

# TRUSTEE CERTIFICATION AND DISCLOSURE

## CONTACT INFORMATION:

Pacific Life Insurance Company  
P.O. Box 2378  
Omaha, NE 68123

Clients: (800) 724-4848  
Financial Professionals: (800) 722-3333  
Fax: (888) 838-4172  
RIAs: (833) 953-8663

## CONTACT INFORMATION (for New York only):

Pacific Life & Annuity Company  
P.O. Box 2829  
Omaha, NE 68129

Clients & Financial Professionals: (800) 748-9077  
Fax: (800) 586-0966

Email: [AnnuityService@PacificLife.com](mailto:AnnuityService@PacificLife.com)

Web Site: [www.PacificLife.com](http://www.PacificLife.com)

## ALL OVERNIGHT DELIVERIES:

Pacific Life Insurance Company  
6750 Mercy Rd, RSD  
Omaha, NE 68106

## When to use this form:

- x When submitting new annuity applications to verify trustee(s) authorized to provide transaction instructions.
- x Upon change of ownership or change to any trustee(s) to provide a complete list of all currently authorized trustee(s).
- x To verify that the trust that owns the annuity contract holds the contract as agent for one or more natural persons (unless the trust is a charitable remainder trust).

Under section 72(u) of the Internal Revenue Code, a trust which holds a non qualified deferred annuity contract may be taxed each year on the increase in the contract's value regardless of whether contract earnings are withdrawn or distributed, and tax treatment otherwise as provided in the contract.

# TRUSTEE CERTIFICATION AND DISCLOSURE

Annuity Contract Number \_\_\_\_\_

**3** **SIGNATURE** ~~ALL~~ authorized trustees must sign. If this form is submitted for a change of trustee, both the relinquishing and successor trustees must sign this form. If unable to obtain the relinquishing trustee's signature, please complete the Affidavit for Successor Trustee Form or send in a certified copy of the relinquishing trustee's Death Certificate along with this form. This form will supersede any previously provided