



PACIFIC LIFE

Appointment Data Sheet and Background Authorization



PACIFIC LIFE & ANNUITY COMPANY

Pacific Life Insurance Company is licensed to solicit individual life insurance and annuity productions in all states except New York. Product availability and features may vary by state. Pacific Life & Annuity Company's individual life insurance products are approved for sale in the state of New York. Please complete all questions that apply.

1. APPOINTMENT INFORMATION

Appointment with Pacific Life Insurance Company or Pacific Life & Annuity Company. Includes checkboxes for Variable Life or Annuities Business and Non-Variable Life Business.

PLEASE SELECT TYPE OF CONTRACT: Individual Contract or Corporate Contract. OFFICE REQUESTING APPOINTMENT and MARKETING AFFILIATION.

2. PRODUCER INFORMATION (Required for individual contract. If corporation, list principal information here)

PRODUCER NAME, SOCIAL SECURITY NUMBER, RESIDENCE ADDRESS, CITY, COUNTY, STATE, ZIP CODE, GENDER, BIRTH DATE, PLACE OF BIRTH, TELEPHONE NUMBER, PRODUCER TITLE OR RELATIONSHIP TO FIRM, E-MAIL ADDRESS.

3. BUSINESS INFORMATION (Required for all contracts unless noted otherwise below)

BUSINESS ADDRESS, CITY, COUNTY, STATE, ZIP CODE, BROKER/DEALER AFFILIATION, COMMISSION CHECK PAYEE, FIRM NAME, CORPORATE TAX PAYER ID, NAME AND LICENSE NUMBER OF ACTIVE OFFICER(S), BUSINESS TELEPHONE NUMBER, BUSINESS FAX NUMBER, NAME AND LICENSE NUMBER OF ACTIVE PARTNER(S), CHANNEL DESIGNATION.

DO YOU CURRENTLY HAVE ANY APPOINTMENTS WITH PACIFIC LIFE? ("YOU" MEANS YOU PERSONALLY, THE CORPORATION, PARTNERSHIP, EACH OFFICER OR PARTNER). DISCLOSE ALL.

COMPANIES YOU ARE CURRENTLY DOING BUSINESS WITH

4. STATE APPOINTMENTS

List all states where you would like to be appointed. A valid license must be held. Include copies of your insurance licenses, securities registration (NASD/CRD report) as well as any state forms that are necessary for an appointment to that state.

Table with 5 columns: STATE, VARIABLE, LIFE, LICENSE NUMBER, EXPIRATION / RENEWAL DATE (MO/DAY/YR). Rows for Resident State and Non-resident.

IF SEEKING A NON-RESIDENT APPOINTMENT IN FLORIDA, LIST THE COUNTIES WHERE YOU WILL BE DOING BUSINESS.

5. BACKGROUND INFORMATION

If the answer to any of the following questions is "Yes", please give full details under Explanation section. Use additional paper if necessary and attaché all relevant documentation. ("You" means the corporation, partnership, each officer, each partner and you personally.)

1. Do you have any outstanding debt(s) with any insurance company or companies, or does any insurance company allege that you owe it money or have unsatisfied chargebacks or other debts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you currently have any outstanding and/or unsatisfied judgments or liens against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever made a compromise with creditors, filed a bankruptcy petition or been declared bankrupt or insolvent, either personally or in business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has a bonding company ever denied, paid out or revoked a surety or fidelity bond for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been charged with, been convicted of, or plead "nolo contendere" ("no contest") to:	
(a) Any felony or misdemeanor, other than minor traffic offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Any violation of state insurance department regulation or statute?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Any violation of federal or state securities or investment related regulation or statute?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been subject of an investment or insurance related consumer initiated complaint or proceeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever had an insurance or securities license denied or revoked by any state or federal regulatory agency? Please identify:	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you now the subject of any complaint, investigation or proceeding which could result in a "Yes" answer to any of the above questions?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EXPLANATION Please explain any "Yes" answers in full detail. Use additional paper if necessary and attach all relevant documentation.

6. DECLARATION AND AUTHORIZATION

I HEREBY CERTIFY that my answers to the questions appearing in the application are true and complete.

UNDER PENALTY OF PERJURY, I hereby certify (1) that the Social Security Number (TIN) on this application is correct and (2) that I am currently not subject to backup withholding.

I AGREE that a photocopy or facsimile of this authorization shall be as valid as the original.

SIGNATURE OF PRODUCER

DATE (MO/DAY/YR)

7. ANTI-MONEY LAUNDERING TRAINING CERTIFICATE

I certify that I have received anti-money laundering training within the last twenty-four(24) months relevant to the types of Pacific Life products I am contracted to sell.

