PACIFIC LIFE

AFFIDAVIT – BY ATTORNEY IN FACT
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 Attorney in Fact and Payee Information

Note: Pacific Life requires this form to be completed by the Attorney-in-Fact (AIF) under the Power of Attorney and submitted along with a full and complete copy of the Power of Attorney as well as any applicable riders or addendums. Any event or contingency documentation required by the Power of Attorney must also be submitted.

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

I certify that _____, the annuitant under Policy and Certificate Number _____-_____ issued by
(Annuitant's name) (XXXXX) (XXXXX)
Pacific Life Contract is now living. I further certify that the Power of Attorney granted me by the said Annuitant has not been revoked and I agree:

i) to notify Pacific Life immediately in the event of the death of the said Annuitant or the revocation of the Power of Attorney, and

ii) to repay Pacific Life all sums which are received by me as Attorney in Fact for the said Annuitant after their death, and

iii) to indemnify and hold Pacific Life harmless from further liability for all sums received by me as Attorney in Fact following revocation of the Power of Attorney, whether by act of the parties, operation of law, or otherwise.

Dated as of: _____

_____
Signature (Attorney in Fact)

Please also provide the following information:

_____
Attorney in Fact's Printed Name

_____
Address

_____
City/State/Zip

_____
Phone No.

Annuitant's Residence Address:

_____
Annuitant's Name

_____
Residence Address

_____
City/State/Zip

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.