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Pacific Protector VUL is a *flexible premium variable universal life insurance policy* issued by Pacific Life Insurance Company (“Pacific Life”) through the Pacific Select Exec Separate Account of Pacific Life.

- *Flexible premium*

TABLE OF CONTENTS

Special Terms	4
Important Information You Should Consider About The Policy	7
Overview of The Policy	11
Fee Tables	13
Principal Risks of Investing in The Policy	15
Policy Basics	18
Issuing the Policy	18
Owners, the Insured, and Beneficiaries	18
Policy Date	19
Illustrations	19
Your Free Look Right	20
Timing of Payments, Forms and Requests	21
Statements and Reports We Will Send You	22
Telephone and Electronic Transactions	22
Death Benefits	24
The Death Benefit	24
The Total Face Amount	24
Changing the Face Amount	24
Death Benefit Options	25
Changing Your Death Benefit Option	27
Death Benefit Qualification Test	27
Examples of Death Benefit Calculations	28
When We Pay the Death Benefit	29
Other Benefits Available Under the Policy	30
Optional Riders and Benefits	37
Flexible Duration No-Lapse Guarantee Rider (FDNLG)	38
Short-Term No-Lapse Guarantee Rider	43
Conversion Rider	45
Premier Chronic Illness Rider	46
Premier Living Benefits Rider 2	53
Premier Living Benefits Rider	59
Terminal Illness Rider	63
Things to Keep in Mind	66
How Premiums Work	67
Your Initial Premium	67
Planned Premium Payments	67
Paying Your Premium	67
Deductions From Your Premiums	68
Limits on the Premium Payments You Can Make	68
Allocating Your Premiums	69
Your Policy's Accumulated Value	70
Calculating Your Policy's Accumulated Value	70
Policy Charges	70
Monthly Deductions	71
Transaction Fees	73
Loan Interest	73
Lapsing and Reinstatement	73
Your Investment Options	76
Fixed Options	77
76	

About Pacific Life	92
How Our Accounts Work	92
Voting Rights	93
Distribution Arrangements	94
State Regulation	95
Legal Proceedings and Legal Matters	95
Financial Statements	95
Appendix: Funds Available Under the Policy	96
Allowable Investment Options	98
Appendix: State Law Variations	100
Where To Go For More Information	back cover

SPECIAL TERMS

In this prospectus, *you* or *your* mean the policyholder or Owner. *Pacific Life*, *we*, *us* or *our* refer to Pacific Life Insurance Company. *Policy* means a Pacific Protector VUL variable life insurance policy, unless we state otherwise.

If you have any questions, please ask your financial professional or call us at (800) 347-7787. In order to sell this product, a financial professional must be a properly licensed and appointed life insurance producer.

Accounts— consist of the Fixed Accounts, the Variable Accounts, and the Loan Account, each of which may be referred to as an Account.

Account Additions — will increase the Fixed Account Value and/or the Variable Account Value based on your Allocation Instructions. Account Additions may consist of Premium payments, loan repayments, and any applicable Additional Credits.

Account Deductions— treated as a proportionate deduction from the Fixed and Variable Account Value until each have been reduced to zero. In lieu of the above and at our sole discretion, we may make available the option for the Owner(s) to select the Fixed and Variable Accounts and amounts where the Account Deductions are taken from. Call us to confirm that this option is available.

Accumulated Value— the total amount of your Policy's Variable Account Value, Fixed Account Value, and Loan Account Value, on any Business Day.

Age— the Insured's age on his/her birthday nearest the Policy Date. We add one year to this Age on each Policy Anniversary.

Allocation Instructions — your instruction to us that identifies the Investment Option(s) to which Net Premium and other Account Additions will be allocated. You may elect to change your Allocation Instructions for future premiums at any time by Written Request. A change will be effective as of the end of the Business Day on which we receive such Written Request.

Basic Face Amount— is the sum of the Face Amounts of all Life Coverage Layers on the Insured. The Face Amount of the initial Life Coverage is shown in the Policy Specifications.

Basic Life Coverage— is insurance Coverage on the Insured provided by this Policy as shown in the Policy Specifications and any related Supplemental Schedule of Coverage. See Coverage Layer.

Basic Life Coverage Layer— is a layer of insurance coverage on the Insured. There may be one or more Basic Life Coverage Layers created at issue. In addition, each increase in Basic Face Amount will create a new Basic Life Coverage Layer. Each Basic Life Coverage Layer has its own Face Amount, Risk Class, Coverage Layer Date, and set of charges. Initial amounts will be shown in the Policy Specifications and any additional coverage layers added after issue will be shown in the Supplemental Schedule of Coverage.

Beneficiary — the person, people, entity or entities you name to receive the Death Benefit Proceeds.

Business Day— any day that the New York Stock Exchange and our Consumer Markets Division are open. It usually ends at 4:00 p.m. Eastern time. A Business Day is also called a *valuation day* in your Policy.

Cash Surrender Value— the Policy's Accumulated Value less any surrender charge.

Cash Value Accumulation Test— one of two Death Benefit Qualification Tests available under the Policy, and defined in Section 7702(b) of the Tax Code.

Class— is used in determining Policy charges, interest credited, and certain limitations on Policy features and benefits and depends on a number of factors, including but not limited to the Death Benefit, Basic Face Amount and Face Amount, Coverage Layer, Policy Date, Policy duration, premiums paid, source of premium, Policy ownership structure, underwriting type, reinsurance, the Age and Risk Class of the Insured, requested or scheduled additions or increases of Coverage Layers, and the presence of optional Riders and benefits.

Death Benefit– the amount which is payable on the date of the Insured's death.

Minimum Death Benefit – is based on the Death Benefit Qualification Test for the Policy and at any time will be no less than the minimum amount we determine to be required for this Policy to qualify as life insurance under the Code. The Minimum Death Benefit

Total Face Amount– the sum of all Basic Face Amounts. The Total Face Amount is used in determining the Death Benefit under this Policy and the initial Total Face Amount is shown on the cover of your Policy or subsequent Supplemental Schedule of Coverage.

Variable Account – a subaccount of the Separate Account which invests in shares of a corresponding underlying Fund.

Variable Account Value – the total amount of your Policy’s Accumulated Value allocated to the Variable Accounts.

Variable Investment Option (“Variable Option”) – a Variable Account available under this Policy that is part of the Separate Account.

When the Policy is In Force– this Policy is In Force as of the Policy Date, subject to your acceptance of the delivered Policy and payment of the initial premium.

Written Request or In Writing – your signed request in writing, that is received by us at our Administrative Office In Proper Form, containing information needed to act on the request. Written Request includes an electronic request provided in a form acceptable to us.

IMPORTANT INFORMATION YOU SHOULD CONSIDER ABOUT THE POLICY

FEES AND EXPENSES		LOCATION IN PROSPECTUS						
Charges for Early Withdrawals	<p>If you fully surrender your Policy within the first 14 years of Policy issue or any Basic Life Coverage Layer added to the Policy (each Basic Life Coverage Layer will have its own 14-year period from the date it went into effect) you will be assessed a surrender charge of up to a maximum of 4.404% (\$44.04) per \$1,000 of Basic Face Amount. This charge will vary based on the individual characteristics of the Insured and other options chosen.</p> <p>For example, if you fully surrender your Policy within the first 14 years of Policy issue, you could pay a surrender charge up to \$4,404 on a \$100,000 of Basic Face Amount.</p>	Fee Tables Surrendering Your Policy						
Transaction Charges	<p>In addition to surrender charges, you may also be charged for other transactions. These other charges may include charges for each premium paid, withdrawal charges for partial withdrawals, transfer fees for transfers among the Investment Options, fees for Illustration requests and fees with the exercise of certain riders.</p>	Fee Tables Deductions From Your Premiums Making Withdrawals						
Ongoing Fees and Expenses (annual charges)	<p>In addition to surrender charges and transaction charges, an investment in the Policy is subject to certain ongoing fees and expenses, including fees and expenses covering the cost of insurance under the Policy, administrative charges, asset charges, coverage charges, interest on any Policy loans, and the cost of optional benefits available under the Policy. Certain fees and expenses are set based on characteristics of the Insured (e.g. age, sex, and rating classification). Please review the Policy Specifications page of your Policy for rates applicable to your Policy.</p> <p>You will also bear expenses associated with the Funds you choose under the Policy, as shown in the following table:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">ANNUAL FEE</th> <th style="text-align: center;">MINIMUM</th> <th style="text-align: center;">MAXIMUM</th> </tr> </thead> <tbody> <tr> <td>Variable Investment Options (Fund fees and expenses)</td> <td style="text-align: center;">0.08%¹</td> <td style="text-align: center;">0.94%¹</td> </tr> </tbody> </table>	ANNUAL FEE	MINIMUM	MAXIMUM	Variable Investment Options (Fund fees and expenses)	0.08% ¹	0.94% ¹	Fee Tables Monthly Deductions Appendix: Funds Available Under the Policy
ANNUAL FEE	MINIMUM	MAXIMUM						
Variable Investment Options (Fund fees and expenses)	0.08% ¹	0.94% ¹						

¹ As a percentage of Fund net assets.

RESTRICTIONS		LOCATION IN PROSPECTUS
Investments	<p>Not all Investment Options may be available to you.</p> <p>Transfers between Investment Options are generally limited to 25 each calendar year and any transfers to or from the Fixed Account or Fixed LT Account will be counted towards the 25 allowed each calendar year unless part of a transfer program (for example, the first year transfer service). Transfers to or from a Variable Investment Option cannot be made before the seventh calendar day following the last transfer to or from the same Variable Investment Option. Additional Fund transfer restrictions apply.</p> <p>Under the Fixed Options, there are frequency, amount and/or percentage limits on the amount that may be transferred into or out of the Fixed Options. These limits are significantly more restrictive than those that apply to transfers into or out of the Variable Investment Options. It may take several Policy Years to transfer your Accumulated Value out of either of the Fixed Options to the Variable Investment Options. Additional Fixed Option transfer restrictions apply. Currently, we are not imposing the amount and/or percentage limits on the Fixed Options.</p> <p>Certain Funds may stop accepting additional investments into their Fund or may liquidate a Fund. In addition, if a Fund determines that excessive trading has occurred, they may limit your ability to continue to invest in their Fund for a certain period of time.</p> <p>We reserve the right to add, remove, close to new investment, or substitute Funds as Investment Options.</p>	<p>Transferring Among Investment Options and Market-Timing Restrictions</p> <p>Transfer Services</p> <p>Appendix: Funds Available Under the Contract</p>
Optional Benefits	<p>We offer several optional benefits in the form of a rider to the Policy. Various optional benefits are available and some have an additional charge. Not all riders are available in every state. We may stop offering an optional benefit at any time for new Policy purchases.</p> <p>Certain optional benefits limit or restrict the Investment Options that you may select under the Contract. If you purchase the Flexible Duration No-Lapse Guarantee Rider, you must allocate 100% of your Accumulated Value among the allowable Investment Options as indicated under the APPENDIX: FUNDS AVAILABLE UNDER THIS POLICY – <i>Allowable Investment Options</i> section in this prospectus.</p>	<p>Optional Riders and Benefits</p> <p>Appendix: Funds Available Under the Contract</p>

TAXES		LOCATION IN PROSPECTUS
Tax Implications	<p>Consult with a tax professional to determine the tax implications of an investment in and payments received under the Policy. Withdrawals will be subject to ordinary income tax and may be subject to tax penalties. Tax consequences for loans and withdrawals generally differ. There is no additional tax benefit to you if the Policy is purchased through a tax-qualified plan.</p>	<p>Variable Life Insurance and Your Taxes</p>

OVERVIEW OF THE POLICY

Purpose

The primary purpose of the Policy is to provide life insurance death benefit protection, flexibility for premium payments, and investment selections to meet your specific life insurance needs. This Policy may be appropriate if you are looking to provide a death benefit for family members or others. Discuss with your financial professional whether this Policy, its optional benefits and its Investment Options are appropriate for you, taking into consideration your age, income, net worth, tax status, insurance needs, financial objectives, investment goals, liquidity needs, time horizon, risk tolerance and other relevant information. Together with your financial professional, you can decide if this Policy is right for you. Also, before you purchase this Policy, you may request a personalized illustration of your hypothetical future Policy benefits based on your personal characteristics (e.g. age and risk class), Face Amount of your Policy, Death Benefit Options, premium payments, any Rider requested, and historical or hypothetical gross rate(s) of return.

Premiums

After you pay the first premium payment, the Policy gives you the flexibility to choose the amount and frequency of your additional premium payments within certain limits. You may schedule your premium payments, referred to as planned premiums, on an annual, semi-annual, quarterly, or monthly basis. You are not required to pay any planned premiums. However, payment of insufficient premiums may result in a lapse of the Policy. There is no guarantee that your Policy will not lapse even if you pay your planned premium. Your Policy may lapse if the Accumulated Value, less Policy Debt, is not enough to cover the Monthly Deduction due on the day the deduction is made. If this occurs, your Policy will enter its Grace Period. The Grace Period is 61 days from the date we send you a notice that explains the sufficient amount to pay to keep your Policy In Force. During the Grace Period, your Policy will remain In Force and continue to provide a death benefit. If sufficient premium has not been made within the Grace Period, your Policy will lapse. You should consider a periodic review of your Policy with your life insurance producer. This Policy also offers riders that provide no-lapse protection for a certain period if rider conditions are met. See the Short-Term No-Lapse Guarantee Rider and Flexible Duration No-Lapse Guarantee Rider in the **OTHER BENEFITS AVAILABLE UNDER THE POLICY** section of this prospectus. Also see the **YOUR POLICY'S ACCUMULATED VALUE - Lapsing and Reinstatement** section in this prospectus.

Your net premium payments may be allocated to Variable Investment Options (each of which invests in a corresponding Fund) and/or the Fixed Options which provide a guaranteed minimum interest rate.

Additional information about the Funds is provided in the **APPENDIX: FUNDS AVAILABLE UNDER THE POLICY** to this Prospectus.

Federal tax law puts limits on the premium payments you can make in relation to your Policy's Death Benefit. We may refuse all or part of a premium payment you make or remove all or part of a premium from your Policy and return it to you under certain circumstances. For example, if the amount of premium you paid would result in your Policy no longer qualifying as life insurance or becoming a Modified Endowment Contract under the Tax Code.

Policy Features

Death Benefit

While the Policy is In Force, subject to the Policy terms, we will pay death benefit proceeds to the Beneficiary upon the death of the Insured. The death benefit proceeds equal the death benefit less any outstanding loan or unpaid Policy charges. You may choose between two Death Benefit Options:

- Option A – the Total Face Amount of the Policy, or
- Option B – the Total Face Amount of the Policy plus the Accumulated Value.

Policy charges vary depending on which Death Benefit Option or Death Benefit Qualification Test is selected.

Withdrawals

You can withdraw part of the Accumulated Value starting on your Policy's first anniversary (no withdrawals may be made during the first year of the Policy but the Policy may be surrendered during the first year). Each withdrawal must be at least \$200 and after a withdrawal, the remaining Accumulated Value less any loan amount must be at least \$500. Making a withdrawal may have tax consequences, increase the risk of the Policy lapsing, and reduce Policy values and the Death Benefit. Withdrawals may also be subject to a charge of \$25 per withdrawal, but we are not currently imposing this charge.

Surrender

You can surrender your Policy at any time while the Insured is alive. Any outstanding loan, loan interest, or surrender charge will be deducted and surrender proceeds will be paid in a single lump sum check. Upon surrender, you will have no life insurance coverage or benefits under this Policy. The surrender proceeds, or a portion of, may be subject to tax consequences, including a possible tax penalty on Modified Endowment Contract policies for certain situations including, but not limited to surrendering a policy owned by a natural person(s) before age 59 ½. Please consult your tax advisor.

