

PACIFIC LIFE INSURANCE COMPANY

Life Insurance Division
P.O. Box 2030 • Omaha, NE 68103-2030
(800) 347-7787 • Fax (866) 964-4860
www.PacificLife.com

**PACIFIC LIFE**

APPLICATION FOR INDIVIDUAL LIFE INSURANCE – MEDICAL EXAMINER'S ADDITIONAL INFORMATION

Proposed Insured's Name: First	MI	Last	Date of Birth (mm/dd/yyyy)	Policy Number, if applicable
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Use this addendum as an overflow page when explanations to questions on the Medical Examiner's Report do not fit on the original form.

Remarks (Identify section and question from original form.)

Signatures

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The answers provided in this application and any additional details provided are true and complete to the best of my knowledge and belief. I understand and agree that this application will be attached to and made part of the policy.

If Proposed Insured is under age 18, a signature of parent/guardian is required in place of the minor's signature.

SIGNED IN:

City	State
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DATED ON:

Date (mm/dd/yyyy)



X

Proposed Insured's Signature (or parent/guardian if a minor)

Medical Examiner's Certification

I certify that I have truly and accurately recorded the information supplied in the application.



X

Examiner's/Witness Signature, include title/designation

Examiner's/Witness Name: First	MI	Last	(print)
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