

**PACIFIC LIFE INSURANCE COMPANY**

Life Insurance Operations Center  
 P.O. Box 2030 • Omaha, NE 68103-2030  
 (800) 347-7787 • fax (949) 462-3066  
 www.PacificLife.com



**PACIFIC LIFE**

**OWNERSHIP, NAME, OR BENEFICIARY CHANGE REQUEST**

For Individual Life Insurance or Fixed Annuities

Primary Insured: First <input style="width: 100px;" type="text"/> MI <input style="width: 30px;" type="text"/> Last <input style="width: 100px;" type="text"/>	Policy Number(s): <input style="width: 100%; height: 20px;" type="text"/>
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**1 OWNERSHIP CHANGE** I transfer ownership of this policy to:

**New Owner (Print full name and address)\***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* If more than one individual is named as owner, they will own the policy as joint tenants with right of survivorship, unless otherwise provided.

**New Owner's Date of Birth** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo Day Year

**Relationship of New Owner to Insured** \_\_\_\_\_

and on the above owner's death to:

**Contingent Owner (Print full name and address) - Optional**

\_\_\_\_\_

\_\_\_\_\_

**Relationship of New Contingent Owner to Insured** \_\_\_\_\_

**New Owner's Social Security or Taxpayer Identification No.:**

Under penalty of perjury, I attest that the policyowner's correct Taxpayer I.D. Number is \_\_\_\_\_; and

Check One:

- I **am** subject to back-up withholding. I understand that income tax will be withheld from my payment.
- I **am not** subject to back-up withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. **Do not** withhold income tax from my payment.
- I **am not** subject to backup withholding, but direct PL to withhold from my payment.

**Send Future Premium and Other Notices To:**

(check one and provide name and address)

- New Owner
- Insured
- Payor
- Other

**Name and Address of Party Receiving Premium Notices:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note:** A change in ownership may result in adverse tax consequences. Consult your tax advisor for guidance.

**2 NAME CHANGE** I direct Pacific Life to make the following name change:

Old Name \_\_\_\_\_

New Name \_\_\_\_\_

**NAME CHANGE APPLIES TO:**

- Owner
- Insured
- Beneficiary
- Payor
- Other covered person

**REASON FOR CHANGE:**

- Marriage
- Divorce (attach copy of court order)
- Court Order (attach copy)
- Correction
- Other \_\_\_\_\_



**OWNERSHIP, NAME, OR  
BENEFICIARY  
CHANGE REQUEST**



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<b>Primary Insured: First</b> <b>MI</b> <b>Last</b>	<b>Policy Number(s):</b>
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**3 BENEFICIARY CHANGE** I revoke all previous beneficiary designations. Reserving the right to change the beneficiary, I direct that the death benefit be paid in one sum, unless otherwise specified, to the beneficiary designated below.

**Primary Beneficiary** (Print full name, address, and **Social Security/Taxpayer ID Number** of each primary beneficiary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Relationship of Primary Beneficiary to Insured** \_\_\_\_\_

or should no primary beneficiary survive to receive payment to:

**Contingent Beneficiary** (Print full name, address, and **Social Security/Taxpayer ID Number** of each contingent beneficiary) – Optional

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

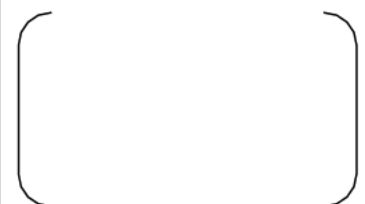
**Relationship of Contingent Beneficiary to Insured** \_\_\_\_\_

**Note:** If designating an irrevocable beneficiary, indicate "irrevocable" in the beneficiary designation. An irrevocable beneficiary designation can only be changed by the policyowner with the irrevocable beneficiary's consent.

**4 SIGNATURES** Each of the undersigned attests that no bankruptcy or insolvency proceedings have been filed or commenced by or against him/her.

<b>Current Policyowner's Signature</b> and title, if corporate/business or trust owned	<b>Date</b>
<b>New Policyowner's Signature</b> and title, if corporate/business or trust owned – <b>For Ownership Change Only</b>	<b>Date</b>
<b>Irrevocable Beneficiary's Signature</b> if applicable – <b>For Change of Beneficiary Only</b>	<b>Date</b>

Corporate Seal or Notarization  
 Check here if present policy is owned by sole proprietorship



**PRODUCER: PROVIDE A PHOTOCOPY OF THIS SIGNED FORM TO ALL SIGNING PARTIES.**

# OWNERSHIP, NAME, OR BENEFICIARY CHANGE REQUEST

For Individual Life Insurance or Fixed Annuities



## INSTRUCTIONS

### When to use this form:

This form is used to request ownership, name and beneficiary changes on a life insurance policy or fixed annuity.

### Who must sign this form:

The policyowner must sign this form. For ownership changes, the present policyowner and new policyowner must sign this form. When the policy is community property, PL suggests that the present owner's spouse also sign the form. Community property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin.