Loans

You can borrow money from us any time after the Free Look Transfer Date to gain access to the Accumulated Value in the Policy. The maximum amount available to borrow is less than 100% of your Accumulated Value. Generally, the minimum amount you can borrow is \$200. See the **APPENDIX: STATE LAW VARIATIONS** section in this prospectus for a list of state variations to the minimum loan amount. Loans may have tax consequences. A loan is available based on the Accumulated Value allocated to any of the Investment Options. When you borrow money from us, we use your Policy's Accumulated Value as security. You pay interest on the amount you borrow which is due on your Policy Anniversary. The Accumulated Value set aside to secure your loan is transferred to a Loan Account which earns interest daily. Taking out a loan, whether or not you repay it, will affect the growth of your Policy's Accumulated Value since the amount used to secure the loan will not participate in the investment experience of the Investment Options. Amounts held in the Loan Account are not available to pay any Policy charges. Taking out a loan may increase the risk of the Policy lapsing, and could reduce the amount of the Death Benefit.

Optional Benefits

The Policy offers the following Investment Option transfer services at no additional cost: dollar cost averaging, portfolio rebalancing, first year transfer, and the Fixed Option interest sweep. You may only participate in one transfer service at any time. You can find additional information about the transfer services in the **OTHER BENEFITS AVAILABLE UNDER THE POLICY** section in this prospectus.

The Policy offers several riders (some for an additional charge) that provide supplemental benefits under the Policy. Your financial professional can help you determine if any of these riders are suitable for you. These riders may not be available in all states. Any charges associated with each rider are presented in the **FEE TABLES** section in this prospectus.

Riders available are:

Conversion Rider	Premier Living Benefits Rider 2
Flexible Duration No-Lapse Guarantee Rider	Short-Term No-Lapse Guarantee Rider
Premier Chronic Illness Rider	Terminal Illness Rider
Premier Living Benefits Rider	

You can find additional information about the riders in the **OTHER BENEFITS AVAILABLE UNDER THE POLICY** and **OPTIONAL RIDERS AND BENEFITS** sections in this prospectus.

FEE TABLES

The following tables describe the fees and expenses that you will pay when buying, owning, and surrendering or making withdrawals from the Policy. Please refer to your Policy specifications page for information about the specific fees you will pay each year based on the options you have elected.

The first table describes the fees and expenses that you will pay at the time you buy the Policy, surrender or make withdrawals from the Policy, or transfer Accumulated Value between Investment Options.

TRANSACTION FEES		
CHARGE	WHEN CHARGE IS DEDUCTED	AMOUNT DEDUCTED
Maximum Sales Charge Imposed on Premiums (Load)		
Basic premium load	Upon receipt of premium ³	6.90% of basic premium
Surplus premium load	Upon receipt of premium that exceeds the Premium Band amount ³	20.00% of surplus premium
Internal premium load	Upon receipt of a replacement or conversion of a policy you have with us ³	6.90% of internal premium
Maximum surrender charge ¹	Upon full surrender of the Policy if any Basic Coverage Layer has been in effect for less than 14 years. ³	\$44.04 per \$1,000 of Basic Face Amount
Withdrawal charge (including any withdrawals under the Automated Income Program [†])	Upon partial withdrawal of Accumulated Value	\$25 per withdrawal
Excess Transfer Charge [‡]	Upon transfer of Accumulated Value between Investment Options	\$25 per transfer in excess of 12 per Policy Year
Evaluation of Insurability ²	Upon a non-scheduled request to increase the Basic Face Amount	\$100 per request
Illustration request ²	Upon request of Policy illustration in excess of 1 per year	\$25 per request
Face Amount Increase [‡]	Upon effective date	\$100 per request
Terminal Illness Rider Processing Charge [‡]	Upon approval of specific request	\$100 per request

¹ The surrender charge is based on the Age and Risk Class of the Insured, the Face Amount of the effected Coverage Layer(s), as well as the Death Benefit Option you choose. If there is a reduction in the Face Amount of a Basic Coverage Layer, including decreases due to withdrawals, the surrender charge for the effected Basic Coverage Layer will not change. The surrender charge reduces to \$0 after 14 years from the effective date of each Coverage Layer. The surrender charge shown in the table may not be typical of the surrender charge you will pay. Ask your life insurance producer for information on this charge for your Policy. The surrender charge for your Policy will be stated in the Policy Specifications.

² We currently do not impose this charge and we reserve the right to do so in the future.

³ If an internal transfer occurs between two variable universal life policies you have with us in connection with a transfer or exchange offer by Pacific Life or Pacific Select Distributors, LLC (our distributor), including pursuant to a conversion or split option rider, the amount transferred will not incur any Premium Load (which includes basic, surplus, and internal premium loads). Premium loads will apply (basic and surplus, if applicable) on the new Policy for additional premium added at issue or after the initial premium is paid. In addition, the internal transfer will not incur a surrender charge on any amount transferred from the old to purchase the new policy. Any surrender charge applicable to the new policy will continue to apply under the terms of the new policy.

The next table describes the fees and expenses that you will pay periodically during the time you own the Policy, not including Fund fees and expenses.

PERIODIC CHARGES OTHER THAN FUND OPERATING EXPENSES

CHARGE	WHEN CHARGE IS DEDUCTED	AMOUNT DEDUCTED
Base Policy Charges:		
Cost of Insurance ²		
Minimum and Maximum guaranteed charge		

PERIODIC CHARGES OTHER THAN FUND OPERATING EXPENSES

CHARGE	WHEN CHARGE IS DEDUCTED	AMOUNT DEDUCTED
<p>Premier Chronic Illness Rider</p> <p>Minimum and Maximum guaranteed charge</p> <p><i>Charge for a representative Insured</i></p> <p>Minimum and Maximum current charge</p> <p><i>Charge for a representative Insured</i></p>	<p>Monthly Payment Date</p>	<p>\$0.0906–\$1.6976 per \$1,000 of Rider Net Amount at Risk</p> <p><i>Maximum guaranteed charge is \$0.4647 per \$1,000 of Rider Net Amount at Risk for a single male, who is Age 55 at Policy Issue with a 2.0% benefit³</i></p> <p>\$0.0604–\$1.5278 per \$1,000 of Rider Net Amount at Risk</p> <p><i>Current charge is \$0.2703 per \$1,000 of Rider Net Amount at Risk for a single male, who is Age 55 at Policy issue with a 2.0% benefit³</i></p>

¹ The guaranteed charge is not deducted on and after your Policy’s Monthly Deduction End Date.

² Cost of insurance rates apply uniformly to all members of the same Class and vary based on Age, sex, and Risk Class of the Insured. The cost of insurance charges shown in the table may not be typical of the charges you will pay. Your Policy Specifications will indicate the guaranteed cost of insurance charge applicable to your Policy, and more detailed information concerning your cost of insurance charges is available on request from your life insurance producer or us. Also, before you purchase the Policy, you may request personalized Illustrations. Cost of insurance rates for your Policy will be stated in the Policy Specifications and calculated using the Net Amount At Risk.

³ Charges shown for the representative insured may not be typical of the charges you will pay.

⁴ The Coverage charge rate is based on the Age, sex, and Risk Class of the Insured on the Policy Date or date Rider is effective. It also varies with the Death Benefit Option you choose. Each Coverage Layer will have a corresponding Coverage charge related to the amount of the increase, based on the Age and Risk Class of the Insured at the time of the increase. For the current Coverage charge, we use a Coverage charge factor which may reduce the amount charged and varies by Policy duration. Ask your life insurance producer for information regarding this charge for your Policy. The Coverage charge for your Policy will be stated in the Policy Specifications.

⁵ In addition to the loan interest charge, the Loan Account Value that is used to secure Policy Debt will be credited interest at a minimum of 2.00% to help offset the loan interest charge of 2.25%. Loan interest on the Loan Account and Policy Debt accrues daily and any loan interest that has accrued is due on each Policy Anniversary. Any unpaid loan interest on each Policy Anniversary will be added to the Loan Account. On each Policy Anniversary, we transfer the excess of the Policy Debt over Loan Account Value from the Investment Options to the Loan Account. If the Loan Account Value is greater than Policy Debt, then such excess is transferred from the Loan Account to the Variable Options or the Fixed Options on a proportionate basis according to your most recent Allocation Instructions.

⁶ Riders are described under the POLICY BENEFITS – Optional Riders and Benefits

Surrender charges reduce the Cash Surrender Value of your Policy. Surrender charges apply for up to 14 years after Policy issue and each Basic Life Coverage Layer added to the Policy. A surrender or withdrawal may be subject to negative tax consequences. If there is a reduction in the Face Amount of a Basic Life Coverage Layer, including decreases for withdrawals if applicable, the surrender charge and the Coverage charge for the effected Basic Life Coverage Layer will not change.

Please discuss your insurance needs and financial objectives with your financial professional. Together you can decide if the Policy is right for you. We are a variable life insurance policy provider. We are not a fiduciary and therefore do not give advice or make recommendations regarding insurance or investment products.

Policy Lapse

Your Policy remains In Force as long as your Accumulated Value less any Policy Debt is greater than your Policy's monthly deductions of Policy charges. Insufficient premium payments, fees and expenses, poor investment performance, withdrawals, unpaid loans or loan interest, and fees associated with the exercise of certain riders may cause your Policy to lapse – which means no death benefit or other benefits will be paid. There are costs associated with reinstating a lapsed Policy. There is no guarantee that your

Death benefits from a life insurance policy may generally be excluded from income under the Tax Code. Also, you generally are not subject to taxation on any increase in the Accumulated Value until it is withdrawn. You may be subject to income tax if you take withdrawals or surrender your Policy, or if your Policy lapses and you have not repaid any outstanding Policy Debt. If your Policy becomes a MEC, distributions you receive beginning on the date the Policy becomes a MEC may be subject to tax and a 10% penalty.

Cybersecurity and Business Continuity Risks

POLICY BASICS

Pacific Protector VUL is a flexible premium variable life insurance policy that insures the life of one person and pays Death Benefit Proceeds after that person has died.

When you buy a Pacific Protector VUL life insurance Policy, you are entering into a contract with Pacific Life Insurance Company. Your contract with us is made up of your application, your Policy, applications to change or reinstate the Policy, any amendments, Riders or 5pyed.

If no Beneficiary (primary or contingent) is living when the Death Benefit Proceeds are payable, you, as the Policy Owner, will receive the Death Benefit Proceeds. If you are no longer living, the Death Benefit Proceeds will go to your estate.

You can change your Beneficiary at any time while the Insured is alive, and while the Policy is In Force. If you would like to change your Policy's Beneficiary, please contact us or your financial professional for a Change of Beneficiary Form. Once we receive and record your request, the change will be effective as of the day you signed the Change of Beneficiary Form.

Policy Date is ttTJ 0 -715499 TD [(your Polthe)1 (D)-afectatea Dlcomes be effectctetred issong, theviof or yourstttf
You have [(your Polthe)1 (D)-afectatea Dlcomes be effectctetred issong, theviof or yourstttf
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Your Free Look Right

Your Policy provides a *free look period*

Timing of Payments, Forms and Requests

Once your Policy is In Force, the effective date of payments, forms and requests you send us is usually determined by the day and time we receive the item In Proper Form.

You may reach our service representatives on any Business Day at (800) 347-7787 between the hours of 6 a.m. through 5 p.m. Pacific time.

Please send your forms and written requests or questions to:

Pacific Life Insurance Company
P.O. Box 2030
Omaha, NE 68103

Unless you receive premium notices via list bill, send premiums (other than initial premium) to:

Pacific Life Insurance Company
P.O. Box 100957
Pasadena, California 91189-0957

We accept faxes for variable transaction requests (transfers, allocation changes, rebalancing and loans) at: (866) 398-0467

You may also submit variable transaction requests electronically at: Transactions@pacificlife.com

Sending any application, premium payment, form, request or other correspondence to any other address will not be considered In Proper Form and will result in a processing delay.

Premium payments, loan requests, transfer requests, loan payments or withdrawal or surrender requests that we receive In Proper Form on a Business Day will be effective as of the end of that day, unless the transaction is scheduled to occur on another Business Day. If we receive your payment or request at or after the time of the close of a Business Day, your payment or request will be

We will normally send the proceeds of withdrawals, loans, surrenders, exchanges and Death Benefit payments, and process transfer requests, within seven days after the effective date of the request In Proper Form. We may delay payments and transfers, or the calculation of payments and transfers based on the value in the Variable Investment Options under unusual circumstances, for example, if:

- The New York Stock Exchange closes on a day other than a regular holiday or weekend
- Trading on the New York Stock Exchange is restricted
- An emergency exists as determined by the SEC, as a result of which the sale of securities is not practicable, or it is not practicable to determine the value of a Variable Account's assets, or
- The SEC permits a delay for the protection of Policy Owners.

We may delay transfers and payments from the Fixed Options, including the proceeds from withdrawals, surrenders and loans, for up to six months. If we defer payment of surrenders, withdrawals or loans for more than 10 days after we receive your request, we will pay interest at the rate required by the state in which the Policy is delivered, but not less than an annual rate equal to the guaranteed rate payable on the Fixed Options.

Death Benefit Proceeds paid are subject to the conditions and adjustments as described in this section, in the **GENERAL INFORMATION ABOUT YOUR POLICY** section, and the **WITHDRAWALS, SURRENDERS AND LOANS** section in this Prospectus. Death Benefit Proceeds are paid as a lump sum check. We may make other options available in addition to the single check option. If required by state law, we will pay interest on the Death Benefit Proceeds from the date of death to the date the claim is paid at a rate not less than the rate payable for funds left on deposit that is in effect on the date of death, which will vary by state. If payment of any lump sum Death Benefit Proceeds is delayed more than 31 calendar days after we receive the requirements to pay the claim In Proper Form, we will pay additional interest, if required by state law, at a rate of 10% annually beginning with the 31st calendar day or a lesser percentage as required by applicable state law. Contact us, your financial professional, or refer to your Policy or Rider to determine if state specific differences apply. Also see the **APPENDIX: STATE LAW VARIATIONS – TIMING OF PAYMENTS, FORMS AND REQUESTS** section in this prospectus for states that require different rates.

Statements and Reports We Will Send You

We send the following statements, reports, and other documents and notifications to policy owners:

- A confirmation for certain financial transactions, usually including premium payments, transfers, loans, loan repayments, withdrawals and surrenders. Monthly deductions and scheduled transactions made under the dollar cost averaging, portfolio rebalancing and first year transfer services are reported on your quarterly Policy statement.
- A quarterly Policy statement. The statement will tell you the Accumulated Value of your Policy by Investment Options, Cash Surrender Value, the amount of the Death Benefit, the Policy's Face Amount, and any Policy Debt. It will also include a summary of all transactions that have taken place since the last quarterly statement, as well as any other information required by law.
- An annual Policy statement. The report will provide the same information as the quarterly Policy statement (e.g. Accumulated Value, Cash Surrender Value, etc.) but will include a summary of all transactions that have taken place since the last annual Policy statement.
- Supplemental schedules of benefits and planned premiums. We will send these to you if you change your Policy's Face Amount or change any of the Policy's other benefits.
- Other documents and notifications as required by law.

If you identify an error on a confirmation, quarterly or annual statement, you must notify us in writing as soon as possible, preferably within 90 days from the date of the confirmation or statement, to ensure proper accounting to your Policy. When you write us, include your name, Policy number and description of the identified error.

Mail will be sent to you at the mailing address you have provided. If mail is returned to us as undeliverable multiple times, we will discontinue mailing to your last known address. We will, however, regularly attempt to locate your new mailing address, and will resume mailing your policy related materials to you upon confirmation of your new address. You can access the statements referenced above through the Policy Owner website, My Life Insurance Account, at <https://Life.MyAccount.PacificLife.com>, or receive copies of documents from us upon request.

Telephone and Electronic Transactions

By electing this option on the application, you authorize us to accept telephone and electronic instructions for the following transactions:

- Transfers between Investment Options

- Initiate the dollar cost averaging
- Rebalance Variable Investment Options
- Change future premium Allocation Instructions
- Initiate loans, requests for additional loans and loan repayments.

If you do not authorize us to accept telephone or electronic instructions on your application, you can later instruct us to accept telephone or electronic instructions as long as you complete and submit a Transaction Authorization Form with us.

