maysy Novak	11/08/2012	11/08/2012
Form	Individual Limited Premium Deferred Annuity Application	Maysy Novak	11/08/2012	11/08/2012
Form	Individual Deferred Annuity Application	Maysy Novak	11/08/2012	11/08/2012
Form	Individual Limited Premium Deferred Annuity Application	Maysy Novak	11/08/2012	11/08/2012
Form	Individual Limited Premium Deferred Annuity Application	Maysy Novak	11/08/2012	11/08/2012
Form	Individual Single Premium Deferred Annuity Application	Maysy Novak	11/08/2012	11/08/2012
Supporting Document	REDLINED	Maysy Novak	11/08/2012	11/08/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request filing to be re-open	Note To Filer	Linda Bird	11/08/2012	11/08/2012
Request filing to be re-open	Note To Reviewer	Maysy Novak	11/08/2012	11/08/2012

State: *Arkansas* **Filing Company:** *Pacific Life Insurance Company*
TOI/Sub-TOI: *A02.1I Individual Annuities- Deferred Non-Variable and Variable/A02.1I.003 Single Premium*
Product Name: *Application*
Project Name/Number: *Application/25-1181-1*

Disposition

Disposition Date: 11/09/2012
Implementation Date:
Status: Approved-Closed

Comment: Corrections made to the original submission.

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Certifications		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	REDLINED		Yes
Form	Individual Single Premium Immediate Annuity Application		Yes
Form (revised)	Individual Fixed Indexed Annuity Application		Yes
Form	Individual Fixed Indexed Annuity Application	Replaced	Yes
Form	Individual Fixed Indexed Annuity Application	Replaced	Yes
Form (revised)	Individual Limited Premium Deferred Annuity Application		Yes
Form	Individual Limited Premium Deferred Annuity Application	Replaced	Yes
Form	Individual Limited Premium Deferred Annuity Application	Replaced	Yes
Form (revised)	Individual Deferred Annuity Application		Yes
Form	Individual Deferred Annuity Application	Replaced	Yes
Form	Individual Deferred Annuity Application	Replaced	Yes
Form (revised)	Individual Limited Premium Deferred Annuity Application		Yes

State: *Arkansas* **Filing Company:** *Pacific Life Insurance Company*
TOI/Sub-TOI: *A02.1I Individual Annuities- Deferred Non-Variable and Variable/A02.1I.003 Single Premium*
Product Name: *Application*
Project Name/Number: *Application/25-1181-1*

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Individual Limited Premium Deferred Annuity Application	Replaced	Yes
Form	Individual Limited Premium Deferred Annuity Application	Replaced	Yes
Form (revised)	Individual Limited Premium Deferred Annuity Application		Yes
Form	Individual Limited Premium Deferred Annuity Application	Replaced	Yes
Form	Individual Limited Premium Deferred Annuity Application	Replaced	Yes
Form (revised)	Individual Single Premium Deferred Annuity Application		Yes
Form	Individual Single Premium Deferred Annuity Application	Replaced	Yes
Form	Individual Single Premium Deferred Annuity Application	Replaced	Yes

State: *Arkansas* **Filing Company:** *Pacific Life Insurance Company*
TOI/Sub-TOI: *A02.1I Individual Annuities- Deferred Non-Variable and Variable/A02.1I.003 Single Premium*
Product Name: *Application*
Project Name/Number: *Application/25-1181-1*

Disposition

Disposition Date: 10/25/2012
Implementation Date:
Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Certifications		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	REDLINED		Yes
Form	Individual Single Premium Immediate Annuity Application		Yes
Form (revised)	Individual Fixed Indexed Annuity Application		Yes
Form	Individual Fixed Indexed Annuity Application	Replaced	Yes
Form	Individual Fixed Indexed Annuity Application	Replaced	Yes
Form (revised)	Individual Limited Premium Deferred Annuity Application		Yes
Form	Individual Limited Premium Deferred Annuity Application	Replaced	Yes
Form	Individual Limited Premium Deferred Annuity Application	Replaced	Yes
Form (revised)	Individual Deferred Annuity Application		Yes
Form	Individual Deferred Annuity Application	Replaced	Yes
Form	Individual Deferred Annuity Application	Replaced	Yes
Form (revised)	Individual Limited Premium Deferred Annuity Application		Yes

State: *Arkansas* **Filing Company:** *Pacific Life Insurance Company*
TOI/Sub-TOI: *A02.1I Individual Annuities- Deferred Non-Variable and Variable/A02.1I.003 Single Premium*
Product Name: *Application*
Project Name/Number: *Application/25-1181-1*

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Individual Limited Premium Deferred Annuity Application	Replaced	Yes
Form	Individual Limited Premium Deferred Annuity Application	Replaced	Yes
Form (revised)	Individual Limited Premium Deferred Annuity Application		Yes
Form	Individual Limited Premium Deferred Annuity Application	Replaced	Yes
Form	Individual Limited Premium Deferred Annuity Application	Replaced	Yes
Form (revised)	Individual Single Premium Deferred Annuity Application		Yes
Form	Individual Single Premium Deferred Annuity Application	Replaced	Yes
Form	Individual Single Premium Deferred Annuity Application	Replaced	Yes

State: *Arkansas* **Filing Company:** *Pacific Life Insurance Company*
TOI/Sub-TOI: *A02.1I Individual Annuities- Deferred Non-Variable and Variable/A02.1I.003 Single Premium*
Product Name: *Application*
Project Name/Number: *Application/25-1181-1*

Amendment Letter

Submitted Date: 11/08/2012
Comments:
attach correction versions.
Changed Items:

State: Arkansas **Filing Company:** Pacific Life Insurance Company
TOI/Sub-TOI: A02.1I Individual Annuities- Deferred Non-Variable and Variable/A02.1I.003 Single Premium
Product Name: Application
Project Name/Number: Application/25-1181-1

Form Schedule Item Changes:

Form Schedule Item Changes								
Item No.	**Form Name**	**Form Number**	**Form Type**	**Form Action**	**Action Specific Data**	**Readability Score**	**Attachments**	**Submitted**
1	Individual Fixed Indexed Annuity Application	25-1209-1-A	AEF	Initial		50.000	25-1209-1-A Index Choice.pdf	Date Submitted: 11/08/2012 By:
Previous Version								
1	*Individual Fixed Indexed Annuity Application*	*25-1209-1*	*AEF*	*Initial*		*50.000*	*25-1209-1 Index Choice.pdf*	*Date Submitted: 11/08/2012 By:*
Previous Version								
1	*Individual Fixed Indexed Annuity Application*	*25-1209-1*	*AEF*	*Initial*		*50.000*	*25-1209 Index Choice [Non-Compact].pdf*	*Date Submitted: 10/19/2012 By: Maysy Novak*
2	Individual Limited Premium Deferred Annuity Application	25-1228-3-A	AEF	Initial		50.200	25-1228-3-A Mariner.pdf	Date Submitted: 11/08/2012 By:
Previous Version								
2	*Individual Limited Premium Deferred Annuity Application*	*25-1228-3*	*AEF*	*Initial*		*50.200*	*25-1228-3 Mariner.pdf*	*Date Submitted: 11/08/2012 By:*
Previous Version								
2	*Individual Limited Premium Deferred Annuity Application*	*25-1228-3*	*AEF*	*Initial*		*50.200*	*25-1228-3 Mariner [Non-Compact].pdf*	*Date Submitted: 10/19/2012 By: Maysy Novak*

State: *Arkansas* **Filing Company:** *Pacific Life Insurance Company*
TOI/Sub-TOI: *A02.1I Individual Annuities- Deferred Non-Variable and Variable/A02.1I.003 Single Premium*
Product Name: *Application*
Project Name/Number: *Application/25-1181-1*

Form Schedule Item Changes:

Form Schedule Item Changes								
3	Individual Deferred Annuity Application	25-1228-4-A	AEF	Initial		50.200	25-1228-4-A Simplified Application.pdf	Date Submitted: 11/08/2012 By:
Previous Version								
3	*Individual Deferred Annuity Application*	*25-1228-4*	*AEF*	*Initial*		*50.200*	*25-1228-4 Simplified Application.pdf*	*Date Submitted: 11/08/2012 By:*
Previous Version								
3	*Individual Deferred Annuity Application*	*25-1228-4*	*AEF*	*Initial*		*50.200*	*25-1228 Simplified Application [Non-Compact].pdf*	*Date Submitted: 10/19/2012 By: Maysy Novak*
4	Individual Limited Premium Deferred Annuity Application	25-1229-2-A	AEF	Initial		50.100	25-1229-2-A Expedition.pdf	Date Submitted: 11/08/2012 By:
Previous Version								
4	*Individual Limited Premium Deferred Annuity Application*	*25-1229-2*	*AEF*	*Initial*		*50.100*	*25-1229-2 Expedition.pdf*	*Date Submitted: 11/08/2012 By:*
Previous Version								
4	*Individual Limited Premium Deferred Annuity Application*	*25-1229-2*	*AEF*	*Initial*		*50.100*	*25-1229-2 Expedition [Non-Compact].pdf*	*Date Submitted: 10/19/2012 By: Maysy Novak*

State: *Arkansas* **Filing Company:** *Pacific Life Insurance Company*
TOI/Sub-TOI: *A02.1I Individual Annuities- Deferred Non-Variable and Variable/A02.1I.003 Single Premium*
Product Name: *Application*
Project Name/Number: *Application/25-1181-1*

Form Schedule Item Changes:

Form Schedule Item Changes								
5	Individual Limited Premium Deferred Annuity Application	25-1236-3-A	AEF	Initial		50.100	25-1236-3-A Explorer.pdf	Date Submitted: 11/08/2012 By:
Previous Version								
5	*Individual Limited Premium Deferred Annuity Application*	*25-1236-3*	*AEF*	*Initial*		*50.100*	*25-1236-3 Explorer.pdf*	*Date Submitted: 11/08/2012 By:*
Previous Version								
5	*Individual Limited Premium Deferred Annuity Application*	*25-1236-3*	*AEF*	*Initial*		*50.100*	*25-1236-3 Explorer [Non-Compact].pdf*	*Date Submitted: 10/19/2012 By: Maysy Novak*
6	Individual Single Premium Deferred Annuity Application	25-1237-3-A	AEF	Initial		50.100	25-1237-3-A Frontiers II.pdf	Date Submitted: 11/08/2012 By:
Previous Version								
6	*Individual Single Premium Deferred Annuity Application*	*25-1237-3*	*AEF*	*Initial*		*50.100*	*25-1237-3 Frontiers II.pdf*	*Date Submitted: 11/08/2012 By:*
Previous Version								
6	*Individual Single Premium Deferred Annuity Application*	*25-1237-3*	*AEF*	*Initial*		*50.100*	*25-1237-3 Frontiers II [Non-Compact].pdf*	*Date Submitted: 10/19/2012 By: Maysy Novak*

No Rate Schedule Items Changed.

No Supporting Documents Changed.

Amendment Letter

Submitted Date: 11/08/2012

Comments:

The forms have been revised to added a question in the Registered Representative's/Producer's Statement section (it is the same for each application).

Except as described above, no other changes have been made to the forms.

A redlined copy showing the change is attached in the supporting documentation tab.

Thank you.

Changed Items:

State: *Arkansas* **Filing Company:** *Pacific Life Insurance Company*
TOI/Sub-TOI: *A02.1I Individual Annuities- Deferred Non-Variable and Variable/A02.1I.003 Single Premium*
Product Name: *Application*
Project Name/Number: *Application/25-1181-1*

Form Schedule Item Changes:

Form Schedule Item Changes								
Item No.	**Form Name**	**Form Number**	**Form Type**	**Form Action**	**Action Specific Data**	**Readability Score**	**Attachments**	**Submitted**
1	Individual Fixed Indexed Annuity Application	25-1209-1	AEF	Initial		50.000	25-1209-1 Index Choice.pdf	Date Submitted: 11/08/2012 By:
Previous Version								
1	*Individual Fixed Indexed Annuity Application*	*25-1209-1*	*AEF*	*Initial*		*50.000*	*25-1209 Index Choice [Non-Compact].pdf*	*Date Submitted: 10/19/2012 By: Maysy Novak*
2	Individual Limited Premium Deferred Annuity Application	25-1228-3	AEF	Initial		50.200	25-1228-3 Mariner.pdf	Date Submitted: 11/08/2012 By:
Previous Version								
2	*Individual Limited Premium Deferred Annuity Application*	*25-1228-3*	*AEF*	*Initial*		*50.200*	*25-1228-3 Mariner [Non-Compact].pdf*	*Date Submitted: 10/19/2012 By: Maysy Novak*
3	Individual Deferred Annuity Application	25-1228-4	AEF	Initial		50.200	25-1228-4 Simplified Application.pdf	Date Submitted: 11/08/2012 By:
Previous Version								
3	*Individual Deferred Annuity Application*	*25-1228-4*	*AEF*	*Initial*		*50.200*	*25-1228 Simplified Application [Non-Compact].pdf*	*Date Submitted: 10/19/2012 By: Maysy Novak*

Form Schedule Item Changes:

Form Schedule Item Changes								
4	Individual Limited Premium Deferred Annuity Application	25-1229-2	AEF	Initial		50.100	25-1229-2 Expedition.pdf	Date Submitted: 11/08/2012 By:
Previous Version								
4	*Individual Limited Premium Deferred Annuity Application*	*25-1229-2*	*AEF*	*Initial*		*50.100*	*25-1229-2 Expedition [Non-Compact].pdf*	*Date Submitted: 10/19/2012 By: Maysy Novak*
5	Individual Limited Premium Deferred Annuity Application	25-1236-3	AEF	Initial		50.100	25-1236-3 Explorer.pdf	Date Submitted: 11/08/2012 By:
Previous Version								
5	*Individual Limited Premium Deferred Annuity Application*	*25-1236-3*	*AEF*	*Initial*		*50.100*	*25-1236-3 Explorer [Non-Compact].pdf*	*Date Submitted: 10/19/2012 By: Maysy Novak*
6	Individual Single Premium Deferred Annuity Application	25-1237-3	AEF	Initial		50.100	25-1237-3 Frontiers II.pdf	Date Submitted: 11/08/2012 By:
Previous Version								
6	*Individual Single Premium Deferred Annuity Application*	*25-1237-3*	*AEF*	*Initial*		*50.100*	*25-1237-3 Frontiers II [Non-Compact].pdf*	*Date Submitted: 10/19/2012 By: Maysy Novak*

No Rate Schedule Items Changed.

State: *Arkansas* **Filing Company:** *Pacific Life Insurance Company*
TOI/Sub-TOI: *A02.1I Individual Annuities- Deferred Non-Variable and Variable/A02.1I.003 Single Premium*
Product Name: *Application*
Project Name/Number: *Application/25-1181-1*

Supporting Document Schedule Item Changes

Satisfied - Item:	REDLINED
Comments:	

Attachment(s):

25-1237-3 Frontiers II [REDLINED P4].pdf
25-1209 Index Choice [REDLINED P6].pdf
25-1228-3 Mariner [REDLINED P4].pdf
25-1228-4 Simplified Application [REDLINED P3].pdf
25-1229-2 Expedition [REDLINED P4].pdf
25-1236-3 Explorer [REDLINED P4].pdf

State:	*Arkansas*	**Filing Company:**	*Pacific Life Insurance Company*
TOI/Sub-TOI:	*A02.1I Individual Annuities- Deferred Non-Variable and Variable/A02.1I.003 Single Premium*		
Product Name:	*Application*		
Project Name/Number:	*Application/25-1181-1*		

Note To Filer

Created By:

Linda Bird on 11/08/2012 12:59 PM

Last Edited By:

Linda Bird

Submitted On:

11/08/2012 12:59 PM

Subject:

Request filing to be re-open

Comments:

Filing has been re-opened in order for correction to be made.

State: *Arkansas* **Filing Company:** *Pacific Life Insurance Company*
TOI/Sub-TOI: *A02.1I Individual Annuities- Deferred Non-Variable and Variable/A02.1I.003 Single Premium*
Product Name: *Application*
Project Name/Number: *Application/25-1181-1*

Note To Reviewer

Created By:

Maysy Novak on 11/08/2012 11:33 AM

Last Edited By:

Maysy Novak

Submitted On:

11/08/2012 11:33 AM

Subject:

Request filing to be re-open

Comments:

Pacific Life has made a revision to the Registered Representative's/Producer's Statement section and would like to have this filing to be re-open so that we add the updated versions for review and approval. These forms have not been issue.
Thank you in advance for your assistance.

State: *Arkansas* **Filing Company:** *Pacific Life Insurance Company*
TOI/Sub-TOI: *A02.1I Individual Annuities- Deferred Non-Variable and Variable/A02.1I.003 Single Premium*
Product Name: *Application*
Project Name/Number: *Application/25-1181-1*

Form Schedule

Lead Form Number: 25-1181-1

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Individual Single Premium Immediate Annuity Application	25-1181-1	AEF	Initial		50.200	25-1181 Income Provider [Non-Compact].pdf
2		Individual Fixed Indexed Annuity Application	25-1209-1-A	AEF	Initial		50.000	25-1209-1-A Index Choice.pdf
3		Individual Limited Premium Deferred Annuity Application	25-1228-3-A	AEF	Initial		50.200	25-1228-3-A Mariner.pdf
4		Individual Deferred Annuity Application	25-1228-4-A	AEF	Initial		50.200	25-1228-4-A Simplified Application.pdf
5		Individual Limited Premium Deferred Annuity Application	25-1229-2-A	AEF	Initial		50.100	25-1229-2-A Expedition.pdf
6		Individual Limited Premium Deferred Annuity Application	25-1236-3-A	AEF	Initial		50.100	25-1236-3-A Explorer.pdf
7		Individual Single Premium Deferred Annuity Application	25-1237-3-A	AEF	Initial		50.100	25-1237-3-A Frontiers II.pdf

Form Type Legend:

ADV	Advertising	**AEF**	Application/Enrollment Form

State: *Arkansas* **Filing Company:** *Pacific Life Insurance Company*
TOI/Sub-TOI: *A02.1I Individual Annuities- Deferred Non-Variable and Variable/A02.1I.003 Single Premium*
Product Name: *Application*
Project Name/Number: *Application/25-1181-1*

CER	Certificate	**CERA**	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	**FND**	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	**NOC**	Notice of Coverage
OTH	Other	**OUT**	Outline of Coverage
PJK	Policy Jacket	**POL**	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	**SCH**	Schedule Pages

PACIFIC LIFE	**Pacific Life Insurance Company** [P.O. Box 2378, Omaha, NE 68103-2378 or 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102 www.PacificLife.com Contract Owners: (800) 722-4448 Registered Representatives/Producers: (800) 722-2333]	**[PACIFIC INCOME PROVIDER]** *Single Premium Immediate Annuity Application*

1. PRIMARY ANNUITANT *Must be an individual. Check product guidelines for maximum issue age. If you are electing any Joint annuity option with a reduction in survivor benefit in section 10C, you will designate whether benefits are determined based only on the Primary Annuitant (Joint and Survivor Life) or either Annuitant (First to Die/Joint Life). If Primary Annuitant (Joint and Survivor Life) is elected, please ensure the appropriate individual is designated in this section as your Primary Annuitant, as the Primary and Joint Annuitant cannot be changed after contract issue.*

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

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

JOINT ANNUITANT *Complete only if option 11C is selected.*

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

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

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

JOINT OWNER *Not applicable for qualified contracts.*

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

3. ELECTRONIC INFORMATION CONSENT

FOR EVEN FASTER DELIVERY

E-Mail address:_____

By providing the e-mail address above, I consent to receive documents and notices applicable to my contract, including but not limited to 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 e-mail 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.

4. TELEPHONE/ELECTRONIC AUTHORIZATION

CHECK IF YES ☐ Yes **As the owner, I will receive this privilege automatically.**

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

5. HOUSEHOLDING *By signing this application you 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 the 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 you receive. If you do not wish to participate in this service and prefer to receive your own contract owner documents, please check the box below.*

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

6. BENEFICIARIES *If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. For contracts owned by a non-individual custodian (including IRAs) or other non-natural owners, the beneficiary will be the owner listed on the application and information provided below will not be valid. Use Section 13, Special Requests, to provide additional beneficiary information.*

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %

7. CONTRACT TYPE *Select ONE.*

[☐Non-Qualified[1,2]	☐ IRA[3] (Includes Traditional IRA and SEP IRA)	☐ Roth IRA[3]]

[*[1] For trust-owned contracts, complete Trustee Certification and Disclosure form. [2] For non-qualified contracts, if owner is a non-natural person or corporation, complete the Non-Natural or Corporate-Owned Disclosure Statement. [3] For individual-owned or trust-owned Inherited IRA contracts, complete appropriate Inherited IRA Certification*]

8. PURCHASE PAYMENT *Make check payable to [Pacific Life Insurance Company].*
Note: Only one, single premium can be used to fund a contract. Combinations of cash and 1035 exchange/transfer paperwork are not permitted.

