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

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.

1 GENERAL INFORMATION Annuitant/Payee Name (First, Middle, Last)	Telephone Number	**Policy and Certificate Number (if known)**

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

_____ State of _____
(Name of County) (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have not been revoked and I agree: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

(notary seal)

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.

By:_____
Name:

11/18 [PRT Guardian]

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