Certain financial professionals are able to give us instructions electronically if authorized by you. You may appoint anyone to give us instructions on your behalf by completing and submitting a Transaction Authorization Form with us.

Here are some things you need to know about telephone and electronic transactions:

- If your Policy is jointly owned, all Joint Owners must sign the Transaction Authorization Form. We will take instructions from any Owner or anyone you appoint.
- We may use any reasonable method to confirm that your telephone or electronic instructions are genuine. For example, we may ask you to provide personal identification or we may record all or part of the telephone conversation. We may refuse any transaction request made by telephone or electronically.
- A new Transaction Authorization Form will be required when a registered representative changes to a new Broker-Dealer.

We will send you a written confirmation of each telephone and electronic transaction.

Sometimes, you may not be able to make loans or transfers by telephone or electronically, for example, if our telephone lines or our website are busy because of unusual market activity or a significant economic or market change, or our telephone lines or the Internet are out of service during severe storms or other emergencies or due to operational disruptions. In these cases, you can send your request to us in writing, or call us when service has resumed.

When you authorize us to accept your telephone and electronic instructions, you agree that:

- We can accept and act upon instructions you or anyone you appoint give us over the telephone or electronically
- Neither we, any of our affiliates, the Pacific Select Fund, or any director, trustee, officer, employee or 0 TfaAdCcof ours or theirs will be liable for any loss, damages, cost or expenses that result from transactions processed because of a request by telephone or submitted electronically that we believe to be genuine, as long as we have followed our own procedures
- You bear the risk of any loss that arises from your right to make loans or transfers over the telephone or electronically.

DEATH BENEFITS

The Death Benefit

We will pay Death Benefit Proceeds to your Beneficiary after the Insured dies while the Policy is still In Force. Your Beneficiary generally will not have to pay federal income tax on the portion of any Death Benefit Proceeds that are payable as a lump sum at death. Some Riders and settlement options may affect how the Death Benefit Proceeds are paid, see the **OPTIONAL RIDERS AND BENEFITS** section in this prospectus for more details.

Your Policy's Death Benefit depends on three choices you must make:

- The Total Face Amount
- The Death Benefit Option
- Death Benefit Qualification Test

The Policy's Death Benefit is the higher of:

- The Death Benefit calculated under the Death Benefit Option in effect; or
-

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The graphs are intended to show how the Death Benefit Options work and are not predictive of investment performance in your Policy. The Death Benefit Option selected by an investor impacts the dollar value of the Death Benefit, the charges paid, and the resulting Accumulated Value.

Changing Your Death Benefit Option

You can change your Death Benefit Option while your Policy is In Force, subject to the following:

- You must send us your Written Request.
- You can change from one Death Benefit Option to the other (*e.g.* from Option A to Option B) and a change can only occur once in a Policy Year. If you have the Premier Chronic Illness Rider, during a Benefit Year (as defined in the Premier Chronic Illness Rider section) you can only change to Option A.
- The change will become effective on the first Monthly Payment Date after we receive your request. If we receive your request on a Monthly Payment Date, we will process it that day.
- We will not let you change the Death Benefit Option if doing so means that, after the change, there are no Basic Life Coverage Layers equal to or greater than \$1,000.
- Changing the Death Benefit Option can also affect the monthly cost of insurance charge since this charge varies with the Net Amount At Risk.
- The new Death Benefit Option will be used in all future calculations.

We will not change your Death Benefit Option if it means your Policy will be treated as a Modified Endowment Contract, unless you have told us in writing that this would be acceptable to you. Modified Endowment Contracts are discussed in the **VARIABLE LIFE INSURANCE AND YOUR TAXES** section in this prospectus.

Changing your Death Benefit Option will increase or decrease your Total Face Amount under the Policy. The Total Face Amount of your Policy will change by the amount needed to make the Death Benefit under the new Death Benefit Option equal the Death Benefit under the old Death Benefit Option just before the change.

If the change is an increase in the Total Face Amount, we will process the increase as described in the **DEATH BENEFITS – Changing the Face Amount –** section in this prospectus. If the change is a decrease in the Total Face Amount, we will process the decrease as described in the **DEATH BENEFITS – Changing the Face Amount –** section in this prospectus.

Death Benefit Qualification Test

In order for your Policy to be qualified as life insurance under the Code, it must qualify under one of two Tests, the Cash Value Accumulation Test (CVAT) or the Guideline Premium Test (GPT).

You choose one of these Death Benefit Qualification Tests on your application. If you do not make a choice on your application, the default test applied to your Policy will be the Guideline Premium Test. **Once the Policy is issued, the Death Benefit Qualification Test cannot be changed.** Your Death Benefit Qualification Test determines the following:

- Premium limitations
- Amount of Minimum Death Benefit

Each test determines what the Minimum Death Benefit should be in relation to your Policy's Accumulated Value. The Death Benefit determined under either test will be at least equal to the amount required for the Policy to qualify as life insurance under the Tax Code. You may wish to consult your financial professional about which Death Benefit Qualification Test to choose before making a selection.

The table below shows a general comparison of how features of your Policy may be affected by your choice of Death Benefit Qualification Test. When choosing between the tests, you should consider:

	Cash Value Accumulation Test	Guideline Premium Test
<i>Premium payments¹</i>	Allows flexibility to pay more premium	Premium payments are limited under the Tax Code
<i>Death Benefit</i>	Generally higher than Guideline Premium Test	Generally lower than CVAT
<i>Monthly cost of insurance charges</i>	May be higher, if the Death Benefit under the Cash Value Accumulation Test is higher than under the Guideline Premium Test	May be lower, except in early Policy years
<i>Face Amount decreases</i>	Will not require return of premium or distribution of Accumulated Value	May require return of premium or distribution of Accumulated Value to continue Policy as life insurance

¹ If you want to pay a premium that increases the Net Amount At Risk, you will need to provide us with satisfactory evidence of insurability before we can increase the Death Benefit. In this event, your cost of insurance charges will also increase. Cost of insurance charges are based, among other things, upon your Policy's Net Amount At Risk. See the YOUR POLICY'S ACCUMULATED VALUE section in this prospectus for more information on how cost of insurance charges are calculated.

Examples of Death Benefit Calculations

The tables below compare the Death Benefits provided by the Policy's available Death Benefit Options. The examples are intended only to show differences in Death Benefits and Net Amounts at Risk. Accumulated Value assumptions may not be realistic.

These examples show that each Death Benefit Option provides a different level of protection. Keep in mind that generally, cost of insurance charges, which affect your Policy's Accumulated Value, increase over time. The cost of insurance is charged at a rate based on the Net Amount At Risk. As the Net Amount At Risk increases, your cost of insurance increases. Accumulated Value also varies depending on the performance of the Investment Options in your Policy.

The example below assumes the following:

- The Insured is Age 45 at the time the Policy was issued and dies at the beginning of the sixth Policy Year;
- Face Amount is \$100,000
- Accumulated Value at the date of death is \$25,000
- Total premium paid into the Policy is \$30,000
- The Minimum Death Benefit under the Guideline Premium Test is \$46,250 (assuming a Guideline Minimum Death Benefit Percentage of 185% of the Accumulated Value)
- The Minimum Death Benefit under the Cash Value Accumulation Test is \$46,250 (assuming a Cash Value Accumulation Test Minimum Death Benefit Percentage of 185% of the Accumulated Value).

		If you select the Guideline Premium Test, the Death Benefit is the larger of the two amounts below and the Death Benefit Option in effect		
Death Benefit Option	How it's calculated	Death Benefit under the Death Benefit Option	Minimum Death Benefit	Net Amount At Risk used for cost of insurance charge
Option A	Total Face Amount	\$100,000	\$46,250	\$74,917.12

If you select the Guideline
Premium Test, the Death
Benefit is the larger of the two amounts
below and the Death Benefit Option in effect

Death Benefit Option	How it's calculated	Death Benefit under the Death Benefit Option	Minimum Death Benefit	Net Amount At Risk used for cost of insurance charge
Option A	Total Face Amount	\$100,000	\$138,750	\$63,635.00
Option B	Total Face Amount plus Accumulated Value	\$175,000	\$138,750	\$99,854.96

Cash Value Accumulation Test
The Death Benefit is the larger
of the two amounts below and the Death
Benefit Option in effect

Death Benefit Option	How it's calculated	Death Benefit under the Death Benefit Option	Minimum Death Benefit	Net Amount At Risk used for cost of insurance charge
Option A	Total Face Amount	\$100,000	\$138,750	\$63,635.00
Option B	Total Face Amount plus Accumulated Value	\$175,000	\$138,750	\$99,854.96

When We Pay the Death Benefit

We calculate the amount of the Death Benefit Proceeds effective the end of the day the Insured dies. If the Insured dies on a day that is not a Business Day, any portion of the Death Benefit Proceeds attributed to the Variable Accumulated Value is determined as of the next Business Day.

We will pay the Death Benefit Proceeds after receiving proof that the Insured died while the Policy was In Force, along with payment instructions. Your Beneficiary can choose to receive the Death Benefit Proceeds in a lump sum or we may make other options available in addition to the single check option.

Death Benefit Proceeds equal the total of the Death Benefits provided by your Policy and any Riders you have added, minus any Policy Debt, minus any overdue Monthly Deductions.

If required by state law, we will pay interest on the Death Benefit Proceeds from the date of death to the date the claim is paid at a rate not less than the rate payable for funds left on deposit that is in effect on the date of death which, will vary by state. See the APPENDIX: STATE LAW VARIATIONS – TIMING OF PAYMENTS, FORMS AND REQUESTS section in this prospectus.

It is important that we have a current address, social security number, telephone number and email address for each designated Beneficiary so that we can pay Death Benefit Proceeds promptly. If we cannot pay the Death Benefit Proceeds to the designated Beneficiary within the dormancy period defined by a state's Unclaimed Property laws or regulations, we will be required to pay the Death Benefit Proceeds to the applicable state. Once the Death Benefit Proceeds are paid to a state, any subsequent claim by a designated Beneficiary must be made with the applicable state. For more information, check with the state to whom the Death Benefit Proceeds were paid.

Loans	Allow you to borrow money from your Policy at any time after the Free Look Transfer Date to gain access to the Accumulated Value in the Policy.	Standard	<ul style="list-style-type: none"> • The maximum amount available to borrow will be less than 100% of your Accumulated Value and the minimum amount is \$200. • You pay interest on the amount you borrow which is due on your Policy Anniversary. • The Accumulated Value set aside to secure your loan is transferred to a Loan Account which earns interest daily. • Taking out a loan, whether or not you repay it, will affect the growth of your Policy's Accumulated Value since the amount used to secure the loan will not participate in the investment experience of the Investment Options, will not be available to any Policy charges, may increase the risk of the Policy lapsing and could reduce the amount of the Death Benefit.
Portfolio Rebalancing	Allows you to make automatic transfers among the Variable Investment Options according to your allocation instructions.	Standard	<ul style="list-style-type: none"> • Loans may have tax consequences. • Transfers can be scheduled monthly, quarterly, semi-annually, or annually. • If you make transfers out of the Variable Investment Options you selected under the service, the service will end. You will have to wait 30 days before you can re-enroll with new allocation instructions. • May not use this service and the Dollar Cost Averaging, First Year Transfer, or Fixed Option Interest Sweep at the same time.

Automated Income Option

Allows you to make scheduled withdrawals or loans from the Policy.

Standard

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<p>Short-Term No-Lapse Guarantee Rider</p>	<p>Protects the Policy from lapsing for a specified guaranteed period of time due to poor Policy performance.</p>	<p>Standard</p>	<ul style="list-style-type: none"> • Automatically issued on your Policy if Insured is Age 79 and younger at Policy Issue. • Guarantee period ranges from 5 to 15 years based on Insured's age at Policy issue. • Benefit will be provided if a certain amount of premium is paid each Policy month. • The no-lapse guarantee is in effect as long as the No-Lapse Credit less Policy Debt is equal to or greater than zero. • Benefit will terminate if any rider added to the Policy after issue has charges.
<p>Conversion Rider</p>	<p>Allows you to convert eligible coverages into a new Policy.</p>	<p>Standard</p>	<ul style="list-style-type: none"> • Automatically added at Policy issue. • If the Policy's Face Amount has been increased and that resulted in insurance coverage with Risk Classes that differ from the Policy's original insurance coverage, the new Policy will be issued with the Risk Class of the most recent insurance coverage added. • If exercised, a new Policy will be issued and any insurance coverage under this Policy will terminate.

<p>Premier Living Benefits Rider 2</p>	<p>Provides access to a portion of the Policy death benefit proceeds if the Insured has been certified as a chronically ill individual or a terminally ill individual.</p>	<p>Standard, if eligible</p>	<ul style="list-style-type: none"> • Available at Policy issue. • Satisfactory evidence of insurability is required. • Not available for Policies issued in California. • Cannot be issued with the Terminal Illness Rider or the Premier Chronic Illness Rider. • Subject to the eligibility and other conditions described in the Rider such as certification of having a chronic or terminal illness, making a written request for benefits, and not exceeding the maximum amount of the Death Benefit that may be utilized for chronic or terminal illness benefits. • Chronic illness benefits may be requested once every 12-month period. • Chronic illness must be certified by a licensed health care practitioner (not the Insured, Owner, or Immediate Family Member). • Once the Rider is exercised, we will not allow any requested increases in benefits under the Policy or any Riders • When benefits are paid, certain Policy values (the Total Face Amount, Accumulated Value, Policy loans, Policy Debt, Loan Account, Loan Account Value and any surrender charges) will be reduced by the Acceleration Percentage. In addition, any Automated Income Option or other systematic distribution program will be discontinued.
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Premier Living Benefits Rider	Provides access to a portion of the Policy death benefit proceeds if the Insured has been certified as a chronically ill individual.	Optional	<ul style="list-style-type: none"> • Must be elected at Policy issue. • Only available for Policies issued in California. • Subject to the eligibility and other conditions described in the Rider such as certification of having a chronic illness, making a written
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Terminal Illness Rider	Provides access to a portion of the Policy death benefit proceeds if the Insured has been certified as a terminally ill individual.	Standard, unless eligible for Premier Living Benefits Rider 2.	<ul style="list-style-type: none"> • Available at Policy issue. • Not available for Policies issued with the Premier Living Benefits Rider 2. • Issued when Premier Living Benefits Rider 2 is not issued. • You may opt out of the Rider at any time. • Subject to the eligibility and other conditions described in the Rider such as certification of having a terminal illness, making a written request for benefits, and not exceeding the maximum amount of the Death Benefit that may be utilized for terminal illness benefits. • Terminal illness must be certified by a licensed physician (not the Insured, Owner, or Immediate Family Member). • When benefits are paid, certain Policy values (the Total Face Amount, Accumulated Value, Policy Debt, Loan Account, Loan Account Value, and any surrender charges) will be reduced by the Acceleration Percentage. In addition, any Automated Income option or other systematic distribution program will be discontinued.
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OPTIONAL RIDERS AND BENEFITS

There are riders that provide extra benefits, some standard some optional, and some at additional cost. Not all riders are available in every state. Ask your financial professional for more information about the riders available with the Policy, or about other kinds of life

investment strategies, or changes in general market conditions). If such a change is required, we will provide you with reasonable notice (generally 90 calendar days) prior to the effective date of such change to allow you to reallocate your Accumulated Value to maintain your Rider benefits. If you do not reallocate your Accumulated Value to comply with the new allocation requirements, your Rider will terminate.

We will send you written notice in the event any transaction made by you will cause the Rider to terminate for failure to invest according to the investment allocation requirements. However, you will have at least 20 calendar days starting from the date of our written notice, to instruct us to take appropriate corrective action to continue the Rider. If you take appropriate corrective action and continue the Rider, the Rider benefits and features available immediately before the terminating event will remain in effect.

Rider Terms:

Net Basic Premium—equals the Basic Premium reduced by applicable fees and charges.

Basic Fund

the Net No-Lapse Guarantee Value or the amount due to move the Policy out of the grace period. See the **YOUR ACCUMULATED VALUE – Lapsing and Reinstatement** section in this prospectus for more information on the Policy grace period.