8A. NON-QUALIFIED CONTRACT PAYMENT TYPE
Indicate type of payment.

☐ 1035 exchange(s)/estimated transfer…. $_____

☐ Amount enclosed …….. $_____

8B. QUALIFIED CONTRACT PAYMENT TYPE
Indicate type of payment.

☐ Transfer …… $_____

☐ Rollover …… $_____

Note: If you have more than one contract to 1035 exchange/transfer or have a combination of cash and contracts to 1035 exchange/transfer, you must complete separate applications for each funding source. This will result in multiple contracts being issued.

9. REPLACEMENT

9A. EXISTING INSURANCE

CHECK ONE ☐Yes ☐No

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

9B. REPLACEMENT

CHECK ONE ☐Yes ☐No

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

Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced ☐Life Insurance ☐Fixed Annuity ☐Variable Annuity

10. ILLUSTRATION
Were you provided an illustration? ☐Yes ☐No *(Default is "No" if neither box is checked.)*
If "Yes," please provide the Illustration Quote Date *(mo/day/yr)* _____.

11. ANNUITY OPTIONS *Complete one section only.*
IMPORTANT: ***Options 11B and 11C require a copy of a birth certificate, valid passport, or valid driver's license as proof of the annuitant's age****. NOTE: For qualified contracts, if you elect an option with a period certain, the period elected cannot exceed the annuitant's life expectancy. Additional restrictions may apply to joint annuitants that are not spouses. Joint Life options are not available with Inherited Lines of Business.*

11A. ☐ **Period Certain.**
_____ # of years (5-30)

11B. Life Contingency – Single Life *Select one. Note: Proof of age is required.*
☐ Single Life
☐ Single Life with Period Certain of _____ years (5-30)
☐ Single Life with Cash Refund

11C. Life Contingency - Joint Life *Complete each section below. Note: Proof of age is required*

Part One: Is the Joint Annuitant the spouse of the Primary Annuitant? ☐ Yes ☐ No (Default is "Yes" if neither box is checked.)

Part Two: Select one Life Contingency Option:
☐ Joint Life
☐ Joint Life with Period Certain of _____ years (5-30)
☐ Joint Life with Cash Refund

Part Three: Select one option upon which reduced benefits are determined for the Life Contingency option selected in Part Two:
☐ Primary Annuitant *By selecting this option, you are electing a Joint and Survivor version of the payout option in Part Two. Please ensure you have designated the appropriate individual as Primary Annuitant in section 1, as the Primary and Joint Annuitant cannot be changed after contract issue.*
☐ First to Die *Select this option for Joint Life survivor benefits only.*

Part Four: Select one reduced benefit percent after death of annuitant:
☐ 100% (no reduction in benefit payment)
☐ 75%
☐ 67%
☐ 50%

12. OPTIONAL ANNUITY FEATURES *Only one feature is allowed.*

[**12A. Inflation Protection Option** Feature begins on the payment start date anniversary and after any calculated Joint Life survivor benefit percent.

Elect Annual Increase Percentage:

- ☐ 2%
- ☐ 3%
- ☐ 4%

12B. Future Adjustment Option NOTE: This feature is not available if any Joint Life annuity option with survivor benefit percent of 75%, 67%, or 50% was selected in Section 10C.

Increase payments by	OR	Decrease payments by:
☐ 50%		☐ 10%
☐ 100%		☐ 20%
☐ 150%		☐ 30%
☐ 200%		☐ 40%
☐ 250%		☐ 50%
☐ 300%		

_____ *(YYYY)* Year you want this change in payment to take effect. The change in payment will occur on the original payment start date anniversary in the year specified.]

13. PAYMENT DETAIL

13A. Frequency

CHECK ONE ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

13B. Payment Start Date: _____/_____/_____ (Mo Day Year) **OR** ☐ Immediately

If the payment start date requested precedes the contract issue date and a monthly frequency is selected, the payment start date will be the same date in the month following the contract issue date. If no date is provided and a monthly frequency is selected the payment start date will be one month from the issue date. If immediate payment is selected, the payment start date will be the day following contract issue. If the payment start date is the 29th, 30th, or 31st of the month, the payment will be made on the last day of that month, if applicable.

13C. Income Tax Withholding Complete the following applicable lines. NOTE: If you DO NOT complete the information below, Pacific Life must withhold on periodic payments as if you are married claiming three withholding allowances.

1. Check here if you **do not want any** federal income tax withheld from your annuity. (Do not complete lines 2 or 3.) ☐
2. Total number of allowances and marital status you are claiming for withholding from each periodic annuity payment. (You may also designate an additional dollar amount on line 3.) Enter number of allowances: _____
   Marital Status: ☐ Single ☐ Married ☐ Married, but withhold at higher "Single" rate.
3. Additional amount, if any, you want withheld from each annuity payment. (**Note:** For periodic payments you cannot enter an amount here without entering the number (including zero) of allowances on line 2.) $_____

   Note: If you do not want the default state tax withholding, write in the desired withholding amount in the Special Requests Section or consult your tax advisor to obtain your state's specific withholding form.

13D. ALTERNATE DELIVERY/PAYEE INSTRUCTIONS *Unless indicated below, check will always be made payable to the primary owner and sent to the primary owner's address of record. Only complete this section if check is to be made payable to an alternate payee or if the check should be mailed to an alternate address for the primary owner. Please note that in situations where the Owner and Payee are different, there may be tax consequences to the Owner.*

Name of Payee *(First, Middle, Last) (if applicable)*:

Account Number *(if applicable)*:

Street Address:	City:	State:	ZIP:

13E. ELECTRONIC FUNDS TRANSFERS (EFTs) Complete this section if you want annuity payments to be electronically transferred to the payee's checking or savings account and attach a void check or deposit slip to this form. If account type is not indicated and you do not include a void check, the information provided will be processed as a checking account. From the time the annuity payment is processed from your contract to the time the funds are received by your financial institution generally takes 2-3 business days. Starter checks are not acceptable to establish EFTs.

Financial Institution Name:		Financial Institution Telephone Number:
Financial Institution Account Number:	Financial Institution ABA Routing Number:	Account Type: ☐ Checking ☐ Savings

Tape a voided check or deposit slip here:

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

15. FRAUD NOTICE: *The following states require insurance companies to provide a fraud warning statement. Refer to the fraud warning statement for your state as indicated below. Please check for state product availability.*

District of Columbia: 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.

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

16. STATEMENT OF OWNER(S) I understand that federal law requires all financial institutions to obtain the name, residential address, date of birth, Social Security or taxpayer identification number, and any other information necessary to sufficiently verify the identity of each customer. I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract termination. I, the owner(s), understand that I have applied for a single premium immediate annuity contract ("contract") issued by Pacific Life Insurance Company ("company"). After reviewing my financial background with my registered representative/producer, I believe this contract, including the benefits of its insurance features, will meet my financial objectives based in part upon my age, income, net worth, and tax status, and any existing investments, annuities, or other insurance products I own. If applicable, I considered the appropriateness of full or partial replacement of any existing life insurance or annuity. I understand that once my contract is issued, the annuity option and features cannot be changed. I acknowledge that I have received a product disclosure ("Contract Summary"), and if applicable, a Buyers Guide to Fixed Deferred Annuities prior to applying for this contract. If I am an active duty member of the United States Armed Forces (including active duty military reserve personnel), I confirm that this application was not solicited and/or signed on a military base or installation, and I have received from the registered representative/producer the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act. All answers to questions and statements made on this application are to the best of my knowledge and belief. I certify, under penalties of perjury, that I am a U.S. person (including a U.S. resident alien) and that the taxpayer identification number is correct. I understand that Pacific Life will automatically code my distributions as substantially equal periodic payments under IRC § 72(t) or 72(q) if all qualifications are met. If my distributions increase, decrease, or stop, I understand that I am fully responsible for all resulting tax consequences. Additionally, I will notify Pacific Life if I am aware that my distributions should not be coded as a 72(t) or 72(q) distribution.

Owner's Signature SIGN HERE	Date *(mo/day/yr)* DATE	Signed at: City CITY	State STATE ____ ____
Joint Owner's Signature *(if applicable)* SIGN HERE	Date *(mo/day/yr)* DATE		

17. REGISTERED REPRESENTATIVE'S/PRODUCER'S STATEMENT

17A.	CHECK ONE ☐Yes ☐No	Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)
17B.	CHECK ONE ☐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 in Section 8B of this application.

I hereby certify that I have used only Pacific Life's approved sales material in connection with this sale and that copies of all sales materials used were left with the applicant. Any insurer-approved electronically presented sales materials will be provided in printed form to the applicant no later than at the time of the policy or contract delivery. I further certify that I have discussed the appropriateness of replacement and followed Pacific Life's written replacement guidelines. I have explained to the owner(s) how the annuity will meet their insurable needs and financial objectives. I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner, as applicable, including age, income, net worth, and tax status, and any existing investments and insurance program.

I further certify that I followed my broker/dealer's suitability guidelines in the recommendation of this annuity 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. I certify that a product disclosure ("Contract Summary"), and if applicable, a Buyers Guide to Fixed Deferred Annuities were presented to and left with the applicant prior to applying for this contract. 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.**

Soliciting Registered Representative's/Producer's Signature SIGN HERE	Print Registered Representative's/Producer's Full Name	Insurance License Number
Registered Representative's/Producer's Telephone Number	Registered Representative's/Producer's E-Mail Address	Option [☐ A ☐ B]
Broker/Dealer's Name	Brokerage Account Number *(optional)*	

Send completed application as follows:

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

APPLICATION *WITHOUT* PAYMENT:
Regular Mail Delivery: P.O. Box 2378, Omaha, NE 68103-2378
Express Mail Delivery: 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102

Pacific Life Insurance Company
[P.O. Box 2378, Omaha, NE 68103-2378
or 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102
www.PacificLife.com
Contract Owners: (800) 722-4448
Registered Representatives/Producers: (800) 722-2333]

[Pacific Index Choice]

Individual Fixed Indexed Annuity Application

1. WITHDRAWAL CHARGE PERIOD *Select ONE. May not be changed after the contract is issued.*

☐ 6 Year ☐ 8 Year ☐ 10 Year

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

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐M ☐F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

Solicited at: State _____ _____

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

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

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐M ☐F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

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

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐M ☐F
Mailing Address	City, State, ZIP	SSN/TIN
Residential Address (if different than mailing address)	City, State, ZIP	

ADDITIONAL OWNER *Not applicable for qualified contracts.*

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐M ☐F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

4. ELECTRONIC INFORMATION CONSENT

FOR EVEN FASTER DELIVERY

E-Mail address:_____

By providing the e-mail address above, I consent to receive documents and notices applicable to my contract, including but not limited to 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 e-mail 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.

5. TELEPHONE/ELECTRONIC AUTHORIZATION

CHECK IF YES ☐ Yes **TELEPHONE/ELECTRONIC TRANSACTION AUTHORIZATION As the owner, I will receive this privilege automatically.**

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

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

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

7. BENEFICIARIES *If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Each beneficiary class must equal 100%. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. For contracts owned by a non-individual custodian (including IRAs, 457, and qualified plans) or other non-natural owners, the beneficiary will be the owner listed on the application and information provided below will not be valid. Use Section 13, Special Requests, to provide additional beneficiary information. Note: If you select the Enhanced Lifetime Income Benefit - Joint Life Rider in section 11 and the contract is owned by a sole Owner, the Owner's spouse must be designated as the sole primary beneficiary.*

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %

8. CONTRACT TYPE *Select ONE.*

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

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

9. INITIAL PURCHASE PAYMENT [*Make check payable to Pacific Life Insurance Company.]*

9A. NON-QUALIFIED CONTRACT PAYMENT TYPE
Indicate type of initial payment.

☐ 1035 exchange(s)/estimated transfer…$ _____

☐ Amount enclosed……$ _____

9B. QUALIFIED CONTRACT PAYMENT TYPE *Indicate type of initial payment. If no year is indicated, contribution defaults to current tax year.*

☐ Transfer $_____

☐ Rollover $_____

☐ Contribution $_____ for tax year _____

10. REPLACEMENT

10A. EXISTING INSURANCE

CHECK ONE ☐Yes ☐No

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

10B. REPLACEMENT

CHECK ONE ☐Yes ☐No

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

Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced ☐Life Insurance ☐Fixed Annuity ☐Variable Annuity
Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced ☐Life Insurance ☐Fixed Annuity ☐Variable Annuity

11. OPTIONAL RIDERS Subject to state availability. *Guaranteed Minimum Withdrawal Benefit riders are not available with Inherited IRA, Inherited Roth IRA, and Inherited TSA business.*

[Guaranteed Minimum Withdrawal Benefit *You may select only ONE.*

☐ **Enhanced Lifetime Income Benefit - Single Life** *Annuitant(s) must not be over age 85 at issue.*

☐ **Enhanced Lifetime Income Benefit - Joint Life** *Both spouses must not be over age 85 at issue. Note: Available only if the Contract Type selected in Section 8 is Non-qualified (not available if the Owner is a trust or other entity), IRA (including custodial IRAs), Roth IRA, SEP-IRA, or TSA/403(b). Joint Owners must be spouses. If the contract is owned by a sole Owner, the Owner's spouse must be designated as the sole primary beneficiary. Complete the beneficiary information in Section 7. If this is a custodial-owned IRA, it is the responsibility of the custodian to verify that the beneficiary designation at the custodian is the spouse of the Annuitant.]*

Spouse's Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*

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

12. INTEREST CREDITING OPTIONS Use this section to allocate 100% of your Purchase Payment. Use whole percentages only. Additional Purchase Payments will be allocated based on the options below unless alternate instructions are on file or provided with the Purchase Payment.

[Fixed Account Option		_____% Total
S&P 500® Index-Linked Options	1 Year Point-to-Point	_____% Total
	2 Year Point-to-Point	_____% Total
	Declared Index Interest	_____% Total
MSCI ACWI® Index-Linked Options	1 Year Point-to-Point	_____% Total
	2 Year Point-to-Point	_____% Total
	Declared Index Interest	_____% Total
	MUST TOTAL 100%	_____% Total]

[S&P 500® INDEX

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MSCI ACWI® INDEX

The Product and its MSCI ACWI® Index-Linked Options referred to herein is not sponsored, endorsed, or promoted by MSCI, and MSCI bears no liability with respect to any such Products or any index on which such products are based. The Policy Contract contains a more detailed description of the limited relationship MSCI has with Pacific Life Insurance Company and any related products.]

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

14. FRAUD NOTICE *The following states require insurance companies to provide a fraud warning statement. Refer to the fraud warning statement for your state as indicated below. Please check for state product availability.*

District of Columbia: 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.

[All Other States: 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.]

15. STATEMENT OF OWNER(S) I understand that federal law requires all financial institutions to obtain the name, residential address, date of birth, Social Security or taxpayer identification number, and any other information necessary to sufficiently verify the identity of each customer. I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract termination. I, the owner(s), understand that I have applied for an individual limited premium deferred annuity contract ("contract") issued by Pacific Life Insurance Company ("company"). I acknowledge that I have received a product disclosure ("Contract Summary"), and if applicable, a Buyers Guide to Fixed Deferred Annuities prior to applying for this contract. After reviewing my financial background with my registered representative/producer, I believe this contract, including the benefits of its insurance features, will meet my financial objectives based in part upon my age, income, net worth, and tax status, and any existing investments, annuities, or other insurance products I own. If applicable, I considered the appropriateness of full or partial replacement of any existing life insurance or annuity. I also considered my liquidity needs, risk tolerance, and investment time horizon when selecting the contract and allocation 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/producer, including withdrawal charges. If I am an active duty member of the United States Armed Forces (including active duty military reserve personnel), I confirm that this application was not solicited and/or signed on a military base or installation, and I have received from the registered representative/producer the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act. I certify, under penalties of perjury, that I am a U.S. person (including a U.S. resident alien) and that the taxpayer identification number is correct. All answers to questions and statements made on this application are to the best of my knowledge and belief.

I UNDERSTAND THAT AMOUNTS ALLOCATED TO THE FIXED ACCOUNT OPTION EARN INTEREST NOT LESS THAN THE MINIMUM GUARANTEED INTEREST RATE STATED IN THE CONTRACT SPECIFICATIONS. I UNDERSTAND THAT WHILE THE VALUES OF THE CONTRACT MAY BE AFFECTED BY AN EXTERNAL INDEX, THE CONTRACT DOES NOT DIRECTLY PARTICIPATE IN ANY STOCK OR EQUITY INVESTMENT. I UNDERSTAND THAT AMOUNTS WITHDRAWN OR APPLIED FOR AN ANNUITY BEFORE THE END OF THE SURRENDER CHARGE PERIOD ARE SUBJECT TO A MARKET VALUE ADJUSTMENT.

Owner's Signature SIGN HERE	Date *(mo/day/yr)* DATE	Signed at: City CITY	State STATE ___ ___
Joint Owner's Signature *(if applicable)* SIGN HERE	Date *(mo/day/yr)* DATE		

16. REGISTERED REPRESENTATIVE'S/PRODUCER'S STATEMENT

16A.	CHECK ONE ☐Yes ☐No	Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)
16B.	CHECK ONE ☐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 in Section 10B of this application. I hereby certify that I have used only Pacific Life's approved sales material in connection with this sale and that copies of all sales materials used were left with the applicant. Any insurer-approved electronically presented sales materials will be provided in printed form to the applicant no later than at the time of the policy or contract delivery. I further certify that I have discussed the appropriateness of replacement and followed Pacific Life's written replacement guidelines. I have explained to the owner(s) how the annuity will meet their insurable needs and financial objectives. I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner, as applicable, including age, income, net worth, and tax status, and any existing investments and insurance program. I further certify that I have also considered the owner's liquidity needs, risk tolerance, and investment time horizon; that I followed suitability guidelines in both the recommendation of this annuity and the choice of allocation options, and that this application is subject to review for suitability. I further certify that I have truly and accurately recorded on the application the information provided to me by the applicant. If the applicant is an active duty member of the United States Armed Forces (including active duty military reserve personnel), I certify that this application was not solicited and/or signed on a military base or installation, and I provided to the applicant the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act. I certify that a product disclosure ("Contract Summary"), and if applicable, a Buyers Guide to Fixed Deferred Annuities were presented to and left with the applicant prior to applying for this contract. **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.**

Check the box below only if applicable:

☐ **I have provided a Pacific Life approved annuity illustration to the applicant in connection with this application.**

Soliciting Registered Representative's/Producer's Signature SIGN HERE	Print Registered Representative's/Producer's Full Name	Option [☐A ☐B ☐C ☐D]
Registered Representative's/Producer's Telephone Number	Registered Representative's/Producer's E-Mail Address	
Broker/Dealer's Name *(if applicable)*	Brokerage Account Number *(optional)*	

Send completed application as follows:

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

APPLICATION *WITHOUT* PAYMENT:
Regular Mail Delivery: P.O. Box 2378, Omaha, NE 68103-2378
Express Mail Delivery: 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102]

Pacific Life Insurance Company
[P.O. Box 2378, Omaha, NE 68103-2378
or 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102
www.PacificLife.com
Contract Owners: (800) 722-4448
Registered Representatives/Producers: (800) 722-2333]

[Pacific Mariner]

Individual Limited Premium Deferred Annuity Application

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

Name *(First, Middle, Last)*		Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN	
Residential Address (if different than mailing address)	City, State, ZIP		

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

ADDITIONAL ANNUITANT *Optional. Not applicable for qualified contracts.* ***Check One:*** ☐ *Joint* ☐ *Contingent*

Name *(First, Middle, Last)*		Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN	
Residential Address (if different than mailing address)	City, State, ZIP		

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

Name *(First, Middle, Last)*		Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN/TIN	
Residential Address (if different than mailing address)	City, State, ZIP		

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

Name *(First, Middle, Last)*		Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN	
Residential Address (if different than mailing address)	City, State, ZIP		

3. ELECTRONIC INFORMATION CONSENT

FOR EVEN FASTER DELIVERY

E-Mail address:_____

By providing the e-mail address above, I consent to receive documents and notices applicable to my contract, including but not limited to 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 e-mail 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.

4. TELEPHONE/ELECTRONIC AUTHORIZATION

CHECK IF YES ☐ Yes **As the owner, I will receive this privilege automatically.**

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

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

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

6. BENEFICIARIES *If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. For contracts owned by a non-individual custodian (including IRAs, 457, and qualified plans) or other non-natural owners, the beneficiary must be the owner listed on the application. Use Section 11, Special Requests, to provide additional beneficiary information.*

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %

7. CONTRACT TYPE *Select ONE.*

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

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

8. INITIAL PURCHASE PAYMENT AMOUNT: $_____
EXPECTED TOTAL PURCHASE PAYMENT AMOUNT: $_____
[*Make check payable to Pacific Life Insurance Company.]*

8A. NON-QUALIFIED CONTRACT PAYMENT TYPE
Indicate type of initial payment.

