



AFFIDAVIT – BY ATTORNEY IN FACT For Pension Risk Transfer Annuities

CONTACT INFORMATION

Pacific Life
P.O. Box 84307
Lincoln, NE 68501-4307

Toll Free: (800) 800-9534
Fax: (402) 479-0102
Web Site: www.PacificLife.com

All Overnight Deliveries:

Pacific Life
777 Research Drive
Lincoln, NE 68521

Use this form to:

- Certify and agree to conditions
- Provide Attorney in Fact and Payee Information

Note: Pacific Life requires this form to be completed by the Attorney-in-Fact (AIF) under the Power of Attorney and submitted along with a full and complete copy of the Power of Attorney as well as any applicable riders or addendums. Any event or contingency documentation required by the Power of Attorney must also be submitted.

1 GENERAL INFORMATION Annuitant/Payee Name (First, Middle, Last)	Telephone Number ()	Policy and Certificate Number (if known)
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I certify that _____, the annuitant under Policy and Certificate Number _____ - _____ issued by _____ (Annuitant's name) (XXXXX) (XXXXX)

Pacific Life Insurance Company Contract is now living. I further certify that the Power of Attorney granted me by the said Annuitant has not been revoked and I agree:

- i) to notify Pacific Life immediately in the event of the death of the said Annuitant or the revocation of the Power of Attorney, and
- ii) to repay Pacific Life all sums which are received by me as Attorney in Fact for the said Annuitant after their death, and
- iii) to indemnify and hold Pacific Life harmless from further liability for all sums received by me as Attorney in Fact following revocation of the Power of Attorney, whether by act of the parties, operation of law, or otherwise.

Dated as of: _____

Signature (Attorney in Fact)

2 NOTARIZATION

State of: _____

County of: _____

Subscribed and sworn or affirmed to before me on this _____ day of _____, 20____ by _____

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Please also provide the following information:

POA's Name

Address

City/State/Zip

Phone No.

Payee's Residence Address:

Name

Residence Address

City/State/Zip

(notary seal)

By: _____
Name: