



# PACIFIC LIFE

Pacific Life Insurance Company • [45 Enterprise • Aliso Viejo, CA 92656]

[www.PacificLife.com](http://www.PacificLife.com)

(800) 347-7787

**READ YOUR POLICY CAREFULLY.** This is a legal contract between you, the Owner, and us, Pacific Life Insurance Company, a stock insurance company. We agree to pay the benefits of this Policy according to its provisions. The consideration for this Policy is the application for it, a copy of which is attached, and payment of the initial and subsequent premiums.

**The method for determining the Death Benefit is described in the Death Benefit section of this Policy.**

**Premium payments must be made in order to keep the policy In Force.**

Signed for Pacific Life Insurance Company,

  
Chairman and Chief Executive Officer

  
Secretary

## LEVEL PREMIUM TERM LIFE INSURANCE

- **Death Benefit Payable On The Death Of The Insured**
- **Premiums Payable As Provided Herein**
- **Coverage To Age 95**
- **Convertible**
- **Non-Participating**
- **Renewable**

Insured: [JOHN DOE]  
Owner: [LELAND STANFORD]  
Policy Number: [XY99999990]  
Policy Date: [November 1, 2012]

[State Department of Insurance: (XXX) XXX-XXXX]

**Free Look Right** – You may cancel this Policy within [30] days after you receive it. To do so, deliver it or mail it to us or to the Producer/Representative who delivered it to you. This Policy will then be deemed void from the beginning and we will refund any premium paid.

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SAMPLE

**POLICY SPECIFICATIONS**

Base Policy: Level Premium Term Life Insurance

Premiums are Level During the First [10, 15, 20, 30] Policy Years and Increase Annually Thereafter

Conversion Period: [5 Years]

Conversion Period End Date: [November 1, 2017]

Conversion Credit After the First Policy Year: [\$140.00]

Requested Premium Payment Interval: [Monthly]

Initial [Monthly] Premium: [\$12.75]

\*Policy Fee: [\$65.00]

Expiration Date (Attained Age 95): [November 1, 2072]

The premiums shown on the following pages are for annual payments. Premiums can be paid more frequently than annually, but the total amount paid each year may be greater than when paid annually. To calculate the premium due for other modes of payment, multiply the basic coverage premium [if Waiver of Premium is included, add “, the Waiver of Premium Rider premium,”] and premium for riders we offer in the future by the appropriate factor below and round up to the nearest \$0.01:

- 0.52 for semi-annual premiums
- 0.27 for quarterly premiums
- 0.08333 for the monthly pre-authorized check payment

\* The Policy Fee is included in the Basic Life Coverage premium.



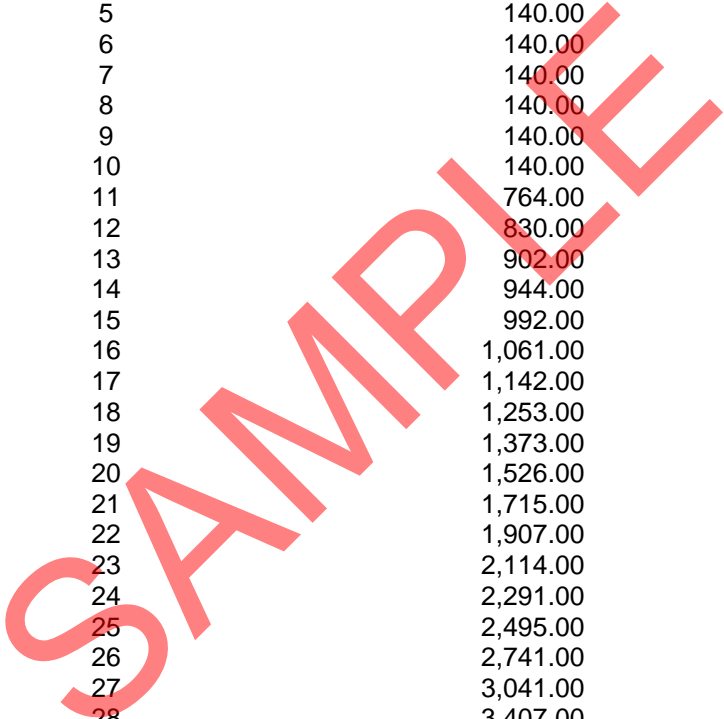
**POLICY SPECIFICATIONS**

Table of Premiums at Annual Intervals  
for Basic Life Coverage

The Policy Fee is Included in the Premiums Shown

Insured: [JOHN DOE]