☐ 1035 exchange(s)/estimated transfer…. $_____
☐ Amount enclosed …….. $_____

8B. QUALIFIED CONTRACT PAYMENT TYPE
Indicate type of initial payment.

☐ Transfer …… $_____
☐ Rollover …… $_____

9. GUARANTEE TERM ***Select ONE***
Note: Not all Guarantee Terms may be available. Contact Pacific Life for available Guarantee Terms and rates.

CHECK ONE [☐ 5 Year Guarantee Term ☐ 7 Year Guarantee Term]

10. REPLACEMENT

10A. EXISTING INSURANCE

CHECK ONE ☐Yes ☐No

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

10B. REPLACEMENT

CHECK ONE ☐Yes ☐No

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

Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced ☐Life Insurance ☐Fixed Annuity ☐Variable Annuity
Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced ☐Life Insurance ☐Fixed Annuity ☐Variable Annuity

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

12. FRAUD NOTICE *The following states require insurance companies to provide a fraud warning statement. Refer to the fraud warning statement for your state as indicated below.*

District of Columbia: 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.

[All Other States: 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.]

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

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

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

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

Owner's Signature SIGN HERE	Date *(mo/day/yr)* DATE	Signed at: City CITY	State STATE ___ ___
Joint Owner's Signature *(if applicable)* SIGN HERE	Date *(mo/day/yr)* DATE		

14. REGISTERED REPRESENTATIVE'S/PRODUCER'S STATEMENT

14A.	CHECK ONE ☐Yes ☒No	Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)
14B.	CHECK ONE ☐Yes ☒No	Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued? If "Yes," I affirm that I have referred the applicant to the replacement question in Section 10B of this application.

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

I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner, as applicable, including age, income, net worth, and tax status, and any existing investments and insurance program. I further certify that I have also considered the owner's liquidity needs, risk tolerance, and time horizon; that I followed suitability guidelines in both the recommendation of this annuity and the choice of guarantee terms; and that this application is subject to review for suitability.

I further certify that I have truly and accurately recorded on the application the information provided to me by the applicant. I certify that a product disclosure ("Contract Summary"), and if applicable, a Buyers Guide to Fixed Deferred Annuities were presented to and left with the applicant prior to applying for this contract. 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.

Check the box below only if applicable:

☐ **I have provided a Pacific Life approved annuity illustration to the applicant in connection with this application.**

Soliciting Registered Representative's/Producer's Signature SIGN HERE	Print Registered Representative's/Producer's Full Name	Option [☐ A ☐ B]
Registered Representative's/Producer's Telephone Number	Registered Representative's/Producer's E-Mail Address	
Broker/Dealer's Name	Brokerage Account Number *(optional)*	

[Send completed application as follows:

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

APPLICATION *WITHOUT* PAYMENT:
Regular Mail Delivery: P.O. Box 2378, Omaha, NE 68103-2378
Express Mail Delivery: 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102]

Pacific Life Insurance Company
[P.O. Box 2378, Omaha, NE 68103-2378
or 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102
www.PacificLife.com
Contract Owners: (800) 722-4448 Registered Representatives/Agents: (800) 722-2333]

Individual Deferred Annuity Application

[PACIFIC MARINER]

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

CONTRACT INFORMATION

Product Name: [Pacific Mariner]
Initial Purchase Payment:
Initial Purchase Payment:
Expected Total Purchase Payment:
Owner Type:

Contract Type: [Non-Qualified]
Source of Initial Purchase Payment:
Source of Initial Purchase Payment:

Contribution Year:

Owner Information
Name:
Residential Address:

Mailing Address:

SSN/TIN:
Birth Date/Trust Date:
Gender:

Annuitant Information
Name:
Residential Address:

Mailing Address:

SSN:
Birth Date:
Gender:

Joint Owner Information
Name:
Residential Address:

Mailing Address:

SSN:
Birth Date:
Gender:

Additional Annuitant Information
Name:
Residential Address:

Mailing Address:

SSN:
Birth Date:
Gender:
Annuitant Type:

Beneficiaries

Name	Primary or Contingent	Percentage Allocation	Birthdate (mo/day/yr)	Relationship	SSN/TIN

Contract Options Elected

Guarantee Term:

Note: Not all Guarantee Terms may be available. Contact Pacific Life for available Guarantee Terms and rates.

Contract Services
Electronic Information Consent: Email Address:
Householding Service:

Special Requests

ELECTRONIC INFORMATION CONSENT
By providing the e-mail address in the Contract Services section of this application, I consent to receive documents and notices applicable to my contract, including but not limited to 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 above 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:
Policy or Contract Number:
Policy or Contract Type Being Replaced:

Insurance Company Name:
Policy or Contract Number:
Policy or Contract Type Being Replaced:

FRAUD NOTICE *The following states require insurance companies to provide a fraud warning statement. Refer to the fraud warning statement for your state as indicated below.*

District of Columbia: 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.

[**All Other States:** 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

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

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

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

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

I have read the applicable fraud statement contained in the Fraud Notice section.

Contract Owner: SIGN HERE _____ Joint Owner: SIGN HERE _____

(Signature) (Date) (Signature) (Date)

Signed At: City: State:

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 time horizon; that I followed suitability guidelines in both the recommendation of this annuity and the choice of guarantee terms; and that this application is subject to review for suitability.

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

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

I further certify that, prior to soliciting the contract applied for, I have completed all state mandated annuity, insurance, and/or product training and agree to provide documentation of such completion upon request by Pacific Life.

Check the box below only if applicable:

☐ **I have provided a Pacific Life approved annuity illustration to the applicant in connection with this application.**

Registered Representative/Agent: SIGN HERE _____

(Signature) (Date)

Print Registered Representative/Agent Name:
Broker/Dealer Name:
Registered Representative/Agent Address:

Phone Number:
Option:

Pacific Life Insurance Company
[P.O. Box 2378, Omaha, NE 68103-2378
or 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102
www.PacificLife.com
Contract Owners: (800) 722-4448
Registered Representatives/Producers: (800) 722-2333]

[Pacific Expedition]

Individual Limited Premium Deferred Annuity Application

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

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

Solicited at: State _____ _____

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

ADDITIONAL ANNUITANT *Optional. Not applicable for qualified contracts.* ***Check One:*** ☐ *Joint* ☐ *Contingent*

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

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

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN/TIN
Residential Address (if different than mailing address)	City, State, ZIP	

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

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

2A. RATE ADVANTAGE FEATURE

☐ YES ☐ NO – Default is NO if neither box is checked.
NOTE – election of this Feature may result in a lower Initial Guaranteed Rate for your Contract than had you not elected this Feature.

3. ELECTRONIC INFORMATION CONSENT

FOR EVEN FASTER DELIVERY

E-Mail address:_____

By providing the e-mail address above, I consent to receive documents and notices applicable to my contract, including but not limited to 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 e-mail 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.

4. TELEPHONE/ELECTRONIC AUTHORIZATION

CHECK IF YES ☐ Yes **As the owner, I will receive this privilege automatically.**

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

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

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

6. BENEFICIARIES *If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. For contracts owned by a non-individual custodian (including IRAs, 457, and qualified plans) or other non-natural owners, the beneficiary must be the owner listed on the application. Use Section 11, Special Requests, to provide additional beneficiary information.*

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %

7. CONTRACT TYPE *Select ONE.*

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

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

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

8A. NON-QUALIFIED CONTRACT PAYMENT TYPE
Indicate type of initial payment.

☐ 1035 exchange(s)/estimated transfer…. $_____
☐ Amount enclosed …….. $_____

8B. QUALIFIED CONTRACT PAYMENT TYPE
Indicate type of initial payment.

☐ Transfer …… $_____
☐ Rollover …… $_____

9. GUARANTEE TERM ***Select ONE***
Note: Not all Guarantee Terms may be available. Contact Pacific Life for available Guarantee Terms and rates.

CHECK ONE [☐ 5 Year Guarantee Term ☐ 7 Year Guarantee Term]

10. REPLACEMENT

10A. EXISTING INSURANCE

CHECK ONE ☐Yes ☐No

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

10B. REPLACEMENT

CHECK ONE ☐Yes ☐No

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

Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced ☐Life Insurance ☐Fixed Annuity ☐Variable Annuity
Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced ☐Life Insurance ☐Fixed Annuity ☐Variable Annuity

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

12. FRAUD NOTICE *The following states require insurance companies to provide a fraud warning statement. Refer to the fraud warning statement for your state as indicated below.*

District of Columbia: 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.

[All Other States: 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.]

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

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

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

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

Owner's Signature SIGN HERE	Date *(mo/day/yr)* DATE	Signed at: City CITY	State STATE ___ ___
Joint Owner's Signature *(if applicable)* SIGN HERE	Date *(mo/day/yr)* DATE		

14. REGISTERED REPRESENTATIVE'S/PRODUCER'S STATEMENT

14A.	CHECK ONE ☐Yes ☐No	Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)
14B.	CHECK ONE ☐Yes ☐No	Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued? If "Yes," I affirm that I have referred the applicant to the replacement question in Section 10B of this application.

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

I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner, as applicable, including age, income, net worth, and tax status, and any existing investments and insurance program. I further certify that I have also considered the owner's liquidity needs, risk tolerance, and time horizon; that I followed suitability guidelines in both the recommendation of this annuity and the choice of guarantee terms; and that this application is subject to review for suitability.

I further certify that I have truly and accurately recorded on the application the information provided to me by the applicant. I certify that a product disclosure ("Contract Summary"), and if applicable, a Buyers Guide to Fixed Deferred Annuities was presented to and left with the applicant prior to applying for this contract. 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.

Check the box below only if applicable:

☐ **I have provided a Pacific Life approved annuity illustration to the applicant in connection with this application.**

Soliciting Registered Representative's/Producer's Signature SIGN HERE	Print Registered Representative's/Producer's Full Name	Option [☐ A ☐ B ☐ C]
Registered Representative's/Producer's Telephone Number	Registered Representative's/Producer's E-Mail Address	
Broker/Dealer's Name	Brokerage Account Number *(optional)*	

[Send completed application as follows:

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

APPLICATION *WITHOUT* PAYMENT:
Regular Mail Delivery: P.O. Box 2378, Omaha, NE 68103-2378
Express Mail Delivery: 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102]

Pacific Life Insurance Company
[P.O. Box 2378, Omaha, NE 68103-2378
or 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102
www.PacificLife.com
Contract Owners: (800) 722-4448
Registered Representatives/Producers: (800) 722-2333]

[Pacific Explorer]

Individual Limited Premium Deferred Annuity Application

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

Name *(First, Middle, Last)*		Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP		SSN
Residential Address (if different than mailing address)	City, State, ZIP		

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

ADDITIONAL ANNUITANT *Optional. Not applicable for qualified contracts.* ***Check One:*** ☐ *Joint* ☐ *Contingent*

Name *(First, Middle, Last)*		Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP		SSN
Residential Address (if different than mailing address)	City, State, ZIP		

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

Name *(First, Middle, Last)*		Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP		SSN/TIN
Residential Address (if different than mailing address)	City, State, ZIP		

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

Name *(First, Middle, Last)*		Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP		SSN
Residential Address (if different than mailing address)	City, State, ZIP		

3. ELECTRONIC INFORMATION CONSENT

FOR EVEN FASTER DELIVERY

E-Mail address:_____

By providing the e-mail address above, I consent to receive documents and notices applicable to my contract, including but not limited to 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 e-mail 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.

4. TELEPHONE/ELECTRONIC AUTHORIZATION

CHECK IF YES ☐ Yes **As the owner, I will receive this privilege automatically.**

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

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

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

6. BENEFICIARIES *If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. For contracts owned by a non-individual custodian (including IRAs, 457, and qualified plans) or other non-natural owners, the beneficiary must be the owner listed on the application. Use Section 11, Special Requests, to provide additional beneficiary information.*

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %

7. CONTRACT TYPE *Select ONE.*

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

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

8. INITIAL PREMIUM AMOUNT [*Make check payable to Pacific Life Insurance Company.*]

8A. NON-QUALIFIED CONTRACT PAYMENT TYPE
Indicate type of initial payment.

☐ 1035 exchange(s)/estimated transfer…. $_____

☐ Amount enclosed …….. $_____

8B. QUALIFIED CONTRACT PAYMENT TYPE
Indicate type of initial payment.

☐ Transfer …… $_____

☐ Rollover …… $_____

9. GUARANTEE TERM ***Select ONE***

Note: Not all Guarantee Terms may be available. Contact Pacific Life for available Guarantee Terms and rates.

CHECK ONE [☐ 1 Year Guarantee Term ☐ 3 Year Guarantee Term ☐ 6 Year Guarantee Term]

10. REPLACEMENT

10A. EXISTING INSURANCE

CHECK ONE ☐Yes ☐No

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

10B. REPLACEMENT

CHECK ONE ☐Yes ☐No

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

Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced ☐Life Insurance ☐Fixed Annuity ☐Variable Annuity
Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced ☐Life Insurance ☐Fixed Annuity ☐Variable Annuity

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

12. FRAUD NOTICE *The following states require insurance companies to provide a fraud warning statement. Refer to the fraud warning statement for your state as indicated below.*

District of Columbia: 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.

[All Other States: 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.]

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

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

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

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

Owner's Signature SIGN HERE	Date *(mo/day/yr)* DATE	Signed at: City CITY	State STATE ___ ___
Joint Owner's Signature *(if applicable)* SIGN HERE	Date *(mo/day/yr)* DATE		

14. REGISTERED REPRESENTATIVE'S/PRODUCER'S STATEMENT

14A.	CHECK ONE ☐Yes ☐No	Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)
14B.	CHECK ONE ☐Yes ☐No	Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued? If "Yes," I affirm that I have referred the applicant to the replacement question in Section 10B of this application.

I hereby certify that I have used only Pacific Life's approved sales material in connection with this sale and that copies of all sales materials used were left with the applicant. Any insurer-approved electronically presented sales materials will be provided in printed form to the applicant no later than at the time of the policy or contract delivery. I further certify that I have discussed the appropriateness of replacement and followed Pacific Life's written replacement guidelines. I have explained to the owner(s) how the annuity will meet their insurable needs and financial objectives. I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner, as applicable, including age, income, net worth, and tax status, and any existing investments and insurance program. I further certify that I have also considered the owner's liquidity needs, risk tolerance, and time horizon; that I followed suitability guidelines in both the recommendation of this annuity and the choice of guarantee terms; and that this application is subject to review for suitability. I further certify that I have truly and accurately recorded on the application the information provided to me by the applicant. I certify that a product disclosure ("Contract Summary"), and if applicable, a Buyers Guide to Fixed Deferred Annuities were presented to and left with the applicant prior to applying for this contract. 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.

Check the box below only if applicable:

☐ **I have provided a Pacific Life approved annuity illustration to the applicant in connection with this application.**

Soliciting Registered Representative's/Producer's Signature SIGN HERE	Print Registered Representative's/Producer's Full Name	Option [☐ A ☐ B ☐ C]
Registered Representative's/Producer's Telephone Number	Registered Representative's/Producer's E-Mail Address	
Broker/Dealer's Name	Brokerage Account Number *(optional)*	

[Send completed application as follows:

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

APPLICATION *WITHOUT* PAYMENT:
Regular Mail Delivery: P.O. Box 2378, Omaha, NE 68103-2378
Express Mail Delivery: 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102]

Pacific Life Insurance Company
[P.O. Box 2378, Omaha, NE 68103-2378
or 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102
www.PacificLife.com
Contract Owners: (800) 722-4448
Registered Representatives/Producers: (800) 722-2333]

[Pacific Frontiers II]

Individual Single Premium Deferred Annuity Application

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

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

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

ADDITIONAL ANNUITANT *Not applicable for qualified contracts.* ***Check One:*** ☐ *Joint* ☐ *Contingent*

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

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

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN/TIN
Residential Address (if different than mailing address)	City, State, ZIP	

JOINT OWNER *Not applicable for qualified contracts.*

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

3. ELECTRONIC INFORMATION CONSENT

FOR EVEN FASTER DELIVERY

E-Mail address:_____

By providing the e-mail address above, I consent to receive documents and notices applicable to my contract, including but not limited to 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 e-mail 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.

4. TELEPHONE/ELECTRONIC AUTHORIZATION

CHECK IF YES ☐ Yes **As the owner, I will receive this privilege automatically.**

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

5. HOUSEHOLDING *By signing this application you 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 the 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 you receive. If you do not wish to participate in this service and prefer to receive your own contract owner documents, please check the box below.*

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

6. BENEFICIARIES *If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. For contracts owned by a non-individual custodian (including IRAs, 457, and qualified plans) or other non-natural owners, the beneficiary must be the owner listed on the application. Use Section 11, Special Requests, to provide additional beneficiary information.*

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %

7. CONTRACT TYPE *Select ONE.*

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

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

8. SINGLE PREMIUM AMOUNT [*Make check payable to Pacific Life Insurance Company.*]
Note: Combinations of funds and 1035 exchange/transfer paperwork are permitted only at the time of application.

8A. NON-QUALIFIED CONTRACT PAYMENT TYPE
Indicate type of initial payment.

- ☐ 1035 exchange(s)/estimated transfer…. $_____
- ☐ Amount enclosed …….. $_____

8B. QUALIFIED CONTRACT PAYMENT TYPE
Indicate type of initial payment.

- ☐ Transfer …… $_____
- ☐ Rollover …… $_____

9. SINGLE PREMIUM ALLOCATION *Select ONE.*
Note: Not all Guarantee Terms may be available. Contact Pacific Life for available Guarantee Terms and rates.

[☐ 1 Year Guarantee Term	☐ 5 Year Guarantee Term	☐ 9 Year Guarantee Term
☐ 2 Year Guarantee Term	☐ 6 Year Guarantee Term	☐ 10 Year Guarantee Term]
☐ 3 Year Guarantee Term	☐ 7 Year Guarantee Term	
☐ 4 Year Guarantee Term	☐ 8 Year Guarantee Term	

10. REPLACEMENT

10A. EXISTING INSURANCE

CHECK ONE ☐Yes ☐No

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

10B. REPLACEMENT

CHECK ONE ☐Yes ☐No

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

Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced ☐Life Insurance ☐Fixed Annuity ☐Variable Annuity
Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced ☐Life Insurance ☐Fixed Annuity ☐Variable Annuity

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

12. FRAUD NOTICE *The following states require insurance companies to provide a fraud warning statement. Refer to the fraud warning statement for your state as indicated below. Please check for state product availability.*

District of Columbia: 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.

[All Other States: 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.]

13. STATEMENT OF OWNER(S) I understand that federal law requires all financial institutions to obtain the name, residential address, date of birth, Social Security or taxpayer identification number, and any other information necessary to sufficiently verify the identity of each customer. I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract termination. I, the owner(s), understand that I have applied for an individual single premium deferred annuity contract ("contract") issued by Pacific Life Insurance Company ("company"). After reviewing my financial background with my registered representative/producer, I believe this contract, including the benefits of its insurance features, will meet my financial objectives based in part upon my age, income, net worth, and tax status, and any existing investments, annuities, or other insurance products I own. If applicable, I considered the appropriateness of full or partial replacement of any existing life insurance or annuity. I also considered my liquidity needs, risk tolerance, and investment time horizon when selecting guarantee terms. I have discussed all fees and charges for this contract with my registered representative/producer, including withdrawal charges. I acknowledge that I have received a product disclosure ("Contract Summary"), and if applicable, a Buyers Guide to Fixed Deferred Annuities prior to applying for this contract. If I am an active duty member of the United States Armed Forces (including active duty military reserve personnel), I confirm that this application was not solicited and/or signed on a military base or installation, and I have received from the registered representative/producer the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act. I certify, under penalties of perjury, that I am a U.S. person (including a U.S. resident alien) and that the taxpayer identification number is correct. All answers to questions and statements made on this application are to the best of my knowledge and belief.

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

Owner's Signature SIGN HERE	Date *(mo/day/yr)* DATE	Signed at: City CITY	State STATE ___ ___
Joint Owner's Signature *(if applicable)* SIGN HERE	Date *(mo/day/yr)* DATE		

14. REGISTERED REPRESENTATIVE/PRODUCER'S STATEMENT

14A.	CHECK ONE ☐Yes ☐No	Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)
14B.	CHECK ONE ☐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 in Section 9B of this application.

