

Intake Form For PAC

For agent use only.

Request for Life Insurance Interview			Is Proposed Insured a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name Last First MI <input type="checkbox"/> Male <input type="checkbox"/> Female			If no, please provide additional details:		
Street					
City		State	Zip		
Occupation			Which language(s) the Proposed Insured speak and understand?		
State of Birth			Birthdate		
Home Phone ()			Cell Phone ()		Business Phone ()
Email:			Do you have an application pending in another company?		
SSN			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Initial Death Benefit \$ _____			Have you ever had any life or health insurance declined, postponed or offered other than as applied for?		
Term Length: _____			Payment Method: <input type="checkbox"/> EFT <input type="checkbox"/> Direct Billing		
Riders: <input type="checkbox"/> WP <input type="checkbox"/> ADB <input type="checkbox"/> CTR <input type="checkbox"/> Other: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Indicate Amount for Riders: \$ _____			Has Proposed Insured used tobacco in any form in the past 12 months?		
Mode of Premium Payment: <input type="checkbox"/> Annual <input type="checkbox"/> SA <input type="checkbox"/> Qtrly <input type="checkbox"/> PAC			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rate Class Quoted: _____			Premium Quoted: _____		36 months? <input type="checkbox"/> Yes <input type="checkbox"/> No 60 months? <input type="checkbox"/> Yes <input type="checkbox"/> No

Delivery Information

How will the Proposed Insured or Owner, if different from the Proposed Insured, accept delivery of a policy if one is issued?

eDelivery Traditional Delivery

Proposed Insured Email Address _____

Payor Email Address: _____

Permission to Obtain Additional Information for Carrier

Can we contact the client directly if more information is required by the carrier?

Yes No

Will the Owner of the policy be someone other than the Proposed Insured? Yes No

•If yes, advise the Proposed Insured that the Owner is required to sign all applicable forms in the application package.

Additional Comments: _____

Beneficiary Information

Primary Beneficiary Type: Individual Trust Other: _____

Relationship to the Proposed Insured: _____

Name of Individual/Trust: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Occupation: _____

SSN/TIN: _____ Date of Birth/ Trust: _____

Purpose of Insurance

Proposed Insured's Insurance Needs: Personal Business

Personal Reason: Income Replacement Debt Replacement Estate Conservation Other: _____

*Gross Annual Income: _____ *Total Assets: _____ *Total Liabilities: _____

Business Reason: Buy Sell Key Employee Secure Credit

Other: _____

Net Worth: _____ Total Assets: _____ Total Liabilities: _____

What percentage of the business do you own? _____ Gross Annual Salary: _____

Is business insurance applied for or inforce on other key members of the business? Yes No

If yes, provide details: _____

NOTE: The Gross Annual Income, Total Assets and Total Liabilities fields are required

Replacement Information

- Does the Proposed Insured/Owner have any existing life insurance or annuities? Yes No
- Will the insurance applied for in this application replace, end or change any existing life insurance or annuities? Yes No

Full Name of Company: _____ To Be Replaced: Yes No

Face Amount: _____ Term of Existing Policy: Term Universal Life

- Is Proposed Insured/Owner considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating the existing policy or contract? Yes No
- Is the Proposed Insured/Owner considering using funds from existing policies or contracts to pay premiums due on the new policy or contract? Yes No

Agent Attestation

By clicking the I AGREE/SUBMIT button below, I state the following:

- I am duly licensed and appointed (if appointment is required) life insurance Producer in the state in which the applicant was solicited and in the state in which the policy, if one is issue, will be delivered.
- The product and amount of insurance identified is suitable in view of the owner's insurance needs and financial objectives.
- The information provided is complete, accurate, and correctly recorded.
- I authorize the Pacific Life Fulfillment Center's representative to obtain such administrative information as may be necessary to complete any life insurance application resulting from this lead submission, provided however, that any item of information or question from owner or Proposed Insured requiring the act or advice of a licensed life insurance Producer will be referred to me for action before the application can be completed.
- If applicable, I have explained that disbursement options such as loans, withdrawals or surrenders are not available through PL Express App and have advised the applicant they should apply outside of this process if they wish to pursue.
- If applicable, required forms have been provided.
- I have obtained sufficient information about the client to mitigate risks associated with money laundering, terrorist activity/funding, and to avoid doing business with a sanctioned individual or resident of a sanctioned country.
- I acknowledge that clicking the I AGREE/SUBMIT button below constitutes my signature on the form and has the same effect as if I personally signed the form.
- I certify and attest that: (a) Pacific Life's Consent to Electronic Delivery & Use of Automated Technology was presented to the Proposed Insured; (b) the Proposed Insured expressly, affirmatively, and voluntarily consented to the use of Electronic Delivery and Automated Technology by Pacific Life and its third-party vendors.