Policy Year	Annual Premiums
[1	\$ 140.00
2	140.00
3	140.00
4	140.00
5	140.00
6	140.00
7	140.00
8	140.00
9	140.00
10	140.00
11	764.00
12	830.00
13	902.00
14	944.00
15	992.00
16	1,061.00
17	1,142.00
18	1,253.00
19	1,373.00
20	1,526.00
21	1,715.00
22	1,907.00
23	2,114.00
24	2,291.00
25	2,495.00
26	2,741.00
27	3,041.00
28	3,407.00
29	3,818.00
30	4,250.00
31	4,706.00
32	5,168.00
33	5,636.00
34	6,140.00
35	6,662.00



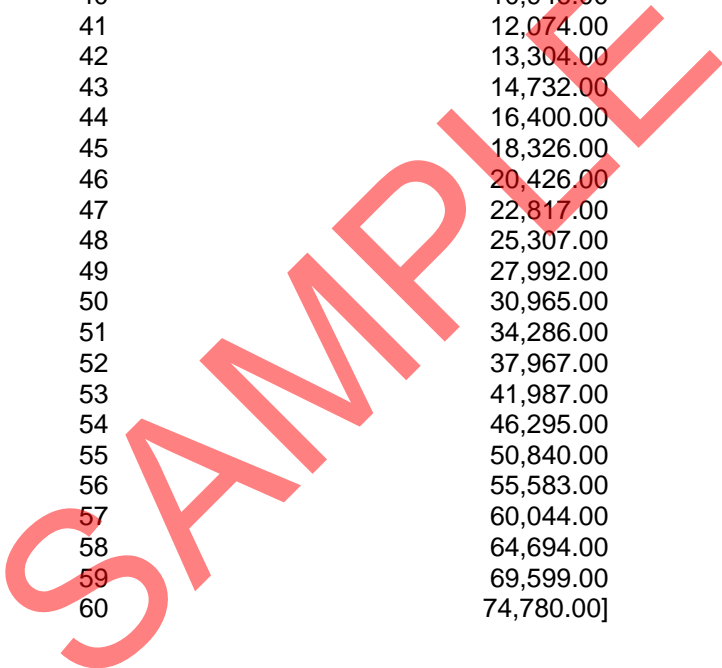
**POLICY SPECIFICATIONS**

Table of Premiums at Annual Intervals  
for Basic Life Coverage  
Continued

The Policy Fee is Included in the Premiums Shown

Insured: [JOHN DOE]

Policy Year	Annual Premiums
36	\$ 7,295.00
37	8,003.00
38	8,933.00
39	9,914.00
40	10,946.00
41	12,074.00
42	13,304.00
43	14,732.00
44	16,400.00
45	18,326.00
46	20,426.00
47	22,817.00
48	25,307.00
49	27,992.00
50	30,965.00
51	34,286.00
52	37,967.00
53	41,987.00
54	46,295.00
55	50,840.00
56	55,583.00
57	60,044.00
58	64,694.00
59	69,599.00
60	74,780.00]

