

SERFF Tracking Number: PACL-128527501 State: Arkansas
Filing Company: Pacific Life Insurance Company State Tracking Number:
Company Tracking Number: 25-1228-1A
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.005 Limited Flexible Premium
Variable
Product Name: Application
Project Name/Number: /

Filing at a Glance

Company: Pacific Life Insurance Company

Product Name: Application

TOI: A02I Individual Annuities- Deferred Non-
Variable

Sub-TOI: A02I.005 Limited Flexible Premium

Filing Type: Form

SERFF Tr Num: PACL-128527501 State: Arkansas

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

Co Tr Num: 25-1228-1A

State Status: Approved-Closed

Author: Craig Hopkins

Date Submitted: 06/29/2012

Reviewer(s): Linda Bird

Disposition Date: 07/09/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: We are not filing in
NE, our state of domicile as NE is part of the
Interstate Compact.

Explanation for Combination/Other:

Submission Type:

Overall Rate Impact:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 07/09/2012

State Status Changed: 07/09/2012

Deemer Date:

Submitted By: Craig Hopkins

Filing Description:

June 29, 2012 NAIC: 67466

FEIN: 95-1079000

Created By: Craig Hopkins

Corresponding Filing Tracking Number:

To the Individual Life Insurance Department of AR:.

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

SERFF Tracking Number: PACL-128527501 State: Arkansas
 Filing Company: Pacific Life Insurance Company State Tracking Number:
 Company Tracking Number: 25-1228-1A
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.005 Limited Flexible Premium
 Variable
 Product Name: Application
 Project Name/Number: /
 Email: craig.hopkins@pacificlife.com

State Narrative:

Company and Contact

Filing Contact Information

Craig Hopkins, Sr. Compliance Analyst Craig.Hopkins@PacificLife.com
 700 Newport Center Drive 949-219-3835 [Phone]
 Newport Beach , CA 92660 949-219-0579 [FAX]

Filing Company Information

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

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pacific Life Insurance Company	\$100.00	06/29/2012	60565094

SERFF Tracking Number: PACL-128527501 State: Arkansas
Filing Company: Pacific Life Insurance Company State Tracking Number:
Company Tracking Number: 25-1228-1A
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.005 Limited Flexible Premium
Variable
Product Name: Application
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	07/09/2012	07/09/2012

SERFF Tracking Number: PACL-128527501 *State:* Arkansas
Filing Company: Pacific Life Insurance Company *State Tracking Number:*
Company Tracking Number: 25-1228-1A
TOI: A021 Individual Annuities- Deferred Non- *Sub-TOI:* A021.005 Limited Flexible Premium
Variable
Product Name: Application
Project Name/Number: /

Disposition

Disposition Date: 07/09/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PACL-128527501 State: Arkansas
 Filing Company: Pacific Life Insurance Company State Tracking Number:
 Company Tracking Number: 25-1228-1A
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.005 Limited Flexible Premium
 Variable
 Product Name: Application
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	SOV		Yes
Form	Individual Deferred Annuity Application		Yes
Form	Individual DEferred Annuity Application		Yes

SERFF Tracking Number: PACL-128527501 State: Arkansas
 Filing Company: Pacific Life Insurance Company State Tracking Number:
 Company Tracking Number: 25-1228-1A
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.005 Limited Flexible Premium
 Variable
 Product Name: Application
 Project Name/Number: /

Form Schedule

Lead Form Number: 25-1228-1A

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	25-1228-1A	Application/ Individual Deferred Enrollment Annuity Application Form	Initial		50.100	25-1228-1A.pdf
	25-1228-2	Application/ Individual DEferred Enrollment Annuity Application Form	Initial		50.000	25-1228-2.pdf

**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 Fixed Annuity]*Individual 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 _____	<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 *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 ^{1,2}	<input type="checkbox"/> SIMPLE IRA ³	<input type="checkbox"/> Roth IRA ⁶	<input type="checkbox"/> 401(a) ⁵	<input type="checkbox"/> 457(b)-gov't. entity ⁵	<input type="checkbox"/> Keogh/HR-10 ⁵
<input type="checkbox"/> IRA ⁶	<input type="checkbox"/> SEP-IRA	<input type="checkbox"/> TSA/403(b) ⁴	<input type="checkbox"/> 401(k) ⁵	<input type="checkbox"/> 457(b)-501(c) tax exempt ⁵	

¹For trust-owned contracts, complete Trustee Certification and Disclosure form. ²For 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. ⁴Complete TSA Certification. ⁵Complete Qualified Plan and 457(b) Plan Disclosure. ⁶For 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.

<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.

CHECK ONE	<input checked="" type="checkbox"/> 5 Year Guarantee Term	<input type="checkbox"/> 7 Year Guarantee Term
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10. REPLACEMENT

10A. EXISTING INSURANCE

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

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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

14A.  <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.)
14B.  <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]
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, 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]



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

Use these instructions when completing the application.

