

PERSONAL INFORMATION REQUEST FORM

Please complete this form and mail to:

Pacific Life Insurance Company
Corporate Compliance, Privacy Operations
700 Newport Center
Newport Beach, CA 92660

If you have any questions, please visit our Privacy Promise on
<https://www.pacificlife.com/home/privacy-and-other-policies/our-privacy-promise.html>.

SECTION I – YOUR INFORMATION

For verification purposes, please sign and provide the information below that we may have on file for you.

1. **Full Name (Required)** _____
2. Date of Birth _____
3. Social Security Number (last 4 digits only) _____
4. Email Address _____
5. **Address (Required)** _____ City _____
State _____ Zip _____ State of Residency _____
6. **Your Relationship to Pacific Life Insurance Company (check all that apply - Required)**
 - Customer
 - Life Insurance: Policy Number _____
 - Annuity / Mutual Fund: Contract/Account Number _____
 - Structured Settlement: Account Number _____
 - Other _____
 - Financial Professional: National Producer Number _____
 - Vendor/Contractor (Include company name) _____
 - Other (please specify and complete **Section III**) _____

I certify that I am authorized to make the request being made on this form and I agree to assist Pacific Life Insurance Company in the process to verify the accuracy of my authority.

Signature _____ **Date** _____

SECTION II – AUTHORIZED REPRESENTATIVE REQUEST

You must have the authority to request information on behalf of a consumer. Please provide one of the following documents to process your request and complete **Section I**. If you are signing on behalf of an entity, you represent that you are authorized to execute this document. You further represent that all requirements of those entities, including the use of any seal (in the case of a Corporation) and any authorized signatures (in the case of a Corporation and/or Trust), have been met.

- Court Document showing authority to act on behalf of the Consumer
- Copy of agreement/other document granting you authority to make requests on their behalf.
(Subject to additional verification by Pacific Life Insurance Company.)

Name _____

Mailing Address _____ City _____

State _____ Zip _____

Internal Use Tracking Number _____

SECTION III – ACKNOWLEDGMENT FORM - Refer to Page 1 for instructions on when this page is required

I, _____, certify that I am authorized to make the request being made on this form. I agree to assist Pacific Life Insurance Company in the process to verify the accuracy of the authority of the Requestor. If I fail to complete this verification process, I indemnify Pacific Life Insurance Company of any liability they have regarding their obligations related to responding to this request.

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of _____

On _____ before me, _____
(insert name and title of officer)

personally appeared _____
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that she/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ **(Seal)**

NOTE: If you are signing this outside of California, please substitute your state specific notary certificate.