



CONTRACT CHANGE REQUEST for Structured Settlement Annuities

CONTACT INFORMATION

Pacific Life
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All Overnight Deliveries:

Pacific Life
777 Research Drive
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Use this form to:

- Notify us of a name change.
- Change or add beneficiaries.
- Notify us of an address or telephone number change.

1 GENERAL INFORMATION Claimant/Payee Name (First, Middle, Last)	Telephone Number ()	Annuity Contract Number (if known)
	Street Address	
City, State, ZIP		

2 NAME CHANGES Please attach a copy of the legal document that supports the name change.

Type of Change (Select One): Claimant/Payee Parent/Guardian

New Name (First, Middle, Last)

Former Name (First, Middle, Last)

3 CHANGE OF ADDRESS OR TELEPHONE NUMBER

Select One: Payment & Residence Residence Only Payment Only (For direct deposit, complete a Direct Deposit Request form.)

Name of Person Whose Address is Changing (First, Middle, Last)	Daytime Telephone Number ()
New Street Address	City, State, ZIP

4 BENEFICIARY DESIGNATION

Complete for each person/entity you wish to designate as a beneficiary. If you wish to retain an existing beneficiary, that beneficiary must be restated. If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Unless otherwise indicated, if two or more beneficiaries are designated in the same classification, each will share equally in any applicable benefit proceeds and/or rights granted unless otherwise indicated. Pacific Life only supports primary and contingent beneficiary designations for Structured Settlement annuities. Per Stirpes beneficiary designations are not supported.

Total percentages must equal 100% for all beneficiaries designated as primary beneficiaries and 100% for all beneficiaries designated as contingent beneficiaries. For additional beneficiaries, attach a separate sheet signed and dated including all the information requested below.

Beneficiary #1

Beneficiary's Name (First, Middle, Last)		Date of Birth (mo/day/yr)	
SSN/TIN	Relationship to Claimant	Beneficiary Classification <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Benefit %

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When to use this form: Use this form to make beneficiary, address, telephone number and/or name changes to your annuity contract.

To complete this form: Print clearly using dark ink. Provide requested information in full. An incomplete form may delay processing.

Additional forms: Do not highlight any information submitted on this form. Paperwork submitted to Pacific Life is scanned into an imaging system and highlighting could make that information unreadable. If an Attorney-in-Fact is signing this form, please include an original or certified copy of the Power-of-Attorney documentation accompanied by a notarized sample signature for the Attorney-in-Fact. This additional documentation may be excluded if previously submitted to Pacific Life. Legal documents that are acceptable for processing a name change include a birth certificate, a valid state issued driver's license, or a marriage certificate.

For help or questions: Contact Pacific Life Customer Service at (888) 728-5611.