

**CONTACT INFORMATION:**

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

**Clients:** (800) 722-4448

**Financial Professionals:** (800) 722-2333

**ALL OVERNIGHT DELIVERIES:**

Pacific Life Insurance Company  
6750 Mercy Rd  
Omaha, NE 68106

**Email:** [AnnuityService@PacificLife.com](mailto:AnnuityService@PacificLife.com)

**Online Upload:** Log in to [annuities.myaccount.pacificlife.com](http://annuities.myaccount.pacificlife.com) (Clients) or [annuities.pacificlife.com](http://annuities.pacificlife.com) (Financial Professionals)

**Fax:** (888) 837-8172

**Use this form if:**

- Any proposed owner (individual or entity) or any proposed annuitant, for a Pacific Life Insurance Company annuity application, is a resident of the state of New York and if so;
- This form must be fully completed, signed by the Financial Professional and the applicant, and submitted with the application. No annuity will be issued unless Pacific Life has received this form.

1 GENERAL INFORMATION			Annuity Contract Number (if known)	State of Solicitation & Execution
Annuitant First Name	Annuitant Middle Name	Annuitant Last Name		NY Resident <input type="checkbox"/> Yes <input type="checkbox"/> No
Joint Annuitant First Name	Joint Annuitant Middle Name	Joint Annuitant Last Name		NY Resident <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner First Name	Owner Middle Name	Owner Last Name		NY Resident <input type="checkbox"/> Yes <input type="checkbox"/> No
Joint Owner First Name	Joint Owner Middle Name	Joint Owner Last Name		NY Resident <input type="checkbox"/> Yes <input type="checkbox"/> No
Trust/Entity Name				

**2 CERTIFICATION**

PLIC is not licensed to conduct the business of insurance in New York state. New York law permits a non-New York insurer such as PLIC to provide insurance to residents of New York state if and only if:

- The solicitation, execution of the application, and delivery of the annuity contract take place outside of the state of New York; and
- The contract is applied for, issued, and delivered in a state in which the insurer is authorized to conduct the business of insurance.

The Financial Professional must verify that the solicitation, the negotiation, the signing of each part of the application, and the delivery of the contract to the owner all take place outside the state of New York. Note that the prohibition of solicitation means that a Financial Professional cannot communicate in any way, including but not limited to telephone conversation, with any person while either that person or the Financial Professional is physically present in New York, if the direct or indirect purpose of the communication is to sell a Pacific Life product to that person.

**Provide the reason(s) that any New York resident is signing the application in the state referenced above. Select all that apply. If "Other" is selected, provide a brief explanation.**

	Annuitant	Jt Annuitant	Owner	Jt Owner
<input type="checkbox"/> A second home/residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> A business/employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Family member(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Fraud Notice:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**3 STATEMENT OF OWNER(S)**

The undersigned verifies that the application and this form were signed, and the solicitation for the annuity contract being applied for, took place in the solicitation state referenced above.

**SIGN  
HERE**

\_\_\_\_\_  
Signature of Owner or Authorized Signor

\_\_\_\_\_  
(mm / dd / yyyy)

**SIGN  
HERE**

\_\_\_\_\_  
Joint Owner's Signature (if applicable)

\_\_\_\_\_  
(mm / dd / yyyy)

**4 FINANCIAL PROFESSIONAL STATEMENT**

The undersigned Financial Professional verifies that the application was signed, and that the solicitation and negotiation for the annuity contract(s) being applied for took place outside the state of New York. I acknowledge that the contract(s) applied for will be delivered outside the state of New York.

**SIGN  
HERE**

\_\_\_\_\_  
Financial Professional's Signature

\_\_\_\_\_  
(mm / dd / yyyy)

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.