1. & 2. **Annuitant(s)/Owner(s):** Check product guidelines for maximum issue age. When setting up annuity contracts, there are many combinations of owner and annuitant registrations which may result in different death benefit consequences. For example, the death of an owner/annuitant may have different consequences than the death of a non-owner annuitant. For qualified contracts, there cannot be joint or contingent annuitants. Spousal signatures may be required for certain actions in qualified contracts. This contract is not intended for use in group unallocated plans. For 401(a) pension/profit sharing, 401(k), and 457 plans, name plan as owner, and participant as sole annuitant. For 403(b) plans, name participant as both sole owner and sole annuitant. For IRAs (except Inherited IRAs), owner and annuitant should be the IRA owner. For Inherited IRAs, also complete and attach the appropriate Inherited IRA Certification form and see the Inherited IRA Checklist for owner/annuitant information. For non-qualified contracts only, if owner is a non-natural person or corporation, also complete the Non-Natural or Corporate-Owned Disclosure Statement. If trust is owner (other than Charitable Remainder Trust), also complete Trustee Certification and Disclosure form. Consult a tax advisor to properly structure annuity contracts and effect transfers. **Complete the "Solicited at: State" box for custodial-owned contracts only.**
3. **Electronic Information Consent (Optional):** Complete this section to receive statements and other information electronically from our Web site. This instruction is valid until you instruct us otherwise.
4. **Telephone/Electronic Authorization (Optional):** By checking this box, you authorize Pacific Life to receive certain instructions by telephone or electronically from your designee. This instruction is valid until you instruct us otherwise. Telephone/Electronic contract changes will be subject to the conditions of the contract and the administrative requirements of Pacific Life.
5. **Householding:** Check the box if you do not want to participate in Pacific Life's householding service.
6. **Beneficiaries:** Indicate the person(s) or entity(ies) to be designated as beneficiary(ies). If no beneficiary(ies) is/are indicated, the provisions of the contract will govern as to the payment of any death benefit proceeds. If you would like to designate contingent beneficiaries or provide detailed beneficiary instructions, complete the Special Beneficiary Designation Request form.
7. **Contract Type:** Check the type of annuity contract to be issued. Complete appropriate form indicated.
8. **Initial Premium amount & Expected Total Premium Amount:** Indicate the amount of the Initial Premium and the amount of the Total Expected Premium Amount. Complete only ONE of the two sections, either Section 8A or 8B, and indicate the type of payment. Minimum premium is \$10,000 for non-qualified and qualified contracts. Transfer indicates a trustee-to-trustee or a custodian-to-custodian transfer only.
9. **Guarantee Term:** Select only one Guarantee Term.
10. **Replacement:** Complete and attach a Transfer/Exchange form and any required state replacement forms.
11. **Special Requests:** Use this section to indicate special registrations, additional beneficiaries, or other instructions.
12. **Fraud Notice:** Review this section carefully.
13. **Statement of Owner(s):** Read this section carefully. The application must be signed and dated by the owner. In cases of joint ownership, both owners must sign. City and state where the application is signed must also be indicated.
14. **Registered Representative's/Producer's statement:** Registered Representative/Producer must select a commission option and assure that responses in Section 10 and 14 are consistent.

Important: Help avoid a returned application by confirming your application has the following minimum information:

- Annuitant and owner information – *Sections 1 & 2*
- Contract type is correct – *Section 7*
- Replacement question – *Section 10*
- Date application is signed – *Section 13*
- City and state where application is signed – *Section 13*
- Registered Representative's/Producer's signature – *Section 14*

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

CONTRACT INFORMATION

Product Name:	[Pacific Fixed Annuity]	Contract Type:	[Non-Qualified]
Initial Purchase Payment:	[\$25,000.00]	Source of Initial Purchase Payment:	[Deposit, Exchange]
Initial Purchase Payment:	[\$25,000.00]	Source of Initial Purchase Payment:	[Deposit, Exchange]
Expected Total Purchase Payment:	[\$50,000.00]		
Owner Type:	[Individual]	Contribution Year:	[2012]

Owner Information

Name: [John Doe]
 Residential Address: [123 Any Street]
 [Additional Address Information]
 [Additional Address Information]
 [Anyplace, CA]
 [12345-1234]
 Mailing Address: [123 Any Street]
 [Additional Address Information]
 [Additional Address Information]
 [Anyplace, CA]
 [12345-1234]
 SSN/TIN: [123-45-6789]
 Birth Date/Trust Date: [01/01/2012]
 Gender: [Male]

Annuitant Information

Name: [John Doe]
 Residential Address: [123 Any Street]
 [Additional Address Information]
 [Additional Address Information]
 [Anyplace, CA]
 [12345-1234]
 Mailing Address: [123 Any Street]
 [Additional Address Information]
 [Additional Address Information]
 [Anyplace, CA]
 [12345-1234]
 SSN: [123-45-6789]
 Birth Date: [01/01/2012]
 Gender: [Male]

