



AFFIDAVIT – BY GUARDIAN 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 Guardianship and Payee Information

Note: Pacific Life requires this form to be completed by the Guardian under the Letters of Guardianship and submitted along with a full and complete copy of the Letters of Guardianship document as well as any applicable riders or addendums. Any event or contingency documentation required by the Letters of Guardianship 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, the undersigned, certify that _____, the annuitant under Policy and Certificate Number _____ -
 _____ (Annuitant's name) _____ (XXXXX)
 _____ issued by Pacific Life Insurance Company is now living. I further certify that the Letters of Guardianship granted me by the Probate
 (XXXXX)
 Court for the County of _____, State of _____
 (Name of County) (Name of State)

have not been revoked and I agree:

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

Dated as of: _____

Signature (Guardian)

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:

Guardian's Address

City/State/Zip

Phone Number

(notary seal)

By: _____
Name:

Payee's Residence Address:

Name

Residence Address

City/State/Zip