

SERFF Tracking Number: PACL-128222040 State: Arkansas  
 Filing Company: Pacific Life Insurance Company State Tracking Number:  
 Company Tracking Number: 25-1236-1  
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium  
 Variable  
 Product Name: Application  
 Project Name/Number: Application/25-1236-1

## Filing at a Glance

Company: Pacific Life Insurance Company

Product Name: Application

TOI: A02I Individual Annuities- Deferred Non-Variable

Sub-TOI: A02I.003 Single Premium

Filing Type: Form

SERFF Tr Num: PACL-128222040 State: Arkansas

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

Co Tr Num: 25-1236-1

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Maysy Novak, Brian Deleget, Craig Hopkins

Disposition Date: 04/04/2012

Date Submitted: 03/30/2012

Disposition Status: Approved-Closed

Implementation Date Requested: 05/01/2012

Implementation Date:

State Filing Description:

## General Information

Project Name: Application

Project Number: 25-1236-1

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: We are not filing in Nebraska, our state of domicile as Nebraska is part of the IIPRC.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 04/04/2012

State Status Changed: 04/04/2012

Deemer Date:

Created By: Maysy Novak

Submitted By: Maysy Novak

Corresponding Filing Tracking Number:

Filing Description:

To the Individual Life Insurance Department of Arkansas.

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

Form Number(s) Form Description

SERFF Tracking Number: PACL-128222040 State: Arkansas  
Filing Company: Pacific Life Insurance Company State Tracking Number:  
Company Tracking Number: 25-1236-1  
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium  
Variable  
Product Name: Application  
Project Name/Number: Application/25-1236-1

25-1236-1 Individual Limited Premium Deferred Annuity Application  
25-1237-1 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.  
25-1236-1 - 25-1236 - 2/28/2012 - PACL-128109828  
25-1237-1 - 25-1237 - 2/28/2012 - PACL-128109828

The form has been revised to add disclosure language in the Registered Representative section.

#### Availability

The forms submitted will be used to apply for their respective individual annuity contracts list below, as well as any future variable 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.  
25-1236-1 - 30-1165-1 - 9/18/09 - PACL-126301537  
25-1237-1 - 30-1173 - 1/4/10 - 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 form submitted:

- Form 25-1236-1 achieved 50.3 and 25-1237-1 achieved 50.0 readability flesch score.
- is in final print and subject only to minor modification in paper size, stock, ink, border, Company logo, adaptation to electronic media or computer printing and as otherwise specified in the accompanying Statement of Variability.

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

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

SERFF Tracking Number: PACL-128222040 State: Arkansas  
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 Variable  
 Product Name: Application  
 Project Name/Number: Application/25-1236-1

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

Sincerely,

Maysy Novak  
 Compliance Analyst  
 RSD - Product Compliance  
 State Narrative:

## Company and Contact

### Filing Contact Information

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

Maysy.Novak@PacificLife.com  
 949-219-6907 [Phone]  
 949-219-0579 [FAX]

### Filing Company Information

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

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

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

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pacific Life Insurance Company	\$100.00	03/30/2012	57615228

SERFF Tracking Number: PACL-128222040 State: Arkansas  
Filing Company: Pacific Life Insurance Company State Tracking Number:  
Company Tracking Number: 25-1236-1  
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium  
Variable  
Product Name: Application  
Project Name/Number: Application/25-1236-1

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	04/04/2012	04/04/2012

*SERFF Tracking Number:* PACL-128222040      *State:* Arkansas  
*Filing Company:* Pacific Life Insurance Company      *State Tracking Number:*  
*Company Tracking Number:* 25-1236-1  
*TOI:* A021 Individual Annuities- Deferred Non-      *Sub-TOI:* A021.003 Single Premium  
Variable  
*Product Name:* Application  
*Project Name/Number:* Application/25-1236-1

## **Disposition**

Disposition Date: 04/04/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PACL-128222040 State: Arkansas  
 Filing Company: Pacific Life Insurance Company State Tracking Number:  
 Company Tracking Number: 25-1236-1  
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium  
 Variable  
 Product Name: Application  
 Project Name/Number: Application/25-1236-1