In addition to the authorizations referenced in the preceding paragraphs, by clicking the I Agree/Submit button below will, this will constitute my legally binding signature on the completed application and on all supporting documentation for the client's) referenced in the quick request associated with this attestation.

I hereby agree to the provisions in this attestation and affix my signature to the attestation and those documents referenced therein by signing below.

I Agree

I Disagree

Agent Signature: _____

Important documents are listed within and need to be provided to the client.

Documents included:

- **What Happens Next Brochure**

- Gives the client detailed information regarding phone interview, paramedical appointment and other requirements

- **HIPAA Authorization**

- Information Only version. Signatures are NOT required at this time and will be collected via Voice Signature (at phone interview time).
- Please use the HIPAA form **ICC16 A16LYAU** for the following ICC states:
 - **Alaska, Alabama, Arkansas, Arizona, Colorado, Georgia, Hawaii, Iowa, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Massachusetts, Maine, Maryland, Michigan, Minnesota, Missouri, Mississippi, North Carolina, Nebraska, New Hampshire, New Jersey, New Mexico, Nevada, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Wisconsin, West Virginia, Wyoming**



PL PROMISE TERM*

WHAT HAPPENS NEXT...

PL EXPRESS APP

* PL Promise Term is level premium term life insurance. Policy Form #P16LYT or ICC16 P16LYT and S16LYT 10, S16LYT 15, S16LYT 20, S16LYT 25, or S16LYT 30, based on level premium period chosen and state of policy issue.

YOU'VE TAKEN THE FIRST STEP TO PROTECT YOUR FAMILY FINANCIALLY IN THE EVENT OF YOUR PREMATURE DEATH. NOW, HERE'S WHAT HAPPENS NEXT.



YOUR PHONE INTERVIEW

Within the next 24 hours we will call you to perform a confidential telephone interview that will last approximately 30 minutes. This call will come from an approved Pacific Life fulfillment center.

During your interview

You should be prepared to tell the interviewer about any medical conditions you have now or have may have been diagnosed with in up to the past 10 years:

- Name of condition(s) and date(s) of diagnosis
- Name and address of the doctor seen for the condition(s)
- Names and dates of any medications taken for the condition(s)
- Names, dates, and results of treatments and tests performed
- Name, address and phone number of any treatment facilities consulted

You will be asked for your driver's license number.

After your interview

The interviewer will offer the option of scheduling the paramedical exam at the end of the call. There is no cost to you for this exam, and it can take place at your home, workplace, or a patient service center.

If you are age 70 or older, a Functional Cognitive Assessment (FCA) will be conducted as part of your paramedical exam. Because the FCA requires word recall exercises, it is suggested that the exam/FCA be completed in the privacy of your home.



YOUR PARAMEDICAL EXAM

The examiner will provide any forms that require your signature. Please follow the instructions, make any necessary corrections, initial next to the corrected item(s), and return the signed documents to the examiner.

The exam includes a check of your:

- Height and weight
- Blood pressure and pulse
- Chest and waist measurements (males only)

The examiner also will take urine and blood samples and, depending on your age and amount of life insurance coverage requested an electrocardiogram (EKG) may be required. Be sure to tell the examiner about any medications you are taking.



PRIOR TO YOUR EXAM

- Get a good night's sleep. ✓
- Avoid drinking alcoholic beverages for at least eight hours before your exam. ✓
- Do not smoke or drink coffee for at least one hour before your appointment. ✓
- Drink a glass of water at least two hours prior to your exam. ✓
- Arrange FCA interview to be completed in a quiet location such as your home. ✓



AFTER YOUR EXAM

The results of your exam will be forwarded to Pacific Life and the underwriting process will begin. Based on your medical history and the amount of life insurance coverage you request, we may need to obtain additional information from your doctor, and/or consumer reporting agencies.

Your life insurance producer will contact you regarding your coverage eligibility based upon your application. If your application is approved, your insurance producer will deliver your policy, which will detail your coverage amount, duration of coverage and actual premiums calculated based on your underwriting classification.

Please contact your life insurance producer with any questions about your life insurance policy.

Pacific Life is a product provider. It is not a fiduciary and therefore does not give advice or make recommendations regarding insurance or investment products. Only a life insurance producer who is also a fiduciary is required to advise if the product purchase and any subsequent action taken with regard to the product are in their client's best interest.

THE POWER TO HELP YOU SUCCEED

At Pacific Life, putting customers first has allowed us to serve families and businesses successfully for nearly 150 years. As part of a mutual holding company structure, we have no publicly-traded stock, so we can focus on long-term strategies, financial strength, and the best interest of our policyowners.