I hereby certify that I have used only Pacific Life's approved sales material in connection with this sale and that copies of all sales materials used were left with the applicant. Any insurer-approved electronically presented sales materials will be provided in printed form to the applicant no later than at the time of the policy or contract delivery. I further certify that I have discussed the appropriateness of replacement and followed Pacific Life's written replacement guidelines. I have explained to the owner(s) how the annuity will meet their insurable needs and financial objectives. I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner, as applicable, including age, income, net worth, and tax status, and any existing investments and insurance program. I further certify that I have also considered the owner's liquidity needs, risk tolerance, and time horizon; that I followed suitability guidelines in both the recommendation of this annuity and the choice of guarantee terms; and that this application is subject to review for suitability. I further certify that I have truly and accurately recorded on the application the information provided to me by the applicant. I certify that a product disclosure ("Contract Summary"), and if applicable, a Buyers Guide to Fixed Deferred Annuities were presented to and left with the applicant prior to applying for this contract. 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.

Check the box below only if applicable:

☐ **I have provided a Pacific Life approved annuity illustration to the applicant in connection with this application.**

Soliciting Registered Representative/Producer's Signature SIGN HERE	Print Registered Representative/Producer's Full Name
Registered Representative/Producer's Telephone Number	Registered Representative/Producer's E-Mail Address
Broker/Dealer's Name or Agency Name	Brokerage Account Number *(optional)*

[Send completed application as follows:

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

APPLICATION *WITHOUT* PAYMENT:
Regular Mail Delivery: P.O. Box 2378, Omaha, NE 68103-2378
Express Mail Delivery: 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102]

State: Arkansas **Filing Company:** Pacific Life Insurance Company
TOI/Sub-TOI: A02.1I Individual Annuities- Deferred Non-Variable and Variable/A02.1I.003 Single Premium
Product Name: Application
Project Name/Number: Application/25-1181-1

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR F-App Read Cert.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Certifications		
Comments:			
Attachment(s):			
AR F-App Certs.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
SOV-F.pdf			

		Item Status:	Status Date:
Satisfied - Item:	REDLINED		
Comments:			
Attachment(s):			
25-1237-3 Frontiers II [REDLINED P4].pdf 25-1209 Index Choice [REDLINED P6].pdf 25-1228-3 Mariner [REDLINED P4].pdf 25-1228-4 Simplified Application [REDLINED P3].pdf 25-1229-2 Expedition [REDLINED P4].pdf 25-1236-3 Explorer [REDLINED P4].pdf			

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

STATE OF ARKANSAS

CERTIFICATION OF READABILITY

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

Form Number	Score
25-1181-1	50.2
25-1209-1	50.0
25-1228-3	50.2
25-1228-4	50.2
25-1229-2	50.1
25-1236-3	50.1
25-1237-3	50.1

Company Officer

Nancy A. Hill
Name

Assistant Vice President, Compliance
Title

10/19/12
Date

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
25-1181-1	Individual Single Premium Immediate Annuity Application
25-1209-1	Individual Fixed Indexed Annuity Application
25-1228-3	Individual Limited Premium Deferred Annuity Application
25-1228-4	Individual Deferred Annuity Application
25-1229-2	Individual Limited Premium Deferred Annuity Application
25-1236-3	Individual Limited Premium Deferred Annuity Application
25-1237-3	Individual Single Premium Deferred 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

10/19/12
Date

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

STATE OF ARKANSAS

REGULATION 19 CERTIFICATION

Form Number(s)	Form Description
25-1181-1	Individual Single Premium Immediate Annuity Application
25-1209-1	Individual Fixed Indexed Annuity Application
25-1228-3	Individual Limited Premium Deferred Annuity Application
25-1228-4	Individual Deferred Annuity Application
25-1229-2	Individual Limited Premium Deferred Annuity Application
25-1236-3	Individual Limited Premium Deferred Annuity Application
25-1237-3	Individual Single Premium Deferred Annuity Application

I, Nancy A. Hill, hereby certify that the above form(s) meet the provisions of 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

10/19/12
Date

PACIFIC LIFE INSURANCE COMPANY

700 Newport Center Drive ● Newport Beach, CA 92660

Form Number(s)	Form Description
25-1181-1	Individual Single Premium Immediate Annuity Application
25-1209-1	Individual Fixed Indexed Annuity Application
25-1228-3	Individual Limited Premium Deferred Annuity Application
25-1228-4	Individual Deferred Annuity Application
25-1229-2	Individual Limited Premium Deferred Annuity Application
25-1236-3	Individual Limited Premium Deferred Annuity Application
25-1237-3	Individual Single Premium Deferred Annuity Application

This Statement of Variability identifies and explains the variable items, denoted by brackets, contained in the above referenced application forms. Any changes within these areas will be administered in accordance with the requirements of your state insurance department.

25-1181-1 Individual Single Premium Immediate Annuity Application

Page No.	Bracketed (Variable) Text	Explanation of Variability
1	Product Name	The name of the Product applied for will be displayed.
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.
1-6	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.
2	Section 7 - Contract Type: [Non-Qualified, IRA, Roth IRA]	The contract may be issued in connection with any of the contract types indicated in this space. From time to time, we may add new contract types and remove those contract types that are no longer available or for which new sales have been discontinued.
2	Section 7 - Contract Type: *[[1] For trust-owned contracts, complete Trustee Certification and Disclosure form. [2] For non-qualified contracts, if owner is a non-natural person or corporation, complete the Non-Natural or Corporate-Owned Disclosure Statement. [3] For individual-owned or trust-owned Inherited IRA contracts, complete appropriate Inherited IRA Certification]*	The references to internal forms shown in this space are their current titles. These references and their titles may change from time to time.
3	Section 8 – Purchase Payment.	The text “Make Check Payable to Pacific Life Insurance Company” may not appear if we feel it is no longer needed.

4	Section 12 – Optional Annuity Features	The current optional features that are available with the contract. These features may be deleted in the future depending on distribution channel. If no features are available, the following text will be displayed in this section: “NOTE: There are no Optional Annuity Features available with this contract.”
5	Section 15 - Fraud Notice	The state mandated fraud notices may be added or removed to this section as applicable.
6	Section 17 - Registered Representative’s Statement: Option Box –[A& B]	The commission schedules available under the Contract in which the Registered Representative can choose from are displayed here. If there are no commission schedules available under the Contract, this box will not appear. We have bracketed the commission options to allow for future additions or deletions within the stated options, i.e, each option will either appear or not appear. The range of commission options is A, B, C, D, E, F, and G.
6	Regular Mail and Express Mail Delivery Addresses - Bottom of Page	Current information shown. In the event of a change in the company address and/or toll-free telephone numbers, the new information will be shown, accordingly.

25-1209-1 Individual Fixed Indexed Annuity Application

Page No.	Bracketed (Variable) Text	Explanation of Variability
1	Product Name	The name of the Product applied for will be displayed.
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.
1-6	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.
3	Section 8 - Contract Type: [Non-Qualified, IRA, Roth IRA, SEP-IRA, TSA/403(b), Keogh/HR10, 401(a), 401(k), 457(b), 501(c)]	The contract may be issued in connection with any of the contract types indicated in this space. From time to time, we may add new contract types and remove those contract types that are no longer available or for which new sales have been discontinued.
3	Section 8 - Contract Type: [[1]For trust-owned contracts, complete Trustee Certification and Disclosure. [2]For non-qualified contracts, if Owner is a non-natural person or corporation, complete the Non-Natural or Corporate-Owned Disclosure Statement. [3]For individual-owned or trust-owned Inherited IRA contracts, complete appropriate Inherited IRA Certification. [4]Complete TSA Certification. [5]Complete Qualified Plan and 457(b) Plan Disclosure.]	The references to internal forms shown in this space are their current titles. These references and their titles may change from time to time.
3	Section 9 – Initial Purchase Payment	The text "Make Check Payable to Pacific Life Insurance Company" may not appear if we feel it is no longer needed.
4	Section 12 – Interest Crediting Options	The available interest crediting options may change from time to time. If an interest crediting option is no longer available, it will be removed from this section. Additionally, the indices trademark names may change in the future.
4	Section 12 - S&P 500® INDEX & MSCI ACWI® INDEX Abbreviations and Disclosures	Both trademark indices require a disclosure statement in the application. If the abbreviations or the disclosure statements change in the future, the text will be updated accordingly. If an index is no longer used, the text will be omitted.
5	Section 14 - Fraud Notice	The state mandated fraud notices may be added or removed from this section as applicable.
6	Section 16 - Registered Representative's/Producers Statement – Option Box – [A]	The commission schedules available under the Contract in which the Registered Representative/Producer can choose from are displayed here. If there are no commission schedules available under the Contract, this box will not appear. We have bracketed the commission options to allow for future additions or deletions within the stated options, i.e, each option will either appear or not appear. The range of commission options is A, B, C, D, E, F, and G.
6	Regular Mail and Express Mail Delivery Addresses - Bottom of Page	Current information shown. In the event of a change in the company address and/or toll-free telephone numbers, the new information will be shown, accordingly.

25-1228-3 Individual Limited Premium Deferred Annuity Application

Page No.	Bracketed (Variable) Text	Explanation of Variability
1	Product Name	The name of the Product applied for will be displayed.
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.
1-4	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.
3	Section 7 - Contract Type: [Non-Qualified, SIMPLE IRA, SEP-IRA, IRA, Roth IRA, TSA/403(b), 401(a), 401(k), Individual(k), 457(b), 501(c), Keogh/HR10]	The contract may be issued in connection with any of the contract types indicated in this space. From time to time, we may add new contract types and remove those contract types that are no longer available or for which new sales have been discontinued.
3	Section 7 - Contract Type: *[[1]For trust-owned contracts, complete Trustee Certification and Disclosure form. [2]For non-qualified contracts, if owner is a non-natural person or corporation, complete the Non-Natural or Corporate-Owned Disclosure Statement. [3] Complete SIMPLE IRA Employer Information. [4]Complete TSA Certification. [5]Complete Qualified Plan and 457(b) Plan Disclosure. [6]For individual-owned or trust-owned Inherited IRA contracts, complete appropriate Inherited IRA Certification form]*	The references to internal forms shown in this space are their current titles. These references and their titles may change from time to time.
3	Section 8 – Initial Purchase Payment	The text “Make Check Payable to Pacific Life Insurance Company” may not appear if we feel it is no longer needed.
3	Section 9 – Guarantee Term	The Guarantee Term options available under the contract. Currently, 5 and 7 year terms are available.
3	Section 12 - Fraud Notice	The state mandated fraud notices may be added or removed from this section as applicable.
4	Section 14 - Registered Representative’s Statement: Option Box –[A]	The commission schedules available under the Contract in which the Registered Representative can choose from are displayed here. If there are no commission schedules available under the Contract, this box will not appear. We have bracketed the commission options to allow for future additions or deletions within the stated options, i.e, each option will either appear or not appear. The range of commission options is A, B, C, D, E, F, and G.
4	Regular Mail and Express Mail Delivery Addresses - Bottom of Page	Current information shown. In the event of a change in the company address and/or toll-free telephone numbers, the new information will be shown, accordingly.

25-1228-4 Individual Deferred Annuity Application

Page No.	Bracketed (Variable) Text	Explanation of Variability
1	Product Name	The name of the Product applied for will be displayed.
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.
1-4	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.
3	Contract Type: [Non-Qualified, SIMPLE IRA, SEP-IRA, IRA, Roth IRA, TSA/403(b), 401(a), 401(k), Individual(k), 457(b), 501(c), Keogh/HR10]	The contract may be issued in connection with any of the contract types indicated in this space. From time to time, we may add new contract types and remove those contract types that are no longer available or for which new sales have been discontinued.
3	Contract Type: *[[1]For trust-owned contracts, complete Trustee Certification and Disclosure form. [2]For non-qualified contracts, if owner is a non-natural person or corporation, complete the Non-Natural or Corporate-Owned Disclosure Statement. [3] Complete SIMPLE IRA Employer Information. [4]Complete TSA Certification. [5]Complete Qualified Plan and 457(b) Plan Disclosure. [6]For individual-owned or trust-owned Inherited IRA contracts, complete appropriate Inherited IRA Certification form]*	The references to internal forms shown in this space are their current titles. These references and their titles may change from time to time.
6	Fraud Notice	The state mandated fraud notices may be added or removed from this section as applicable.

25-1229-2 Individual Limited Premium Deferred Annuity Application

Page No.	Bracketed (Variable) Text	Explanation of Variability
1	Product Name	The name of the Product applied for will be displayed.
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.
1-4	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.
3	Section 7 - Contract Type: [Non-qualified, IRA, SIMPLE IRA, SEP-IRA, Roth IRA, Individual(k), 401(a), 401(k), 457(b), 457(b)-501(c), Keogh/HR-10]	The contract may be issued in connection with any of the contract types indicated in this space. From time to time, we may add new contract types and remove those contract types that are no longer available or for which new sales have been discontinued.
3	Section 7 - Contract Type: *[[1]For trust-owned contracts, complete Trustee Certification and Disclosure form. [2]For non-qualified contracts, if owner is a non-natural person or corporation, complete the Non-Natural or Corporate-Owned Disclosure Statement. [3] Complete SIMPLE IRA Employer Information. [4]Complete TSA Certification. [5]Complete Qualified Plan and 457(b) Plan Disclosure. [6]For individual-owned or trust-owned Inherited IRA contracts, complete appropriate Inherited IRA Certification form]*	The references to internal forms shown in this space are their current titles. These references and their titles may change from time to time.
3	Section 8 – Initial Purchase Payment	The text “Make Check Payable to Pacific Life Insurance Company” may not appear if we feel it is no longer needed.
3	Section 9 – Guarantee Term	The Guarantee Term options available under the contract. Currently, 5 and 7 year terms are available.
3	Section 12 - Fraud Notice	The state mandated fraud notices may be added or removed from this section as applicable.
4	Section 14 - Registered Representative’s Statement: Option Box –[A]	The commission schedules available under the Contract in which the Registered Representative can choose from are displayed here. If there are no commission schedules available under the Contract, this box will not appear. We have bracketed the commission options to allow for future additions or deletions within the stated options, i.e, each option will either appear or not appear. The range of commission options is A, B, C, D, E, F, and G.
4	Regular Mail and Express Mail Delivery Addresses - Bottom of Page	Current information shown. In the event of a change in the company address and/or toll-free telephone numbers, the new information will be shown, accordingly.

25-1236-3 Individual Limited Premium Deferred Annuity Application

Page No.	Bracketed (Variable) Text	Explanation of Variability
1	Product Name	The name of the Product applied for will be displayed.
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.
1-4	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.
3	Section 7 - Contract Type: [Non-Qualified, SIMPLE IRA, SEP-IRA, IRA, Roth IRA, TSA/403(b), 401(a), 401(k), Individual(k), 457(b), 501(c), Keogh/HR10]	The contract may be issued in connection with any of the contract types indicated in this space. From time to time, we may add new contract types and remove those contract types that are no longer available or for which new sales have been discontinued.
3	Section 7 - Contract Type: *[[1]For trust-owned contracts, complete Trustee Certification and Disclosure form. [2]For non-qualified contracts, if owner is a non-natural person or corporation, complete the Non-Natural or Corporate-Owned Disclosure Statement. [3] Complete SIMPLE IRA Employer Information. [4]Complete TSA Certification. [5]Complete Qualified Plan and 457(b) Plan Disclosure. [6]For individual-owned or trust-owned Inherited IRA contracts, complete appropriate Inherited IRA Certification form]*	The references to internal forms shown in this space are their current titles. These references and their titles may change from time to time.
3	Section 8 – Initial Premium Amount	The text “Make Check Payable to Pacific Life Insurance Company” may not appear if we feel it is no longer needed.
3	Section 9 – Guarantee Term	The Guarantee Term options available under the contract. The range for the Guarantee Terms is 1-6 years.
3	Section 12 - Fraud Notice	The state mandated fraud notices may be added or removed from this section as applicable.
4	Section 14 - Registered Representative’s Statement: Option Box –[A]	The commission schedules available under the Contract in which the Registered Representative can choose from are displayed here. If there are no commission schedules available under the Contract, this box will not appear. We have bracketed the commission options to allow for future additions or deletions within the stated options, i.e, each option will either appear or not appear. The range of commission options is A, B, C, D, E, F, and G.
4	Regular Mail and Express Mail Delivery Addresses - Bottom of Page	Current information shown. In the event of a change in the company address and/or toll-free telephone numbers, the new information will be shown, accordingly.

25-1237-3 Individual Single Premium Deferred Annuity Application

Page No.	Bracketed (Variable) Text	Explanation of Variability
1	Product Name	The name of the Product applied for will be displayed.
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.
1-4	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.
3	Section 7 - Contract Type: [Non-Qualified, SIMPLE IRA, SEP-IRA, IRA, Roth IRA, TSA/403(b), 401(a), 401(k), Individual(k), 457(b), 501(c), Keogh/HR10]	The contract may be issued in connection with any of the contract types indicated in this space. From time to time, we may add new contract types and remove those contract types that are no longer available or for which new sales have been discontinued.
3	Section 7 - Contract Type: [[1] *For trust-owned contracts, complete Trustee Certification and Disclosure form.* [2] *For non-qualified contracts, if owner is a non-natural person or corporation, complete the Non-Natural or Corporate-Owned Disclosure Statement.* [3] *For individual-owned or trust-owned Inherited IRA contracts, complete appropriate Inherited IRA Certification form.* [4] *Complete TSA Certification.* [5] *Complete Qualified Plan and 457(b) Plan Disclosure.]*	The references to internal forms shown in this space are their current titles. These references and their titles may change from time to time.
3	Section 8 – Single Premium Amount	The text “Make Check Payable to Pacific Life Insurance Company” may not appear if we feel it is no longer needed.
3	Section 9 – Single Premium Allocation	The Guarantee Term options available under the contract. The range for the Guarantee Terms is 1-10 years.
3	Section 12 - Fraud Notice	The state mandated fraud notices may be added or removed from this section as applicable.
4	Regular Mail and Express Mail Delivery Addresses - Bottom of Page	Current information shown. In the event of a change in the company address and/or toll-free telephone numbers, the new information will be shown, accordingly.

Except as otherwise described above, no other bracketed material appears within the application.

13. STATEMENT OF OWNER(S) I understand that federal law requires all financial institutions to obtain the name, residential address, date of birth, Social Security or taxpayer identification number, and any other information necessary to sufficiently verify the identity of each customer. I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract termination. I, the owner(s), understand that I have applied for an individual single premium deferred annuity contract ("contract") issued by Pacific Life Insurance Company ("company"). After reviewing my financial background with my registered representative/producer, I believe this contract, including the benefits of its insurance features, will meet my financial objectives based in part upon my age, income, net worth, and tax status, and any existing investments, annuities, or other insurance products I own. If applicable, I considered the appropriateness of full or partial replacement of any existing life insurance or annuity. I also considered my liquidity needs, risk tolerance, and investment time horizon when selecting guarantee terms. I have discussed all fees and charges for this contract with my registered representative/producer, including withdrawal charges. I acknowledge that I have received a product disclosure ("Contract Summary"), and if applicable, a Buyers Guide to Fixed Deferred Annuities prior to applying for this contract. If I am an active duty member of the United States Armed Forces (including active duty military reserve personnel), I confirm that this application was not solicited and/or signed on a military base or installation, and I have received from the registered representative/producer the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act. I certify, under penalties of perjury, that I am a U.S. person (including a U.S. resident alien) and that the taxpayer identification number is correct. All answers to questions and statements made on this application are to the best of my knowledge and belief.

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

Owner's Signature SIGN HERE	Date *(mo/day/yr)* DATE	Signed at: City CITY	State STATE ___ ___
Joint Owner's Signature *(if applicable)* SIGN HERE	Date *(mo/day/yr)* DATE		

14. REGISTERED REPRESENTATIVE/PRODUCER'S STATEMENT

14A.	CHECK ONE ☐Yes ☐No	Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)
14B.	CHECK ONE ☐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 in Section 9B of this application.

I hereby certify that I have used only Pacific Life's approved sales material in connection with this sale and that copies of all sales materials used were left with the applicant. Any insurer-approved electronically presented sales materials will be provided in printed form to the applicant no later than at the time of the policy or contract delivery. I further certify that I have discussed the appropriateness of replacement and followed Pacific Life's written replacement guidelines. I have explained to the owner(s) how the annuity will meet their insurable needs and financial objectives. I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner, as applicable, including age, income, net worth, and tax status, and any existing investments and insurance program. I further certify that I have also considered the owner's liquidity needs, risk tolerance, and time horizon; that I followed suitability guidelines in both the recommendation of this annuity and the choice of guarantee terms; and that this application is subject to review for suitability. I further certify that I have truly and accurately recorded on the application the information provided to me by the applicant. I certify that a product disclosure ("Contract Summary"), and if applicable, a Buyers Guide to Fixed Deferred Annuities were presented to and left with the applicant prior to applying for this contract. 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.