Joint Owner Information

Name: [Jane Doe]
 Residential Address: [123 Any Street]
 [Additional Address Information]
 [Additional Address Information]
 [Anyplace, CA]
 [12345-1234]
 Mailing Address: [123 Any Street]
 [Additional Address Information]
 [Additional Address Information]
 [Anyplace, CA]
 [12345-1234]
 SSN: [123-45-6789]
 Birth Date: [01/01/2012]
 Gender: [Female]

Additional Annuitant Information

Name: [Jane Doe]
 Residential Address: [123 Any Street]
 [Anyplace, CA]
 [12345-1234]
 Mailing Address: [123 Any Street]
 [Additional Address Information]
 [Additional Address Information]
 [Anyplace, CA]
 [12345-1234]
 SSN: [123-45-6789]
 Birth Date: [01/01/2012]
 Gender: [Female]
 Annuitant Type: [Joint or Contingent]

Beneficiaries

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

Contract Options Elected

[Guarantee Term: 5 year 7 Year]

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

Contract Services

Electronic Information Consent: [Yes Email Address: john.doe@mailbox.net]
Householding Service: [Yes]

Special Requests

ELECTRONIC INFORMATION CONSENT

By providing the e-mail address in the Contract Services section 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:	[Hartford]	Insurance Company Name:	[Hartford]
Policy or Contract Number:	[123456]	Policy or Contract Number:	[123456]
Policy or Contract Type Being Replaced:	[Variable Annuity]	Policy or Contract Type Being Replaced:	[Variable Annuity]

FRAUD NOTICE

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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

Contract Owner:  John Doe 1/1/12 Joint Owner:  Jane Doe 1/1/12
(Signature) (Date) (Signature) (Date)

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

REGISTERED REPRESENTATIVE/AGENT INFORMATION

- Yes No Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts?
- Yes No Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued? If "Yes," I affirm that I have instructed the applicant to answer "Yes" to the replacement question above.

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

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

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

I further certify that I have also considered the owner's liquidity needs, risk tolerance, and 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.

Registered Representative/Agent:  Joe Rep 01/01/2012
(Signature) (Date)

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

SERFF Tracking Number: PACL-128527501 State: Arkansas
 Filing Company: Pacific Life Insurance Company State Tracking Number:
 Company Tracking Number: 25-1228-1A
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.005 Limited Flexible Premium
 Variable
 Product Name: Application
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: 25-1228-1A - certs -Arkansas.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: This is an application only filing		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: This is an application only filing		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: SOV		
Comments:		
Attachment: SV 25-1228-2 - 1228-IA.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
25-1228-1A	50.1
25-1228-2	50



Company Officer

Nancy A. Hill

Name

Assistant Vice President, Compliance

Title

6/29/12

Date

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

STATE OF ARKANSAS

RULE AND REGULATION 6 CERTIFICATION

<u>Form Numbers</u>	<u>Form Description</u>
25-1228-1A	Individual Limited Premium Deferred Annuity Application
25-1228-2	Individual Limited 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

6/29/12
Date

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

STATE OF ARKANSAS

REGULATION 19 CERTIFICATION

<u>Form Numbers</u>	<u>Form Description</u>
25-1228-1A	Individual Limited Premium Deferred Annuity Application
25-1228-2	Individual Limited 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

6/29/12

Date

STATEMENT OF VARIABILITY

Form Number Form Description

25-1228-2 Individual Deferred Application
25-1228-1A Individual Deferred 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.

Individual Deferred Annuity Application Form No. 25-1228-2

Page No.	Bracketed (Variable) Text	Explanation of Variability/Range of Variables
1	Product Marketing Name	The name of the product applied for will be displayed.
1	Company Addresses and 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.
1-3	Barcode and Date	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.
1	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.
1	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 SIMPLE IRA Employer Information. ⁵ Complete Qualified Plan and 457(b) Plan Disclosure. ⁶ Complete Individual(k) Qualified Plan Disclosure.	The references to internal forms shown in this space are their current titles. These references and their titles may change from time to time.
1	Initial Purchase Payment	The text “Make check payable to Pacific Life Insurance Company” may be removed if we feel it is no longer needed.

25-1228-1A 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	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>[¹For trust-owned contracts, complete Trustee Certification and Disclosure form. ²For non-qualified contracts, if owner is a non-natural person or corporation, complete the Non-Natural or Corporate-Owned Disclosure Statement. ³Complete SIMPLE IRA Employer Information. ⁴Complete TSA Certification. ⁵Complete Qualified Plan and 457(b) Plan Disclosure. ⁶For 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. Currently, 5 and 7 year terms are available.
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.