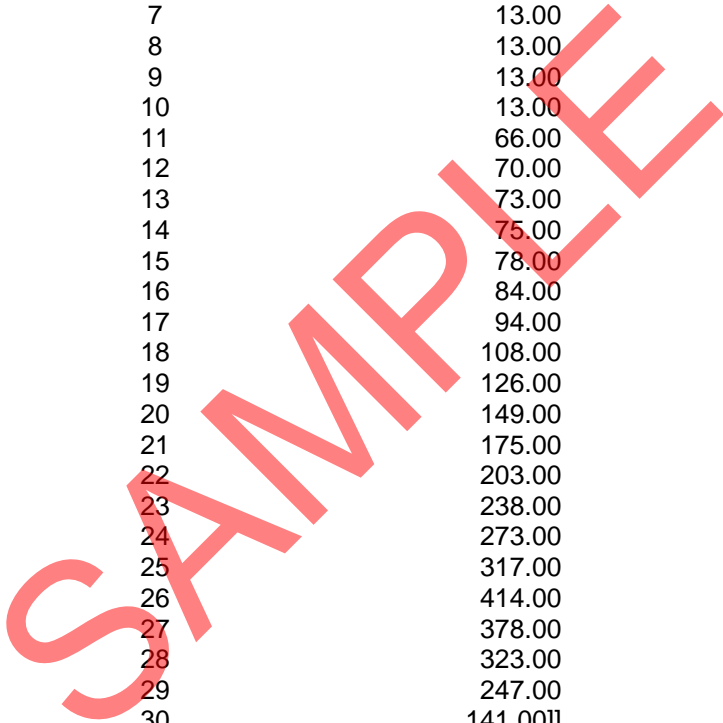


**POLICY SPECIFICATIONS**

[Table of Premiums at Annual Intervals  
for Waiver of Premium Rider

Insured: [JOHN DOE]

Policy Year	Annual Premiums
[1	\$13.00
2	13.00
3	13.00
4	13.00
5	13.00
6	13.00
7	13.00
8	13.00
9	13.00
10	13.00
11	66.00
12	70.00
13	73.00
14	75.00
15	78.00
16	84.00
17	94.00
18	108.00
19	126.00
20	149.00
21	175.00
22	203.00
23	238.00
24	273.00
25	317.00
26	414.00
27	378.00
28	323.00
29	247.00
30	141.00]]



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SAMPLE

## DEFINITIONS

In this section, we define certain terms used throughout this Policy. Other terms may be defined in other parts of the policy. Defined terms are usually capitalized to provide emphasis.

**Administrative Office** – is the office that administers your policy. The mailing address of the Administrative Office at the time you applied for this Policy is shown in the heading of the Application. If the address changes, we will send you written notice of the new address.

**Age** – means the age as of the Insured's birthday nearest to the Policy Date, increased by the number of complete policy years elapsed. We issue your policy at the Age shown in your Policy Specifications.

**Application** – consists of the Application for this Policy, including any Certificate of Health, Statement of Good Health and Insurability, amendments and endorsements, and any application for reinstatement.

**Basic Life Coverage** – is insurance coverage on the Insured provided by this Policy as shown in the Policy Specifications and any related Supplemental Schedule of Coverage. Certain riders may provide life insurance coverage, but such amounts are not included in the Basic Life Coverage.

**Class** – is used in determining policy premiums, and depends on a number of factors, including (but not limited to) the Death Benefit, Face Amount, Policy Date, policy duration, the Insured's Age, Risk Class, and the presence of optional riders and benefits.

**Code** – is the U.S. Internal Revenue Code of 1986, as amended, and the rules and regulations issued thereunder.

**Evidence of Insurability** – is information, including medical information, satisfactory to us that is used to determine insurability and the Insured's Risk Class, subject to our approval.

**Face Amount** – is the Face Amount of Basic Life Coverage as shown in the Policy Specifications and any related Supplemental Schedule of Coverage.

**In Force** – means a policy is in effect and provides a death benefit on the Insured.

**Insured** – is the person insured under this Policy, as shown in the Policy Specifications.

**Owner, you, or your** – refers to the Owner of this Policy, as shown in the Policy Specifications at the time of issue or in the Title Change Confirmation if ownership is changed after issue.

**Policy Date** – is shown in the Policy Specifications and means the date the policy and associated riders become effective. Policy and rider months, quarters, years, and anniversaries are measured from this date.