Check the box below only if applicable:

☐ **I have provided a Pacific Life approved annuity illustration to the applicant in connection with this application.**

Deleted: I have provided a Pacific Life approved annuity illustration to the applicant in connection with this application. If marked "Yes," a courtesy illustration will be presented with the contract. ☐Yes

Soliciting Registered Representative/Producer's Signature SIGN HERE	Print Registered Representative/Producer's Full Name
Registered Representative/Producer's Telephone Number	Registered Representative/Producer's E-Mail Address
Broker/Dealer's Name or Agency Name	Brokerage Account Number *(optional)*

[Send completed application as follows:

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

APPLICATION *WITHOUT* PAYMENT:
Regular Mail Delivery: P.O. Box 2378, Omaha, NE 68103-2378
Express Mail Delivery: 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102]

I UNDERSTAND THAT AMOUNTS ALLOCATED TO THE FIXED ACCOUNT OPTION EARN INTEREST NOT LESS THAN THE MINIMUM GUARANTEED INTEREST RATE STATED IN THE CONTRACT SPECIFICATIONS. I UNDERSTAND THAT WHILE THE VALUES OF THE CONTRACT MAY BE AFFECTED BY AN EXTERNAL INDEX, THE CONTRACT DOES NOT DIRECTLY PARTICIPATE IN ANY STOCK OR EQUITY INVESTMENT. I UNDERSTAND THAT AMOUNTS WITHDRAWN OR APPLIED FOR AN ANNUITY BEFORE THE END OF THE SURRENDER CHARGE PERIOD ARE SUBJECT TO A MARKET VALUE ADJUSTMENT.

Owner's Signature SIGN HERE	Date *(mo/day/yr)* DATE	Signed at: City CITY	State STATE ___ ___
Joint Owner's Signature *(if applicable)* SIGN HERE	Date *(mo/day/yr)* DATE		

16. REGISTERED REPRESENTATIVE'S/PRODUCER'S STATEMENT

16A. CHECK ONE	☐Yes ☐No	Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)
16B. CHECK ONE	☐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 in Section 10B of this application. I hereby certify that I have used only Pacific Life's approved sales material in connection with this sale and that copies of all sales materials used were left with the applicant. Any insurer-approved electronically presented sales materials will be provided in printed form to the applicant no later than at the time of the policy or contract delivery. I further certify that I have discussed the appropriateness of replacement and followed Pacific Life's written replacement guidelines. I have explained to the owner(s) how the annuity will meet their insurable needs and financial objectives. I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner, as applicable, including age, income, net worth, and tax status, and any existing investments and insurance program. I further certify that I have also considered the owner's liquidity needs, risk tolerance, and investment time horizon; that I followed suitability guidelines in both the recommendation of this annuity and the choice of allocation options, and that this application is subject to review for suitability. I further certify that I have truly and accurately recorded on the application the information provided to me by the applicant. If the applicant is an active duty member of the United States Armed Forces (including active duty military reserve personnel), I certify that this application was not solicited and/or signed on a military base or installation, and I provided to the applicant the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act. I certify that a product disclosure ("Contract Summary"), and if applicable, a Buyers Guide to Fixed Deferred Annuities were presented to and left with the applicant prior to applying for this contract. **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.**

Check the box below only if applicable:

☐ **I have provided a Pacific Life approved annuity illustration to the applicant in connection with this application.**

Soliciting Registered Representative's/Producer's Signature SIGN HERE	Print Registered Representative's/Producer's Full Name	Option [☐A ☐B ☐C ☐D]
Registered Representative's/Producer's Telephone Number	Registered Representative's/Producer's E-Mail Address	
Broker/Dealer's Name *(if applicable)*	Brokerage Account Number *(optional)*	

Deleted: I have provided a Pacific Life approved annuity illustration to the applicant in connection with this application. If marked "Yes," a courtesy illustration will be presented with the contract. ☐Yes

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

13. STATEMENT OF OWNER(S) I understand that federal law requires all financial institutions to obtain the name, residential address, date of birth, Social Security or taxpayer identification number, and any other information necessary to sufficiently verify the identity of each customer. I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract termination. I, the owner(s), understand that I have applied for a deferred annuity contract ("contract") issued by Pacific Life Insurance Company ("company"). After reviewing my financial background with my registered representative/producer, I believe this contract, including the benefits of its insurance features, will meet my financial objectives based in part upon my age, income, net worth, and tax status, and any existing investments, annuities, or other insurance products I own. If applicable, I considered the appropriateness of full or partial replacement of any existing life insurance or annuity. I also considered my liquidity needs, risk tolerance, and investment time horizon when selecting guarantee terms. I have discussed all withdrawal charges for this contract with my registered representative/producer. I acknowledge that I have received a product disclosure ("Contract Summary"), and if applicable, a Buyers Guide to Fixed Deferred Annuities prior to applying for this contract.
If I am an active duty member of the United States Armed Forces (including active duty military reserve personnel), I confirm that this application was not solicited and/or signed on a military base or installation, and I have received from the registered representative/producer the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act.
I certify, under penalties of perjury, that I am a U.S. person (including a U.S. resident alien) and that the taxpayer identification number is correct.
All answers to questions and statements made on this application are to the best of my knowledge and belief.

Owner's Signature SIGN HERE	Date *(mo/day/yr)* DATE	Signed at: City CITY	State STATE ___ ___
Joint Owner's Signature *(if applicable)* SIGN HERE	Date *(mo/day/yr)* DATE		

14. REGISTERED REPRESENTATIVE'S/PRODUCER'S STATEMENT

14A. CHECK ONE	☐Yes ☒No	Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)
14B. CHECK ONE	☐Yes ☒No	Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued? If "Yes," I affirm that I have referred the applicant to the replacement question in Section 10B of this application.

I hereby certify that I have used only Pacific Life's approved sales material in connection with this sale and that copies of all sales materials used were left with the applicant. Any insurer-approved electronically presented sales materials will be provided in printed form to the applicant no later than at the time of the policy or contract delivery. I further certify that I have discussed the appropriateness of replacement and followed Pacific Life's written replacement guidelines. I have explained to the owner(s) how the annuity will meet their insurable needs and financial objectives.
I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner, as applicable, including age, income, net worth, and tax status, and any existing investments and insurance program. I further certify that I have also considered the owner's liquidity needs, risk tolerance, and time horizon; that I followed suitability guidelines in both the recommendation of this annuity and the choice of guarantee terms; and that this application is subject to review for suitability.
I further certify that I have truly and accurately recorded on the application the information provided to me by the applicant. I certify that a product disclosure ("Contract Summary"), and if applicable, a Buyers Guide to Fixed Deferred Annuities were presented to and left with the applicant prior to applying for this contract. 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.
Check the box below only if applicable:
☐ **I have provided a Pacific Life approved annuity illustration to the applicant in connection with this application.**

Soliciting Registered Representative's/Producer's Signature SIGN HERE	Print Registered Representative's/Producer's Full Name	Option [☐ A ☐ B]
Registered Representative's/Producer's Telephone Number	Registered Representative's/Producer's E-Mail Address	
Broker/Dealer's Name	Brokerage Account Number *(optional)*	

Deleted: I have provided a Pacific Life approved annuity illustration to the applicant in connection with this application. If marked "Yes," a courtesy illustration will be presented with the contract. ☐Yes

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

CONTRACT OWNER SIGNATURES

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

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

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

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

I have read the applicable fraud statement contained in the Fraud Notice section.

Contract Owner: SIGN HERE _____ Joint Owner: SIGN HERE _____

(Signature) (Date) (Signature) (Date)

Signed At: City: State:

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 time horizon; that I followed suitability guidelines in both the recommendation of this annuity and the choice of guarantee terms; and that this application is subject to review for suitability.

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

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Registered Representative/Agent: SIGN HERE _____

(Signature) (Date)

Print Registered Representative/Agent Name:
Broker/Dealer Name:
Registered Representative/Agent Address:

Phone Number:
Option:

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

Owner's Signature SIGN HERE	Date *(mo/day/yr)* DATE	Signed at: City CITY	State STATE ___ ___
Joint Owner's Signature *(if applicable)* SIGN HERE	Date *(mo/day/yr)* DATE		

14. REGISTERED REPRESENTATIVE'S/PRODUCER'S STATEMENT

14A.	CHECK ONE ☐Yes ☐No	Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)
14B.	CHECK ONE ☐Yes ☐No	Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued? If "Yes," I affirm that I have referred the applicant to the replacement question in Section 10B of this application.

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☐ I have provided a Pacific Life approved annuity illustration to the applicant in connection with this application.

Soliciting Registered Representative's/Producer's Signature SIGN HERE	Print Registered Representative's/Producer's Full Name	Option [☐ A ☐ B ☐ C]
Registered Representative's/Producer's Telephone Number	Registered Representative's/Producer's E-Mail Address	
Broker/Dealer's Name	Brokerage Account Number *(optional)*	

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

Owner's Signature SIGN HERE	Date *(mo/day/yr)* DATE	Signed at: City CITY	State STATE ___ ___
Joint Owner's Signature *(if applicable)* SIGN HERE	Date *(mo/day/yr)* DATE		

14. REGISTERED REPRESENTATIVE'S/PRODUCER'S STATEMENT

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Check the box below only if applicable:

☐ **I have provided a Pacific Life approved annuity illustration to the applicant in connection with this application.**

Soliciting Registered Representative's/Producer's Signature SIGN HERE	Print Registered Representative's/Producer's Full Name	Option [☐ A ☐ B ☐ C]
Registered Representative's/Producer's Telephone Number	Registered Representative's/Producer's E-Mail Address	
Broker/Dealer's Name	Brokerage Account Number *(optional)*	

Deleted: I have provided a Pacific Life approved annuity illustration to the applicant in connection with this application. If marked "Yes," a courtesy illustration will be presented with the contract. ☐Yes

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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
11/08/2012	Replaced 11/09/2012	Form	Individual Deferred Annuity Application	11/08/2012	25-1228-4 Simplified Application.pdf (Superceded)
11/08/2012	Replaced 11/09/2012	Form	Individual Limited Premium Deferred Annuity Application	11/08/2012	25-1229-2 Expedition.pdf (Superceded)
11/08/2012	Replaced 11/09/2012	Form	Individual Limited Premium Deferred Annuity Application	11/08/2012	25-1236-3 Explorer.pdf (Superceded)
11/08/2012	Replaced 11/09/2012	Form	Individual Single Premium Deferred Annuity Application	11/08/2012	25-1237-3 Frontiers II.pdf (Superceded)
11/08/2012	Replaced 11/09/2012	Form	Individual Fixed Indexed Annuity Application	11/08/2012	25-1209-1 Index Choice.pdf (Superceded)
11/08/2012	Replaced 11/09/2012	Form	Individual Limited Premium Deferred Annuity Application	11/08/2012	25-1228-3 Mariner.pdf (Superceded)
10/19/2012	Replaced 11/09/2012	Form	Individual Fixed Indexed Annuity Application	11/08/2012	25-1209 Index Choice [Non-Compact].pdf (Superceded)
10/19/2012	Replaced 11/09/2012	Form	Individual Limited Premium Deferred Annuity Application	11/08/2012	25-1228-3 Mariner [Non-Compact].pdf (Superceded)
10/19/2012	Replaced 11/09/2012	Form	Individual Deferred Annuity Application	11/08/2012	25-1228 Simplified Application [Non-Compact].pdf (Superceded)
10/19/2012	Replaced 11/09/2012	Form	Individual Limited Premium Deferred Annuity Application	11/08/2012	25-1229-2 Expedition [Non-Compact].pdf (Superceded)
10/19/2012	Replaced 11/09/2012	Form	Individual Limited Premium Deferred Annuity Application	11/08/2012	25-1236-3 Explorer [Non-Compact].pdf (Superceded)

State: *Arkansas* **Filing Company:** *Pacific Life Insurance Company*
TOI/Sub-TOI: *A02.1I Individual Annuities- Deferred Non-Variable and Variable/A02.1I.003 Single Premium*
Product Name: *Application*
Project Name/Number: *Application/25-1181-1*

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
10/19/2012	Replaced 11/09/2012	Form	Individual Single Premium Deferred Annuity Application	11/08/2012	25-1237-3 Frontiers II [Non-Compact].pdf (Superceded)

Pacific Life Insurance Company
[P.O. Box 2378, Omaha, NE 68103-2378
or 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102
www.PacificLife.com
Contract Owners: (800) 722-4448 Registered Representatives/Agents: (800) 722-2333]

Individual Deferred Annuity Application

[PACIFIC MARINER]

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

CONTRACT INFORMATION

Product Name: [Pacific Mariner]
Initial Purchase Payment:
Initial Purchase Payment:
Expected Total Purchase Payment:
Owner Type:

Contract Type: [Non-Qualified]
Source of Initial Purchase Payment:
Source of Initial Purchase Payment:

Contribution Year:

Owner Information
Name:
Residential Address:

Mailing Address:

SSN/TIN:
Birth Date/Trust Date:
Gender:

Annuitant Information
Name:
Residential Address:

Mailing Address:

SSN:
Birth Date:
Gender:

Joint Owner Information
Name:
Residential Address:

Mailing Address:

SSN:
Birth Date:
Gender:

Additional Annuitant Information
Name:
Residential Address:

Mailing Address:

SSN:
Birth Date:
Gender:
Annuitant Type:

Beneficiaries

Name	Primary or Contingent	Percentage Allocation	Birthdate (mo/day/yr)	Relationship	SSN/TIN

Contract Options Elected

Guarantee Term:

Note: Not all Guarantee Terms may be available. Contact Pacific Life for available Guarantee Terms and rates.

Contract Services
Electronic Information Consent: Email Address:
Householding Service:

Special Requests

ELECTRONIC INFORMATION CONSENT
By providing the e-mail address in the Contract Services section of this application, I consent to receive documents and notices applicable to my contract, including but not limited to 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 above 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:
Policy or Contract Number:
Policy or Contract Type Being Replaced:

Insurance Company Name:
Policy or Contract Number:
Policy or Contract Type Being Replaced:

FRAUD NOTICE *The following states require insurance companies to provide a fraud warning statement. Refer to the fraud warning statement for your state as indicated below.*

District of Columbia: 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.

[**All Other States:** 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

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

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

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

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

I have read the applicable fraud statement contained in the Fraud Notice section.

Contract Owner: SIGN HERE _____ Joint Owner: SIGN HERE _____

(Signature) (Date) (Signature) (Date)

Signed At: City: State:

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 time horizon; that I followed suitability guidelines in both the recommendation of this annuity and the choice of guarantee terms; and that this application is subject to review for suitability.

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

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

I further certify that, prior to soliciting the contract applied for, I have completed all state mandated annuity, insurance, and/or product training and agree to provide documentation of such completion upon request by Pacific Life.

Check the box below only if applicable:

☐ **I have provided a Pacific Life approved annuity illustration to the applicant in connection with this application.**

Registered Representative/Agent: SIGN HERE _____

(Signature) (Date)

Print Registered Representative/Agent Name:
Broker/Dealer Name:
Registered Representative/Agent Address:

Phone Number:
Option:

Pacific Life Insurance Company
[P.O. Box 2378, Omaha, NE 68103-2378
or 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102
www.PacificLife.com
Contract Owners: (800) 722-4448
Registered Representatives/Producers: (800) 722-2333]

[Pacific Expedition]

Individual Limited Premium Deferred Annuity Application

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

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

Solicited at: State _____ _____

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

ADDITIONAL ANNUITANT *Optional. Not applicable for qualified contracts.* ***Check One:*** ☐ *Joint* ☐ *Contingent*

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

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

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN/TIN
Residential Address (if different than mailing address)	City, State, ZIP	

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

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

2A. RATE ADVANTAGE FEATURE

☐ YES ☐ NO – Default is NO if neither box is checked.
NOTE – election of this Feature may result in a lower Initial Guaranteed Rate for your Contract than had you not elected this Feature.

3. ELECTRONIC INFORMATION CONSENT

FOR EVEN FASTER DELIVERY

E-Mail address:_____

By providing the e-mail address above, I consent to receive documents and notices applicable to my contract, including but not limited to 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 e-mail 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.

4. TELEPHONE/ELECTRONIC AUTHORIZATION

CHECK IF YES ☐ Yes **As the owner, I will receive this privilege automatically.**

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

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

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

6. BENEFICIARIES *If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. For contracts owned by a non-individual custodian (including IRAs, 457, and qualified plans) or other non-natural owners, the beneficiary must be the owner listed on the application. Use Section 11, Special Requests, to provide additional beneficiary information.*

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %

7. CONTRACT TYPE *Select ONE.*

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

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

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

8A. NON-QUALIFIED CONTRACT PAYMENT TYPE
Indicate type of initial payment.

☐ 1035 exchange(s)/estimated transfer…. $_____

☐ Amount enclosed …….. $_____

8B. QUALIFIED CONTRACT PAYMENT TYPE
Indicate type of initial payment.

☐ Transfer …… $_____

☐ Rollover …… $_____

9. GUARANTEE TERM ***Select ONE***
Note: Not all Guarantee Terms may be available. Contact Pacific Life for available Guarantee Terms and rates.

CHECK ONE [☐ 5 Year Guarantee Term ☐ 7 Year Guarantee Term]

10. REPLACEMENT

10A. EXISTING INSURANCE

CHECK ONE ☐Yes ☐No

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

10B. REPLACEMENT

CHECK ONE ☐Yes ☐No

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

Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced ☐Life Insurance ☐Fixed Annuity ☐Variable Annuity
Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced ☐Life Insurance ☐Fixed Annuity ☐Variable Annuity

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

12. FRAUD NOTICE *The following states require insurance companies to provide a fraud warning statement. Refer to the fraud warning statement for your state as indicated below.*

District of Columbia: 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.

[All Other States: 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.]

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

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

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

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

Owner's Signature SIGN HERE	Date *(mo/day/yr)* DATE	Signed at: City CITY	State STATE ___ ___
Joint Owner's Signature *(if applicable)* SIGN HERE	Date *(mo/day/yr)* DATE		

14. REGISTERED REPRESENTATIVE'S/PRODUCER'S STATEMENT

14A.	CHECK ONE ☐Yes ☐No	Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)
14B.	CHECK ONE ☐Yes ☐No	Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued? If "Yes," I affirm that I have referred the applicant to the replacement question in Section 10B of this application.

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

I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner, as applicable, including age, income, net worth, and tax status, and any existing investments and insurance program. I further certify that I have also considered the owner's liquidity needs, risk tolerance, and time horizon; that I followed suitability guidelines in both the recommendation of this annuity and the choice of guarantee terms; and that this application is subject to review for suitability.

I further certify that I have truly and accurately recorded on the application the information provided to me by the applicant. I certify that a product disclosure ("Contract Summary"), and if applicable, a Buyers Guide to Fixed Deferred Annuities was presented to and left with the applicant prior to applying for this contract. 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.

Check the box below only if applicable:

☐ **I have provided a Pacific Life approved annuity illustration to the applicant in connection with this application.**

Soliciting Registered Representative's/Producer's Signature SIGN HERE	Print Registered Representative's/Producer's Full Name	Option [☐ A ☐ B ☐ C]
Registered Representative's/Producer's Telephone Number	Registered Representative's/Producer's E-Mail Address	
Broker/Dealer's Name	Brokerage Account Number *(optional)*	

[Send completed application as follows:

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

APPLICATION *WITHOUT* PAYMENT:
Regular Mail Delivery: P.O. Box 2378, Omaha, NE 68103-2378
Express Mail Delivery: 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102]

Pacific Life Insurance Company
[P.O. Box 2378, Omaha, NE 68103-2378
or 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102
www.PacificLife.com
Contract Owners: (800) 722-4448
Registered Representatives/Producers: (800) 722-2333]

[Pacific Explorer]

Individual Limited Premium Deferred Annuity Application

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

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

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

ADDITIONAL ANNUITANT *Optional. Not applicable for qualified contracts.* ***Check One:*** ☐ *Joint* ☐ *Contingent*

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

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

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN/TIN
Residential Address (if different than mailing address)	City, State, ZIP	

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

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

3. ELECTRONIC INFORMATION CONSENT

FOR EVEN FASTER DELIVERY

E-Mail address:_____

By providing the e-mail address above, I consent to receive documents and notices applicable to my contract, including but not limited to 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 e-mail 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.

4. TELEPHONE/ELECTRONIC AUTHORIZATION

CHECK IF YES ☐ Yes **As the owner, I will receive this privilege automatically.**

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

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

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

6. BENEFICIARIES *If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. For contracts owned by a non-individual custodian (including IRAs, 457, and qualified plans) or other non-natural owners, the beneficiary must be the owner listed on the application. Use Section 11, Special Requests, to provide additional beneficiary information.*

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %

7. CONTRACT TYPE *Select ONE.*

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

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

8. INITIAL PREMIUM AMOUNT [*Make check payable to Pacific Life Insurance Company.*]

8A. NON-QUALIFIED CONTRACT PAYMENT TYPE
Indicate type of initial payment.

☐ 1035 exchange(s)/estimated transfer…. $_____

☐ Amount enclosed …….. $_____

8B. QUALIFIED CONTRACT PAYMENT TYPE
Indicate type of initial payment.

