



# PERSONAL INFORMATION REQUEST FORM

Please complete this form and mail to:

Pacific Life Insurance Company

700 Newport Center

If you have any questions, please visit our Privacy Promise on

<https://www.pacificlife.com/home/privacy-and-other-policies/our-privacy-promise.htm>

SECTION I – ~~YfTyb013(C)1.235b14CE7/Artfct-043(e40.8.7.50742C0\*19c02A)P(d)E)N6 (-)34 (i2)-2 (.04 ( v(i2)-2 o)TJ 0 Tc 0 Twa)3.~~

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**)
  - CusrRate of t0 ( )-7 ( \_0.9 ( al)-0.7 (l)-0.6 ( t)\_\_\_\_MCID 1pt201 TcEMC /A0\_ ( \_\_\_\_\_)Tj )Tj E

Internal Use Tracking Number \_\_\_\_\_



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

State of California  
County of CouC 4.3.

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

Internal Use Tracking Number \_\_\_\_\_