**Policy Specifications** – is a section of the policy that shows information specific to your policy.

**Risk Class** – is used in determining policy premiums and is determined by us during the underwriting process. Risk Class depends on the Insured's gender, health, tobacco use, and other factors. The Risk Class of the Insured is shown in the Policy Specifications. Risk Class may also be referred to as Risk Classification.

**Supplemental Schedule of Coverage** – is the written notice we will provide to you at your last known address reflecting certain changes made to your policy after the Policy Date.

**Total Face Amount** – is the sum of the Face Amount of Basic Life Coverage and the Face Amounts of any rider providing coverage on the Insured. The Total Face Amount is used in determining the Death Benefit under this Policy and is shown in the Policy Specifications.

**We, our, ours, and us** – refer to Pacific Life Insurance Company.

**Written Request** – is your signed request, or your signed request on a form we provide, and received by us at our Administrative Office, containing information we need to act on the request. We will not be responsible for the validity of any Written Request.

## DEATH BENEFIT

**When the Policy is In Force** – This Policy is In Force as of the Policy Date, subject to your acceptance of the delivered policy and payment of the initial premium. The policy remains In Force until the earliest of the following termination as described in the Termination provision or the death of the Insured.

**Death Benefit** – This Policy provides a Death Benefit on the death of the Insured while this Policy is In Force. The Death Benefit is equal to the Face Amount shown in the Policy Specifications but may be subject to adjustment as provided in the Misstatement provision or elsewhere in the policy.

**Death Benefit Proceeds** – The Death Benefit Proceeds (“Proceeds”) are the actual amount payable if the Insured dies while this Policy is In Force. The Proceeds amount is equal to the Death Benefit, as of the date of death, plus any added benefit provided by rider, plus the pro-rata portion of any premium paid beyond the end of the policy month of death, less the amount of any premiums that are due but not yet paid at the time of death.

We will pay the Proceeds within two months after we receive, at our Administrative Office:

- Due proof of the Insured’s death, consisting of a certified copy of the death certificate for the Insured or other lawful evidence providing equivalent information;
- Proof of the claimant’s legal interest in the Proceeds; and
- Sufficient evidence that any legal impediments to payment of Proceeds that depend on parties other than us have been resolved. Legal impediments to payment include, but are not limited to (a) the establishment of guardianships and conservatorships; (b) the appointment and qualification of trustees, executors and administrators; (c) submission of information required to satisfy state and federal reporting requirements; and (d) conflicting claims.

Proceeds paid are subject to the conditions and adjustments defined in other policy provisions, such as General Provisions. We will pay interest on the Proceeds from the date of death at a rate not less than the rate payable for funds left on deposit (see the Income Benefits section). If payment of Proceeds is delayed more than 31 calendar days after we receive the above requirements needed to pay the claim, we will pay additional interest at a rate of 10% annually beginning with the 31<sup>st</sup> calendar day referenced above. Proceeds are paid as a lump sum unless you choose another payment method, as described in the Income Benefits section.

## PREMIUMS

**Premium Payments** – This Policy will not be In Force until the initial premium is paid. The initial premium is payable either at our Administrative Office or to our authorized representative before we can place your policy In Force. Subsequent premiums are payable only at our Administrative Office. At your request, we will give you a premium receipt signed by one of our officers. We will consider any premium paid after the initial premium, whether delivered to an independent producer or otherwise, to be “received” when it is actually delivered to our Administrative Office. Except for the initial premium, Pacific Life bears no responsibility for any premium unless the premium is received by us.

**Guaranteed Premiums** – The guaranteed maximum annual premiums for Basic Life Coverage under this Policy are shown in the Policy Specifications. These premiums include the Policy Fee that is shown in the Policy Specifications.

**Reduction to Premiums** – If a reduction in the Face Amount of this Policy is processed, the premiums for this Policy will be reduced.