The training was provided to me by:

- The following insurance company, broker/dealer, or other entity subject to anti-money laundering regulations and Training requirements:

Name of Entity _____ Date of Training _____

(OR)

- The following training provider:

Name of the Provider _____ Date of Training _____

Course Title _____

SIGNATURE OF PRODUCER

DATE (MO/DAY/YR)

FAIR CREDIT REPORTING ACT DISCLOSURE

THIS IS TO INFORM YOU that as part of our procedure for processing your licensing / appointment application, and investigative consumer report may be made whereby information is obtained through personal interviews with third parties such as family members, business associations, financial sources, friends, neighbors, or other with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, whichever may be applicable. **YOU HAVE THE RIGHT** to make a written request within a reasonable period of time to Business Information Group, 1101 Industrial Highway, Suite 200, Southampton, PA 18966 for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

TO WHOM IT MAY CONCERN: I hereby authorize any employer, insurance company, general or managing agent, educational institution, financial institution, consumer reporting agency, criminal justice agency, insurance department, or individual having any information relating to my activities to release such information to Pacific Life Insurance Company, 700 Newport Center Drive, Newport Beach, CA 92660 or any consumer reporting agency acting on behalf of Pacific Life. This information may include, but is not limited to, history, including information as to character, general reputation and mode of living.

I HEREBY ACKNOWLEDGE that I have read, understood, received and retained for my records a copy of the Fair Credit Reporting Act Disclosure as set forth above. I AGREE that a photographic copy of this authorization shall be as valid as the original.

SIGNATURE OF PRODUCER

DATE (MO/DAY/YR)

QUALIFIED PLAN COMMISSION DISCLOSURE CERTIFICATE

Pursuant to the Department of Labor's Prohibited Transaction Exemption 84-24, and with respect to each sale of a life insurance policy and/or annuity contract to a qualified plan fiduciary, each producer must disclose in writing to the qualified plan fiduciary all sales commissions and overrides, if any, received in connection with the sale. The discloser must state sales commissions and overrides, if any, paid by the issuer in connection with the sale as a percentage of gross annual premium payments for the first year and for each of the succeeding renewal years. The disclosure must also include a description of all charges, fees, discounts, penalties, or adjustments which may be imposed under the recommended contract in connection with its purchase, holding, exchange, termination or sale.

Pacific Life is obligated to provide information annually to the qualified plan fiduciary regarding all sales commissions and overrides, if any, paid during the plan year with respect to Pacific Life products held by the plan. This information is provided in Schedule A to Form 5500, and will include all sales commissions paid to all producers in connection with the sale of the products, including overrides, if any.

By my signature below, I hereby certify that I will deliver to each qualified plan fiduciary written disclosure of all sales commissions and overrides, if any, received in connection with the sale of each life insurance policy and/or annuity contract as required by law, and that I will provide such written disclosure to the qualified plan fiduciary prior to the delivery of the life insurance policy and/or annuity contract. **I also hereby certify** that I will deliver to each qualified plan fiduciary documentation that describes all charges, fees, discounts, penalties, or adjustments that may be imposed under such life insurance policy and/or annuity contract as required by law, and that I will deliver such documentation to the qualified plan fiduciary prior to the delivery of such policy and/or contract.

SIGNATURE OF PRODUCER

DATE (MO/DAY/YR)

TITLE

PACIFIC LIFE

APPOINTMENT OF SUBPRODUCER UNDER PRODUCER CONTRACT

TYPE OF CONTRACT

(Subproducer), an agent of Producer, is hereby appointed Subproducer in accordance with the provisions of the Producer Contract executed by and between Pacific Life Insurance Company (PL) and _____ (Producer) on _____.

It is understood that this appointment is effective on the later of _____ or the date this appointment is approved by PL.

I. RESPONSIBILITIES OF THE SUBPRODUCER

Subproducer agrees to:

- A. Treat money received or collected for PL as property held in trust, and promptly remit such money to PL's Home Office.
- B. Adhere to the "cash with application" requirements and, when applicable, provide the proper temporary insurance agreement and secure an acknowledgment of the receipt of such agreement.
- C. Comply with the underwriting and issue requirements of PL and the applicable insurance laws and regulations of the state or states in which the Subproducer operates. Such laws and regulations include those pertaining to client funds, privacy and confidentiality, licensing, rebating, replacements, solicitations, and advertising.
- D. Inform PL of all material facts of which the Subproducer is aware relating to insurance on insureds or proposed insureds.
- E. Promptly physically deliver policies to Policyowners subject to Section II.B.

II. LIMITATION OF AUTHORITY

Subproducer shall have no authority and agrees not to:

- A. Bind PL by any promise or agreement; incur any debt, expense, or liability whatever in its name or account; or receive any money due or to become due to PL except first premiums on applications or policies and except where PL otherwise agrees in writing.
- B. Deliver any policy or allow any policy to be delivered until the first premium has been paid in full. No delivery shall take place, if after an inquiry, Subproducer or any employee, agent or broker of Subproducer is aware that any person proposed for insurance is not in the same condition of health, habits and occupation as represented in the application and the other facts are as represented in the application.
- C. Make, modify, or discharge any insurance contract, or to bind PL by making any promises respecting any insurance contract, except when authorized in writing to do so by an authorized officer of PL.
- D. Authorize or allow any employee, agent, or broker of subproducer to do any act prohibited under this contract.