**JOINT OWNERSHIP** - All policyowners must sign on the Policyowner's Signature line.

**CORPORATE OR OTHER BUSINESS OWNERSHIP** - One authorized officer (if a corporation) or one authorized individual (if other business entity) other than the insured must sign, indicating his/her title/capacity. The signature must be notarized or the corporate seal impressed. If the owner is a sole proprietorship, check the "Sole Proprietorship" box on the reverse side.

**TRUST OWNED** - The trustee(s) must sign, indicating his/her title.

The **IRREVOCABLE BENEFICIARY**, if applicable, must sign if requesting a change of beneficiary.

### Where to send this form:

Send this form to Pacific Life Insurance Company, Attn: Life Insurance Operations Center, P.O. Box 2030, Omaha, NE 68103-2030. Our toll free number is (800) 347-7787.

### After this form is processed by Pacific Life:

The policyowner will receive written confirmation that will signify that this change has been recorded.

## SAMPLE OWNERSHIP WORDING

### Ownership Arrangement

### Sample Wording

One Owner

Mary Doe, Wife.

Several Owners (with deceased owner's interest passing to surviving owners)

John Smith, Paul Smith, Frank Smith, Brothers, as joint tenants with rights of survivorship.

Several Owners (with deceased owner's interest passing to his/her estate)

John Smith, Paul Smith, Frank Smith, Brothers, as tenants-in-common.

Partnership (General)

Smith and Jones, a general partnership composed of John Smith and Thomas Jones.

Partnership (Limited)

John Smith, general partner, Smith Associates, Limited Partnership.

Inter-Vivos Trust with One Trustee

The (name of Trust) Trust, dated (Trust date), with (name of Trustee), Trustee, or the successor or successors in trust.

Inter-Vivos Trust with More Than One Trustee

The (name of Trust) Trust, dated (Trust date), with (names of all Co-Trustees), or their successor or successors in trust, with exercise of any and all ownership rights requiring the signatures of any one Co-Trustee only\*\*.

\*\* Where all Co-Trustees must sign for each transaction, substitute the wording "of any one Co-Trustee only" with "All Co-Trustees."

Corporation

The ABC Company, a (State Of Incorporation) corporation, its successors or assigns.

Qualified Pension or Profit Sharing Plan Owner, with Trustee or Plan Administrator

(Name of Plan) Plan, with (Name of Trustee or Plan Administrator), Trustee or Plan Administrator.

UGMA/UTMA

Name of Custodian, as custodian for (Name of Minor), born (Date of Birth), under the (Name of the State and Name of the UGMA/UTMA Act for the State in Question.)

# OWNERSHIP, NAME, OR BENEFICIARY CHANGE REQUEST

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## SAMPLE BENEFICIARY WORDING

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Beneficiary Arrangement	Sample Wording
Estate	The Insured's Estate.
One Primary Beneficiary	Mary Doe, Wife.
Several Primary Beneficiaries	Mary Doe, Jane Doe and Thomas Doe, Wife and Children, equally, survivors or survivor.
Un-named Beneficiaries	My Children equally, survivors or survivor.  The Children born of the marriage between John and Mary Doe, equally, survivors or survivor.  Thomas Doe, Son and any other children born of the marriage between John and Mary Doe, equally, survivors or survivor.
Unequal Amounts	70% to Mary Doe, Wife, and 30% to John Doe, Son, or all to the survivor.  60% to Joe Doe, Husband, 20% to Mary Doe, Daughter and 20% to John Doe, Son. If the beneficiary should not survive, then the remaining beneficiaries shall share the deceased beneficiary's portion equally.
Partnership (General)	Smith and Jones, a general partnership comprised of John Smith and Thomas Jones.
Partnership (Limited)	John Smith, general partner, Smith Associates, Limited Partnership.
Corporation	The ABC Company, a <u>(State Of Incorporation)</u> corporation, its successors or assigns.
Inter-Vivos Trust	The <u>(name of Trust)</u> Trust, dated <u>( Trust date)</u> , with <u>(name of Trustee)</u> , Trustee, or the successor or successors in trust.
Testamentary Trust	The Trust created by the Will of <u>(Insured)</u> by <u>(Name of Trustee)</u> , Trustee, or the successor or successors in trust.
Split Dollar (Collateral Assignment or Endorsement)	XYZ Corporation, a <u>(State Of Incorporation)</u> corporation, its successors or assigns, in the amount claimed by said corporation not to exceed the amount payable under the policy, and the balance if any, payable to Jane Doe, spouse of the insured.
UGMA/UTMA	<b>Minor as Insured:</b> The estate of the Minor.  <b>Someone Other Than Minor as Insured:</b> <u>Name of Custodian</u> , as custodian for <u>(Name of Minor)</u> , born <u>(Date of Birth)</u> , under the <u>(Name of the State and Name of the UGMA/UTMA Act for the State in Question.)</u>
Explanations	
Inter-Vivos Trust	An existing Trust created during a person's lifetime by a written instrument.
Testamentary Trust	A Trust created by a person's Will. The Trust does not take effect until after the Will has been probated following the person's death.