



# PACIFIC LIFE

## AFFIDAVIT – BY GUARDIAN 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](http://accountportal.pacificlife.com)**

### All Overnight Deliveries:

Pacific Life  
1530 Valley Center Parkway  
Bethlehem, PA 18017

### Use this form to:

- Certify and agree to conditions
- Provide Guardianship and Payee Information

**Note:** Pacific Life requires this form to be completed by the Guardian under the Letters of Guardianship and submitted along with a full and complete copy of the Letters of Guardianship document as well as any applicable riders or addendums. Any event or contingency documentation required by the Letters of Guardianship must also be submitted.

|                                                                         |                  |                                                 |
|-------------------------------------------------------------------------|------------------|-------------------------------------------------|
| <b>1 GENERAL INFORMATION</b> Annuitant/Payee Name (First, Middle, Last) | Telephone Number | <b>Policy and Certificate Number (if known)</b> |
|-------------------------------------------------------------------------|------------------|-------------------------------------------------|

I, the undersigned, certify that \_\_\_\_\_, the annuitant under Policy and Certificate Number \_\_\_\_\_ - \_\_\_\_\_  
(Annuitant's name) (XXXXX) (XXXXX)

issued by Pacific Life is now living. I further certify that the Letters of Guardianship granted me by the Probate Court

for the County of

\_\_\_\_\_  
(Name of County)

State of \_\_\_\_\_  
(Name of State)

have not been revoked and I agree:

- iv) to notify Pacific Life immediately in the event of the death of the said Annuitant or the revocation of the Letters of Guardianship, and
- v) to repay Pacific Life all sums which are received by me as Guardian for the said Annuitant after their death, and
- vi) to indemnify and hold Pacific Life harmless from further liability for all sums received by me as Guardian following revocation of the Letters of Guardianship, whether by act of the parties, operation of law, or otherwise.

Dated as of: \_\_\_\_\_

\_\_\_\_\_  
Signature (Guardian)

### 2 NOTARIZATION

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Subscribed and sworn or affirmed to before me on this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(notary seal)



By: \_\_\_\_\_  
Name:

Pacific Life refers to Pacific Life Insurance Company and its affiliates, including Pacific Life & Annuity Company. Insurance products are issued by Pacific Life Insurance Company in all states except New York and in New York by Pacific Life & Annuity Company. Product availability and features may vary by state. Each company is solely responsible for the financial obligations accruing under the products it issues. Insurance product and rider guarantees are backed by the financial strength and claims-paying ability of the issuing company.



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Please also provide the following information:

\_\_\_\_\_  
Guardian's Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone Number

Annuitant's Residence Address:

\_\_\_\_\_  
Annuitant Name

\_\_\_\_\_  
Residence Address

\_\_\_\_\_  
City/State/Zip

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