The guaranteed maximum Annual Premium for Basic Life Coverage in each year following the reduction in coverage will be calculated as  $((a - b) \times c) + b$ , where:

a = The Annual Premium before the reduction;

b = The Policy Fee shown in the Policy Specifications; and

c = The ratio of the Face Amount after the reduction to the Face Amount prior to the reduction at the time of the request.

**Calculation of Premium Due** – Your total premium due in any year will reflect the annual premium for Basic Life Coverage, plus the premium for any rider that is added to this Policy.

Premiums can be paid more frequently than annually, but the total amount paid each year may be greater than when paid annually. To calculate the premium due for other modes of payment, the Annual Premium due for Basic Life Coverage plus any rider is multiplied by the Modal Premium Factor shown in the Policy Specifications. This amount will be rounded up to the nearest \$0.01.

The initial modal premium to be paid under this Policy for the first policy year, including both Basic Life Coverage and any riders, is shown in the Policy Specifications.

## POLICY LAPSE AND REINSTATEMENT

**Grace Period** – After the initial premium, we will allow a 31 day Grace Period after the premium due date to pay each premium. During the Grace Period, the policy will remain In Force. If a premium is not paid before the end of the Grace Period, the policy will Lapse. Payments sent by U.S. Mail must be postmarked within the Grace Period. If the death of the Insured occurs during the Grace Period, the premium required to provide insurance from the premium due date to the end of the policy month will be deducted from the Proceeds.

**Notification of Termination for Non-Payment** – If the premium has not been paid, a Grace Period Notice will be sent to you, on the Monthly Payment Date. Thirty days after the Monthly Payment Date on which the insufficiency occurred, we will provide a notification of termination for non-payment to you, any assignee of record, and any additional person designated to receive notice of lapse or termination. Both notices will be provided to each person at their last known addresses by first class United States mail, postage prepaid and will state the due date and the amount of premium required for your policy to remain In Force.

**Lapse** – If sufficient premium is not paid by the end of the Grace Period, the policy will terminate without value.

**Reinstatement** – If the policy Lapses before the Expiration Date, you may reinstate it within three years after the date of Lapse. To reinstate this Policy you must provide us with the following:

- A written application;
- Evidence of Insurability;
- Payment of all overdue premiums with 6.00% interest compounded annually up to the date of reinstatement; and
- Payment of any premiums due within 30 days following the date of reinstatement.

The reinstatement effective date will be the beginning of the policy month that follows our receipt of the above requirements and our approval of your application.

**Renewability Provision** – This is a renewable term insurance policy. Coverage is renewable and premiums are payable until the Expiration Date or until death, if earlier, as indicated in the Policy Specifications. Premiums are payable as shown in the Policy Specifications.

## TERMINATION

This Policy will terminate and, except for the limited right to reinstate the policy, all coverages and rights of the Owner will end upon the earliest of the following events:

- The death of the Insured;
- The Expiration Date, as shown in the Policy Specifications;
- Conversion of this Policy, as provided in the Conversion provision;
- Lapse of this Policy, as provided in the Grace Period and Lapse provisions;
- Successful contest of this Policy as described in the Incontestability provision; and
- Our receipt of your Written Request to terminate the policy.

Upon termination we will refund to you the pro-rata portion of any premium you have paid that applies to a period beyond the end of the policy month in which the policy terminates.

## CONVERSION

While this Policy is In Force, and subject to the conditions below, you may convert this Policy to a new policy at any time before the Conversion Period End Date shown in the Policy Specifications. The Insured will not be required to provide Evidence of Insurability in order for you to exercise this conversion right; however, conversion will not be allowed during a period of Total Disability as defined in any Waiver of Premium Rider that may be attached to this Policy.

To convert this Policy we must receive your Written Request on a form provided by us. Upon conversion, coverage under this Policy and its riders will terminate. You should consult your tax advisor before you exercise this conversion right and before you make any other change to your life insurance policy.