☐ Transfer …… $_____

☐ Rollover …… $_____

9. GUARANTEE TERM ***Select ONE***

Note: Not all Guarantee Terms may be available. Contact Pacific Life for available Guarantee Terms and rates.

CHECK ONE [☐ 1 Year Guarantee Term ☐ 3 Year Guarantee Term ☐ 6 Year Guarantee Term]

10. REPLACEMENT

10A. EXISTING INSURANCE

CHECK ONE ☐Yes ☐No

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

10B. REPLACEMENT

CHECK ONE ☐Yes ☐No

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

Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced ☐Life Insurance ☐Fixed Annuity ☐Variable Annuity
Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced ☐Life Insurance ☐Fixed Annuity ☐Variable Annuity

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

12. FRAUD NOTICE *The following states require insurance companies to provide a fraud warning statement. Refer to the fraud warning statement for your state as indicated below.*

District of Columbia: 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.

[All Other States: 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.]

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

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

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

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

Owner's Signature SIGN HERE	Date *(mo/day/yr)* DATE	Signed at: City CITY	State STATE ___ ___
Joint Owner's Signature *(if applicable)* SIGN HERE	Date *(mo/day/yr)* DATE		

14. REGISTERED REPRESENTATIVE'S/PRODUCER'S STATEMENT

14A.	CHECK ONE ☐Yes ☐No	Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)
14B.	CHECK ONE ☐Yes ☐No	Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued? If "Yes," I affirm that I have referred the applicant to the replacement question in Section 10B of this application.

I hereby certify that I have used only Pacific Life's approved sales material in connection with this sale and that copies of all sales materials used were left with the applicant. Any insurer-approved electronically presented sales materials will be provided in printed form to the applicant no later than at the time of the policy or contract delivery. I further certify that I have discussed the appropriateness of replacement and followed Pacific Life's written replacement guidelines. I have explained to the owner(s) how the annuity will meet their insurable needs and financial objectives. I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner, as applicable, including age, income, net worth, and tax status, and any existing investments and insurance program. I further certify that I have also considered the owner's liquidity needs, risk tolerance, and time horizon; that I followed suitability guidelines in both the recommendation of this annuity and the choice of guarantee terms; and that this application is subject to review for suitability. I further certify that I have truly and accurately recorded on the application the information provided to me by the applicant. I certify that a product disclosure ("Contract Summary"), and if applicable, a Buyers Guide to Fixed Deferred Annuities were presented to and left with the applicant prior to applying for this contract. 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.

Check the box below only if applicable:

☐ **I have provided a Pacific Life approved annuity illustration to the applicant in connection with this application.**

Soliciting Registered Representative's/Producer's Signature SIGN HERE	Print Registered Representative's/Producer's Full Name	Option [☐ A ☐ B ☐ C]
Registered Representative's/Producer's Telephone Number	Registered Representative's/Producer's E-Mail Address	
Broker/Dealer's Name	Brokerage Account Number *(optional)*	

[Send completed application as follows:

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

APPLICATION *WITHOUT* PAYMENT:
Regular Mail Delivery: P.O. Box 2378, Omaha, NE 68103-2378
Express Mail Delivery: 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102]

Pacific Life Insurance Company
[P.O. Box 2378, Omaha, NE 68103-2378
or 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102
www.PacificLife.com
Contract Owners: (800) 722-4448
Registered Representatives/Producers: (800) 722-2333]

[Pacific Frontiers II]

Individual Single Premium Deferred Annuity Application

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

Name *(First, Middle, Last)*		Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN	
Residential Address (if different than mailing address)	City, State, ZIP		

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

ADDITIONAL ANNUITANT *Not applicable for qualified contracts.* ***Check One:*** ☐ *Joint* ☐ *Contingent*

Name *(First, Middle, Last)*		Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN	
Residential Address (if different than mailing address)	City, State, ZIP		

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

Name *(First, Middle, Last)*		Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN/TIN	
Residential Address (if different than mailing address)	City, State, ZIP		

JOINT OWNER *Not applicable for qualified contracts.*

Name *(First, Middle, Last)*		Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN	
Residential Address (if different than mailing address)	City, State, ZIP		

3. ELECTRONIC INFORMATION CONSENT

FOR EVEN FASTER DELIVERY

E-Mail address:_____

By providing the e-mail address above, I consent to receive documents and notices applicable to my contract, including but not limited to 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 e-mail 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.

4. TELEPHONE/ELECTRONIC AUTHORIZATION

CHECK IF YES ☐ Yes **As the owner, I will receive this privilege automatically.**

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

5. HOUSEHOLDING *By signing this application you 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 the 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 you receive. If you do not wish to participate in this service and prefer to receive your own contract owner documents, please check the box below.*

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

6. BENEFICIARIES *If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. For contracts owned by a non-individual custodian (including IRAs, 457, and qualified plans) or other non-natural owners, the beneficiary must be the owner listed on the application. Use Section 11, Special Requests, to provide additional beneficiary information.*

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %

7. CONTRACT TYPE *Select ONE.*

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

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

8. SINGLE PREMIUM AMOUNT [*Make check payable to Pacific Life Insurance Company.*]
Note: Combinations of funds and 1035 exchange/transfer paperwork are permitted only at the time of application.

8A. NON-QUALIFIED CONTRACT PAYMENT TYPE
Indicate type of initial payment.

- ☐ 1035 exchange(s)/estimated transfer…. $_____
- ☐ Amount enclosed …….. $_____

8B. QUALIFIED CONTRACT PAYMENT TYPE
Indicate type of initial payment.

- ☐ Transfer …… $_____
- ☐ Rollover …… $_____

9. SINGLE PREMIUM ALLOCATION ***Select ONE.***
Note: Not all Guarantee Terms may be available. Contact Pacific Life for available Guarantee Terms and rates.

[☐ 1 Year Guarantee Term	☐ 5 Year Guarantee Term	☐ 9 Year Guarantee Term
☐ 2 Year Guarantee Term	☐ 6 Year Guarantee Term	☐ 10 Year Guarantee Term]
☐ 3 Year Guarantee Term	☐ 7 Year Guarantee Term	
☐ 4 Year Guarantee Term	☐ 8 Year Guarantee Term	

10. REPLACEMENT

10A. EXISTING INSURANCE

CHECK ONE ☐Yes ☐No

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

10B. REPLACEMENT

CHECK ONE ☐Yes ☐No

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

Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced ☐Life Insurance ☐Fixed Annuity ☐Variable Annuity
Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced ☐Life Insurance ☐Fixed Annuity ☐Variable Annuity

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

12. FRAUD NOTICE *The following states require insurance companies to provide a fraud warning statement. Refer to the fraud warning statement for your state as indicated below. Please check for state product availability.*

District of Columbia: 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.

[All Other States: 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.]

13. STATEMENT OF OWNER(S) I understand that federal law requires all financial institutions to obtain the name, residential address, date of birth, Social Security or taxpayer identification number, and any other information necessary to sufficiently verify the identity of each customer. I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract termination. I, the owner(s), understand that I have applied for an individual single premium deferred annuity contract ("contract") issued by Pacific Life Insurance Company ("company"). After reviewing my financial background with my registered representative/producer, I believe this contract, including the benefits of its insurance features, will meet my financial objectives based in part upon my age, income, net worth, and tax status, and any existing investments, annuities, or other insurance products I own. If applicable, I considered the appropriateness of full or partial replacement of any existing life insurance or annuity. I also considered my liquidity needs, risk tolerance, and investment time horizon when selecting guarantee terms. I have discussed all fees and charges for this contract with my registered representative/producer, including withdrawal charges. I acknowledge that I have received a product disclosure ("Contract Summary"), and if applicable, a Buyers Guide to Fixed Deferred Annuities prior to applying for this contract. If I am an active duty member of the United States Armed Forces (including active duty military reserve personnel), I confirm that this application was not solicited and/or signed on a military base or installation, and I have received from the registered representative/producer the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act. I certify, under penalties of perjury, that I am a U.S. person (including a U.S. resident alien) and that the taxpayer identification number is correct. All answers to questions and statements made on this application are to the best of my knowledge and belief.

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

Owner's Signature SIGN HERE	Date *(mo/day/yr)* DATE	Signed at: City CITY	State STATE ___ ___
Joint Owner's Signature *(if applicable)* SIGN HERE	Date *(mo/day/yr)* DATE		

14. REGISTERED REPRESENTATIVE/PRODUCER'S STATEMENT

14A.	CHECK ONE ☐Yes ☐No	Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)
14B.	CHECK ONE ☐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 in Section 9B of this application.

I hereby certify that I have used only Pacific Life's approved sales material in connection with this sale and that copies of all sales materials used were left with the applicant. Any insurer-approved electronically presented sales materials will be provided in printed form to the applicant no later than at the time of the policy or contract delivery. I further certify that I have discussed the appropriateness of replacement and followed Pacific Life's written replacement guidelines. I have explained to the owner(s) how the annuity will meet their insurable needs and financial objectives. I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner, as applicable, including age, income, net worth, and tax status, and any existing investments and insurance program. I further certify that I have also considered the owner's liquidity needs, risk tolerance, and time horizon; that I followed suitability guidelines in both the recommendation of this annuity and the choice of guarantee terms; and that this application is subject to review for suitability. I further certify that I have truly and accurately recorded on the application the information provided to me by the applicant. I certify that a product disclosure ("Contract Summary"), and if applicable, a Buyers Guide to Fixed Deferred Annuities were presented to and left with the applicant prior to applying for this contract. 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.

Check the box below only if applicable:

☐ **I have provided a Pacific Life approved annuity illustration to the applicant in connection with this application.**

Soliciting Registered Representative/Producer's Signature SIGN HERE	Print Registered Representative/Producer's Full Name
Registered Representative/Producer's Telephone Number	Registered Representative/Producer's E-Mail Address
Broker/Dealer's Name or Agency Name	Brokerage Account Number *(optional)*

[Send completed application as follows:

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

APPLICATION *WITHOUT* PAYMENT:
Regular Mail Delivery: P.O. Box 2378, Omaha, NE 68103-2378
Express Mail Delivery: 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102]

Pacific Life Insurance Company
[P.O. Box 2378, Omaha, NE 68103-2378
or 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102
www.PacificLife.com
Contract Owners: (800) 722-4448
Registered Representatives/Producers: (800) 722-2333]

[Pacific Index Choice]

Individual Fixed Indexed Annuity Application

1. WITHDRAWAL CHARGE PERIOD *Select ONE. May not be changed after the contract is issued.*

☐ 6 Year ☐ 8 Year ☐ 10 Year

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

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

Solicited at: State _____ _____

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

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

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

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

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN/TIN
Residential Address (if different than mailing address)	City, State, ZIP	

ADDITIONAL OWNER *Not applicable for qualified contracts.*

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

4. ELECTRONIC INFORMATION CONSENT

FOR EVEN FASTER DELIVERY

E-Mail address:_____

By providing the e-mail address above, I consent to receive documents and notices applicable to my contract, including but not limited to 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 e-mail 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.

5. TELEPHONE/ELECTRONIC AUTHORIZATION

CHECK IF YES ☐ Yes **TELEPHONE/ELECTRONIC TRANSACTION AUTHORIZATION As the owner, I will receive this privilege automatically.**

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

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

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

7. BENEFICIARIES *If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Each beneficiary class must equal 100%. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. For contracts owned by a non-individual custodian (including IRAs, 457, and qualified plans) or other non-natural owners, the beneficiary will be the owner listed on the application and information provided below will not be valid. Use Section 13, Special Requests, to provide additional beneficiary information. Note: If you select the Enhanced Lifetime Income Benefit - Joint Life Rider in section 11 and the contract is owned by a sole Owner, the Owner's spouse must be designated as the sole primary beneficiary.*

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %

8. CONTRACT TYPE *Select ONE.*

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

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

9. INITIAL PURCHASE PAYMENT [*Make check payable to Pacific Life Insurance Company.]*

9A. NON-QUALIFIED CONTRACT PAYMENT TYPE
Indicate type of initial payment.

☐ 1035 exchange(s)/estimated transfer…$ _____

☐ Amount enclosed……$ _____

9B. QUALIFIED CONTRACT PAYMENT TYPE *Indicate type of initial payment. If no year is indicated, contribution defaults to current tax year.*

☐ Transfer $_____

☐ Rollover $_____

☐ Contribution $_____ for tax year _____

10. REPLACEMENT

10A. EXISTING INSURANCE

CHECK ONE ☐Yes ☐No

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

10B. REPLACEMENT

CHECK ONE ☐Yes ☐No

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

Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced ☐Life Insurance ☐Fixed Annuity ☐Variable Annuity
Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced ☐Life Insurance ☐Fixed Annuity ☐Variable Annuity

11. OPTIONAL RIDERS Subject to state availability. *Guaranteed Minimum Withdrawal Benefit riders are not available with Inherited IRA, Inherited Roth IRA, and Inherited TSA business.*

[Guaranteed Minimum Withdrawal Benefit *You may select only ONE.*

☐ **Enhanced Lifetime Income Benefit - Single Life** *Annuitant(s) must not be over age 85 at issue.*

☐ **Enhanced Lifetime Income Benefit - Joint Life** *Both spouses must not be over age 85 at issue. Note: Available only if the Contract Type selected in Section 8 is Non-qualified (not available if the Owner is a trust or other entity), IRA (including custodial IRAs), Roth IRA, SEP-IRA, or TSA/403(b). Joint Owners must be spouses. If the contract is owned by a sole Owner, the Owner's spouse must be designated as the sole primary beneficiary. Complete the beneficiary information in Section 7. If this is a custodial-owned IRA, it is the responsibility of the custodian to verify that the beneficiary designation at the custodian is the spouse of the Annuitant.]*

Spouse's Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*

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

12. INTEREST CREDITING OPTIONS Use this section to allocate 100% of your Purchase Payment. Use whole percentages only. Additional Purchase Payments will be allocated based on the options below unless alternate instructions are on file or provided with the Purchase Payment.

[Fixed Account Option		_____% Total
S&P 500® Index-Linked Options	1 Year Point-to-Point	_____% Total
	2 Year Point-to-Point	_____% Total
	Declared Index Interest	_____% Total
MSCI ACWI® Index-Linked Options	1 Year Point-to-Point	_____% Total
	2 Year Point-to-Point	_____% Total
	Declared Index Interest	_____% Total
	MUST TOTAL 100%	_____% Total]

[S&P 500® INDEX

The Product is not sponsored, endorsed, sold or promoted by Standard & Poor's ("S&P") or its third party licensors. Neither S&P nor its third party licensors makes any representation or warranty, express or implied, to the owners of the Product or any member of the public regarding the advisability of investing in securities generally or in the Product particularly or the ability of the S&P 500® index (the "Index") to track general stock market performance. S&P's and its third party licensor's only relationship to Pacific Life Insurance Company is the licensing of certain trademarks and trade names of S&P and the third party licensors and of the Index which is determined, composed and calculated by S&P or its third party licensors without regard to Pacific Life Insurance Company or Product. S&P and its third party licensors have no obligation to take the needs of Pacific Life Insurance Company or the owners of the Product into consideration in determining, composing or calculating the Index. Neither S&P nor its third party licensors is responsible for and has not participated in the determination of the prices and amount of the Product or the timing of the issuance or sale of the Product or in the determination or calculation of the equation by which the Product is to be converted into cash. S&P has no obligation or liability in connection with the administration, marketing or trading of the Product.

NEITHER S&P, ITS AFFILIATES NOR THEIR THIRD PARTY LICENSORS GUARANTEE THE ADEQUACY, ACCURACY, TIMELINESS OR COMPLETENESS OF THE INDEX OR ANY DATA INCLUDED THEREIN OR ANY COMMUNICATIONS, INCLUDING BUT NOT LIMITED TO, ORAL OR WRITTEN COMMUNICATIONS (INCLUDING ELECTRONIC COMMUNICATIONS) WITH RESPECT THERETO. S&P, ITS AFFILIATES AND THEIR THIRD PARTY LICENSORS SHALL NOT BE SUBJECT TO ANY DAMAGES OR LIABILITY FOR ANY ERRORS, OMISSIONS OR DELAYS THEREIN. S&P MAKES NO EXPRESS OR IMPLIED WARRANTIES, AND EXPRESSLY DISCLAIMS ALL WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OR USE WITH RESPECT TO THE MARKS, THE INDEX OR ANY DATA INCLUDED THEREIN. WITHOUT LIMITING ANY OF THE FOREGOING, IN NO EVENT WHATSOEVER SHALL S&P, ITS AFFILIATES OR THEIR THIRD PARTY LICENSORS BE LIABLE FOR ANY INDIRECT, SPECIAL, INCIDENTAL, PUNITIVE OR CONSEQUENTIAL DAMAGES, INCLUDING BUT NOT LIMITED TO, LOSS OF PROFITS, TRADING LOSSES, LOST TIME OR GOODWILL, EVEN IF THEY HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES, WHETHER IN CONTRACT, TORT, STRICT LIABILITY OR OTHERWISE.

"Standard & Poor's®", "Standard & Poor's 500™", and "S&P 500®" are trademarks of Standard & Poor's, and have been licensed for use by Pacific Life Insurance Company.

MSCI ACWI® INDEX

The Product and its MSCI ACWI® Index-Linked Options referred to herein is not sponsored, endorsed, or promoted by MSCI, and MSCI bears no liability with respect to any such Products or any index on which such products are based. The Policy Contract contains a more detailed description of the limited relationship MSCI has with Pacific Life Insurance Company and any related products.]

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

14. FRAUD NOTICE *The following states require insurance companies to provide a fraud warning statement. Refer to the fraud warning statement for your state as indicated below. Please check for state product availability.*

District of Columbia: 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.

[All Other States: 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.]

15. STATEMENT OF OWNER(S) I understand that federal law requires all financial institutions to obtain the name, residential address, date of birth, Social Security or taxpayer identification number, and any other information necessary to sufficiently verify the identity of each customer. I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract termination. I, the owner(s), understand that I have applied for an individual limited premium deferred annuity contract ("contract") issued by Pacific Life Insurance Company ("company"). I acknowledge that I have received a product disclosure ("Contract Summary"), and if applicable, a Buyers Guide to Fixed Deferred Annuities prior to applying for this contract. After reviewing my financial background with my registered representative/producer, I believe this contract, including the benefits of its insurance features, will meet my financial objectives based in part upon my age, income, net worth, and tax status, and any existing investments, annuities, or other insurance products I own. If applicable, I considered the appropriateness of full or partial replacement of any existing life insurance or annuity. I also considered my liquidity needs, risk tolerance, and investment time horizon when selecting the contract and allocation 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/producer, including withdrawal charges. If I am an active duty member of the United States Armed Forces (including active duty military reserve personnel), I confirm that this application was not solicited and/or signed on a military base or installation, and I have received from the registered representative/producer the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act. I certify, under penalties of perjury, that I am a U.S. person (including a U.S. resident alien) and that the taxpayer identification number is correct. All answers to questions and statements made on this application are to the best of my knowledge and belief.

I UNDERSTAND THAT AMOUNTS ALLOCATED TO THE FIXED ACCOUNT OPTION EARN INTEREST NOT LESS THAN THE MINIMUM GUARANTEED INTEREST RATE STATED IN THE CONTRACT SPECIFICATIONS. I UNDERSTAND THAT WHILE THE VALUES OF THE CONTRACT MAY BE AFFECTED BY AN EXTERNAL INDEX, THE CONTRACT DOES NOT DIRECTLY PARTICIPATE IN ANY STOCK OR EQUITY INVESTMENT. I UNDERSTAND THAT AMOUNTS WITHDRAWN OR APPLIED FOR AN ANNUITY BEFORE THE END OF THE SURRENDER CHARGE PERIOD ARE SUBJECT TO A MARKET VALUE ADJUSTMENT.