You as our policyowners are at the heart of the business decisions we make.



PACIFIC LIFE

Pacific Life Insurance Company
(800) 800-7681
Newport Beach, CA

Pacific Life & Annuity Company
(888) 595-6996
Newport Beach, CA

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 insurance company is solely responsible for the financial obligations accruing under the products it issues. Insurance products and their guarantees, including optional benefits and any crediting rates, are backed by the financial strength and claims-paying ability of the issuing insurance company. Look to the strength of the life insurance company with regard to such guarantees as these guarantees are not backed by the broker-dealer, insurance agency, or their affiliates from which products are purchased. Neither these entities nor their representatives make any representation or assurance regarding the claims-paying ability of the life insurance company.

Pacific Life reserves the right to change or modify any non-guaranteed or current elements. The right to modify these elements is not limited to a specific time or reason.

Life insurance is subject to underwriting and approval of the application.

This brochure is distributed through Pacific Life, Lynchburg, VA (844-276-5759).

AUTHORIZATION TO COLLECT AND DISCLOSE INFORMATION

This authorization complies with HIPAA.

Original to Insurer

Proposed Insured *Print*

Birthdate *mm/dd/yyyy*

Terms

Information

Facts about the Proposed Insured. It includes the Insured's entire medical record, including facts about mental and physical health; prescription drugs; and facts about communicable diseases such as HIV infection, AIDS, tuberculosis, and sexually transmitted diseases. Information also includes facts about other insurance coverage; hazardous activities; character; finances; vocation; and other personal traits. It does not include facts about sexual orientation. Information does not include a mental health professional's Psychotherapy Notes (actual recorded notes of a counseling session that are separate from the rest of a medical record), but Information does include medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress. For New Jersey and Maine, Information does not include facts about previously administered tests for HIV Antibodies, T-Cell Counts, or AIDS.

Source

Medical Physicians; chiropractors; physical therapists; psychologists; drug, alcohol, or mental health counselors; care providers or evaluators; hospitals; clinics; drug or alcohol treatment or consultation facilities; nursing homes; mental health facilities; ambulatory care centers; the Department of Veterans Affairs; facilities or offices staffed or run by care providers; other medical or medically related facilities; medical prescription drug databases; pharmacy or pharmacy benefit manager; insurers; reinsurers; health plans; MIB; consumer reporting agencies; laboratories; financial sources; employers; the Social Security Administration; neighbors; friends; and relatives.

Insurer Pacific Life Insurance Company

Proposed Insured The Proposed Insured is the person whose life is proposed to be insured.

Authorization The Authorization is this Authorization to Collect and Disclose Information.

MIB MIB is the medical information bureau known as MIB, Inc.

Understanding

1. The following parties may need to collect Information in connection with proposed insurance coverage: the Insurer and its reinsurers; MIB; consumer reporting agencies; and these parties' representatives.
2. These parties may disclose collected Information to the following recipient parties: other insurers to which the Proposed Insured has applied or may apply; reinsurers; MIB; or persons or organizations that perform business, professional, or insurance tasks for them.
3. All parties may disclose Information as allowed or required by law. MIB and consumer reporting agencies may disclose Information only as set forth in an agreement with a member company or organization.
4. Some Information may be disclosed to persons or organizations that are not subject to federal health information privacy laws, which means that the information may no longer be protected under such laws. But even if information is disclosed to persons or organizations that are not subject to federal health information privacy laws, those persons or organizations must comply with all other applicable legal requirements governing the protection and redisclosure of information.
5. The Insurer and its reinsurers will use Information to evaluate the application, obtain reinsurance, administer claims, administer coverage, and conduct other activities that are allowed or required by law and that relate to any insurance coverage or proposed insurance coverage with the Insurer.
6. Failing to sign, changing, or revoking the Authorization will impair processing of the application; as a result, the application may be denied.
7. This Authorization will be valid for twenty-four (24) months after the date signed.
8. The Proposed Insured or person authorized to act on the Proposed Insured's behalf; (a) may revoke this Authorization by sending written notice to the Insurer at P.O. Box 42000, Lynchburg, VA 24506, Attention: Privacy Official, and (b) may ask to receive a copy of this Authorization.

Authorization and Acknowledgement

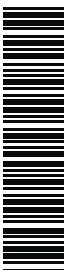
By signing below, the Proposed Insured or the person authorized to act on the Proposed Insured's behalf: (1) authorizes each Source to give Information when this Authorization is presented; and (2) acknowledges receipt of a copy of the Authorization.