The effective date of the new policy will be the same as the date this Policy terminates. The Insured must be living for the new policy to take effect. The new policy may be issued on any plan of permanent insurance that we make available for such purpose. The Insured's Risk Class on the new policy will be the same as the Insured's Risk Class on this Policy, if available. Otherwise, we will use the most comparable Risk Class available for the new policy, as determined by us.

If additional riders are in effect under this Policy on the date of the conversion, you may choose similar riders, if available, for the new policy, and subject to our rules in effect at the time of the conversion. We reserve the right to offer new riders and require any Evidence of Insurability as needed for those additional riders.

The Face Amount of the new policy cannot exceed the Face Amount of this Policy. You may select a lesser Face Amount as long as it is not less than our regular minimum issue limit for the new policy form at the time of conversion.

- Prior to issue, the initial premium for the new policy is required and must be sufficient to place the new policy In Force.
- Premiums and charges for the new policy will be based on our rates in effect on the issue date of the new policy. The premiums and charges will be based on the Insured's Age and the same Risk Class, if available, or the most comparable Risk Class, as determined by us.

The incontestability and suicide exclusion provisions in the new policy are effective from the issue date of this Policy. If the new policy includes additional coverage for which Evidence of Insurability was given, new incontestability and suicide exclusion provisions may apply to that coverage.

**Partial Conversion** – Prior to the Conversion End Date, you may request a Partial Conversion of the Face Amount under this Policy. A Partial Conversion is subject to the same rules as a Conversion of the entire policy.

A Partial Conversion is additionally subject to the following:

- Only one such request may be made while this Policy is In Force;
- The Face Amount to be converted must be greater than or equal to \$250,000;
- The remaining Face Amount is not less than the Required Minimum Face Amount shown in the Policy Specifications; and
- The combined Face Amount of the remaining term policy and the new permanent policy cannot exceed the Face Amount In Force prior to the Partial Conversion.

Upon approval of your Written Request, the premium for the remaining term policy will be calculated in accordance with the Reduction to Premiums provision of this Policy. Upon approval of a Partial Conversion, we will send you a Supplemental Schedule of Coverage to reflect the remaining coverage.

**Conversion Credit** – We will apply a credit to the new permanent insurance policy when you convert this Policy after the first policy year and by the Conversion Period End Date. The Conversion Credit will not be available if a conversion occurs during the first policy year. The amount of the Conversion Credit is shown in the Policy

Specifications. The Conversion Credit, if applicable, may only be applied to reduce the initial modal premium for the new policy. If you request a Partial Conversion, the Conversion Credit will be pro-rated based on the proportion of the converted Face Amount to the Face Amount In Force prior to the Partial Conversion.

### FACE AMOUNT DECREASE

**Face Amount Decrease** – You may request a decrease in the Face Amount of the policy by providing a Written Request. A decrease in the Face Amount is subject to these limits:

- Only one requested decrease is allowed during the life of the policy;
- The Minimum Face Amount is shown in the Policy Specifications;
- The decrease is available only after the fifth policy year; and
- The decrease may be up to 50% of the current Face Amount.

The effective date of the decreased Face Amount will be the first monthly Policy Date following the date we receive your Written Request. Upon approval of any decrease, we will send you a Supplemental Schedule of Coverage to reflect the decrease. Premiums are calculated as described in the Reduction to Premiums provision of this Policy.

### INCOME BENEFITS

**Income Benefits** – All or part of any policy proceeds may, instead of being paid in a lump sum, be left with us under any one, or a combination of the income benefit plans available, subject to our minimum amount requirements on the date of election. If the payee is not a natural person, the choice of a payment option will be subject to our approval. We guarantee that the income benefit will not be less than the income that would be provided by the single premium immediate annuity purchase rates we offer at the time. We guarantee that we will have at least the following income benefit plans available.

**Fixed Income** – Equal payments of the amount chosen with interest of not less than 2% per year until the funds left on deposit are exhausted.