Owner's Signature SIGN HERE	Date *(mo/day/yr)* DATE	Signed at: City CITY	State STATE ___ ___
Joint Owner's Signature *(if applicable)* SIGN HERE	Date *(mo/day/yr)* DATE		

16. REGISTERED REPRESENTATIVE'S/PRODUCER'S STATEMENT

16A.	CHECK ONE ☐Yes ☐No	Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)
16B.	CHECK ONE ☐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 in Section 10B of this application. I hereby certify that I have used only Pacific Life's approved sales material in connection with this sale and that copies of all sales materials used were left with the applicant. Any insurer-approved electronically presented sales materials will be provided in printed form to the applicant no later than at the time of the policy or contract delivery. I further certify that I have discussed the appropriateness of replacement and followed Pacific Life's written replacement guidelines. I have explained to the owner(s) how the annuity will meet their insurable needs and financial objectives. I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner, as applicable, including age, income, net worth, and tax status, and any existing investments and insurance program. I further certify that I have also considered the owner's liquidity needs, risk tolerance, and investment time horizon; that I followed suitability guidelines in both the recommendation of this annuity and the choice of allocation options, and that this application is subject to review for suitability. I further certify that I have truly and accurately recorded on the application the information provided to me by the applicant. If the applicant is an active duty member of the United States Armed Forces (including active duty military reserve personnel), I certify that this application was not solicited and/or signed on a military base or installation, and I provided to the applicant the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act. I certify that a product disclosure ("Contract Summary"), and if applicable, a Buyers Guide to Fixed Deferred Annuities were presented to and left with the applicant prior to applying for this contract. **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.**

Check the box below only if applicable:

☐ **I have provided a Pacific Life approved annuity illustration to the applicant in connection with this application.**

Soliciting Registered Representative's/Producer's Signature SIGN HERE	Print Registered Representative's/Producer's Full Name	Option [☐A ☐B ☐C ☐D]
Registered Representative's/Producer's Telephone Number	Registered Representative's/Producer's E-Mail Address	
Broker/Dealer's Name *(if applicable)*	Brokerage Account Number *(optional)*	

Send completed application as follows:

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

APPLICATION *WITHOUT* PAYMENT:
Regular Mail Delivery: P.O. Box 2378, Omaha, NE 68103-2378
Express Mail Delivery: 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102]

Pacific Life Insurance Company
[P.O. Box 2378, Omaha, NE 68103-2378
or 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102
www.PacificLife.com
Contract Owners: (800) 722-4448
Registered Representatives/Producers: (800) 722-2333]

[Pacific Mariner]

Individual Limited Premium Deferred Annuity Application

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

Name *(First, Middle, Last)*		Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN	
Residential Address (if different than mailing address)	City, State, ZIP		

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

ADDITIONAL ANNUITANT *Optional. Not applicable for qualified contracts.* ***Check One:*** ☐ *Joint* ☐ *Contingent*

Name *(First, Middle, Last)*		Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN	
Residential Address (if different than mailing address)	City, State, ZIP		

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

Name *(First, Middle, Last)*		Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN/TIN	
Residential Address (if different than mailing address)	City, State, ZIP		

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

Name *(First, Middle, Last)*		Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN	
Residential Address (if different than mailing address)	City, State, ZIP		

3. ELECTRONIC INFORMATION CONSENT

FOR EVEN FASTER DELIVERY

E-Mail address:_____

By providing the e-mail address above, I consent to receive documents and notices applicable to my contract, including but not limited to 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 e-mail 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.

4. TELEPHONE/ELECTRONIC AUTHORIZATION

CHECK IF YES ☐ Yes **As the owner, I will receive this privilege automatically.**

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

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

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

6. BENEFICIARIES *If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. For contracts owned by a non-individual custodian (including IRAs, 457, and qualified plans) or other non-natural owners, the beneficiary must be the owner listed on the application. Use Section 11, Special Requests, to provide additional beneficiary information.*

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %

7. CONTRACT TYPE *Select ONE.*

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

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

8. INITIAL PURCHASE PAYMENT AMOUNT: $_____
EXPECTED TOTAL PURCHASE PAYMENT AMOUNT: $_____
[*Make check payable to Pacific Life Insurance Company.]*

8A. NON-QUALIFIED CONTRACT PAYMENT TYPE
Indicate type of initial payment.

☐ 1035 exchange(s)/estimated transfer…. $_____
☐ Amount enclosed …….. $_____

8B. QUALIFIED CONTRACT PAYMENT TYPE
Indicate type of initial payment.

☐ Transfer …… $_____
☐ Rollover …… $_____

9. GUARANTEE TERM ***Select ONE***
Note: Not all Guarantee Terms may be available. Contact Pacific Life for available Guarantee Terms and rates.

CHECK ONE [☐ 5 Year Guarantee Term ☐ 7 Year Guarantee Term]

10. REPLACEMENT

10A. EXISTING INSURANCE

CHECK ONE ☐Yes ☐No

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

10B. REPLACEMENT

CHECK ONE ☐Yes ☐No

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

Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced ☐Life Insurance ☐Fixed Annuity ☐Variable Annuity
Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced ☐Life Insurance ☐Fixed Annuity ☐Variable Annuity

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

12. FRAUD NOTICE *The following states require insurance companies to provide a fraud warning statement. Refer to the fraud warning statement for your state as indicated below.*

District of Columbia: 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.

[All Other States: 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.]

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

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

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

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

Owner's Signature SIGN HERE	Date *(mo/day/yr)* DATE	Signed at: City CITY	State STATE ___ ___
Joint Owner's Signature *(if applicable)* SIGN HERE	Date *(mo/day/yr)* DATE		

14. REGISTERED REPRESENTATIVE'S/PRODUCER'S STATEMENT

14A.	CHECK ONE ☐Yes ☒No	Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)
14B.	CHECK ONE ☐Yes ☒No	Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued? If "Yes," I affirm that I have referred the applicant to the replacement question in Section 10B of this application.

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

I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner, as applicable, including age, income, net worth, and tax status, and any existing investments and insurance program. I further certify that I have also considered the owner's liquidity needs, risk tolerance, and time horizon; that I followed suitability guidelines in both the recommendation of this annuity and the choice of guarantee terms; and that this application is subject to review for suitability.

I further certify that I have truly and accurately recorded on the application the information provided to me by the applicant. I certify that a product disclosure ("Contract Summary"), and if applicable, a Buyers Guide to Fixed Deferred Annuities were presented to and left with the applicant prior to applying for this contract. 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.

Check the box below only if applicable:

☐ **I have provided a Pacific Life approved annuity illustration to the applicant in connection with this application.**

Soliciting Registered Representative's/Producer's Signature SIGN HERE	Print Registered Representative's/Producer's Full Name	Option [☐ A ☐ B]
Registered Representative's/Producer's Telephone Number	Registered Representative's/Producer's E-Mail Address	
Broker/Dealer's Name	Brokerage Account Number *(optional)*	

[Send completed application as follows:

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

APPLICATION *WITHOUT* PAYMENT:
Regular Mail Delivery: P.O. Box 2378, Omaha, NE 68103-2378
Express Mail Delivery: 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102]

Pacific Life Insurance Company
[P.O. Box 2378, Omaha, NE 68103-2378
or 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102
www.PacificLife.com
Contract Owners: (800) 722-4448
Registered Representatives/Producers: (800) 722-2333]

[Pacific Index Choice]

Individual Fixed Indexed Annuity Application

1. WITHDRAWAL CHARGE PERIOD *Select ONE. May not be changed after the contract is issued.*

☐ 6 Year ☐ 8 Year ☐ 10 Year

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

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

Solicited at: State _____ _____

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

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

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

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

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN/TIN
Residential Address (if different than mailing address)	City, State, ZIP	

ADDITIONAL OWNER *Not applicable for qualified contracts.*

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

4. ELECTRONIC INFORMATION CONSENT

FOR EVEN FASTER DELIVERY

E-Mail address:_____

By providing the e-mail address above, I consent to receive documents and notices applicable to my contract, including but not limited to 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 e-mail 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.

5. TELEPHONE/ELECTRONIC AUTHORIZATION

CHECK IF YES ☐ Yes **TELEPHONE/ELECTRONIC TRANSACTION AUTHORIZATION As the owner, I will receive this privilege automatically.**

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

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

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

7. BENEFICIARIES *If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Each beneficiary class must equal 100%. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. For contracts owned by a non-individual custodian (including IRAs, 457, and qualified plans) or other non-natural owners, the beneficiary will be the owner listed on the application and information provided below will not be valid. Use Section 13, Special Requests, to provide additional beneficiary information. Note: If you select the Enhanced Lifetime Income Benefit - Joint Life Rider in section 11 and the contract is owned by a sole Owner, the Owner's spouse must be designated as the sole primary beneficiary.*

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %

8. CONTRACT TYPE *Select ONE.*

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

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

9. INITIAL PURCHASE PAYMENT [*Make check payable to Pacific Life Insurance Company.]*

9A. NON-QUALIFIED CONTRACT PAYMENT TYPE
Indicate type of initial payment.

☐ 1035 exchange(s)/estimated transfer…$ _____

☐ Amount enclosed……$ _____

9B. QUALIFIED CONTRACT PAYMENT TYPE *Indicate type of initial payment. If no year is indicated, contribution defaults to current tax year.*

☐ Transfer $_____

☐ Rollover $_____

☐ Contribution $_____ for tax year _____

10. REPLACEMENT

10A. EXISTING INSURANCE

CHECK ONE ☐Yes ☐No

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

10B. REPLACEMENT

CHECK ONE ☐Yes ☐No

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

Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced ☐Life Insurance ☐Fixed Annuity ☐Variable Annuity
Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced ☐Life Insurance ☐Fixed Annuity ☐Variable Annuity

11. OPTIONAL RIDERS Subject to state availability. *Guaranteed Minimum Withdrawal Benefit riders are not available with Inherited IRA, Inherited Roth IRA, and Inherited TSA business.*

[Guaranteed Minimum Withdrawal Benefit *You may select only ONE.*

☐ **Enhanced Lifetime Income Benefit - Single Life** *Annuitant(s) must not be over age 85 at issue.*

☐ **Enhanced Lifetime Income Benefit - Joint Life** *Both spouses must not be over age 85 at issue. Note: Available only if the Contract Type selected in Section 8 is Non-qualified (not available if the Owner is a trust or other entity), IRA (including custodial IRAs), Roth IRA, SEP-IRA, or TSA/403(b). Joint Owners must be spouses. If the contract is owned by a sole Owner, the Owner's spouse must be designated as the sole primary beneficiary. Complete the beneficiary information in Section 7. If this is a custodial-owned IRA, it is the responsibility of the custodian to verify that the beneficiary designation at the custodian is the spouse of the Annuitant.]*

Spouse's Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*

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

12. INTEREST CREDITING OPTIONS Use this section to allocate 100% of your Purchase Payment. Use whole percentages only. Additional Purchase Payments will be allocated based on the options below unless alternate instructions are on file or provided with the Purchase Payment.

[Fixed Account Option		_____% Total
S&P 500® Index-Linked Options	1 Year Point-to-Point	_____% Total
	2 Year Point-to-Point	_____% Total
	Declared Index Interest	_____% Total
MSCI ACWI® Index-Linked Options	1 Year Point-to-Point	_____% Total
	2 Year Point-to-Point	_____% Total
	Declared Index Interest	_____% Total
	MUST TOTAL 100%	_____% Total]

[S&P 500® INDEX

The Product is not sponsored, endorsed, sold or promoted by Standard & Poor's ("S&P") or its third party licensors. Neither S&P nor its third party licensors makes any representation or warranty, express or implied, to the owners of the Product or any member of the public regarding the advisability of investing in securities generally or in the Product particularly or the ability of the S&P 500® index (the "Index") to track general stock market performance. S&P's and its third party licensor's only relationship to Pacific Life Insurance Company is the licensing of certain trademarks and trade names of S&P and the third party licensors and of the Index which is determined, composed and calculated by S&P or its third party licensors without regard to Pacific Life Insurance Company or Product. S&P and its third party licensors have no obligation to take the needs of Pacific Life Insurance Company or the owners of the Product into consideration in determining, composing or calculating the Index. Neither S&P nor its third party licensors is responsible for and has not participated in the determination of the prices and amount of the Product or the timing of the issuance or sale of the Product or in the determination or calculation of the equation by which the Product is to be converted into cash. S&P has no obligation or liability in connection with the administration, marketing or trading of the Product.

NEITHER S&P, ITS AFFILIATES NOR THEIR THIRD PARTY LICENSORS GUARANTEE THE ADEQUACY, ACCURACY, TIMELINESS OR COMPLETENESS OF THE INDEX OR ANY DATA INCLUDED THEREIN OR ANY COMMUNICATIONS, INCLUDING BUT NOT LIMITED TO, ORAL OR WRITTEN COMMUNICATIONS (INCLUDING ELECTRONIC COMMUNICATIONS) WITH RESPECT THERETO. S&P, ITS AFFILIATES AND THEIR THIRD PARTY LICENSORS SHALL NOT BE SUBJECT TO ANY DAMAGES OR LIABILITY FOR ANY ERRORS, OMISSIONS OR DELAYS THEREIN. S&P MAKES NO EXPRESS OR IMPLIED WARRANTIES, AND EXPRESSLY DISCLAIMS ALL WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OR USE WITH RESPECT TO THE MARKS, THE INDEX OR ANY DATA INCLUDED THEREIN. WITHOUT LIMITING ANY OF THE FOREGOING, IN NO EVENT WHATSOEVER SHALL S&P, ITS AFFILIATES OR THEIR THIRD PARTY LICENSORS BE LIABLE FOR ANY INDIRECT, SPECIAL, INCIDENTAL, PUNITIVE OR CONSEQUENTIAL DAMAGES, INCLUDING BUT NOT LIMITED TO, LOSS OF PROFITS, TRADING LOSSES, LOST TIME OR GOODWILL, EVEN IF THEY HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES, WHETHER IN CONTRACT, TORT, STRICT LIABILITY OR OTHERWISE.

"Standard & Poor's®", "Standard & Poor's 500™", and "S&P 500®" are trademarks of Standard & Poor's, and have been licensed for use by Pacific Life Insurance Company.

MSCI ACWI® INDEX

The Product and its MSCI ACWI® Index-Linked Options referred to herein is not sponsored, endorsed, or promoted by MSCI, and MSCI bears no liability with respect to any such Products or any index on which such products are based. The Policy Contract contains a more detailed description of the limited relationship MSCI has with Pacific Life Insurance Company and any related products.]

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

14. FRAUD NOTICE *The following states require insurance companies to provide a fraud warning statement. Refer to the fraud warning statement for your state as indicated below. Please check for state product availability.*

District of Columbia: 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.

[All Other States: 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.]

15. STATEMENT OF OWNER(S) I understand that federal law requires all financial institutions to obtain the name, residential address, date of birth, Social Security or taxpayer identification number, and any other information necessary to sufficiently verify the identity of each customer. I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract termination. I, the owner(s), understand that I have applied for an individual limited premium deferred annuity contract ("contract") issued by Pacific Life Insurance Company ("company"). I acknowledge that I have received a product disclosure ("Contract Summary"), and if applicable, a Buyers Guide to Fixed Deferred Annuities prior to applying for this contract. After reviewing my financial background with my registered representative/producer, I believe this contract, including the benefits of its insurance features, will meet my financial objectives based in part upon my age, income, net worth, and tax status, and any existing investments, annuities, or other insurance products I own. If applicable, I considered the appropriateness of full or partial replacement of any existing life insurance or annuity. I also considered my liquidity needs, risk tolerance, and investment time horizon when selecting the contract and allocation 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/producer, including withdrawal charges. If I am an active duty member of the United States Armed Forces (including active duty military reserve personnel), I confirm that this application was not solicited and/or signed on a military base or installation, and I have received from the registered representative/producer the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act. I certify, under penalties of perjury, that I am a U.S. person (including a U.S. resident alien) and that the taxpayer identification number is correct. All answers to questions and statements made on this application are to the best of my knowledge and belief.

I UNDERSTAND THAT AMOUNTS ALLOCATED TO THE FIXED ACCOUNT OPTION EARN INTEREST NOT LESS THAN THE MINIMUM GUARANTEED INTEREST RATE STATED IN THE CONTRACT SPECIFICATIONS. I UNDERSTAND THAT WHILE THE VALUES OF THE CONTRACT MAY BE AFFECTED BY AN EXTERNAL INDEX, THE CONTRACT DOES NOT DIRECTLY PARTICIPATE IN ANY STOCK OR EQUITY INVESTMENT. I UNDERSTAND THAT AMOUNTS WITHDRAWN OR APPLIED FOR AN ANNUITY BEFORE THE END OF THE SURRENDER CHARGE PERIOD ARE SUBJECT TO A MARKET VALUE ADJUSTMENT.

Owner's Signature SIGN HERE	Date *(mo/day/yr)* DATE	Signed at: City CITY	State STATE ___ ___
Joint Owner's Signature *(if applicable)* SIGN HERE	Date *(mo/day/yr)* DATE		

16. REGISTERED REPRESENTATIVE'S/PRODUCER'S STATEMENT

16A.	CHECK ONE ☐Yes ☐No	Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)
16B.	CHECK ONE ☐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 in Section 10B of this application. I hereby certify that I have used only Pacific Life's approved sales material in connection with this sale and that copies of all sales materials used were left with the applicant. Any insurer-approved electronically presented sales materials will be provided in printed form to the applicant no later than at the time of the policy or contract delivery. I further certify that I have discussed the appropriateness of replacement and followed Pacific Life's written replacement guidelines. I have explained to the owner(s) how the annuity will meet their insurable needs and financial objectives. I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner, as applicable, including age, income, net worth, and tax status, and any existing investments and insurance program. I further certify that I have also considered the owner's liquidity needs, risk tolerance, and investment time horizon; that I followed suitability guidelines in both the recommendation of this annuity and the choice of allocation options, and that this application is subject to review for suitability. I further certify that I have truly and accurately recorded on the application the information provided to me by the applicant. If the applicant is an active duty member of the United States Armed Forces (including active duty military reserve personnel), I certify that this application was not solicited and/or signed on a military base or installation, and I provided to the applicant the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act. I certify that a product disclosure ("Contract Summary"), and if applicable, a Buyers Guide to Fixed Deferred Annuities were presented to and left with the applicant prior to applying for this contract. **I further certify that, prior to soliciting the contract applied for, I have completed all state mandated annuity, insurance, and/or product training and agree to provide documentation of such completion upon request by Pacific Life.**

I have provided a Pacific Life approved annuity illustration to the applicant in connection with this application. If marked "Yes," a courtesy illustration will be presented with the contract. ☐Yes

Soliciting Registered Representative's/Producer's Signature SIGN HERE	Print Registered Representative's/Producer's Full Name	Option [☐A ☐B ☐C ☐D]
Registered Representative's/Producer's Telephone Number	Registered Representative's/Producer's E-Mail Address	
Broker/Dealer's Name *(if applicable)*	Brokerage Account Number *(optional)*	

Send completed application as follows:

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

APPLICATION *WITHOUT* PAYMENT:
Regular Mail Delivery: P.O. Box 2378, Omaha, NE 68103-2378
Express Mail Delivery: 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102]

Pacific Life Insurance Company
[P.O. Box 2378, Omaha, NE 68103-2378
or 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102
www.PacificLife.com
Contract Owners: (800) 722-4448
Registered Representatives/Producers: (800) 722-2333]

[Pacific Mariner]

Individual Limited Premium Deferred Annuity Application

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

Name *(First, Middle, Last)*		Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN	
Residential Address (if different than mailing address)	City, State, ZIP		

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

ADDITIONAL ANNUITANT *Optional. Not applicable for qualified contracts.* ***Check One:*** ☐ *Joint* ☐ *Contingent*

Name *(First, Middle, Last)*		Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN	
Residential Address (if different than mailing address)	City, State, ZIP		

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

Name *(First, Middle, Last)*		Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN/TIN	
Residential Address (if different than mailing address)	City, State, ZIP		

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

Name *(First, Middle, Last)*		Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN	
Residential Address (if different than mailing address)	City, State, ZIP		

3. ELECTRONIC INFORMATION CONSENT

FOR EVEN FASTER DELIVERY

E-Mail address:_____

By providing the e-mail address above, I consent to receive documents and notices applicable to my contract, including but not limited to 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 e-mail 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.

4. TELEPHONE/ELECTRONIC AUTHORIZATION

CHECK IF YES ☐ Yes **As the owner, I will receive this privilege automatically.**

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

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

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

6. BENEFICIARIES *If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. For contracts owned by a non-individual custodian (including IRAs, 457, and qualified plans) or other non-natural owners, the beneficiary must be the owner listed on the application. Use Section 11, Special Requests, to provide additional beneficiary information.*

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %

7. CONTRACT TYPE *Select ONE.*

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

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

8. INITIAL PURCHASE PAYMENT AMOUNT: $_____
EXPECTED TOTAL PURCHASE PAYMENT AMOUNT: $_____
[*Make check payable to Pacific Life Insurance Company.]*

8A. NON-QUALIFIED CONTRACT PAYMENT TYPE
Indicate type of initial payment.

☐ 1035 exchange(s)/estimated transfer…. $_____
☐ Amount enclosed …….. $_____

8B. QUALIFIED CONTRACT PAYMENT TYPE
Indicate type of initial payment.

☐ Transfer …… $_____
☐ Rollover …… $_____

9. GUARANTEE TERM ***Select ONE***
Note: Not all Guarantee Terms may be available. Contact Pacific Life for available Guarantee Terms and rates.

CHECK ONE [☐ 5 Year Guarantee Term ☐ 7 Year Guarantee Term]

10. REPLACEMENT

10A. EXISTING INSURANCE

CHECK ONE ☐Yes ☐No

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

10B. REPLACEMENT

CHECK ONE ☐Yes ☐No

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

Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced ☐Life Insurance ☐Fixed Annuity ☐Variable Annuity
Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced ☐Life Insurance ☐Fixed Annuity ☐Variable Annuity

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

12. FRAUD NOTICE *The following states require insurance companies to provide a fraud warning statement. Refer to the fraud warning statement for your state as indicated below.*

District of Columbia: 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.