Some examples of things you should consider:

1. If you defer a payment, you will not receive the Accumulation Amount associated with that premium in the Basic and Excess Fund. If such a deferral would cause your No Lapse Guarantee Value to be negative, you will have to make a payment sufficient to bring the Basic Fund to positive, including any negative Accumulation Amounts.
2. If you defer payments and then try to “catch up” with a single large payment, that payment may be split into a Basic and Excess

insurance Coverage will cause an increase in the No-Lapse Guarantee Premium. A decrease in Face Amount or in other insurance Coverage will not cause a decrease in the No-Lapse Guarantee Premium. If the No-Lapse Guarantee Premium changes as a result of such a change, we will inform you of the amount of the changed No-Lapse Guarantee Premium.

How the Rider Works

This Rider guarantees that the Policy will continue in effect until the end of the No-Lapse Guarantee Period (which ranges from 5 to 15 years based on the Insured's age at Policy issue) shown in the Policy Specifications if you pay a premium by the beginning of each Policy month at least equal to one twelfth of the No-Lapse Guarantee Premium.

The Policy will also continue in effect under this Rider if flexible premium payments are made as long as the No-Lapse Credit less Policy Debt is equal to or greater than zero.

The No-Lapse Credit is used to determine if the guarantee under this Rider is in effect. It is calculated at the beginning of each Policy month during the No-Lapse Guarantee Period. The No-Lapse Credit as of the Policy Date, which is also the first Monthly Payment Date, is equal to the premium paid less one-twelfth of the No-Lapse Guarantee Premium. On any other Monthly Payment Date, the No-Lapse Credit is equal to:

- The No-Lapse Credit as of the prior Monthly Payment Date multiplied by (i), where:
 - $i = \text{no greater than } 1.00270926$ if the No-Lapse Credit is negative; otherwise,
 - $i = 1.00000$;
- Plus premiums received since the prior Monthly Payment Date;
-

- Maximum Monthly Rider Charge rate per \$1000 of Rider NAR is 0.8234

Then:

$$\text{Rider NAR} = [\$750,000 \times \$948,351] \div \$1,000,000 = \$711,263.25$$

And:

$$\text{Rider Charge} = [0.8234 \div 1000] \times \$711,263.25 = \$585.65$$

Optional Benefit Charge for any No-Lapse Guarantees Using a No-Lapse Guarantee Value. If your Policy has the Flexible Duration No-Lapse Guarantee Rider, the rate used to determine the Optional Benefit Charge under the Flexible Duration No-Lapse Guarantee Rider is shown in the Policy Specifications. The charge is calculated monthly and is equal to (f x g), where

(f) Is the Optional Benefit Charge Maximum Monthly Rider Charge Rate shown in the Policy Specifications adjusted for one dollar of No-Lapse Rider Net Amount at Risk, and

(g) Is the No-Lapse Rider Net Amount at Risk.

The No-Lapse Rider Net Amount at Risk ((g) above), is calculated on each Monthly Payment Date as (h x i) ÷(j), where:

(h) Is the Remaining Lifetime Benefit Amount,

(i) Is the Death Benefit (calculated according to the Policy provision but using the No-Lapse Guarantee Value instead of the Policy's Accumulated Value), divided by the Net Amount at Risk Factor in your Policy, less the No-Lapse Guarantee Value, and

(j) Is the Death Benefit (calculated according to the Policy provision but using the No-Lapse Guarantee Value instead of the Policy's Accumulated Value).

Rider Terms

Accelerated Death Benefit – a portion of the Death benefit that is paid if we receive a Written Certification that the Insured is chronically ill and all of the eligibility conditions under this Rider have been met. See the *Eligibility Conditions* subsection below.

Acceleration Percentage – an amount used to calculate Policy and Rider values after each benefit payment and after the corresponding reduction to the Policy's Total Face Amount. It is calculated as (a) divided by (b), where:

(a) Is the Benefit Payment prior to any reductions or discounts, and

(b) Is the Death Benefit of the Policy prior to the Benefit Payment.

Activities of Daily Living – generally include the following self-care functions:

- Bathing oneself
- Contenance
- Dressing oneself
- Feeding oneself
- Getting oneself to and from the toilet
- Transferring oneself into or out of a bed, chair or wheelchair.

The Rider attached to your Policy contains more detailed information about these self-care functions.

Benefit Payment– is the Maximum Monthly Benefit Payment. If the Maximum Annual Lump Sum Benefit Payment is elected, Benefit Payment is 12 times the Maximum Monthly Benefit Payment. The final Benefit Payment will be adjusted to ensure the total of all Benefit Payments do not exceed the Lifetime Benefit Amount.

Benefit Proceeds Is the Benefit Payment received by the Owner of all eligibility conditions have been satisfied, subject to the following reductions:

- If there is an outstanding loan balance under the Policy, a portion of each Benefit Payment is used to reduce the Policy Debt. The amount of this reduction is the Policy Debt prior to the Benefit Payment multiplied by the Acceleration Percentage,
- If the Policy is in a Grace Period, an amount needed to bring the Policy out of the Grace Period, and
- If the Maximum Annual Lump Sum Benefit Payment is elected, an amount to reflect the discounted sum of the Maximum Monthly Benefit Payments.

Benefit Year – a period of 12 months that begins on the Monthly Payment date on or following the date all eligibility conditions are satisfied and as long as the eligibility conditions continue to be satisfied and this rider has not terminated (see the *Rider Termination* section below). Subsequent Benefit Years will begin no earlier than the end of the current Benefit Year.

Chronically Ill – an Insured who has been certified in writing by a Licensed Health Care Practitioner as:

- Being unable to perform, without substantial assistance from another individual, at least two Activities of Daily Living for an expected period of at least 90 days due to a loss of functional capacity; or
- Requiring substantial supervision by another person for protection from threats to the Insured's health or safety due to a Severe Cognitive Impairment.

Elimination Period – the total number of consecutive days, after which the Owner is eligible to receive Benefit Proceeds, if all other eligibility conditions have been met. This period begins upon the first day that the Insured is Chronically Ill and expires at the end of 90 days. Benefit Proceeds are not paid retroactively after this period has been met. A new Elimination Period does not need to be met for a continuing diagnoses of the same chronic illness.

Immediate Family Member – includes the spouse, parents, brothers, sisters, and children by blood, adoption, or marriage of the Owner and the Insured, and of the spouse of the Owner and Insured.

Internal Revenue Service Per Diem Limitation– is periodically declared by the IRS and is used in the calculation of the Maximum Monthly Benefit Payment.

Licensed Health Care Practitioner– a physician, a registered professional nurse, licensed social worker or other individual who meets such requirements as may be prescribed by the Secretary of the Treasury of the United States. A Licensed Health Care Practitioner must reside in the United States and cannot be the Owner, the Insured or an Immediate Family Member.

Lifetime Benefit Amount – the maximum amount of Death Benefit that can be accelerated under this Rider during the Insured's lifetime. The initial Lifetime Benefit Amount is shown in the Policy Specifications and may not be the amount used in calculating a Benefit Payment since the Lifetime Benefit Amount is determined at the time the eligibility conditions are met for purposes of the Benefit Payment.

Lifetime Benefit Percentage– a factor used to calculate the initial Lifetime Benefit Amount for the Rider and the percentage is shown in the Policy Specifications at time of issue and will not change. This percentage is also used as a factor to calculate the adjusted Lifetime Benefit Amount after a Policy change to reduce the Death Benefit.

Maximum Monthly Benefit Percentage– this percentage is elected at Policy issue and can be used to calculate the Maximum Monthly Benefit Payment. This percentage cannot be changed once elected and is shown in the Policy Specifications.

Maximum Per Diem Limitation Percentage - this percentage may be used in the Maximum Monthly Benefit Payment and is shown in the Policy Specifications. See *Benefit Payment – Maximum Monthly Benefit Payment* below to see how this percentage is used.

Severe Cognitive Impairment– means a deficiency or deterioration in the Insured's intellectual capacity that is:

- Comparable to and includes Alzheimer's disease and similar forms of dementia, and
- Measured by clinical evidence and standardized tests that reliably measure impairment in the Insured's short or long-term memory, orientation as to person, place and time, deductive or abstract reasoning, and judgment as it relates to safety awareness.

Remaining Lifetime Benefit Amount– the Lifetime Benefit Amount reduced by any Benefit Proceeds.

Written Certification – a signed written statement completed by a Licensed Health Care Practitioner (t)1 iclfythe In(t time)nsured or a]TJ-1

Subject to the above, Benefit Proceeds are payable immediately upon the satisfaction of the eligibility conditions listed above. Benefit Proceeds begin on the Monthly Payment Date on or following the date the eligibility conditions are met. The first payment upon meeting eligibility conditions includes any Benefit Proceeds that are retroactive to the Monthly Payment Date on or following the date all eligibility conditions are met. If any Benefit Proceeds payment is delayed 31 calendar days, we will pay additional interest beginning on the 31st calendar day to the date the Benefit Proceeds are paid.

Request for Benefits

A request for benefits under this Rider occurs when the eligibility conditions have been met and a written notice requesting an Accelerated Death Benefit has been submitted. Any request given by or on behalf of the Owner to us with information sufficient to identify the Insured, will be deemed an appropriate request to us. Only one request can be approved during any 12-month period. Request should include the desired dollar amount of the Accelerated Death Benefit and your preferred payment option. If the Insured recovers and a subsequent request is submitted, that request is considered to be a new request. We must approve the request before any Benefit Proceeds will be paid.

Within 15 days of our receipt of a request, a benefit form will be provided to the Owner. If we do not provide the form to the Owner or the Owner's authorized representative within 15 days of your request, it will be considered that you complied with the form requirements. However, you must still submit written proof that the eligibility conditions (see the *Eligibility Conditions* section above) have been met along with the nature and extend of the chronic illness. Any information provided can be used to determine proof of eligibility.

Within 90 days prior to the end of the current Benefit Year, we will send you a request for Written Certification to recertify that the Insured remains Chronically Ill. Payment of Benefit Proceeds will not automatically continue under this Rider unless Written Certification is provided at least once every Benefit Year. In order for payment to continue, we must receive Written Certification 60 days before the end of the current Benefit Year. If the Written Certification is received on time, the next benefit Year will begin following the end of the current Benefit Year.

If Written Certification is not received 60 days before the end of the current Benefit Year, a new Benefit Year will not automatically begin upon the end of the preceding Benefit Year. In such an event, the following conditions will apply:

- If the Written Certification is received from 59 days prior to the end of the Benefit Year to within 90 days after the end of the preceding Benefit Year, the new Benefit Year will begin on the Monthly Payment Date on or following the date we receive the Written Certification. If monthly Benefit Payments still remain under the current Benefit Year, the monthly Benefit Payments for the new Benefit Year will start when the last payment for the current Benefit Year is made.
- If the Written Certification is received beyond 90 days after the end of the preceding Benefit Year, your request will be treated as a new request and the new Benefit Year will begin on the Monthly Payment Date on or following the date all eligible conditions are met, including the new Elimination Period if required.

You must notify us if the Insured is no longer Chronically Ill. You can cancel payment of Benefit Proceeds under the monthly payment option at any time by written notification to us and any remaining Benefit Proceed payments will cease upon our receipt of the notification. Any subsequent request for payments must satisfy the eligibility conditions.

Lifetime Benefit Amount

The Lifetime Benefit Amount is determined at the time the eligibility conditions are met for purposes of the Benefit Payment. Any Policy changes that reduce the Death Benefit also reduce the Remaining Lifetime Benefit Amount proportionately. The Lifetime Benefit Amount is equal to the Remaining Lifetime Benefit Amount plus the sum of all prior Benefit Payments. Any Policy changes that increase the Death Benefit do not impact or change the Remaining Lifetime Benefit Amount.

If payment of Benefit Proceeds is not in effect and a request for benefits has not been submitted, you can request a decrease in the Lifetime Benefit Amount after the first Policy year. The effective date of such decrease will be the Monthly Payment Date after we approve your request. Increases to the Lifetime Benefit Amount are not allowed.

Example:

Assume the following:

- Remaining Lifetime Benefit Amount at issue is \$750,000
- Total Face Amount is \$1,000,000
- Benefit Payment processed is \$10,000

Then:

Total Face Amount = \$1,000,000 - \$10,000 = \$990,000

Remaining Lifetime Benefit Amount = \$750,000 - \$10,000 = \$740,000

Lifetime Benefit Amount = \$750,000 (benefit payment does not reduce the Lifetime Benefit Amount)

End of Example

After any Policy change, the Lifetime Benefit Amount will be adjusted to ensure that:

- The Lifetime Benefit Amount will never exceed the Policy's Face Amount, and
- The Lifetime Benefit Amount will be at least equal to the greater of:
 - The Lifetime Benefit Amount Percentage of the Policy's Face Amount, and
 - The Minimum Lifetime Benefit Amount which is the greater of \$50,000 or 50% of the Policy's Total Face Amount.

Example:

Assume the following:

- Remaining Lifetime Benefit Amount is \$740,000
- Lifetime Benefit Amount is \$750,000
- Total Face Amount is \$1,000,000
- Accumulated Value is \$50,000
- Death Benefit is \$1,050,000
- Withdrawal processed for \$25,000

Then:

Remaining Lifetime Benefit Amount after Withdrawal = Remaining Lifetime Benefit Amount before Withdrawal x $(1 - \text{Withdrawal} \div \text{Death Benefit}) = \$722,380.95$

This is a reduction of \$17,619.05 = $(\$740,000 - \$722,380.95)$. The same dollar amount reduces the Lifetime Benefit Amount.

Lifetime Benefit Amount = \$732,380.95

Example:

Assume the following:

- Remaining Lifetime Benefit Amount is \$722,380.95
- Lifetime Benefit Amount is \$732,380.95
- Total Face Amount is \$1,000,000

If there is a policy transaction that reduces the Total Face Amount to \$800,000 there is no reduction to the Remaining Lifetime Benefit Amount or the Lifetime Benefit Amount. This is because the Remaining Lifetime Benefit Amount of \$722,380.95 is still less than the Total Face Amount after reduction to \$800,000.

If there is a policy transaction that reduces the Total Face Amount to \$600,000, then the Remaining Lifetime Benefit Amount is reduced to \$600,000 so that the Remaining Lifetime Benefit Amount does not exceed the Total Face Amount. This is a reduction of \$122,380.95 and this same dollar amount will reduce the Lifetime Benefit Amount. The Lifetime Benefit Amount after this reduction is \$610,000.

End of Example

If no Benefit Payments have been paid, the Remaining Lifetime Benefit Amount is equal to the Lifetime Benefit Amount. Subsequent Benefit Payments paid under this Rider reduce the Remaining Lifetime Benefit Amount as follows:

- If the Maximum Monthly Benefit Payment option is selected, the Remaining Lifetime Benefit is reduced by the Maximum Monthly Benefit Payment.
- If the Maximum Annual Lump Sum Benefit Payment option is selected, the Remaining Lifetime Benefit Amount is reduced by 12 times the Maximum Monthly Benefit Payment.

Benefit Payment

You can elect to receive Benefit Payments monthly (12 payments over a Benefit Year) or elect to receive one annual payment. If no election is made, the default will be monthly Benefit Payments.

Maximum Monthly Benefit Payment. Under a monthly benefit option, you can elect receipt of Benefit Proceeds in 12 monthly payments over a Benefit Year, or until you cancel your request. The Maximum Monthly Benefit Payment is the minimum of these three amounts:

- The Lifetime Benefit Amount multiplied by the Maximum Monthly Benefit Percentage,
- The IRS Per Diem Limitation multiplied by the day in the month factor as shown in the Policy Specifications, multiplied by the Maximum Per Diem Limitation Percentage shown in the Policy Specification, or
- The amount requested by you.

The Maximum Monthly Benefit Payment will not be less than the Minimum Monthly Benefit Payment shown in the Policy Specifications and will not be more than the Remaining Lifetime Benefit Amount.