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	CERTIFICATION		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Application Redlined		Yes
Form	Individual Limited Premium Deferred Annuity Application		Yes
Form	Single Premium Deferred Annuity Application		Yes

SERFF Tracking Number: PACL-128222040 State: Arkansas  
 Filing Company: Pacific Life Insurance Company State Tracking Number:  
 Company Tracking Number: 25-1236-1  
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium  
 Variable  
 Product Name: Application  
 Project Name/Number: Application/25-1236-1

## Form Schedule

**Lead Form Number: 25-1236-1**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	25-1236-1	Application/ Individual Limited Enrollment Premium Deferred Form Annuity Application	Initial		50.300	25-1236-1.pdf
	25-1237-1	Application/ Single Premium Enrollment Deferred Annuity Form Application	Initial		50.000	25-1237-1.pdf



# PACIFIC LIFE

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

## [Pacific Explorer]

*Individual Limited Premium  
 Deferred Annuity Application*

**NOTE:** This application may only be used in the following states: [AR, CA, CT, DE, DC, MT, ND, SD.]

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

Name (First, Middle, Last) John, James, Doe		Birth Date (mo/day/yr) 01/01/1950	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Mailing Address 123 Any Street	City, State, ZIP Anytown, CA, 12345		SSN 123-45-6789
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 <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address	City, State, ZIP		SSN
Residential Address (if different than mailing address)	City, State, ZIP		

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

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

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

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



**3. ELECTRONIC INFORMATION CONSENT**



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)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %



**7. CONTRACT TYPE** *Select ONE.*

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

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

<input type="checkbox"/> 1035 exchange(s)/estimated transfer....	\$ _____
<input checked="" type="checkbox"/> Amount enclosed .....	\$ <u>25,000</u>

**8B. QUALIFIED CONTRACT PAYMENT TYPE**

*Indicate type of initial payment.*

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

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

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

<b>CHECK ONE</b> <input checked="" type="checkbox"/> 1 Year Guarantee Term	<input type="checkbox"/> 3 Year Guarantee Term	<input type="checkbox"/> 6 Year Guarantee Term
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**10. REPLACEMENT**

**10A. EXISTING INSURANCE**

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

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

**10B. REPLACEMENT**

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

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

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

**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  <i>John James Doe</i>	Date (mo/day/yr)  01/01/2011	Signed at: City  Anytown	State  C A
Joint Owner's Signature (if applicable) 	Date (mo/day/yr) 		

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

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

Soliciting Registered Representative's/Producer's Signature  <i>Cindy Brown</i>	Print Registered Representative's/Producer's Full Name Cindy Brown	[Option <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C]
Registered Representative's/Producer's Telephone Number (123) 456-7890	Registered Representative's/Producer's E-Mail Address cbrown@internet.net	
Broker/Dealer's Name ACB Broker Dealer	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, 6<sup>th</sup> 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, 6<sup>th</sup> Floor, RSD, Omaha, NE 68102





# PACIFIC LIFE

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

## [Pacific Frontiers II]

Single Premium Deferred Annuity  
Application

NOTE: This application may only be used in the following states: [AR, CA, CT, DE, DC, MT, ND, SD.]

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

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

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

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

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

Name (First, Middle, Last) JANE A DOE	Birth Date (mo/day/yr) 01/11/1972	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F
Mailing Address 111 MAIN STREET	City, State, ZIP	SSN 999-66-8888
Residential Address (if different than mailing address)	City, State, ZIP	

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

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

**JOINT OWNER** *Not applicable for qualified contracts.*

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



**3. ELECTRONIC INFORMATION CONSENT**



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)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %

**7. CONTRACT TYPE** *Select ONE.*

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

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



**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.

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

**7B. QUALIFIED CONTRACT PAYMENT TYPE**

Indicate type of initial payment.