[All Other States: 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.]

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

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

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

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

Owner's Signature SIGN HERE	Date *(mo/day/yr)* DATE	Signed at: City CITY	State STATE ___ ___
Joint Owner's Signature *(if applicable)* SIGN HERE	Date *(mo/day/yr)* DATE		

14. REGISTERED REPRESENTATIVE'S/PRODUCER'S STATEMENT

14A.	CHECK ONE ☐Yes ☒No	Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)
14B.	CHECK ONE ☐Yes ☒No	Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued? If "Yes," I affirm that I have referred the applicant to the replacement question in Section 10B of this application.

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

I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner, as applicable, including age, income, net worth, and tax status, and any existing investments and insurance program. I further certify that I have also considered the owner's liquidity needs, risk tolerance, and time horizon; that I followed suitability guidelines in both the recommendation of this annuity and the choice of guarantee terms; and that this application is subject to review for suitability.

I further certify that I have truly and accurately recorded on the application the information provided to me by the applicant. I certify that a product disclosure ("Contract Summary"), and if applicable, a Buyers Guide to Fixed Deferred Annuities were presented to and left with the applicant prior to applying for this contract. If the applicant is an active duty member of the United States Armed Forces (including active duty military reserve personnel), I certify that this application was not solicited and/or signed on a military base or installation, and I provided to the applicant the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act.

I further certify that, prior to soliciting the contract applied for, I have completed all state mandated annuity, insurance, and/or product training and agree to provide documentation of such completion upon request by Pacific Life.

I have provided a Pacific Life approved annuity illustration to the applicant in connection with this application. If marked "Yes," a courtesy illustration will be presented with the contract. ☐Yes

Soliciting Registered Representative's/Producer's Signature SIGN HERE	Print Registered Representative's/Producer's Full Name	Option [☐ A ☐ B]
Registered Representative's/Producer's Telephone Number	Registered Representative's/Producer's E-Mail Address	
Broker/Dealer's Name	Brokerage Account Number *(optional)*	

[Send completed application as follows:

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

APPLICATION *WITHOUT* PAYMENT:
Regular Mail Delivery: P.O. Box 2378, Omaha, NE 68103-2378
Express Mail Delivery: 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102]

Pacific Life Insurance Company
[P.O. Box 2378, Omaha, NE 68103-2378
or 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102
www.PacificLife.com
Contract Owners: (800) 722-4448 Registered Representatives/Agents: (800) 722-2333]

Individual Deferred Annuity Application

[PACIFIC MARINER]

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

CONTRACT INFORMATION

Product Name: [Pacific Mariner]
Initial Purchase Payment:
Initial Purchase Payment:
Expected Total Purchase Payment:
Owner Type:

Contract Type: [Non-Qualified]
Source of Initial Purchase Payment:
Source of Initial Purchase Payment:

Contribution Year:

Owner Information
Name:
Residential Address:

Mailing Address:

SSN/TIN:
Birth Date/Trust Date:
Gender:

Annuitant Information
Name:
Residential Address:

Mailing Address:

SSN:
Birth Date:
Gender:

Joint Owner Information
Name:
Residential Address:

Mailing Address:

SSN:
Birth Date:
Gender:

Additional Annuitant Information
Name:
Residential Address:

Mailing Address:

SSN:
Birth Date:
Gender:
Annuitant Type:

Beneficiaries

Name	Primary or Contingent	Percentage Allocation	Birthdate (mo/day/yr)	Relationship	SSN/TIN

Contract Options Elected

Guarantee Term:

Note: Not all Guarantee Terms may be available. Contact Pacific Life for available Guarantee Terms and rates.

Contract Services
Electronic Information Consent: Email Address:
Householding Service:

Special Requests

ELECTRONIC INFORMATION CONSENT
By providing the e-mail address in the Contract Services section of this application, I consent to receive documents and notices applicable to my contract, including but not limited to 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 above 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:
Policy or Contract Number:
Policy or Contract Type Being Replaced:

Insurance Company Name:
Policy or Contract Number:
Policy or Contract Type Being Replaced:

FRAUD NOTICE *The following states require insurance companies to provide a fraud warning statement. Refer to the fraud warning statement for your state as indicated below.*

District of Columbia: 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.

[**All Other States:** 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

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

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

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

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

I have read the applicable fraud statement contained in the Fraud Notice section.

Contract Owner: SIGN HERE _____ Joint Owner: SIGN HERE _____

(Signature) (Date) (Signature) (Date)

Signed At: City: State:

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 time horizon; that I followed suitability guidelines in both the recommendation of this annuity and the choice of guarantee terms; and that this application is subject to review for suitability.

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

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

I further certify that, prior to soliciting the contract applied for, I have completed all state mandated annuity, insurance, and/or product training and agree to provide documentation of such completion upon request by Pacific Life.

I have provided a Pacific Life approved annuity illustration to the applicant in connection with this application. If marked "Yes," a courtesy illustration will be presented with the contract. ☐Yes

Registered Representative/Agent: SIGN HERE _____

(Signature) (Date)

Print Registered Representative/Agent Name:
Broker/Dealer Name:
Registered Representative/Agent Address:

Phone Number:
Option:

Pacific Life Insurance Company
[P.O. Box 2378, Omaha, NE 68103-2378
or 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102
www.PacificLife.com
Contract Owners: (800) 722-4448
Registered Representatives/Producers: (800) 722-2333]

[Pacific Expedition]

Individual Limited Premium Deferred Annuity Application

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

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

Solicited at: State _____ _____

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

ADDITIONAL ANNUITANT *Optional. Not applicable for qualified contracts.* ***Check One:*** ☐ *Joint* ☐ *Contingent*

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

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

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN/TIN
Residential Address (if different than mailing address)	City, State, ZIP	

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

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

2A. RATE ADVANTAGE FEATURE

☐ YES ☐ NO – Default is NO if neither box is checked.
NOTE – election of this Feature may result in a lower Initial Guaranteed Rate for your Contract than had you not elected this Feature.

3. ELECTRONIC INFORMATION CONSENT

FOR EVEN FASTER DELIVERY

E-Mail address:_____

By providing the e-mail address above, I consent to receive documents and notices applicable to my contract, including but not limited to 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 e-mail 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.

4. TELEPHONE/ELECTRONIC AUTHORIZATION

CHECK IF YES ☐ Yes **As the owner, I will receive this privilege automatically.**

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

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

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

6. BENEFICIARIES *If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. For contracts owned by a non-individual custodian (including IRAs, 457, and qualified plans) or other non-natural owners, the beneficiary must be the owner listed on the application. Use Section 11, Special Requests, to provide additional beneficiary information.*

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %

7. CONTRACT TYPE *Select ONE.*

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

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

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

8A. NON-QUALIFIED CONTRACT PAYMENT TYPE
Indicate type of initial payment.

☐ 1035 exchange(s)/estimated transfer…. $_____

☐ Amount enclosed …….. $_____

8B. QUALIFIED CONTRACT PAYMENT TYPE
Indicate type of initial payment.

☐ Transfer …… $_____

☐ Rollover …… $_____

9. GUARANTEE TERM ***Select ONE***
Note: Not all Guarantee Terms may be available. Contact Pacific Life for available Guarantee Terms and rates.

CHECK ONE [☐ 5 Year Guarantee Term ☐ 7 Year Guarantee Term]

10. REPLACEMENT

10A. EXISTING INSURANCE

CHECK ONE ☐Yes ☐No

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

10B. REPLACEMENT

CHECK ONE ☐Yes ☐No

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

Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced ☐Life Insurance ☐Fixed Annuity ☐Variable Annuity
Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced ☐Life Insurance ☐Fixed Annuity ☐Variable Annuity

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

12. FRAUD NOTICE *The following states require insurance companies to provide a fraud warning statement. Refer to the fraud warning statement for your state as indicated below.*

District of Columbia: 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.

[All Other States: 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.]

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

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

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

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

Owner's Signature SIGN HERE	Date *(mo/day/yr)* DATE	Signed at: City CITY	State STATE ___ ___
Joint Owner's Signature *(if applicable)* SIGN HERE	Date *(mo/day/yr)* DATE		

14. REGISTERED REPRESENTATIVE'S/PRODUCER'S STATEMENT

14A.	CHECK ONE ☐Yes ☐No	Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)
14B.	CHECK ONE ☐Yes ☐No	Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued? If "Yes," I affirm that I have referred the applicant to the replacement question in Section 10B of this application.

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

I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner, as applicable, including age, income, net worth, and tax status, and any existing investments and insurance program. I further certify that I have also considered the owner's liquidity needs, risk tolerance, and time horizon; that I followed suitability guidelines in both the recommendation of this annuity and the choice of guarantee terms; and that this application is subject to review for suitability.

I further certify that I have truly and accurately recorded on the application the information provided to me by the applicant. I certify that a product disclosure ("Contract Summary"), and if applicable, a Buyers Guide to Fixed Deferred Annuities was presented to and left with the applicant prior to applying for this contract. If the applicant is an active duty member of the United States Armed Forces (including active duty military reserve personnel), I certify that this application was not solicited and/or signed on a military base or installation, and I provided to the applicant the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act.

I further certify that, prior to soliciting the contract applied for, I have completed all state mandated annuity, insurance, and/or product training and agree to provide documentation of such completion upon request by Pacific Life.

I have provided a Pacific Life approved annuity illustration to the applicant in connection with this application. If marked "Yes," a courtesy illustration will be presented with the contract. ☐Yes

Soliciting Registered Representative's/Producer's Signature SIGN HERE	Print Registered Representative's/Producer's Full Name	Option [☐ A ☐ B ☐ C]
Registered Representative's/Producer's Telephone Number	Registered Representative's/Producer's E-Mail Address	
Broker/Dealer's Name	Brokerage Account Number *(optional)*	

[Send completed application as follows:

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

APPLICATION *WITHOUT* PAYMENT:
Regular Mail Delivery: P.O. Box 2378, Omaha, NE 68103-2378
Express Mail Delivery: 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102]

Pacific Life Insurance Company
[P.O. Box 2378, Omaha, NE 68103-2378
or 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102
www.PacificLife.com
Contract Owners: (800) 722-4448
Registered Representatives/Producers: (800) 722-2333]

[Pacific Explorer]

Individual Limited Premium Deferred Annuity Application

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

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

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

ADDITIONAL ANNUITANT *Optional. Not applicable for qualified contracts.* ***Check One:*** ☐ *Joint* ☐ *Contingent*

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

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

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN/TIN
Residential Address (if different than mailing address)	City, State, ZIP	

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

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

3. ELECTRONIC INFORMATION CONSENT

FOR EVEN FASTER DELIVERY

E-Mail address:_____

By providing the e-mail address above, I consent to receive documents and notices applicable to my contract, including but not limited to 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 e-mail 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.

4. TELEPHONE/ELECTRONIC AUTHORIZATION

CHECK IF YES ☐ Yes **As the owner, I will receive this privilege automatically.**

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

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

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

6. BENEFICIARIES *If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. For contracts owned by a non-individual custodian (including IRAs, 457, and qualified plans) or other non-natural owners, the beneficiary must be the owner listed on the application. Use Section 11, Special Requests, to provide additional beneficiary information.*

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %

7. CONTRACT TYPE *Select ONE.*

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

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

8. INITIAL PREMIUM AMOUNT [*Make check payable to Pacific Life Insurance Company.*]

8A. NON-QUALIFIED CONTRACT PAYMENT TYPE
Indicate type of initial payment.

☐ 1035 exchange(s)/estimated transfer…. $_____

☐ Amount enclosed …….. $_____

8B. QUALIFIED CONTRACT PAYMENT TYPE
Indicate type of initial payment.

☐ Transfer …… $_____

☐ Rollover …… $_____

9. GUARANTEE TERM *Select ONE*

Note: Not all Guarantee Terms may be available. Contact Pacific Life for available Guarantee Terms and rates.

CHECK ONE [☐ 1 Year Guarantee Term ☐ 3 Year Guarantee Term ☐ 6 Year Guarantee Term]

10. REPLACEMENT

10A. EXISTING INSURANCE

CHECK ONE ☐Yes ☐No

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

10B. REPLACEMENT

CHECK ONE ☐Yes ☐No

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

Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced ☐Life Insurance ☐Fixed Annuity ☐Variable Annuity
Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced ☐Life Insurance ☐Fixed Annuity ☐Variable Annuity

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

12. FRAUD NOTICE *The following states require insurance companies to provide a fraud warning statement. Refer to the fraud warning statement for your state as indicated below.*

District of Columbia: 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.

[All Other States: 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.]

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

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

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

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

Owner's Signature SIGN HERE	Date *(mo/day/yr)* DATE	Signed at: City CITY	State STATE ___ ___
Joint Owner's Signature *(if applicable)* SIGN HERE	Date *(mo/day/yr)* DATE		

14. REGISTERED REPRESENTATIVE'S/PRODUCER'S STATEMENT

14A.	CHECK ONE ☐Yes ☐No	Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)
14B.	CHECK ONE ☐Yes ☐No	Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued? If "Yes," I affirm that I have referred the applicant to the replacement question in Section 10B of this application.

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

I further certify that, prior to soliciting the contract applied for, I have completed all state mandated annuity, insurance, and/or product training and agree to provide documentation of such completion upon request by Pacific Life.

I have provided a Pacific Life approved annuity illustration to the applicant in connection with this application. If marked "Yes," a courtesy illustration will be presented with the contract. ☐Yes

Soliciting Registered Representative's/Producer's Signature SIGN HERE	Print Registered Representative's/Producer's Full Name	Option [☐ A ☐ B ☐ C]
Registered Representative's/Producer's Telephone Number	Registered Representative's/Producer's E-Mail Address	
Broker/Dealer's Name	Brokerage Account Number *(optional)*	

[Send completed application as follows:

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

APPLICATION *WITHOUT* PAYMENT:
Regular Mail Delivery: P.O. Box 2378, Omaha, NE 68103-2378
Express Mail Delivery: 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102]

Pacific Life Insurance Company
[P.O. Box 2378, Omaha, NE 68103-2378
or 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102
www.PacificLife.com
Contract Owners: (800) 722-4448
Registered Representatives/Producers: (800) 722-2333]

[Pacific Frontiers II]

Individual Single Premium Deferred Annuity Application

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

Name *(First, Middle, Last)*		Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN	
Residential Address (if different than mailing address)	City, State, ZIP		

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

ADDITIONAL ANNUITANT *Not applicable for qualified contracts.* ***Check One:*** ☐ *Joint* ☐ *Contingent*

Name *(First, Middle, Last)*		Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN	
Residential Address (if different than mailing address)	City, State, ZIP		

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

Name *(First, Middle, Last)*		Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN/TIN	
Residential Address (if different than mailing address)	City, State, ZIP		

JOINT OWNER *Not applicable for qualified contracts.*

Name *(First, Middle, Last)*		Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN	
Residential Address (if different than mailing address)	City, State, ZIP		

3. ELECTRONIC INFORMATION CONSENT

FOR EVEN FASTER DELIVERY

E-Mail address:_____

By providing the e-mail address above, I consent to receive documents and notices applicable to my contract, including but not limited to 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 e-mail 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.

4. TELEPHONE/ELECTRONIC AUTHORIZATION

CHECK IF YES ☐ Yes **As the owner, I will receive this privilege automatically.**

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

5. HOUSEHOLDING *By signing this application you 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 the 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 you receive. If you do not wish to participate in this service and prefer to receive your own contract owner documents, please check the box below.*

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

6. BENEFICIARIES *If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. For contracts owned by a non-individual custodian (including IRAs, 457, and qualified plans) or other non-natural owners, the beneficiary must be the owner listed on the application. Use Section 11, Special Requests, to provide additional beneficiary information.*

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %

7. CONTRACT TYPE *Select ONE.*

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

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

8. SINGLE PREMIUM AMOUNT [*Make check payable to Pacific Life Insurance Company.*]
Note: Combinations of funds and 1035 exchange/transfer paperwork are permitted only at the time of application.

8A. NON-QUALIFIED CONTRACT PAYMENT TYPE
Indicate type of initial payment.

- ☐ 1035 exchange(s)/estimated transfer…. $_____
- ☐ Amount enclosed …….. $_____

8B. QUALIFIED CONTRACT PAYMENT TYPE
Indicate type of initial payment.

- ☐ Transfer …… $_____
- ☐ Rollover …… $_____

9. SINGLE PREMIUM ALLOCATION ***Select ONE.***
Note: Not all Guarantee Terms may be available. Contact Pacific Life for available Guarantee Terms and rates.

[☐ 1 Year Guarantee Term	☐ 5 Year Guarantee Term	☐ 9 Year Guarantee Term
☐ 2 Year Guarantee Term	☐ 6 Year Guarantee Term	☐ 10 Year Guarantee Term]
☐ 3 Year Guarantee Term	☐ 7 Year Guarantee Term	
☐ 4 Year Guarantee Term	☐ 8 Year Guarantee Term	

10. REPLACEMENT

10A. EXISTING INSURANCE

CHECK ONE ☐Yes ☐No

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

10B. REPLACEMENT

CHECK ONE ☐Yes ☐No

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

Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced ☐Life Insurance ☐Fixed Annuity ☐Variable Annuity
Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced ☐Life Insurance ☐Fixed Annuity ☐Variable Annuity

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

12. FRAUD NOTICE *The following states require insurance companies to provide a fraud warning statement. Refer to the fraud warning statement for your state as indicated below. Please check for state product availability.*

District of Columbia: 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.

[All Other States: 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.]

13. STATEMENT OF OWNER(S) I understand that federal law requires all financial institutions to obtain the name, residential address, date of birth, Social Security or taxpayer identification number, and any other information necessary to sufficiently verify the identity of each customer. I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract termination. I, the owner(s), understand that I have applied for an individual single premium deferred annuity contract ("contract") issued by Pacific Life Insurance Company ("company"). After reviewing my financial background with my registered representative/producer, I believe this contract, including the benefits of its insurance features, will meet my financial objectives based in part upon my age, income, net worth, and tax status, and any existing investments, annuities, or other insurance products I own. If applicable, I considered the appropriateness of full or partial replacement of any existing life insurance or annuity. I also considered my liquidity needs, risk tolerance, and investment time horizon when selecting guarantee terms. I have discussed all fees and charges for this contract with my registered representative/producer, including withdrawal charges. I acknowledge that I have received a product disclosure ("Contract Summary"), and if applicable, a Buyers Guide to Fixed Deferred Annuities prior to applying for this contract. If I am an active duty member of the United States Armed Forces (including active duty military reserve personnel), I confirm that this application was not solicited and/or signed on a military base or installation, and I have received from the registered representative/producer the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act. I certify, under penalties of perjury, that I am a U.S. person (including a U.S. resident alien) and that the taxpayer identification number is correct. All answers to questions and statements made on this application are to the best of my knowledge and belief.

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

Owner's Signature SIGN HERE	Date *(mo/day/yr)* DATE	Signed at: City CITY	State STATE ___ ___
Joint Owner's Signature *(if applicable)* SIGN HERE	Date *(mo/day/yr)* DATE		

14. REGISTERED REPRESENTATIVE/PRODUCER'S STATEMENT

14A.	CHECK ONE ☐Yes ☐No	Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)
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I hereby certify that I have used only Pacific Life's approved sales material in connection with this sale and that copies of all sales materials used were left with the applicant. Any insurer-approved electronically presented sales materials will be provided in printed form to the applicant no later than at the time of the policy or contract delivery. I further certify that I have discussed the appropriateness of replacement and followed Pacific Life's written replacement guidelines. I have explained to the owner(s) how the annuity will meet their insurable needs and financial objectives. I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner, as applicable, including age, income, net worth, and tax status, and any existing investments and insurance program. I further certify that I have also considered the owner's liquidity needs, risk tolerance, and time horizon; that I followed suitability guidelines in both the recommendation of this annuity and the choice of guarantee terms; and that this application is subject to review for suitability. I further certify that I have truly and accurately recorded on the application the information provided to me by the applicant. I certify that a product disclosure ("Contract Summary"), and if applicable, a Buyers Guide to Fixed Deferred Annuities were presented to and left with the applicant prior to applying for this contract. 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.

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I have provided a Pacific Life approved annuity illustration to the applicant in connection with this application. If marked "Yes," a courtesy illustration will be presented with the contract. ☐Yes

Soliciting Registered Representative/Producer's Signature SIGN HERE	Print Registered Representative/Producer's Full Name
Registered Representative/Producer's Telephone Number	Registered Representative/Producer's E-Mail Address
Broker/Dealer's Name or Agency Name	Brokerage Account Number *(optional)*

[Send completed application as follows:

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Regular Mail Delivery: P.O. Box 2290, Omaha, NE 68103-2290
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