



PERSONAL INFORMATION DELETION FORM

Please complete this form and mail to:

Pacific Life Insurance Company
Corporate Compliance , Privacy Operations
700 Newport Center
Newport Beach, CA 92660

If you have any questions, please visit our Privacy Promise on
<https://www.pacificlife.com/home/privacy-and-other-policies/our-privacy-promise.html>.

Before you submit a deletion request

Please be aware that certain legal and regulatory requirements require us to retain your personal information for a specific period of time which may impact our ability to process your deletion request. If your policy/contract is currently in force, we are unable to process a deletion request as the information is required to service our relationship with you. If your policy/contract is not in force, we must retain the information for a period of time after the termination or application denial date of the policy/contract.

SECTION I – YOUR INFORMATION

For verification purposes, please sign and provide the information below that we may have on file for you.

1. Full Name (Required) _____
2. Date of Birth _____
3. Social Security Number (last 4 digits only) _____
4. Email Address _____
5. Address (Required) _____ City _____
State _____ Zip _____ State of Residency _____
6. Your Relationship to Pacific Life Insurance Company (check all that apply - Required)
 - Customer
 - Life Insurance Policy Number _____
 - Annuity / Mutual Fund: Contract/Account Number _____
 - Structured Settlement: Account Number _____
 - Other _____
 - Financial Professional: National Producer Number _____
 - Vendor/Contractor (Include company name) _____
 - Other (please specify and complete Section III) _____

I certify that I am authorized to make the request being made on this form and I agree to assist Pacific Life Insurance Company in the process to verify the accuracy of my authority.

Signature _____ Date _____

SECTION II – AUTHORIZED REPRESENTATIVE REQUEST



Name _____

Mailing Address _____ City _____

State _____ Zip _____

SECTION III – ACKNOWLEDGMENT FORM - Refer to Page 1 for instructions on when this page is required

I, _____, certify that I am authorized to make the request being made on this form. I agree to assist Pacific Life Insurance Company in the process to verify the accuracy of the authority of the Requestor. If I fail to complete this verification process, I indemnify Pacific Life Insurance Company of any liability they have regarding their obligations related to responding to this request.

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of _____

On _____ before me, _____
(insert name and title of officer)

personally appeared _____
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that she/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal) _____

NOTE: If you are signing this outside of California, please substitute your state specific notary certificate.