**Life Income** – Monthly income will automatically be guaranteed to continue for at least ten years. If the payee dies before the end of the ten-year period, payments will continue to the end of the ten-year period to a person designated in writing by that payee. The purchase rates for the monthly income for a male or female income recipient bought by each \$1,000 of benefits are shown below.

Age	Monthly Income	Age	Monthly Income	Age	Monthly Income	Age	Monthly Income	Age	Monthly Income
0-30	2.38	40	2.63	50	3.00	60	3.60	70	4.63
32	2.42	42	2.69	52	3.10	62	3.76	72	4.92
34	2.47	44	2.76	54	3.20	64	3.94	74	5.26
36	2.52	46	2.83	56	3.32	66	4.14	75+	5.45
38	2.57	48	2.91	58	3.45	68	4.37		

Monthly income amounts for Ages not shown are halfway between the two amounts for the nearest two Ages that are shown. Amounts shown are based on an annual interest rate of 2% and the Annuity 2000 female mortality table with five-year age setback. We may require evidence of survival for incomes that last more than ten years.

### OWNER AND BENEFICIARY

**Owner** – The Owner of this Policy is as shown in the Policy Specifications or as later changed by Written Request. If you change the Owner, the change is effective on the date the Written Request is signed, unless otherwise specified by the Owner, subject to our receipt of it and subject to any action taken or payment made by us prior to its receipt. If there are two or more Owners, they will own this contract as joint tenants with right of survivorship, unless otherwise provided by Written Request. We recommend you consult your tax advisor before requesting a change of Owner.

**Assignment** – You may assign this Policy by Written Request. An assignment must be recorded at our Administrative Office. When received, the assignment will take effect as of the date the Written Request was signed unless otherwise specified by the Owner. Any rights created by the assignment will be subject to any payments made or actions taken by us before the change is received. We will not be responsible for the validity of any assignment. We recommend you consult your tax advisor before requesting an assignment.

**Beneficiary** – The beneficiary is named by you in the Application to receive the Death Benefit proceeds. You may name one or more beneficiaries. If you name more than one beneficiary, they will share the Death Benefit proceeds equally or as you may otherwise specify by Written Request. If you have named a contingent beneficiary, that person becomes the beneficiary if the beneficiary dies before the Insured. A beneficiary may not, at or after the Insured's death, assign, transfer or encumber any benefit payable. To the extent allowed by law, policy benefits will not be subject to the claims of any creditor of any beneficiary.

During the Insured's lifetime, you may make a change of beneficiary by Written Request on a form provided by us while the policy is In Force. The change will take place as of the date the request is signed unless otherwise specified by the Owner. Any rights created by the change will be subject to any payments made or actions taken by us before we have received the Written Request. You may designate an irrevocable beneficiary whose rights under the policy cannot be changed without his or her written consent.

The interest of a beneficiary who does not outlive the Insured will be divided pro rata among the surviving beneficiaries. If no beneficiaries survive the Insured, the Death Benefit Proceeds will pass to the Owner, or the Owner's estate if the Owner does not survive the Insured. In the event of a simultaneous death of the Insured and a beneficiary such that it cannot be determined who died first, it will be assumed, unless proof to the contrary is provided, that the beneficiary died last.

## GENERAL PROVISIONS

**Entire Contract** – This Policy is a contract between you and us. This Policy, the attached copy of the initial Application, including any amendments and endorsements to the Application, any Supplemental Schedules of Coverage, any applications for reinstatement, all subsequent applications to change the policy, any endorsements, benefits, or riders, and all additional policy information sections added to this Policy are the entire contract. Only our president, chief executive officer or secretary is authorized to change this contract or extend the time for paying premiums. Any such change must be in writing.

All statements in the Application shall, in the absence of fraud, be deemed representations and not warranties. We will not use any statement to contest this Policy or defend a claim on grounds of misrepresentation unless the statement is in an Application.