III. GENERAL PROVISIONS

- A. Subproducer may not assign the rights to procure insurance applications or be relieved of the obligations of the Subproducer under this contract without PL's prior written consent.
- B. No area or product is assigned to Subproducer or its employees, agent, or brokers exclusively.
- C. Subproducer shall be solely responsible for hiring any staff Subproducer may desire and maintaining office space and meeting necessary expenses without reimbursement from PL.
- D. Subproducer and its employees, agents, and brokers shall be free to exercise independent judgement as to the time, place, and means of performing all acts under this contract, and the relationship of Subproducer and its employees, agents, and brokers to PL shall be that of an independent contractor. Nothing in this contract shall be construed to create the relationship of employer and employee between Subproducer (or any of its employees, agents, and brokers) and PL.
- E. PL and Subproducer recognize and respect each other's interest in providing continuing service to those who purchase policies. Each party agrees to provide the other relevant information regarding the policies on a reasonable basis, as done in the normal course of business.
- F. Failure of PL or Subproducer to insist upon strict compliance with any of the conditions of this agreement shall not be construed as a waiver of any such conditions.
- G. No oral promises or representations shall be binding nor shall this contract be modified except by agreement in writing, executed on behalf of PL by a duly authorized officer.
- H. This contract supersedes all previous contracts and agreements between Subproducer and PL made for the procurement of insurance products; but it shall not affect economic obligations of either party on existing policies which exist under any such previous contracts.
- I. Subproducer agrees to obtain and pay for errors and omissions insurance coverage and shall provide proof of such coverage that is satisfactory to PL. PL is not obligated to offer errors and omissions insurance coverage and Subproducer is not obligated to accept and pay for such coverage, if offered.
- J. Those PL Policyholders whose policies have been developed by Subproducer shall be notified by PL of the termination of the Subproducer relationship.
- K. If the Producer chooses to use PL stationery, PL business cards, PL Logo or PL name, then Subproducer agrees to use such items only in connection with the sale of PL Products. Furthermore, producer agrees to get prior written permission from PL before such use.
- L. Subproducer acknowledges that Producer shall be solely responsible for compensating Subproducer and that PL is not responsible for compensating Subproducer.
- M. This appointment is terminable with or without cause at the sole discretion of either PL or Producer or Subproducer upon appropriate notice.
- N. Subproducer acknowledges and understands that this Subproducer Appointment may be terminated, with or without cause, at the sole discretion of either PL, Producer or Subproducer upon written notice. Furthermore, this appointment will automatically terminate upon the termination, for any reason, of the Producer Contract.

Notwithstanding any other statement or provision in the Producer Contract, PL shall not recognize any assignment by Producer to Subproducer of compensation due Producer under the Producer Contract.

PRODUCER NAME (Typed or Printed)

OFFICE NUMBER

By _____ / _____
PRODUCER'S SIGNATURE TITLE

I agree to be bound by the terms of this appointment.

SUBPRODUCER'S NAME (Typed or Printed) SOCIAL SECURITY OR TAX I.D. NO.

By _____ / _____
SUBPRODUCER'S SIGNATURE SUBPRODUCER'S TITLE

Approved this _____ day of _____
Pacific Life Insurance Company

By _____
FIELD FINANCIAL AND ADMINISTRATIVE SERVICES

15-20787-1 (10-06-06)



PACIFIC LIFE

Sponsored Group E&O Program Declination Form
Policy Period: April 1, 2007 – March 31, 2008

Print Name (First, MI, Last)

Social Security Number

SAID Code (if applicable)

Signature

Date

To decline Pacific Life's sponsored coverage, please provide a copy of your current E&O certificate from your carrier and the following information about your current E&O coverage:

Policy Number: _____

Carrier Name: _____

Policy Period: _____

Liability Limits: \$ _____ (Per Claim - Minimum Requirement Of \$500,000)

\$ _____ (Annual Aggregate)

PLEASE NOTE THE FOLLOWING:

- Without a copy of your E&O certificate attached to this form, your existing contract *may* be terminated in accordance with the terms of your contract. If you are new to Pacific Life, any pending contract paperwork may be delayed until proof of coverage has been received.
- Your E&O policy must reference your name as the certificate holder. If you are covered under a company plan, we need a letter from the company stating that the policy covers you for life insurance sales activities.
- Pacific Life requires a minimum of \$500,000 per claim.
- By signing this form, you are acknowledging that you have been offered enrollment in Pacific Life's Sponsored Group E&O Program and that the information provided is accurate and your insurance specifically covers you in the event of a "wrongful act" claim.

IMPORTANT: All pacific life insurance producers, sub-producers and associate producers must show proof of existing coverage and are obligated to immediately notify the company upon termination of existing coverage.