



POLICY CHANGE REQUEST 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:

- Notify us of a name change.
- Change or add beneficiaries.
- Notify us of an address or telephone number change.

1	GENERAL INFORMATION Claimant/Payee Name (First, Middle, Last)	Telephone Number ()	Policy and Certificate Number (if known)
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2	NAME CHANGES Please attach a copy of the legal documentation that supports the name change. New Name (First, Middle, Last)
<hr/> Former Name (First, Middle, Last)	

3	CHANGE OF ADDRESS OR TELEPHONE NUMBER Select One: <input type="checkbox"/> Payment & Residence <input type="checkbox"/> Residence Only <input type="checkbox"/> Payment Only (For direct deposit, complete a Direct Deposit Request form.)
Name of Person Whose Address is Changing (First, Middle, Last)	
Daytime Telephone Number ()	
New Street Address	
City, State, ZIP	

4 BENEFICIARY DESIGNATION Complete for each person/entity you wish to designate as a beneficiary. If you wish to retain an existing beneficiary, that beneficiary must be restated. If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Unless otherwise indicated, if two or more beneficiaries are designated in the same classification, each will share equally in any applicable benefit proceeds and/or rights granted unless otherwise indicated. Per Stirpes beneficiary designations are not supported.

Total percentages must equal 100% for all beneficiaries designated as primary beneficiaries and 100% for all beneficiaries designated as contingent beneficiaries. For additional beneficiaries, attach a separate sheet, including all the information requested below.

Beneficiary #1

Beneficiary's Name (First, Middle, Last)			Date of Birth (mo/day/yr)
SSN/TIN	Relationship to Claimant	Beneficiary Classification <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Benefit %

Beneficiary #2

Beneficiary's Name (First, Middle, Last)			Date of Birth (mo/day/yr)
SSN/TIN	Relationship to Claimant	Beneficiary Classification <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Benefit %

Beneficiary #3

Beneficiary's Name (First, Middle, Last)			Date of Birth (mo/day/yr)
SSN/TIN	Relationship to Claimant	Beneficiary Classification <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Benefit %

Beneficiary #4

Beneficiary's Name (First, Middle, Last)			Date of Birth (mo/day/yr)
SSN/TIN	Relationship to Claimant	Beneficiary Classification <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Benefit %

5 ACKNOWLEDGEMENT AND SIGNATURE

To revoke a current address change or make further changes, please submit the request in writing or contact a customer service representative toll-free at (800) 800-9534 for further information.

The following acknowledgement applies to beneficiary designation changes under Section 4:

I have read and understand the provisions of the contract regarding beneficiary designations and the benefit proceeds. I acknowledge that the information I have provided regarding my beneficiary(ies) is true, complete, and accurate and that this information will be relied on to identify my beneficiary(ies). Pacific Life may rely on information and/or confirmation by any responsible individual (e.g., executor) to identify a beneficiary(ies). I understand that the beneficiary designation cancels and supersedes both current and previous beneficiary designations. I acknowledge that any additional documents submitted to Pacific Life regarding beneficiary designations will be neither returned nor reviewed. In the event that no beneficiaries have been designated or that no beneficiaries have been clearly identified, Pacific Life may pay any remaining benefit proceeds to the claimant's estate. I further understand that Pacific Life's administrative duties are limited to the administration of the contract.

**SIGN
HERE** 

Annuitant's Signature

mo/day/yr

When to use this form: Use this form to make beneficiary, address, telephone number and/or name changes to your annuity contract.

To complete this form: Print clearly using dark ink. Provide requested information in full. An incomplete form may delay processing.

Additional forms: Do not highlight any information submitted on this form. Paperwork submitted to Pacific Life is scanned into an imaging system and highlighting could make that information unreadable. If an Attorney-in-Fact is signing this form, please include an original or certified copy of the Power-of-Attorney documentation accompanied by a notarized sample signature for the Attorney-in-Fact. This additional documentation may be excluded if previously submitted to Pacific Life. Legal documents that are acceptable for processing a name change include a birth certificate, a valid state issued driver's license, or a marriage certificate.

For help or questions: Contact Pacific Life Customer Service at (800) 800-9534.