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

**9. SINGLE PREMIUM ALLOCATION** *Select ONE.*

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

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

**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
		<input type="checkbox"/> Life Insurance <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> 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  <i>John A. Doe</i>	Date (mo/day/yr)  02/15/2012	Signed at: City  Anytown	State  C A
Joint Owner's Signature (if applicable)  <i>Jane A. Doe</i>	Date (mo/day/yr) 		

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

14A.  <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)
14B.  <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued? If "Yes," I affirm that I have instructed the applicant to answer "Yes" to the replacement question in Section 9B of this application.

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

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

Send completed application as follows:

**APPLICATION WITH PAYMENT:**

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

**APPLICATION WITHOUT PAYMENT:**

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



SERFF Tracking Number: PACL-128222040 State: Arkansas  
 Filing Company: Pacific Life Insurance Company State Tracking Number:  
 Company Tracking Number: 25-1236-1  
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium  
 Variable  
 Product Name: Application  
 Project Name/Number: Application/25-1236-1

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> AR 25-1236-1 Read Cert.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> n/a <b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Life & Annuity - Acturial Memo <b>Bypass Reason:</b> n/a <b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> CERTIFICATION <b>Comments:</b> <b>Attachment:</b> AR 25-1236-1 Certs.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variability <b>Comments:</b> <b>Attachment:</b>		

SERFF Tracking Number: PACL-128222040 State: Arkansas  
Filing Company: Pacific Life Insurance Company State Tracking Number:  
Company Tracking Number: 25-1236-1  
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium  
Variable  
Product Name: Application  
Project Name/Number: Application/25-1236-1  
1236-1 and 1236-1 SOV.pdf

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** Application Redlined

**Comments:**

**Attachments:**

25-1236-1 [redlined].pdf

25-1237-1 [redlined].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
25-1236-1	50.3
25-1237-1	50.0



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

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

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

3/30/12  
\_\_\_\_\_  
Date

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

**STATE OF ARKANSAS**

**RULE AND REGULATION 6 CERTIFICATION**

<u>Form Number(s)</u>	<u>Form Description</u>
25-1236-1	Individual Limited Premium Deferred Annuity Application
25-1237-1	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

3/30/12  
\_\_\_\_\_  
Date

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

**STATE OF ARKANSAS**

**REGULATION 19 CERTIFICATION**

<u>Form Number(s)</u>	<u>Form Description</u>
25-1236-1	Individual Limited Premium Deferred Annuity Application
25-1237-1	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

3/30/12  
\_\_\_\_\_  
Date

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

<u>Form Number(s)</u>	<u>Form Description</u>
25-1236-1	Individual Limited Premium Deferred Annuity Application
25-1237-1	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.

**25-1236-1 Individual Limited Premium Deferred Annuity Application**

<b>Page No.</b>	<b>Bracketed (Variable) Text</b>	<b>Explanation of Variability</b>
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	States of Use	The states in which this application may be used will be listed here and may change from time to time.
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: <i>[<sup>1</sup>For trust-owned contracts, complete Trustee Certification and Disclosure form. <sup>2</sup>For non-qualified contracts, if owner is a non-natural person or corporation, complete the Non-Natural or Corporate-Owned Disclosure Statement. <sup>3</sup> Complete SIMPLE IRA Employer Information. <sup>4</sup>Complete TSA Certification. <sup>5</sup>Complete Qualified Plan and 457(b) Plan Disclosure. <sup>6</sup>For individual-owned or trust-owned Inherited IRA contracts, complete appropriate Inherited IRA Certification form]</i>	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 to 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.

### **25-1237-1 Single Premium Deferred Annuity Application**

<b>Page No.</b>	<b>Bracketed (Variable) Text</b>	<b>Explanation of Variability</b>
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	States of Use	The states in which this application may be used will be listed here and may change from time to time.
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: [ <sup>1</sup> For trust-owned contracts, complete Trustee Certification and Disclosure form. <sup>2</sup> For non-qualified contracts, if owner is a non-natural person or corporation, complete the Non-Natural or Corporate-Owned Disclosure Statement. <sup>3</sup> For individual-owned or trust-owned Inherited IRA contracts, complete appropriate Inherited IRA Certification form. <sup>4</sup> Complete TSA Certification. <sup>5</sup> Complete Qualified Plan and 457(b) Plan Disclosure.]	The references to internal forms shown in this space are their current titles. These references and their titles may change from time to time.
3	Section 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 to 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.