**Incontestability** – We will not contest this Policy unless there was a material misrepresentation in the Application or, when permitted by applicable state law, where the policy was procured through fraud. If we determine that the Application contains a material misrepresentation, we will rescind the policy and return to you the premiums paid. No Death Benefit will be paid. After the policy has been In Force for two years during the Insured's lifetime, this Policy cannot be contested except for failure to pay premiums due or if the policy was procured by fraud.

If this Policy lapses and is later reinstated, we will not contest the reinstated policy unless there was a material misrepresentation in the Application required for reinstatement, or, when permitted by applicable state law, where the policy was procured through fraud, or for failure to pay premiums due. If we determine that such Application contains a material misrepresentation, we will rescind the reinstated policy as of the reinstatement date and return to you the premiums due after the reinstatement date. No Death Benefit will be paid. After the reinstated policy has been In Force for two years during the Insured's lifetime, this Policy cannot be contested except for failure to pay premiums due or if the policy was procured by fraud.

A separate two year contestability provision shall apply to any change in coverage requiring underwriting and shall run from the date of application for change. Any such contest shall be limited to the change and statements made in the written application for change.

**Non-Participating** – This Policy will not share in any of our surplus earnings.

**Suicide Exclusion** – If the Insured dies by suicide, while sane or insane, within two years of the Policy Date, the Death Benefit Proceeds will be limited to an amount equal to the sum of the premiums paid. If this Policy has been reinstated and the Insured dies by suicide, while sane or insane, within two years of the latest reinstatement date, the Death Benefit Proceeds will be limited to an amount equal to the sum of the premiums paid since such date.

**Misstatement** – If the Insured's sex or birth date is misstated in the Application, we will adjust all policy benefits. The adjusted benefit amounts, end dates for benefits, and other features will be those that the most recent premiums paid would have purchased using the correct sex and birth date. The adjustment will occur whether the misstatement is discovered before or after the death of the Insured.

**Additional Services** – While this Policy is In Force, we may, either directly or through a third party service provider, provide you with access to independent living-related resources and discounted independent living-related goods and services.

**Right to Add Benefits** – From time to time we may offer additional benefits that could be available to your policy by rider or endorsement. To request such an additional benefit, you must submit to us a Written Request. You or the proposed Insured may be subject to new underwriting for any additional benefit requested. If an additional benefit requested is issued pursuant to this paragraph, we will send you a Supplemental Schedule of Coverage.

**Risk Class Improvement** – You will have an opportunity to improve your policy's Risk Class as compared to the Risk Class that applied when this Policy was issued. This may reduce the premiums you pay. Risk Class Improvements are allowed only on a policy anniversary and only after the second anniversary, up to and including age 70. In order to qualify for an improved Risk Class, you will be required to send us a Written Request and Evidence of Insurability. We reserve the right to request additional evidence as determined by underwriting. We reserve the right to charge a fee, not to exceed \$100. The effective date of the new Risk Class will be the first monthly Policy Date following the date all required conditions are met. We will send you a Supplemental Schedule of Coverage which will show the new Risk Class and new premiums.

**Compliance** – We reserve the right to make any change to the provisions of this Policy to comply with, or give you the benefit of, any federal or state statute, rule, or regulation, including but not limited to requirements for life insurance contracts under the Code or of any state. We will provide you with a copy of any such change, and file such a change with the insurance supervisory official of the state in which this Policy is delivered. You have the right to refuse any such change.

**Conformity with IIPRC Standards** – This contract was approved under the authority of the IIPRC and issued under the IIPRC standards. If there is any contract provision that is in conflict with any IIPRC standards applicable to this contract when this contract was issued, the provision is amended to conform to that standard. Any such amendment is effective on the contract date.

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SAMPLE

SAMPLE



**PACIFIC LIFE**

Pacific Life Insurance Company • 45 Enterprise • Aliso Viejo, CA 92656

[www.PacificLife.com](http://www.PacificLife.com)

(800) 347-7787]

## LEVEL PREMIUM TERM LIFE INSURANCE

- Death Benefit Payable On The Death Of The Insured
- Premiums Payable As Provided Herein
- Coverage To Age 95
- Convertible
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