Maximum Annual Lump Sum Benefit Payment. Under a lump sum benefit option, you can elect receipt of Benefit Proceeds in one annual payment in a Benefit Year. The Maximum Annual Lump Sum Benefit Payment is a discounted sum of the Maximum Monthly Benefit Payments in a Benefit Year. The Maximum Annual Lump Sum Benefit Payment will not exceed the Remaining Lifetime Benefit Amount. If the Maximum Annual Lump Sum Benefit Payment is elected, the Benefit Proceeds will be at least as great as the Acceleration Percentage times the Policy's Net Cash Surrender Value.

Discount Rate. The discount rate is used to determine the Maximum Annual Lump Sum Benefit Payment and will not exceed the greater of these two amounts:

- The current yield on 90-day Treasury bills, or
- The current maximum statutory adjustable policy loan interest rate based on Moody's Corporate Bond Yield Average –

Who Benefit Proceeds Are Paid To Unless otherwise assigned or designated by the Owner, all Benefit Proceeds will be payable to the Owner or the Owner's estate while the Insured is still living, subject to any required acknowledgement from any assignee(s) of record named under the Policy, or the irrevocable beneficiary(ies) named under the Policy, if applicable. Upon the death of the Owner, we will pay any Benefit Proceeds requested prior to the Owner's death, to his or her estate. Any payment of Benefit Proceeds that is made in good faith by us is deemed irrevocable.

Death of the Insured. If written notice of the Insured's death is received by us prior to a payment of Benefit Proceeds, then such proceeds will not be paid. However, any Benefit Proceeds paid by us after the date of death but prior to our receipt of written notice of the Insured's death, will reduce the Death Benefit Proceeds payable under the Policy.

Example where the Policy is not in the Grace Period:

Assumptions:

- Remaining Lifetime Benefit Amount is \$750,000
- Benefit Payment is \$20,000
- Policy Debt before the Benefit Payment is \$5,000
- Policy Death Benefit before the Benefit Payment is \$1,000,000

Acceleration Percentage = $\$20,000 \div \$1,000,000 = 2\%$

Benefit Proceeds = $\$20,000 - (\$5,000 \times 2\%) = \$19,900$

Example where the Policy is in the Grace Period:

Assumptions:

- Remaining Lifetime Benefit Amount is \$750,000
- Benefit Payment is \$20,000
- Policy Accumulated Value is \$15,000
- Policy Debt before the Benefit Payment is \$15,200
- Unpaid Grace Amount is \$1,200
- Policy Death Benefit before the Benefit Payment is \$1,000,000

Acceleration Percentage = $\$20,000 \div \$1,000,000 = 2\%$

Benefit Proceeds = $\$20,000 - (2\% \times \$15,200) - \$1,200 = \$18,496$

End of Example

Rider Effects on Your Policy Values

When we pay a Benefit Payment, we will reduce the following Policy values (if applicable) by their current value multiplied by the Acceleration Percentage:

- The Total Face Amount,
- The Accumulated Value,
- Any Policy loans, Policy Debt, Loan interest charged, Loan Account, and the Loan Account Value, and
- Any surrender charge for each Coverage Layer.

For example, if the Acceleration Percentage is 2%, each of the above values is reduced by 2% as shown below:

Policy Value	Before Benefit Payment	Reduction (2% x Value)	After Benefit Payment
Total Face Amount	\$1,000,000	\$20,000	\$980,000
Accumulated Value	\$15,000	\$300	\$14,700
Policy Debt	\$15,200	\$304	\$14,896
Surrender Charge	\$1,000	\$20	\$980

End of Example

Other Rider Effects on Your Policy

After we make a Benefit Payment under the Rider:

- We will not allow any increase or decrease to the Total Face Amount during a Benefit Year,

- Policy loans may not be requested during a Benefit Year. However, when a Benefit Year ends, Policy loans may be requested,
- Death Benefit Option changes are allowed during a Benefit Year, but only from Death Benefit Option B into Death Benefit Option A while this Rider is in force,
- Policy withdrawals may not be requested during a Benefit Year,
- Any systematic distribution program in effect will be discontinued,
- During a Benefit Year, transfers from the Fixed Options to the Variable Investment Options are not permitted,
- If your Policy has the Flexible Duration No-Lapse Guarantee Rider, the no-lapse guarantee value is reduced on the date of each Benefit Payment by an amount equal to the no-lapse guarantee value prior to the Benefit Payment, multiplied by the Acceleration Percentage. The amount of reduction will be processed against the no-lapse guarantee value according to the terms of the no-lapse guarantee,
- If your Policy has the Short-Term No-Lapse Guarantee Rider, the no-lapse guarantee premium is reduced on the date of each Benefit Payment by an amount equal to the no-lapse guarantee premium prior to the Benefit Payment, multiplied by the Acceleration Percentage. The no-lapse credit is reduced on the date of each Benefit Payment by an amount equal to the No-Lapse Credit prior to the Benefit Payment multiplied by the Acceleration Percentage.

Accelerated Death Benefits may affect your eligibility for, or amount of, other benefits provided by federal, state or local government. Payments of Accelerated Death Benefits provided by the Rider are intended to qualify as Death Benefits under section 101(g) of the Tax Code. The federal, state, or local tax consequences resulting from payment of Accelerated Death Benefit proceeds will depend on your specific facts and circumstances. You should consult with your personal tax advisor before requesting any Accelerated Death Benefit payments.

Payment of an Accelerated Death Benefit under this Rider will reduce the Policy's Death Benefit and other values under the Policy. In most circumstances, the cost of insurance charges will also be reduced. In addition, premium limitations and Death Benefits required in order for the Policy to qualify as a life insurance policy or avoid being classified as a Modified Endowment Contract under the Tax Code will also be affected. See the VARIABLE LIFE INSURANCE AND YOUR TAXES-Modified Endowment Contracts and HOW PREMIUMS WORK - Limits on the Premium Payments You Can Make sections in this prospectus for more information on the relation of the Policy's Death Benefit to premium payments and Modified Endowment Contract status.

Premier Chronic Illness Rider Effects on Other Riders

Generally, optional rider benefits under the Policy will continue to remain In Force subject to the terms and conditions of the Policy and riders, unless otherwise stated. We will calculate charges for optional riders in accordance with the terms of each applicable Rider. The charges may be affected by the reduction in benefits and Policy values.

Lapse Protection

During any Benefit Year, the Policy and any rider will not lapse. Currently, this benefit is administered such that the Monthly Deduction under the Policy, any rider, and any No-Lapse Monthly Deduction will not be assessed during a Benefit Year. Policy loans will continue to be processed according to Policy terms and can result in a negative Net Cash Surrender Value.

When Benefit Payments are no longer being made for a Benefit Year, additional premium or a loan repayment may be required to keep the Policy In Force when Monthly Deduction and any No-Lapse Monthly Deductions resume.

Rider Termination

This Rider will terminate upon the occurrence of any of the following:

- Your Written Request,
- The acceleration of any part of the Death Benefit of the Policy for reason of terminal illness while the Insured is still living,
- The date the Remaining Lifetime Benefit Amount is zero,
- The date the Policy terminates, or
- The date we receive, at our office, written notice of the death of the Insured.

Rider Reinstatement

If the Policy is reinstated, this Rider may also be reinstated according to the reinstatement provision of the Policy.

Premier Living Benefits Rider 2

(This Rider is called "Accelerated Death Benefit Rider for Chronic Illness and Terminal Illness" in your Policy.)

This Rider is only available at Policy issue and is not available for Policies issued in California. See Premier Living Benefits Rider below for Policies issued in California. This Rider is not available if the Premier Chronic Illness Rider was purchased. In addition, this Rider is not available for Policies issued with the Terminal Illness Rider or the Premier Chronic Illness Rider.

The Premier Living Benefits Rider is a chronic illness and terminal illness Rider that provides protection from the financial impacts of becoming chronically ill or terminally ill by providing acceleration of a portion of the Death Benefit.

There is no additional cost for the rider. However, if you choose to exercise the Rider, at the time we pay any Benefit Payment, we will reduce certain Policy values. The Total Face Amount, Accumulated Value, Policy Debt, and any surrender charge for each Coverage Layer will be reduced by the Acceleration Percentage (Chronic Illness or Terminal Illness, as applicable) as calculated under this Rider. The Death Benefit will indirectly be adjusted as certain Policy values above are reduced – Death Benefit Option A (Total Face Amount) and Death Benefit Option B (Total Face Amount plus Accumulated Value). See the subsection below for additional information.

There is no separate premium requirement for this Rider. However, this Rider does not eliminate the need to pay premiums to keep the Policy in force. Even when receiving payment benefits under this Rider, the Owner must continue to pay any necessary premiums to avoid policy lapse.

You may opt out of the Rider at any time after the Policy is issued. There is no charge for opting out of the Rider.

Rider Terms

Accelerated Death Benefit –the adjusted death benefit or portion of death benefit that is paid to a Chronically or Terminally Ill Individual.

Activities of Daily Living – generally include the following self-care functions:

- Bathing oneself;
- Continence;
- Dressing oneself;
- Feeding oneself;
- Getting oneself to and from the toilet;
- Transferring oneself into or out of a bed, chair or wheelchair.

The Rider attached to your Policy contains more detailed information about these self-care functions.

Benefit Payment –the periodic or lump sum payment of the Accelerated Death Benefit proceeds.

Benefit Payment Date– the date or dates that a Benefit Payment is paid. Benefits will be paid when we confirm that the Insured has met the required conditions. See the Eligibility Conditions subsection below.

Certification of Illness – is either of the following:

- A written certification from a Licensed Health Care Practitioner that the insured is a Chronically Ill Individual who meets the conditions of this Rider. Each certification is valid for a 12-month period and must state that the Chronic Illness is expected to be permanent; or
- A written certification from a Licensed Physician that the insured is a Terminally Ill Individual who meets the conditions of this Rider. The certification must include the clinical, radiological or laboratory evidence of the condition that supports the certification.

We reserve the right to obtain an additional opinion of the Insured's conditions at our expense. If this opinion differs from that of the Insured's Licensed Health Care Practitioner or Licensed Physician, eligibility for Benefits will be determined by a third party Licensed Health Care Practitioner or Licensed Physician who is mutually acceptable to you and to us.

Chronic Illness - a medical condition where the Chronically Ill Individual has received a certification of illness that states:

•

Immediate Family Member – includes the spouse, parents, brothers, sisters, and children by blood, adoption, or marriage of the Owner and the Insured, and of the spouse of the Owner and Insured.

Initial Eligible Amount – the lesser of the Maximum Lifetime Chronic Illness Benefit or the Death Benefit, when the first Benefit Payment under this Rider is made.

Licensed Health Care Practitioner – a physician, registered nurse, licensed social worker or other individual whom the United States Secretary of the Treasury may prescribe by regulation, and resides in the United States. A Licensed Health Care Practitioner may not be the Insured, the Owner, or an Immediate Family Member. The Licensed Health Care Practitioner must be independent of us, meaning he or she may not be our employee or be compensated in a manner that is linked to the outcome of the certification.

Licensed Physician – a physician who is licensed and residing in the United States and the physician is not the Owner, the Insured, or Immediate Family Member. The Licensed Physician must be independent of us, meaning he or she may not be our employee or be compensated in a manner that is linked to the outcome of the certification.

Maximum Lifetime Chronic Illness Benefit – the maximum amount of Death Benefit that you can accelerate as a Chronic Illness Benefit during the Insured's lifetime, as shown in your Policy Specifications. The Chronic Illness Benefit will not exceed the actual death benefit at the time this Rider is exercised.

Per Diem Limitation – used in the calculation of the Chronic Illness Benefit. Either annual or monthly Benefit Payments may be elected and they are determined as follows:

- **Annual Per Diem Limitation** – the Per Diem Limitation as declared by the Internal Revenue Service on each Benefit Payment Date multiplied by the Maximum Per Diem Limit Percentage, then multiplied by 365.
- **Monthly Per Diem Limitation** – the Per Diem Limitation as declared by the Internal Revenue Service on each Benefit Payment Date multiplied by the Maximum Per Diem Limit Percentage, then multiplied by 30.

Terminal Illness – A medical condition where the Terminally Ill Individual has been certified to have a life expectancy that is reasonably expected to be 12-months or less from the Benefit Date.

Terminally Ill Individual – an Insured who has been certified as having a Terminal Illness.

Eligibility Conditions – Chronic Illness or Terminal Illness

Eligibility Conditions – To receive an Accelerated Death Benefit, all the following conditions must be satisfied:

- The Policy Owner must provide a written Request for Benefits. If we need additional information, within 15 days of our receipt of the written Request for Benefits, a Benefit Form will be provided to the Insured. You must submit written proof that the Insured is either a Chronically Ill or Terminally Ill Individual.
- The Insured must provide Certification of Illness that they are either a Chronically Ill Individual or a Terminally Ill Individual, whichever applies.
- The Owner must provide us with the written consent of the assignee of record named under the Policy, if any, or the irrevocable beneficiary named under the Policy, if any.
- There is no legal requirement that the benefit be used to meet the claims of creditors, whether in bankruptcy or otherwise, and there shall be no government agency that requires the benefit to apply for, obtain, or keep a government benefit or entitlement.
- The Chronic or Terminal Illness shall not be the result of attempted suicide, or intentionally self-inflicted injury.

Request for Benefits – A written request for benefits may be for either one of the following:

- **Chronic Illness Benefits** – may be made at any time after the date the Insured develops a Chronic Illness as defined in this Rider. Only one request for Chronic Illness Benefits may be submitted during any 12-month period and each request must include a new Certification of Illness. Requests should also include the desired dollar amount and your election of annual or monthly benefit proceeds.
- **Terminal Illness Benefits** - may be made at any time after the date the Insured develops a Terminal Illness as defined in this Rider. A request should include the desired dollar amount which is paid in one lump sum.

Accelerated Death Benefit Payments and Values – Chronic Illness Benefit

The **Chronic Illness Benefit** is the Accelerated Death Benefit payable when the Insured is a Chronically Ill Individual who has met the *Eligibility Conditions* subsection referenced above.

Chronic Illness Benefit Proceeds the amount of Chronic Illness Benefits that is payable on each Benefit Payment Date.

The Chronic Illness Benefit Proceeds are equal to $a - (b \times c) - (d \times c)$, where:

a = The Chronic Illness Benefit;

b = The Policy Debt prior to the payment of the Chronic Illness Benefit;

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Severe Cognitive Impairment –loss or deterioration in intellectual capacity that is comparable to (and includes) Alzheimer’s disease and similar forms of irreversible dementia, and measured by clinical evidence and standardized tests that reliably measure impairment in the individual’s short-term or long-term memory, orientation as to people, places, or time, and deductive or abstract reasoning.

Eligibility Conditions

This Rider may be attached to only one policy per insured. If you have existing Pacific Life Policies with a chronic illness rider, you may choose to either:

- Terminate the chronic illness rider on your existing policy, and obtain a new chronic illness rider with a newly-issued policy, if you qualify; or
- Maintain the chronic illness rider on your existing policy, and accept any applied for life insurance, if issued, without the chronic illness rider.

You should not terminate any existing Pacific Life chronic illness rider until the new application with a chronic illness rider has been approved by Pacific Life. If an insured’s chronic illness has generated benefits under any existing Pacific Life policy, that insured does not qualify for a new chronic illness rider. Please understand that chronic illness benefits may be higher or lower based upon the policy to which it is attached. Request sample Illustrations from your life insurance producer to help determine the policy configuration is appropriate for you.

To receive the Rider Benefit, you must satisfy the following conditions:

- You must submit a Written Request while the Policy is In Force; we will provide you with a claim form within 15 days of your Written Request. Your completed claim form must contain proof that the Insured is a Chronically Ill Individual;
- Any assignee or any irrevocable Beneficiary under the Policy must provide written consent;
- The Chronically Ill Individual’s illness must not be the result of attempted suicide or intentionally self-inflicted injury.

We will pay the Benefits immediately after we receive written certification from a Licensed Health Care Practitioner that the Insured is a Chronically Ill Individual and meets the conditions described in the Rider. We reserve the right to obtain an additional opinion of the Insured’s conditions at our expense. If this opinion differs from that of the Insured’s Licensed Health Care Practitioner, eligibility for Benefits will be determined by a third Licensed Physician who is mutually acceptable to you and to us.