Signature of Proposed Insured or Personal Representative

Date *mm/dd/yyyy*

X

Description of Personal Representative's Authority or Relationship to Proposed Insured



AUTHORIZATION TO COLLECT AND DISCLOSE INFORMATION

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Copy to Applicant

Proposed Insured *Print*

Birthdate *mm/dd/yyyy*

Terms

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5. The Insurer and its reinsurers will use Information to evaluate the application, obtain reinsurance, administer claims, administer coverage, and conduct other activities that are allowed or required by law and that relate to any insurance coverage or proposed insurance coverage with the Insurer.
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Authorization and Acknowledgement

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Signature of Proposed Insured or Personal Representative

Date *mm/dd/yyyy*

X

Description of Personal Representative's Authority or Relationship to Proposed Insured

PACIFIC LIFE INSURANCE COMPANY

750 Main Street, Lynchburg, VA 24504
P.O. Box 42000, Lynchburg, VA 24506
(844) 276-5759 • Fax (844) 520-1618 • www.PacificLife.com



NOTICE TO PROPOSED INSURED AND OWNER

DETACH AND LEAVE WITH PROPOSED INSURED(S)

In this disclosure, “we”, “us”, “our”, and “PLIC” refer to Pacific Life Insurance Company, its affiliates, and its subsidiaries. This brief description of our underwriting process is designed to help you understand how an application for life insurance, which may contain long-term care benefits, is handled, the types and sources of information we may collect about you, the circumstances under which we may disclose that information to others and your right, or that of your authorized representative, to learn the nature and substance of that information upon written request. The purpose of the underwriting process is to make sure you qualify for insurance under our rules, and assuming you do, establish the proper premium charge for that insurance. The goal of the underwriting process is to have the cost of insurance distributed equitably among all policyowners, so that each individual pays his or her fair share. To determine your insurability, we must consider such factors as your medical history, physical condition, occupation, and hazardous avocations. We get this information from various sources.

Application and Medical Records – Your application, including the medical history, is the primary source of information in the evaluation process. In addition, we may ask you to take a physical examination or other special test such as an electrocardiogram. We may also ask for a report from your doctor or hospital, another insurance company, or MIB, Inc. (“MIB”, see below). When we do so, we will use the Authorization To Obtain Information that you signed. The purpose of MIB is to protect member companies, their policyowners, and insureds from those who would conceal significant facts relevant to their insurability.

MIB, Inc. – Information regarding your insurability will be treated as confidential. PLIC or its reinsurers may, however, make a brief report thereon to MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have about you in its file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB’s file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB’s information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

PLIC, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

Federal Fair Credit Reporting Act – As part of our underwriting, we may ask that an investigative consumer report be prepared. An independent source known as a consumer reporting agency will prepare the report. The report will typically include information as to your character, general reputation, mode of living and personal characteristics, as well as information obtained from other data sources. (“Mode of living” does not include information related directly or indirectly to your sexual orientation.) The agency may conduct personal interviews with your family, friends, neighbors, business associates, financial sources, or others with whom you are acquainted in order to get this information. If you write to us within a reasonable time after you receive this notice, we will tell you whether or not a report was requested. If a report was requested, we will tell you the name, address and telephone number of the agency to whom the request was made. Upon request, the agency will furnish information as to the nature and scope of its investigation. If you would like to inspect and to receive a copy of the report, you may do so by contacting the agency directly.

DISCLOSURE TO OTHERS

Personal information obtained about you during the underwriting process and at other times is confidential and will not be disclosed to other persons or organizations without your written authorization except to the extent necessary for the conduct of our business and only to the extent permitted by applicable state law. Examples of situations where we may share information about you are as follows:

- The Producer may retain a copy of your application, and if a policy is issued will have access to ongoing policy information to better serve your needs.
- If reinsurance is required, the reinsurance company would have access to our application file.
- We may release information to another insurance company to whom you have applied for life, long-term care, or health insurance or to whom you have submitted a claim for benefits, if you have authorized it to obtain such information.
- As stated earlier, we may report information to MIB.
- We will disclose information to government regulatory officials, law enforcement authorities, and others where required by law.

DISCLOSURE TO YOU

In general, you have a right to learn the nature and substance of any personal information about you in our file upon written request. Whenever an adverse underwriting decision is made, we will notify you of the reason(s) for the decision and the source of the information upon which our action is based. Medical record information, however, will normally be given only to a licensed physician of your choice. Please refer to the section on MIB for that organization’s disclosure procedure. Should you feel that any information we have is inaccurate or incomplete, please write to: Manager, New Business Services, Pacific Life Insurance Company, P.O. Box 42000, Lynchburg, VA 24506. Your comments will be carefully considered and corrections made where justified. We hope this Notice will help you to understand how we obtain and use personal information in the underwriting process, and the ways you can learn about this information. We are concerned with ensuring privacy as well as lives, and the collection, use, and disclosure of personal information is limited as specified in this Notice.