AFFIDAVIT – BY ATTORNEY IN FACT
For Pension Risk Transfer Annuities

CONTACT INFORMATION
Pacific Life
PO Box 25189
Lehigh Valley, PA 18002-5189

Toll Free: (833) 702-1617
Fax: (469) 788-7137
Website: accountportal.pacificlife.com

All Overnight Deliveries:
Pacific Life
1530 Valley Center Parkway
Bethlehem, PA 18017

- "**Principal**" means an individual who grants authority to an Attorney-in-Fact in a Power of Attorney (POA). "Attorney-in-Fact" (AIF) and "Agent" means a person granted authority to act for a principal under a POA.
- You must attach a complete copy of the POA along with any Riders or addendums that may be required by your state. If the POA's effective date is contingent upon an event or occurrence (such as incompetency of the Principal) you must also attach the proof as required by the POA that the event or occurrence has happened.
- Pacific Life will review the POA to determine that it has become effective and that its powers grant the AIF authority regarding transactions and/or changes pertaining to this policy and certificate.
- If the POA grants authority to multiple AIFs each AIF must complete and sign a separate Affidavit-By Attorney in Fact form.

1 **PRINCIPAL INFORMATION** Name (First, Middle, Last) | Policy and Certificate Number (if known)

Residential Address | City, State, ZIP

2 **ATTORNEY-IN-FACT INFORMATION** Name (First, Middle, Last) | Daytime Phone Number

Street Address | City, State, ZIP

3 **AS ATTORNEY-IN-FACT FOR THE PRINCIPAL, I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT:**

1. The Principal is now living and has granted me authority as an Agent or successor Agent.
2. The Power of Attorney granted me by the Principal has not been revoked, if I was named as successor Agent, the prior Agent is not able or willing to serve.
3. If the Power of Attorney becomes effective upon the happening of an event or contingency, that event or contingency has occurred.
4. I agree to notify Pacific Life immediately in the event of the death of the Principal or the revocation of the Power of Attorney.

4 **SIGNATURE** (Must be Notarized)

SIGN HERE _____ _____

Attorney-in-Fact's Signature | mo / day / yr

5 **NOTARY**

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: _____

County of: _____

Subscribed and sworn or affirmed to before me on _____day of

_____, 20_____ by _____

proved to me of the basis of satisfactory evidence to be the person who appeared before me.

(notary seal)

SIGN HERE _____

Notary Signature