



**PACIFIC LIFE**

Pacific Life Insurance Company  
P.O. Box 7187 • Pasadena, CA 91109-7187  
www.PacificLife.com  
(800) 722-2333

**TELEPHONE/  
ELECTRONIC  
AUTHORIZATION**

<b>1 GENERAL INFORMATION</b> Owner's Name <i>(First, Middle Initial, Last)</i>	Daytime Telephone Number	Contract Number If known.
	(    )	

Joint Owner's Name *(First, Middle Initial, Last)*

**2 ELECTRONIC DELIVERY AUTHORIZATION**

Yes By checking "yes," I authorize Pacific Life to provide my statements, prospectuses (if applicable) and other information (documents) electronically instead of sending paper copies of these documents by U.S. mail. I will continue to receive paper copies of annual statements via U.S. mail. I understand that I must have internet access to use this service and there may be access fees charged by the internet service provider.

E-Mail Address (Required)



**3 TELEPHONE/ELECTRONIC TRANSACTIONS AUTHORIZATION**

Yes By checking "yes," I am authorizing and directing Pacific Life to accept and act on telephone or electronic instructions with respect to my contract from any other person(s) who can furnish proper identification.

I understand and agree that:

1. Pacific Life will use reasonable procedures to confirm that these instructions are authorized and genuine. These procedures may require any person requesting a telephone or electronic transaction to provide certain personal identification upon Pacific Life's request. Pacific Life may also record all or part of any telephone conversation with respect to transaction instructions.
2. So long as Pacific Life complies with their procedures, neither Pacific Life, any of their affiliates, nor the Fund, or any of their directors, trustees, officers, employees or agents will be liable for any loss, liability, cost or expense (including attorneys' fees) in connection with requests that Pacific Life believes to be genuine, and that I will bear the risk of loss arising out of the telephone and electronic transaction privileges of my contract.
3. Telephone/electronic contract changes will be subject to the conditions of the contract, the administrative requirements of Pacific Life, and, if applicable, the provisions set forth in the contract's prospectus.
4. This authorization will be effective until written revocation or modification is received by Pacific Life's Service Center or Pacific Life discontinues this privilege, whichever occurs first.
5. This authorization supersedes any prior telephone/electronic authorization.

**4 SIGNATURE(S)**

I HAVE READ, UNDERSTAND AND ACCEPT THE TERMS AND CONDITIONS CONTAINED ON THIS FORM AND IN MY CONTRACT AND, IF APPLICABLE, IN THE PRODUCT PROSPECTUS.

Owner's Signature	mo   day   yr	Joint Owner's Signature	mo   day   yr
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