We pay the Benefits to you (or your designee) or to your estate while the Insured is still living, unless the Policy has been otherwise assigned.

The Rider at Exercise

You may request the Rider Benefits once per twelve-month period. Your Written Request should include:

- The Benefit amount requested; and
- Your selection of an annual payment, monthly payments, or a lump sum payment. If your request does not specify a payment option, we will pay the Benefit as an annual payment.

Assumptions

- Accumulated Value is \$150,000
- Death Benefit is \$600,000
- Cash Surrender Value is \$100,000
- Chronic Illness Factor is 47.63776%
- Annual Per Diem Limitation is \$177,937.50

The Reduction Factor is $0.5239499 = [\$100,000 + 0.4763776 \times (\$600,000 - \$150,000)] \div \$600,000$

The Maximum Annual Benefit Amount is \$177,937.50 (the lesser of \$177,937.50 and $0.5239499 \times \$600,000$)

End of Example

If you elect to receive monthly payments, we will pay up to the Maximum Monthly Benefit over a 12-month period. Your request:

- May not be less than \$500;
- Only one request may be made in a 12-month period;
- The benefit will never be greater than the Maximum Monthly Benefit;
- You may not change the amount of the requested benefit payment; and
- You may choose to suspend payments for the remainder of the year.

The Maximum Monthly Benefit Amount is the lesser of:

- The Monthly Per Diem Limitation; or
- The Reduction Factor multiplied by the Eligible Accelerated Monthly Death Benefit.

The Eligible Accelerated Monthly Death Benefit is the lesser of:

- 2% of the Initial Eligible Amount; or
- The excess of the Maximum Lifetime Accelerated Death Benefit over the Total Accelerated Death Benefit; or
- The Death Benefit

If you elect to receive a one-time lump sum benefit, we will pay up to the Maximum Lump Sum Benefit Amount. This benefit can only be paid one time. If you request a lump sum benefit, the rider will terminate after the benefit payment is made. Your request:

- May not be less than \$5,000;
- The benefit will never be greater than the Maximum Lump Sum Benefit Amount;

The Maximum Lump Sum Benefit Amount is the Reduction Factor multiplied by the Eligible Accelerated Lump Sum Death Benefit.

The Eligible Accelerated Lump Sum Death Benefit is the lesser of:

- 50% of the Initial Eligible Amount; or
- The Death Benefit

The Total Accelerated Death Benefit is the sum of all Death Benefit amounts that have been accelerated under this Rider; the Total Accelerated Death Benefit is equal to zero the date this Rider is issued.

The Accelerated Death Benefit Interest Rate will not exceed the greater of:

- The current yield on the 90-day Treasury bill; or
- The maximum fixed annual rate of 8% in arrears or a variable rate determined in accordance with the National Association of Insurance Commissioners Policy Loan Interest Rate Model.

When you exercise the Rider, we will send you a statement demonstrating the effect of exercising the Rider on the Policy's Accumulated Value, Death Benefit, Premium, Cost of Insurance Charges and Policy loans.

At the time of each Benefit payment, we will:

- Verify that the Policy is not in the Grace Period. If it is in the Grace Period, we will reduce the Benefit payment by the amount needed to pay any Monthly Deduction required to keep the Policy In Force;
- Limit the Benefit to the Maximum Annual Benefit Amount or Maximum Monthly Benefit Amount, as applicable;

- Calculate the amount payable upon request under this Rider (the “Chronic Illness Benefit Proceeds”);
- Reduce the Policy and Rider values as described in the Rider; and
- Send you an endorsement to the Policy, which will include a statement of the effect of the Benefit payment on the Policy’s Accumulated Value, Death Benefit, Premium, Cost of Insurance Charges and Policy loans.

Your Policy After Exercising the Rider

When you exercise the Rider and we make a Benefit payment, the following values will be reduced by an amount equal to the value below multiplied by the Acceleration Percentage:

- The Total Face Amount;
- The Accumulated Value;
- The surrender charge for each Coverage Layer;

The Acceleration Percentage equals $(a \div b)$ where:

- When the Rider or the Policy terminate; or
- When you notify us of the Insured's death.

If your Policy lapses and is reinstated, you may reinstate the Rider.

Payment of an Accelerated Death Benefit under this rider will reduce the Policy's Death Benefit and other Policy values referenced in the subsection above. In most circumstances, the cost of insurance charges will also be reduced. In addition, premium limitations and Death Benefits required in order for the Policy to qualify as a life insurance

- Reduce the Policy and Rider values as described in the Rider; and
- Send you an endorsement to the Policy, which will include a statement of the effect of the Benefit payment on the Policy's Accumulated Value, Death Benefit, Premium, cost of insurance Charges and Policy loans.

If you request another transaction on the same day as a Terminal Illness Benefit is paid, we will process the Terminal Illness Benefit Proceeds after we have processed the other requested transactions.

Your Policy After Exercising the Terminal Illness Rider

When you exercise the Rider and we make a Benefit payment, Policy values will be reduced by an amount equal to the value below multiplied by the Acceleration Percentage:

- The Total Face Amount; and
- The Accumulated Value;

The Acceleration Percentage equals $(a \div b)$ where:

a = The Terminal Illness Benefit; and

b = The Eligible Coverage on the date of each Benefit payment.

Your Policy's Total Face Amount will be reduced by an amount equal to the Acceleration Percentage multiplied by the Total Face

Payment of an Accelerated Death Benefit under this rider will reduce the Policy's Death Benefit and other Policy values referenced in the subsection above. In most circumstances, the cost of insurance charges will also be reduced. In addition, premium limitations and Death Benefits required in order for the Policy to qualify as a life insurance policy or avoid being classified as a Modified Endowment Contract under the Tax Code will also be affected. See the VARIABLE LIFE INSURANCE AND YOUR TAXES - Modified Endowment Contracts and HOW PREMIUMS WORK- Limits on the Premium Payments You Can Make sections in this prospectus for more information on the relation of the Policy's Death Benefit to premium payments and Modified Endowment Contract status.

Things to Keep in Mind

Other Variable Life Insurance Policies

We offer other variable life insurance policies which provide insurance protection on the life of the Insured. We also offer riders on other variable life insurance policies that provide additional insurance protection on the Insured. Many life insurance policies and riders have some flexibility in structuring the amount of insurance protection, the amount that is payable upon death, and premium payments in targeting cash values based on your particular needs.

This Policy

If you add a Rider or Riders to your Policy, and if we apply maximum guaranteed charges, you may increase your risk of lapse even if all planned premiums are paid. Adding a Rider or Riders may also affect the amount of premium you can pay on your Policy and still have it qualify as life insurance.

Accelerated death benefit payments received for a chronic illness may be taxable in certain situations, such as when benefit payments are made from multiple policies or when benefit amounts exceed certain IRS limitations (referred to as "per diem" limitations). Pacific Life cannot determine the taxability of benefit payments. Tax treatment of long-term care benefits is complex, and will depend on the amount of benefits taken, the amount of qualified expenses incurred and possibly other factors. Receipt of accelerated death benefits may affect eligibility for public assistance programs such as Medicaid. Consult your qualified and independent legal and tax advisors about the tax implications of these benefits.

We also offer the ability to have increases in Coverage. A requested increase in Coverage can provide for a larger increase, but would be subject to full underwriting and could result in a different Risk Class than that originally underwritten. Policy charges will vary based on the amount and timing of increases, and on whether the increase was scheduled or requested.

Ultimately, individual needs and objectives vary, and they may change through time. It is important that you consider your goals and options carefully. You should discuss your insurance needs and financial objectives with your financial professional before purchasing any life insurance product or purchasing additional insurance benefits. You should also consider a periodic review of your Coverage with your financial professional.

HOW PREMIUMS WORK

Your Policy gives you the flexibility to choose the amount and frequency of your premium payments within certain limits. Each premium payment must be at least \$50 unless a lower premium payment is required to keep the Policy In Force.

The amount, frequency, and period of time over which you make premium payments may affect whether your Policy will be classified

- Traveler's checks;
- Cashier's check or money order drawn on a non-U.S. bank, even if the payment may be effected through a U.S. bank;
- Money order in a single denomination of \$10,000 or less;
- Third party payments, if there is not a clear relationship between the payor (individual, corporation, trust, etc.) and the Insured(s) and/or Owner;
- Wire transfers that originate from foreign bank accounts.

If your Policy is subject to the Minimum Death Benefit, and you want to pay a premium that increases the Net Amount At Risk, you will need to provide us with satisfactory evidence of insurability before we can increase the Death Benefit regardless of which Death Benefit Option you have selected. In this event, your cost of insurance charges will also increase. Cost of insurance charges are based, among other things, upon your Policy's Net Amount At Risk. For more information, see the **YOUR POLICY'S ACCUMULATED VALUE** section in this prospectus on how cost of insurance charges are calculated.

All unacceptable forms of premium payments will be returned to the payor along with a letter of explanation. We reserve the right to reject or accept any form of payment. If you make premium payments or loan repayments by Electronic Funds Transfer or by check other than a cashier's check, your payment of any withdrawal proceeds and any refund during the free look period may be delayed

Federal tax law puts limits on the amount of premium payments you can make in relation to your Policy's Death Benefit. These limits apply in the following situations:

YOUR POLICY'S ACCUMULATED VALUE

All Policy charges assessed under the policy will reduce the Accumulated Value as an Account Deduction.

We offer different underwriting methods such as guaranteed issue, simplified issue, or regular issue. If guaranteed issue or simplified issue is used, the cost of insurance rates are generally higher than if the Policy were issued through regular underwriting. As a result, a healthy individual who uses guaranteed or simplified issue may pay higher cost of insurance rates than if the healthy individual used regular issue for the Policy. See the **MORE ON POLICY CHARGES – Underwriting Methods and Nonstandard Ratings** section in the Statement of Additional Information for additional information on underwriting.

Monthly Deductions

We deduct a monthly charge from your Policy's Accumulated Value on each Monthly Payment Date until the Monthly Deduction End

- Charges under the Policy.

If your Policy's Accumulated Value less Policy Debt is less than the Monthly Deduction, your policy will enter its Grace Period. We deduct the amount available and send you, and anyone you have assigned your Policy to, a notice telling you the sufficient amount to pay to keep your Policy In Force. The minimum amount required to bring the Policy out of the Grace Period is equal to the Monthly Deduction due plus three times the Monthly Deduction that was due on the Monthly Payment Date when there was not enough Accumulated Value to pay the charge, plus any premium load. For more information regarding payment due to keep your Policy In Force, please contact our Consumer Markets Division.

We will give you a *Grace Period* of 61 days from the date we send the notice to pay sufficient premium to keep your Policy In Force. Your Policy will remain In Force during the Grace Period. We may accept an amount that is less than the amount provided in the notice to keep the Policy In Force. If you receive a notice, speak with your financial professional or contact us directly if you have any questions.

If we do not receive your payment within the Grace Period, your Policy will lapse with no value. This means we will end your life insurance Coverage.

If we receive your payment within the Grace Period, we will allocate your Net Premium on the day it is received to the Investment Options you have chosen and deduct the monthly charge from your Investment Options as an Account Deduction at the next policy monthly payment date. A minimum of the Monthly Deduction due plus three times the Monthly Deduction due when the insufficiency occurred, plus any applicable premium load, must be paid.

If your Policy is in danger of lapsing and you have Policy Debt, you may find that making the minimum payment would cause the total premiums paid to exceed the maximum amount for your Policy's Face Amount under tax laws. In that situation, we will not accept the portion of your payment that would exceed the maximum amount. To stop your Policy from lapsing, you will have to repay a portion of your Policy Debt.

Remember to tell us if your payment is a premium payment. Otherwise, we will treat it as a loan repayment.

To stop your Policy from lapsing in the future, you may want to make larger or more frequent premium payments if tax laws permit it. Or if you have a Policy al

After the reinstatement premium has been applied, regular Policy processing will occur for the period of time when coverage was provided during the Grace Period. There will be no Monthly Deduction and no interest credits between the time of lapse and reinstatement.

YOUR INVESTMENT OPTIONS

You can find a complete list of the Variable Investment Options available under this Policy in the **APPENDIX: FUNDS AVAILABLE UNDER THE POLICY** section in this prospectus

We put your Net Premium in our General Account and Separate Account. We own the assets in our accounts and allocate your Net

- If you have used all 25 transfers available to you in a calendar year, you may no longer make transfers between the Investment Options until the start of the next calendar year. However, you may make 1 transfer of all or a portion of your Policy's Accumulated Value remaining in the Variable Investment Options into the Fidelity® VIP Government Money Market Variable Account prior to the start of the next calendar year.
- You may only make 2 transfers in any calendar month to or from each of the following Investment Options:

Fidelity® VIP Bond Index Portfolio Initial Class	Fidelity® VIP International Index Portfolio Initial Class	Fidelity® VIP Total Market Index Portfolio Initial Class
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For example, if you transfer from the Fidelity VIP Bond Index Portfolio Initial Class to the Fidelity VIP Total Market Index Portfolio Initial Class, that counts as one transfer for each Investment Option. Only one more transfer involving those two Investment Options can occur during the calendar month. If you later transfer from the Fidelity VIP Bond Index Portfolio Initial Class to the Pacific Select Fund ESG Diversified Portfolio Class P, that would be the second transfer in the calendar month involving the Fidelity VIP Bond Index Portfolio and that Investment Option is no longer available for the remainder of the calendar month. All other Investment Options listed above would still be available to transfer into or out of for the remainder of the calendar month.

- Additionally, only 2 transfers in any calendar month may involve the following Investment Option:

DFA VA International Small Portfolio	Vanguard VIF Bond Index Portfolio
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For example, if you transfer from the DFA VA International Small Portfolio to the Pacific Select Fund Hedged Equity Portfolio Class P, that counts as one transfer for the calendar month. If you later transfer from the DFA VA International Small Portfolio to the Vanguard VIF Mid-Cap Index Portfolio, that would be the second transfer for the calendar month and no more transfers will be allowed for any of the Investment Options listed above for the remainder of the calendar month.

- For the purpose of applying the limitations, multiple transfers that occur on the same day are considered 1 transfer. Transfers into the Loan Account, a transfer of Accumulated Value from the Loan Account into your Investment Options following a loan payment, transfers that occur as a result of the dollar cost averaging service, the portfolio rebalancing service, Fixed Option interest sweep service, approved corporate owned life insurance policy rebalancing programs, the first year transfer service or an approved asset allocation service are excluded from the transfer limitations. Also, allocations of premium payments are not subject to these limitations.
- Transfers to or from a Variable Investment Option cannot be made before the seventh calendar day following the last transfer to or from the same Variable Investment Option. If the seventh calendar day is not a Business Day, then a transfer may not occur until the next Business Day. The day of the last transfer is not counted. Hedged Equity Variable Investment Options are excluded from these limitations. If the seventh calendar day is not a Business Day, then a transfer may not occur until the next Business Day. The day of the last transfer is not counted. Hedged Equity Variable Investment Options are excluded from these limitations.

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Example

A Policy is issued and Accumulated Value is allocated to the Fixed Account with a request to use the first year transfer service. You choose the amount you want transferred each month for the first 12 months of the Policy. If you allocated \$20,000 to the Fixed Account and instructed us to transfer \$1,000 per month, we will transfer \$1,000 for 12 consecutive months. After the 12 months, the service will terminate.

The Fixed Option interest sweep service allows you to make scheduled transfers of the accumulated interest earnings from your Fixed Account or Fixed LT Account to the Variable Investment Options. At the time you complete the election form for the Fixed Option interest sweep service, you will select either the Fixed Account or the Fixed LT Account as the account from which you want to transfer interest earnings. You will also select the Variable Investment Options to which you wish to transfer the interest earnings. Interest earnings subject to transfer under the Fixed Option interest sweep service will begin to accrue on the Policy's first monthly anniversary following your enrollment in the service. Each transfer must be at least \$50. If the fixed account option you selected on the election form does not have interest earnings of at least \$50, the transfer will be held until the next scheduled transfer date when the interest earnings are at least \$50. Amounts transferred under the Fixed Option interest sweep service do not count against the Fixed Option transfer limitations or Investment Option transfer restrictions.