# PACIFIC LIFE

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

## [Pacific Explorer]

*Individual Limited Premium  
 Deferred Annuity Application*

**NOTE:** This application may only be used in the following states: [AR, CA, CT, DE, DC, MT, ND, SD.]

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

Name <i>(First, Middle, Last)</i> John, James, Doe		Birth Date <i>(mo/day/yr)</i> 01/01/1950	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Mailing Address 123 Any Street	City, State, ZIP Anytown, CA, 12345		SSN 123-45-6789
Residential Address (if different than mailing address)	City, State, ZIP		

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

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

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

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

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

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

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



**3. ELECTRONIC INFORMATION CONSENT**



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)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %

**7. CONTRACT TYPE** *Select ONE.*

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

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

<input type="checkbox"/> 1035 exchange(s)/estimated transfer....	\$ _____
<input checked="" type="checkbox"/> Amount enclosed .....	\$ <u>25,000</u>

**8B. QUALIFIED CONTRACT PAYMENT TYPE**

*Indicate type of initial payment.*

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

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

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

<b>CHECK ONE</b> <input checked="" type="checkbox"/> 1 Year Guarantee Term	<input type="checkbox"/> 3 Year Guarantee Term	<input type="checkbox"/> 6 Year Guarantee Term
--	--	--

**10. REPLACEMENT**

**10A. EXISTING INSURANCE**

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

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

**10B. REPLACEMENT**

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

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

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

**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.

<b>Owner's Signature</b>  <i>John James Doe</i>	<b>Date (mo/day/yr)</b>  01/01/2011	<b>Signed at: City</b>  Anytown	<b>State</b>  C A
<b>Joint Owner's Signature (if applicable)</b> 	<b>Date (mo/day/yr)</b> 		

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

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

<b>Soliciting Registered Representative's/Producer's Signature</b>  <i>Cindy Brown</i>	<b>Print Registered Representative's/Producer's Full Name</b> Cindy Brown	<b>[Option]</b> <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
<b>Registered Representative's/Producer's Telephone Number</b> (123) 456-7890	<b>Registered Representative's/Producer's E-Mail Address</b> cbrown@internet.net	
<b>Broker/Dealer's Name</b> ACB Broker Dealer	<b>Brokerage Account Number (optional)</b>	

[Send completed application as follows:

**APPLICATION WITH PAYMENT:**

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

**APPLICATION WITHOUT PAYMENT:**

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



**PACIFIC LIFE**

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

**[Pacific Frontiers II]**

*Single Premium Deferred Annuity  
 Application*

**NOTE:** This application may only be used in the following states: [AR, CA, CT, DE, DC, MT, ND, SD.]

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

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

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

Name (First, Middle, Last) JANE A DOE		Birth Date (mo/day/yr) 01/11/1972	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F
Mailing Address 111 MAIN STREET	City, State, ZIP		SSN 999-66-8888
Residential Address (if different than mailing address)	City, State, ZIP		

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

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

**JOINT OWNER** *Not applicable for qualified contracts.*

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



### 3. ELECTRONIC INFORMATION CONSENT



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)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %

### 7. CONTRACT TYPE *Select ONE.*

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

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



**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.

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

**7B. QUALIFIED CONTRACT PAYMENT TYPE**

Indicate type of initial payment.

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

**9. SINGLE PREMIUM ALLOCATION** *Select ONE.*

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

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

**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
		<input type="checkbox"/> Life Insurance <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> 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  <i>John A. Doe</i>	Date (mo/day/yr)  02/15/2012	Signed at: City  Anytown	State  C A
Joint Owner's Signature (if applicable)  <i>Jane A. Doe</i>	Date (mo/day/yr) 		

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

14A.  <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)
14B.  <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued? If "Yes," I affirm that I have instructed the applicant to answer "Yes" to the replacement question in Section 9B of this application.

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

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

Send completed application as follows:

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

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