



TRUSTEE CERTIFICATION AND DISCLOSURE

CONTACT INFORMATION:

Pacific Life Insurance Company
P.O. Box 2378
Omaha, NE 68103-2378

CONTACT INFORMATION (for New York only):

Pacific Life & Annuity Company
P.O. Box 2829
Omaha, NE 68103-2829

Email: AnnuityService@PacificLife.com

Web Site: www.PacificLife.com

Online Upload: Log in to annuities.myaccount.pacificlife.com (Clients), annuities.pacificlife.com (Financial Professionals), or ria.pacificlife.com (RIA)

Clients: (800) 722-4448

Financial Professionals: (800) 722-2333

Fax: (888) 837-8172

RIAs: (833) 953-1863

Clients & Financial Professionals:

(800) 748-6907

Fax: (800) 586-0096

ALL OVERNIGHT DELIVERIES:

Pacific Life Insurance Company
6750 Mercy Rd, Omaha, NE 68106

When to use this form:

- When submitting new annuity applications to verify trustee(s) authorized to provide transaction instructions.
- Upon change of ownership or change to any trustee(s) to provide a complete list of all currently authorized trustee(s).
- To verify that the trust that owns the annuity contract holds the contract as agent for one or more natural persons (unless the trust is a charitable remainder trust).

Under section 72(u) of the Internal Revenue Code, a trust which holds a non-qualified deferred annuity contract may be taxed each year on the increase in the contract's value regardless of whether contract earnings are withdrawn or distributed, and tax treatment otherwise accorded to the holder of an annuity contract may be unavailable. An exception may apply if a trust holds an annuity contract as an agent for a natural person (i.e., an individual). Unless otherwise indicated below, all trustees can act independently. **Do not send a copy of the trust document to Pacific Life.** The maximum issue age is 75 for Charitable Trusts on Pacific Protective Growth.

1 GENERAL INFORMATION

| | | |
|--|-----------------------------|---------------------------------------|
| 1A. Annuitant's Name (First, Middle, Last) | B. Daytime Telephone Number | C. Annuity Contract Number (if known) |
|--|-----------------------------|---------------------------------------|

2 TRUST INFORMATION

| | | |
|-------------------------|--------------------------|--|
| 1A. Name of Trust/Owner | B. Trust Tax ID Number | C. Date of Trust (mm/dd/yyyy) |
| D. Name of Grantor | E. Grantor Tax ID Number | F. Trust Tax Status (Check One) <input type="checkbox"/> Grantor <input type="checkbox"/> Non-Grantor <input type="checkbox"/> Check this box if the Non-Grantor Trust is also a Charitable Trust |

If not specified, the tax status will be Grantor if the Trust's tax ID matches the Grantor's tax ID. Otherwise, the tax status will be Non-Grantor.

2. AUTHORIZED TRUSTEES Provide the names of all authorized trustees. This list will supersede any previously provided certifications.

If the box is checked, trustees cannot act independently. Pacific Life will require the signatures of all trustees to execute any transaction on this annuity contract.

Trustee #1

| | | |
|---|---|-----------------------------|
| A. Trustee's Name (First, Middle, Last) | B. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | C. Daytime Telephone Number |
| D. Street Address | E. City, State, Zip | |

Trustee #2

| | | |
|---|---|-----------------------------|
| A. Trustee's Name (First, Middle, Last) | B. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | C. Daytime Telephone Number |
| D. Street Address | E. City, State, Zip | |

Trustee #3

| | | |
|---|---|-----------------------------|
| A. Trustee's Name (First, Middle, Last) | B. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | C. Daytime Telephone Number |
| D. Street Address | E. City, State, Zip | |

Pacific Life refers to Pacific Life Insurance Company (Newport Beach, CA) and its affiliates, including Pacific Life & Annuity Company. Pacific Life Insurance Company is the issuer in all states except New York. Pacific Life & Annuity Company is the issuer in New York.



Annuity Contract Number _____

3 SIGNATURES

All authorized trustees must sign. If this form is submitted for a change of trustee, both the relinquishing and successor trustees must sign this form. If unable to obtain the relinquishing trustee's signature, please complete the Affidavit for Successor Trustee Form or send in a certified copy of the relinquishing trustee's Death Certificate along with this form. This form will supersede any previously provided certifications.

By signing below, each and all of the undersigned hereby:

- (a) represent that they constitute all of the trustees of the trust, that they have read and understand the information on this form, and that they have all requisite authority to complete this form and to bind the trust and all of its beneficiaries with respect to all matters relating to the contract;
- (b) for trusts that are not charitable remainder trusts, certify that the trust holds the contract as agent solely for one or more natural persons within the meaning of 72(u) of the Internal Revenue Code;
- (c) certify that they have obtained all legal and tax advice (from sources other than Pacific Life, its employees, and agents) necessary to complete this form correctly;
- (d) acknowledge and agree that they and not Pacific Life are solely responsible for any consequences of having the contract held by the trust including, but not limited to, estate tax consequences;
- (e) agree that they will notify Pacific Life promptly of any change in circumstances including, but not limited to, the agent for a natural person status of this trust under 72(u);
- (f) that they and not Pacific Life are solely responsible for any tax consequences of this contract being owned by a non-natural person; and
- (g) Changing ownership to or from a trust that cannot be clearly identified as the annuitant's trust, may result in the cancellation of any active scheduled withdrawal program.

PACIFIC LIFE'S ACCEPTANCE OF THIS FORM DOES NOT CONSTITUTE ITS CONCLUSION OR ADVICE AS TO THE TAX OR OTHER CONSEQUENCES ARISING FROM THE TRUST OWNING THE CONTRACT.

| | | | |
|---|----------------------|--------------------------------|---------------|
| Trustee #1/Successor Name | SIGN HERE | Trustee #1/Successor Signature | mo / day / yr |
| Trustee #2/Successor Name | SIGN HERE | Trustee #2/Successor Signature | mo / day / yr |
| Trustee #3/Successor Name | SIGN HERE | Trustee #3/Successor Signature | mo / day / yr |
| Relinquishing Trustee Signature (Only required when changing the Trustee) | | | mo / day / yr |
| Relinquishing Trustee Signature (Only required when changing the Trustee) | | | mo / day / yr |