We do not charge for the Fixed Option interest sweep service and we do not currently charge for transfers made under this service. If imposed, transfer fees could be substantial if total transfers scheduled under this service plus any unscheduled transfers you request exceed any applicable minimum guarantee of free transfers per Policy Year.

WITHDRAWALS, SURRENDERS AND LOANS

You can take out all or part of your Policy's Accumulated Value while your Policy is In Force by making withdrawals or surrendering your Policy. You can take out a loan using your Policy as security. You can also use your Policy's loan and withdrawal features to supplement your income, for example, during retirement.

Making a withdrawal, taking out a loan or surrendering your Policy can change your Policy's tax status, generate taxable income, or

Taking Out a Loan

You can borrow money from your Policy any time after the Free Look Transfer Date. The maximum amount available to borrow will be less than 100% of your Accumulated Value. Generally, the minimum amount you can borrow is \$200. See the

- If a premium payment of over \$1,000 was received within 10 business days of the surrender request, the premium amount received may be withheld from the surrender proceeds until we obtain verification the payment cleared the bank. The amount withheld will be noted on our surrender confirmation letter and a separate letter will be provided when the remainder of the proceeds are disbursed.
- We will send you the Policy's Net Cash Surrender Value. Surrender proceeds will be paid in a single lump sum check. We may make other options available in addition to the single check option.
- Each Basic Coverage Layer has a 14-year surrender charge period.
- If you have a Basic Coverage Layer on your Policy that's been In Force for less than 14 years, a surrender charge will apply if you surrender your Policy.
- The surrender charge for each Basic Coverage Layer is based on the Face Amount of that Life Coverage Layer and the Age and Risk Class of the Insured, and the Death Benefit Option, on the date the Life Coverage Layer is effective. The Maximum Surrender Charge is the sum of the surrender charge on each Life Coverage Layer that has an associated surrender charge. If you increase your Policy's Face Amount, through a Basic Coverage increase, we will send you a Supplemental Schedule of Coverage that shows the surrender charge factors associated with the increase.

Your Policy has an initial Surrender Charge. The surrender charge decreases on each Monthly Payment Date by $\frac{1}{12}$ of the Reduction Factor until the charge becomes \$0 after the End Year. The Initial Amount (the amount of the initial Surrender Charge), the Surrender Charge at the end of each Policy Year, the Reduction Factor (the amount by which the Surrender Charge is reduced) and the End Year (the last year in which a Surrender Charge is assessed) are shown in the Table of Surrender Charge Factors in your Policy Specifications.

For a Policy that insures a male non-smoker, Age 55 at Policy issue, with a Policy Face Amount of \$100,000
 Initial Amount = \$4,164.00
 Reduction Factor = 0 (the surrender charge has a one-year level period)
 End Year = 14
 In Policy month 1, the Surrender Charge is: \$4,164.00 ($\$4,164.00 - (0)$)

If there have been decreases in the Basic Coverage Layer Face Amount, including decreases due to withdrawals, the applicable Surrender Charge rate will not change for that Coverage Layer as a result of the decrease. The highest Surrender Charge rate described is the guaranteed maximum charge. We may charge less than such guaranteed maximum charge. Any lesser charge will apply uniformly to all members of the same Class.

In addition, any Coverage Layer representing an increase in Basic Life Coverage will have associated Surrender Charge rates and Reduction Factor which will be provided in a Supplemental Schedule of Coverage. The Surrender Charge rates for any such Coverage Layer will be effective as of the Coverage Layer Date and as of the beginning of each Coverage Year thereafter, and will decrease in the same manner as the initial Coverage Layer.

- There is no surrender charge on any Coverage Layer after 14 Policy years from the date the Coverage Layer is effective.
- We guarantee the Surrender Charge rates for any Coverage Layer will not increase.
- If you decrease the Face Amount, the decrease will not affect your Policy's Maximum Surrender Charge.

Example:

A male non-smoker, Age 55 is issued a policy with an initial Policy Face Amount of \$100,000. In month 70, there is an increase in basic life coverage of \$250,000, for a total policy face amount of \$350,000. The initial \$100,000 is Coverage Layer 1, and the \$250,000 is Coverage Layer 2.

In Policy month 1, the Surrender Charge is: \$4,164 ($\$100,000 * 0.041640 - (0)$)

Coverage Layer 1 Reduction Factor = 0 (the surrender charge has a one-year level period)

In Policy month 12, the Surrender Charge is: \$4,164 ($\$100,000 * 0.041640 - (0)$)

Coverage Layer 1 Reduction Factor = 0 (the surrender charge has a one-year level period)

GENERAL INFORMATION ABOUT YOUR POLICY

In addition, when a misstatement is discovered on a Policy that is In Force we will not recalculate the Accumulated Value, but we will use the correct sex and birth date of the Insured in calculating future Monthly Deductions.

Contesting the Validity of Your Policy

We have the right to contest the validity of your Policy for two years from the Policy Date. Once your Policy has been In Force for two years from the Policy Date during the lifetime of the Insured, we generally lose the right to contest its validity.

We also have the right to contest the validity of a Policy that you reinstate for two years from the day that it was reinstated. Once your reinstated Policy has been In Force for two years from the reinstatement date during the lifetime of the Insured, we generally lose the right to contest its validity. During this period, we may contest your Policy only if there is a material misrepresentation on your application for reinstatement.

We have the right to contest the validity of an increase in the Face Amount of a Policy for two years from the day the increase becomes effective. Once the increased Face Amount has been In Force for two years during the lifetime of the Insured, we generally lose the right to contest its validity.

Regardless of the above, we can contest the validity of your Policy for failure to pay premiums at any time or if the Policy was procured by fraud. The Policy will terminate upon successful contest with respect to the Insured.

Assigning Your Policy as Collateral

You may assign your Policy as collateral to secure a loan, mortgage, or other kind of debt. An assignment will take place only when we receive and record your signed Collateral Assignment Form. When recorded, the assignment will take effect as of the date the form was signed. Any rights created by the assignment will be subject to any payments made or actions taken by us before we record the change. We will not be responsible for the validity of any assignment. Please contact us for a Collateral Assignment Form if you would like to assign your Policy.

Non-participating

This Policy will not share in any of our surplus earnings.

Policy Changes

We reserve the right to make any change to the provisions of this Policy to comply with, or give you the benefit of, any federal or state statute, rule, or regulation, including but not limited to requirements for life insurance contracts under the Tax Code or of any state.

VARIABLE LIFE INSURANCE AND YOUR TAXES

Policy Exchanges

If you exchange your Policy for another one that insures the same person, it generally will be treated as a tax-free exchange under Section 1035 of the Code and, if so, will not result in the recognition of gain or loss unless you no longer have a substantial family, business, or financial relationship with the insured. In that case, the exchange of the policy is considered a reportable policy sale that may result in current taxation of any gain in the policy at the time of the sale and also subject a portion of the death benefit to taxation. If the policy owner or the person insured by the policy is changed, the exchange will be treated as a taxable exchange.

Change of Ownership

You may have taxable income if you transfer ownership of your Policy, sell your Policy, or change the ownership of it in any way. This may include the transfer or sale of any entity or business that owns a Policy. The determination of taxation upon a change of Ownership cannot be determined by Pacific Life. Please consult your tax advisor for advice on your specific situation.

Corporate or Employer Owners

There are special tax issues for employer Owners:

- Section 101(j) of the Tax Code generally provides that Death Benefits paid in connection with certain life insurance policies involving an employer will be taxable income. Employer-involved policies issued or materially modified on or after August 18, 2006 may be subject to income tax liability on the Policy's Death Benefit unless certain requirements and conditions of Section 101(j) are met.
- Using your Policy to informally fund a promised deferred compensation benefit for executives may have special tax consequences.
- Corporate ownership of a Policy may affect your liability under the alternative minimum tax (Section 56 of the Tax Code) and the environmental tax (Section 59A of the Tax Code).
- Where a business is the Owner of the Policy, Section 264(f) of the Tax Code may disallow a portion of the entity's interest expense unless, at the time the Policy is issued, the Insured is an officer, director, employee, or 20% owner of the business. If the Policy is later exchanged for a new life insurance Policy, the Insured must meet this exception at the time the new Policy is issued.

Please consult your tax advisor for these and other special rules for employer-involved Policies.

If you borrow money to buy or carry certain life insurance policies, tax law provisions may limit the deduction of interest. If the taxpayer is an entity that's a direct or indirect beneficiary of certain life insurance, endowment or annuity contracts, a portion of the entity's deductions for loan interest may be disallowed, even though this interest may relate to debt that's completely unrelated to the contract.

Modified Endowment Contracts

Section 7702A of the Tax Code defines a class of life insurance policies known as "Modified Endowment Contracts". If your Policy is a Modified Endowment Contract, any distributions you receive during the life of the Policy are treated less favorably than under non-

Payment of an accelerated death benefit will reduce the death benefit, associated cost of insurance charges, and other values under the Policy. Further, the premium limitations and death benefits required for the Policy to qualify as a life insurance policy or avoid being classified as a Modified Endowment Contract under the Tax Code will also be affected.

Benefits paid by accelerating the policy's death benefit may qualify for favorable tax treatment under Section 101(g) of the Tax Code. Tax treatment of an accelerated death benefit due to terminal illness depends on your life expectancy at the time benefits are accelerated.

Accelerated death benefit payments received due to a chronic illness may be taxable in certain situations, such as when benefit payments are made from multiple policies or when benefit amounts exceed certain IRS limitations (referred to as "per diem" limitations).

Pacific Life cannot determine the taxability of benefit payments. Tax laws relating to accelerated death benefits are complex. Receipt of accelerated death benefits may affect eligibility for public assistance programs such as Medicaid. Clients are advised to consult with qualified and independent legal and tax advisors for more information prior to receiving benefits.

Your policy contains provisions that allow for all or a portion of the Net Cash Surrender Value or Death Benefit to be paid in a series of installments. In addition, certain policies may have Optional Riders that provide for installment benefits. These installments may be for a certain period of time, or may be payable based upon the life of one or more individuals.

Under the rules of Section 72 of the Tax Code, each payment made will be comprised of two portions: A portion representing a return of the investment in the contract, and the remainder representing interest. The Exclusion Ratio as defined in Section 72(b) is used to determine what amount of each payment is excluded from tax reporting.

The calculation of the Exclusion ratio is based upon these two policy values as of the date the amount of the installment payment is being determined:

- The portion of the Net Cash Surrender Value or Death Benefit Proceeds being applied to the installment benefit;
- The investment in the contract.

The portion of each payment that is treated as a return of the investment in the contract is equal to the Exclusion Ratio multiplied by the Payment Amount. For installments payments that are based upon the life of one or more individuals, once the investment in the contract has been depleted any subsequent payment(s) would be treated as a return of interest and thus fully taxable.

ABOUT PACIFIC LIFE

Pacific Life Insurance Company is a life insurance company domiciled in Nebraska. Along with our subsidiaries and affiliates, our operations include life insurance, annuity, institutional products, mutual funds, broker-dealer operations, and investment and advisory services.

We were originally organized on January 2, 1868, under the name “Pacific Mutual Life Insurance Company of California” and reincorporated as “Pacific Mutual Life Insurance Company” on July 22, 1936. On September 1, 1997, we converted from a mutual life insurance company to a stock life insurance company ultimately controlled by a mutual holding company and were authorized by California regulatory authorities to change our name to Pacific Life Insurance Company. On September 1, 2005, Pacific Life changed from a California corporation to a Nebraska corporation. Pacific Life is a subsidiary of Pacific LifeCorp, a holding company, which, in turn, is a subsidiary of Pacific Mutual Holding Company, a mutual holding company. Under their respective charters, Pacific Mutual Holding Company must always hold at least 51% of the outstanding voting stock of Pacific LifeCorp, and Pacific LifeCorp must always own 100% of the voting stock of Pacific Life. Owners of Pacific Life’s annuity contracts and life insurance policies have certain membership interests in Pacific Mutual Holding Company, consisting principally of the right to vote on the election of the Board of Directors of the mutual holding company and on other matters, and certain rights upon liquidation or dissolutions of the mutual holding company.

Our executive office is at 700 Newport Center Drive, Newport Beach, California 92660.

How Our Accounts Work

We own the assets in our General Account and our Separate Account. We allocate your Net Premiums to these accounts according to the Investment Options you have chosen.

Our General Account includes all of our assets, except for those held in our separate accounts. We guarantee you an interest rate for up to one year on any amount allocated to the Fixed Options. The rate is reset annually. The Fixed Options are part of our General Account, which we may invest as we wish, according to any laws that apply. We will credit at least the guaranteed rate even if the investments we make earn less. Unlike the Separate Account, the General Account is subject to liabilities arising from any of our other business. Our obligations under the Policy which include the death benefit and other benefits provided under any rider, are paid from the General Account. Our ability to pay these guarantees is backed by our financial strength and claims paying ability as a company. You must look to the company’s strength with regard to policy guarantees. We can provide you with reports of our ratings as an insurance company and our ability to pay claims with respect to our General Account assets.

The Fixed Options are not securities, so they do not fall under any securities act. However, other federal securities laws will apply to the accuracy and completeness of the disclosure about the Fixed Options.

Amounts allocated to the Variable Investment Options are held in our Separate Account. The assets in this account are kept separate from the assets in our General Account and our other separate accounts, and are protected from our general creditors. The assets of the Separate Account may not be used to pay any liabilities of the Company other than those arising from the Policies and any other policies supported by the Separate Account..

The Separate Account is divided into Variable Accounts. Each Variable Account invests in shares of a corresponding Fund. Information regarding the Funds available through the Separate Account, including the Fund name, investment objective, the investment adviser and any sub-adviser, current expenses, and performance is available in an appendix to this Prospectus. See the APPENDIX: FUNDS AVAILABLE UNDER THE POLICY section in this prospectus. Each Fund has issued a prospectus that contains more detailed information about each Fund, and may be found at www.PacificLife.com.

We are the legal owner of the assets in the Separate Account, and pay its operating expenses. We do not hold ourselves out to be trustees of the Separate Account assets. The Separate Account is operated only for our variable life insurance policies. Pacific Life is obligated to pay all amounts promised to Policy Owners under the terms of the Policy. We must keep assets in the Separate Account equal to the reserves and policy liabilities (i.e. amounts at least equal to the aggregate variable account value) sufficient to pay obligations under the insurance policies funded by the Separate Account and may only transfer to the General Account assets of the Separate Account which exceed such reserves and Policy liabilities. Some of the money in the Separate Account may include charges we collect from the account and any investment results on those charges.

Income, gains, and losses credited to, or charged against, the Separate Account reflect the Separate Account’s own investment experience and not the investment experience of our other assets.

Similarly, the income, gains or losses, realized or unrealized, of the assets of any Variable Account belong to that Variable Account and are credited to or charged against the assets held in that Variable Account without regard to our other income, gains or losses.

We can add, change or remove any Fund that the Separate Account or any Variable Account holds or buys.

We can substitute shares of one Fund with shares of another Fund if:

- Any Fund is no longer available for investment; or
- Our management believes that a Fund is no longer appropriate in view of the purposes of the Policy.

We will give you any required notice or receive any required approval from Policy Owners or the SEC before we substitute any shares. We will comply with the filing or other procedures established by insurance regulators as required by law.

We can add new Variable Accounts, which may include additional subaccounts of the Separate Account, to serve as Investment Options under the Policies. These may be managed separate accounts or they may invest in a new Fund, or in shares of another investment company or one of its portfolios, or in a suitable investment vehicle with a specified investment objective.

We can add new Variable Accounts when we believe that it is warranted by marketing needs or investment conditions. We will decide on what basis we will make new Variable Accounts available to existing Policy Owners.

We can also cease offering any of our Variable Accounts if we believe marketing, tax, or investment conditions warrant it. If we cease offering any Variable Account, we will provide any required notice or receive any required approval from Policy Owners or the SEC, as applicable.

If we make any changes to Variable Accounts or substitution of Funds, we can make appropriate changes to this Policy or any of our other policies, by appropriate endorsement, to reflect the change or substitution.

If we believe it is in the best interests of people holding voting rights under the Policies and we meet any required regulatory approvals we can do the following:

- Operate the Separate Account as a management investment company, unit investment trust, or any other form permitted under securities or other laws (the Separate Account's current form is a unit investment trust);
- Register or deregister the Separate Account under the Investment Company Act (the Separate Account is currently registered);
- Combine the Separate Account with one of our other separate accounts or our affiliates' separate accounts;
- Combine one or more Variable Accounts;
- Create a committee, board or other group to manage the Separate Account;
- Change the classification of any Variable Account.

We may be charged for state and local taxes. Currently, we pay these taxes because they are small amounts with respect to the Policy. If these taxes increase significantly, we may deduct them from the Separate Account.

We may charge the Separate Account for any federal, state and local taxes that apply to the Separate Account or to our operations. This could happen if our tax status or the tax treatment of variable life insurance changes.

Voting Rights

We are the legal owner of the shares of the Funds that are held by the Variable Accounts. We may vote on any matter at shareholder meetings of the Funds. However, we are required by law to vote as you instruct on the shares relating to your allocation in a Variable Investment Option. This is called your *voting interest*.

Your voting interest is calculated as of a day set by the Board of Trustees or Board of Directors of a Fund, called the *record date*. Your voting interest equals the Accumulated Value in a Variable Investment Option divided by the net asset value of a share of the corresponding Fund. Fractional shares are included. If allowed by law, we may change how we calculate your voting interest.

We will send you documents from the Fund called *proxy materials*. They include information about the items you will be voting on and forms for you to give us your instructions. We will vote shares held in the Separate Account for which we do not receive voting instructions in the same proportion as all other shares in the Fund held by the Separate Account for which we have received timely instructions. If we do not receive any voting instructions for the shares in a separate account, we will vote the shares in the same proportion as the total votes for all of our separate accounts for which we have received timely instructions. As a result of proportional voting, the votes cast by a small number of policy owners may determine the outcome of a vote.

We will vote shares of any Fund we hold in our General Account in the same proportion as the total votes for all of our separate accounts, including this Separate Account. We will vote shares of any Fund held by any of our non-insurance affiliates in the same proportion as the total votes for all of our separate accounts and those of our insurance affiliates.

If the law changes to allow it, we can vote as we wish on shares of the Fund(s) held in the Separate Account.

When required by state insurance regulatory authorities, we may disregard voting instructions that:

- Would change a Fund's investment objective or subclassification;

- Would approve or disapprove an investment advisory contract.

We may disregard voting instructions on a change initiated by Policy Owners that would change a Fund's investment policy, investment adviser or Fund manager if:

- Our disapproval is reasonable;
- We determine in good faith that the change would be against state law or otherwise be inappropriate, considering the Fund's objectives and purpose, and considering what effect the change would have on us.

If we disregard any voting instructions, we will include a summary of the action we took and our reasons for it in the next report to Policy Owners.

Distribution Arrangements

Pacific Select Distributors, LLC ("PSD"), a broker-dealer and our subsidiary, pays various forms of sales compensation to broker-dealers (including other affiliates) that solicit applications for the Policies. PSD also may reimburse other expenses associated with the promotion and solicitation of applications for the Policies.

Investment Objective	Fund; Advisor (Subadvisor)	Current Expenses	Average Annual Total Returns (as of 12/31/2023)		
			1 Year	5 Year	10 Year
Seeks investment results that correspond to the total return of common stocks that are publicly traded in the U.S.	Pacific Select Fund Equity Index Portfolio Class P; Pacific Life Fund Advisors LLC (BlackRock Investment Management, LLC)	0.08%	26.19%	15.61%	11.94%
Seeks long-term growth of capital and low to moderate income, while giving consideration to certain environmental, social, and governance (“ESG”) criteria.	Pacific Select Fund ESG Diversified Growth Portfolio Class P; Pacific Life Fund Advisors LLC	0.58% ¹	17.90%	N/A	N/A
Seeks long-term growth of capital and low to moderate income, while giving consideration to certain environmental, social, and governance (“ESG”) criteria.	Pacific Select Fund ESG Diversified Portfolio Class P; Pacific Life Fund Advisors LLC	0.60% ¹	16.01%	N/A	N/A
Seeks a high level of current income.	Pacific Select Fund Floating Rate Income Portfolio Class P ; Pacific Life Fund Advisors LLC (Aristotle Pacific Capital LLC)	0.71%	13.76%	5.98%	4.39%
Seeks to provide capital appreciation.	Pacific Select Fund Hedged Equity Portfolio Class P ; Pacific Life Fund Advisors LLC (JPMorgan Investment Management, Inc.)	0.70%	15.92%	N/A	N/A
Seeks to maximize total return consistent with prudent investment management.	Pacific Select Fund Inflation Managed Portfolio Class P; Pacific Life Fund Advisors LLC (Pacific Investment Management Company LLC)	0.54%	3.88%	3.38%	2.43%
Seeks high, long-term growth of capital.	Pacific Select Fund Pacific Dynamix – Aggressive Growth Portfolio Class P; Pacific Life Fund Advisors LLC	0.39% ¹	N/A	N/A	N/A
Seeks current income and moderate growth of capital.	Pacific Select Fund Pacific Dynamix – Conservative Growth Portfolio Class P; Pacific Life Fund Advisors LLC	0.39% ¹	11.91%	N/A	N/A

Investment Objective

Fund; Advisor (Subadvisor)

Current
Expenses

Average Annual Total Returns
(as of 12/31/2023)

Allowable Investment Options

DFA VA Short-Term Fixed Portfolio

Fidelity VIP Bond Index Portfolio

Pacific Select Fund Inflation Managed Portfolio

APPENDIX: STATE LAW VARIATIONS

Certain Policy features described in this Prospectus may vary or may not be available in your state. The state in which your Policy is issued governs whether or not certain features, Riders, charges or fees are available or will vary under your Policy. These variations are reflected in your Policy and in Riders or Endorsements to your Policy. See your financial professional or contact us for specific information that may be applicable to your state.

YOUR FREE LOOK RIGHT

Free Look Right

For policies issued in California, you may return this policy within 10 days of policy delivery. For Insureds age 60 or older, you may return this policy within 30 days of policy delivery.¹

For policies issued as an internal replacement in Michigan or Pennsylvania, you may return this policy within 45 days of policy delivery.

For policies issued in Florida, you may return this policy within 14 days of policy delivery.

For policies issued in North Dakota, you may return this policy within 20 days of policy delivery.

The table below shows which states do or do not require refund of premiums paid.

Return of Premium	Return of Accumulated Value + Loads + Charges
FL; ND SD	AK; AL; AR; AZ; CA; CO; CT; DC; DE; GA; HI; IA; ID; IL; IN; KS; KY; LA; MA; MD; ME; MI; MN; MO; MS; MT; NC; NE; NH; NJ; NM; NV; OH; OK; OR; PA; RI; SC TN; TX; UT; VA; VT; WA; WI; WV; WY

¹ In California, for ages 60+ and if we've not received a written request for immediate investment in variable options, premium is returned for a free look surrender.

TIMING OF PAYMENTS, FORMS AND REQUESTS

For Policies issued in California, Florida, North Dakota, and South Dakota, the additional annual interest rate for Death Benefit Proceeds delayed for more than 31 calendar days is the following:

California: 1%

Florida: The Moody's Corporate Bond Yield Average – Monthly Average Corporate rate which may vary.

North Dakota: 1%

South Dakota: 4%

WITHDRAWALS, SURRENDERS AND LOANS

Taking Out a Loan

For Policies issued in Florida, there is no minimum loan amount required.

YOUR INVESTMENT OPTIONS

Fixed Options

For policies issued in Florida, we reserve the right to limit the amount allocated to the General Account (which includes the Fixed Account and the Fixed LT Account) to \$100,000 per policy.

OPTIONAL RIDERS AND BENEFITS

Premier Living Benefits Rider 2

Rider Terms

For policies issued in Florida, the following applies:

All references to the term “Chronically Ill Individual” are referred to as “an Individual with Chronic Illness”.

HOW MUCH YOU CAN BORROW

Loan Amount Available

For policies issued in Arizona, your loan amount available equals the Net Cash Surrender Value.

PAYING THE DEATH BENEFIT IN THE CASE OF SUICIDE

Suicide Exclusion

For policies issued in Colorado, Minnesota, Missouri, or North Dakota, the suicide exclusion period is one year.

WHERE TO GO FOR MORE INFORMATION

You will find additional information about the Policy and Pacific Select Exec Separate Account in the Statement of Additional Information (“SAI”) dated May 1, 2024. The SAI has been filed with the SEC and is considered to be part of this prospectus because it is incorporated by reference.

You can get a copy of the SAI without charge, upon request, by calling (800)347-7787, or you can view it online at <https://www.pacificlife.com/home/products/life-insurance/variable-universal-life-insurance/prospectuses-and-other-reports.html>. Reports and other information about Pacific Select Exec Separate Account are available on the SEC website at <http://www.sec.gov>, and copies of this information may be obtained, upon payment of a duplicating fee, by electronic request at the following email address: publicinfo@sec.gov.

You may contact us at the number below to request information or make inquiries about the Policy.

If you ask us, we will provide you with one or more Illustrations. Illustrations may help you understand how your Policy’s Death Benefit, Cash Surrender Value and Accumulated Value would vary over time based on different assumptions. You can get one Policy Illustration free of charge per Policy Year by calling or writing to us. We reserve the right to charge \$25 for additional Illustrations.

How to Contact Us

Pacific Life Insurance Company
P.O. Box 2030
Omaha, Nebraska 68103-2030
(800) 347-7787
6 a.m. through 5 p.m. Pacific time
www.PacificLife.com

☎
(866) 398-0467
Transactions@pacificlife.com

☎
Pacific Life Insurance Company
P.O. Box 100957
Pasadena, California 91189-0957

FINRA Public Disclosure Program

FINRA provides investor protection education through its website and printed materials. The FINRA regulation website address is www.finra.org. An investor brochure that includes information describing the BrokerCheck program may be obtained from FINRA. The FINRA BrokerCheck hotline number is (800) 289-9999. FINRA does not charge a fee for the BrokerCheck program services.

EDGAR Contract No. C000233353

Our Privacy Promise

- We do not sell information about you.
- We do not share your information with anyone for their marketing purposes.
- We only use your personal information to help maintain and grow the relationship you have with us.

Privacy Notice to All

Whether you are a customer, prospective customer, business partner, job applicant, a visitor to a Pacific Life office, or an attendee at a Pacific Life hosted or sponsored event, you have entrusted us to safeguard your personal information. We are providing this privacy notice to assist you in understanding the types of personal information we collect, where we receive it, how we use it, and how we protect the privacy of the personal information shared with us.

Where Do We Get Personal Information, Why Do We Collect It, and What Do We Collect?

Most of the personal information we collect is obtained with your consent from you, one of our customers, an organization with whom we do business that has authority to share such information, or through other authorized sources. We primarily collect personal information to confirm your identity and manage your relationship with us. The type of information that we collect depends on our relationship with you. This includes:

- Information you or a person on your behalf provides on an application or other form (for example, name, address, social security number, or income);
- Information we get with your consent from other third party sources such as credit reporting agencies, information to verify employment or income;
- Information about your relationship and history with us;
- Medical or health information you permit us to receive from doctors or other health care providers;
- Information on your interactions with our websites

Pacific Life will provide you an updated notice if the types of personal information we collect, or use, is materially different, unrelated, or incompatible with this notice.

How Do We Use and Disclose Your Information?

We use and disclose information to provide you with our products or services, to communicate with you, to provide you with customer service, to assist with the selection of products or services we offer, to develop or improve our products or services, for legal or compliance purposes, or as required or permitted by applicable law

We may share information within our corporate family to service and grow the relationship we have with you. Additionally, we may provide information to individuals and entities with whom you authorize us to share such information. If necessary, we disclose information when it is required by law, for example, a filing to the Internal Revenue Service (such as Form 1099). We may also disclose certain information to other entities to help us report or prevent fraud, including reports to regulatory or law enforcement agencies. We do not share medical or health information among our family of companies or with unrelated companies, except as needed to maintain and process your transactions.

Pacific Life may disclose your personal information to a third party for a business purpose. When we disclose personal information for a business purpose or as you authorize, we require the recipient to keep that personal information confidential and not use it for any purpose except performing the service. Categories of third parties that may be given access to your personal information will depend upon your unique relationship with us. Examples of these categories include:

- Consultants and contractors (e.g., external auditors)
- Financial services professionals
- Software service providers
- Attorneys and other legal professionals
- Cloud service providers
- Regulatory agencies
- Third party administrators
- Providers of Accommodations
- Providers of Transportation
- Event Facilitators
- Event Coordinators
- Members of Concierge Services

How Do We Protect the Security of Your Information?

We have policies that maintain the physical, electronic, and procedural safeguards to protect the confidentiality of your personal information. Access to your personal information is limited to those who need to know it to help service our relationship with you. Should your relationship with us end, we will continue to follow the privacy policies described in this notice to the extent that we retain information about you. If we no longer need to retain that information, we will dispose of it in a secure manner.

Do You Need to Do Anything?

It is not necessary for you to take any action. This is because we do not share your information except to service and grow the business relationship you have with us. You do not need to “opt-out” or “opt-in” as you may have done with other financial companies because we do not sell your information.

How Do You Correct Your Information?

If you'd like to correct information that you provided to us, contact the appropriate customer service department as indicated on our [Contact Us](#) page. Our representative will make the appropriate adjustments to our records. If you wish to correct personal information provided to us by a third party (such as a consumer reporting agency) the representative will provide you with the applicable third party's contact information.

You May Request Your Information

You may request what information Pacific Life has collected about you and its purpose. We will provide a response once we receive and confirm your request.

All requests must provide sufficient information to allow us to reasonably verify your identity. We require a signed authorization form providing specific personal information that we should have on file for you. To verify your identity, we will compare the information provided to the information we have on file. Your name, address, and relationship with Pacific Life are mandatory data elements and will be used in combination with other information such as your policy/contract/account number, date of birth, social security number and email address. You do not need to create an account to request your information; request forms are available for [download](#) on www.pacificlife.com.

You may choose to authorize an agent to make a request on your behalf. In addition to submitting a request form, an agent must also supply one of the following documents:

- Court document showing authority to act on your behalf; or
- Copy of agreement/other document granting them authority to make requests on your behalf. (Subject to additional verification by Pacific Life Insurance Company)

For more information about submitting a request, please use one of the following methods:

- Call us at 877-722-7848, or
- Visit <https://www.pacificlife.com/home/privacy-and-other-policies/your-personal-information.html>

Confidentiality Practices for Victims of Domestic Violence or Abuse

Pacific Life understands that certain personal information may require special handling. This may be especially true in instances where an individual is, or has been, a victim of domestic violence or abuse. This information may include the individual's address, telephone number, name and place of employment, and other contact or location information.

If you are a Pacific Life applicant, policyowner, insured or beneficiary, who is a victim of domestic violence or other abuse, and would like Pacific Life to take steps to further safeguard your information from others or need to remove a previously submitted request, our Customer Service Representatives are available to assist you.

- For Life Insurance policies that have policy numbers beginning with “2L”, please call 844-276-0193 from 9:00AM-8:00PM ET
- For all other Life Insurance policies, please call 800-347-7787 from 5:00AM-5:00PM PT
- For Annuity Contracts, please call 800-722-4448, from 6:00AM-5:00PM PT
- For P 2s from o pleadr ap/TT2 on fi.op This innielnsT10 Tflruesurance policies, please call 800-347-7787 from 5:00AM-5:00PM PT (.)3st30

Pacific Life Insurance Company

Mailing address:

P.O. Box 2030

Omaha, NE 68103-2030

Visit us at our website: www.PacificLife.com

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