

PACIFIC LIFE INSURANCE COMPANY

Life Insurance Operations Center
P.O. Box 2030 • Omaha, NE 68103-2030
(800) 347-7787 • Fax (949) 462-3066
www.PacificLife.com

**PACIFIC LIFE****MONTHLY DEDUCTION ALLOCATION REQUEST**

For Variable Life Insurance

Insured's Name: First	MI	Last	Policy Number
Policyowner's Name(s)			Telephone Number (include area code)

1 FUTURE MONTHLY DEDUCTION ALLOCATION

Use this section to indicate from which investment options future insurance charges will be deducted. All allocations should be whole percentages and the total selection(s) must equal 100%.

Portfolio	Percentage	Portfolio	Percentage	Portfolio	Percentage
AF Growth-Capital Research		JAS Int'l Growth SC-Janus		Small Cap Index-BlackRock	
AF Growth-Income-Capital Research		JAS Mid Cap Growth SC-Janus		Small Cap Value-NFJ	
Basic Value VI Fund III-BlackRock		JAS Risk-Managed Core SC-Janus		Small Cap Growth-Fred Alger	
Comstock-Van Kampen		Large Cap Growth-Loomis Sayles		Technology-Columbia	
Div Research-Capital Guardian		Large Cap Value-Clearbridge		TRP Equity Income II-T Rowe Price	
Diversified Bond-JP Morgan		LMPFA Agg Growth II-Legg Mason		TRP BlueChipGrwthII-T Rowe Price	
Emerging Mkts-OppenheimerFunds		LMPFA Mid Cap Core II-Legg Mason		VIP Contrafund 2-Fidelity	
Equity-Capital Guardian		Lng/Shrt Lrg-Cap Analytics/JPM		VIP Freedom 2010 Svc 2-Fidelity	
Equity Index-BlackRock		LRS US Strategic-Lazard		VIP Freedom 2015 Svc 2-Fidelity	
Fixed Account-Pacific Life*		Main St Core-OppenheimerFunds		VIP Freedom 2020 Svc 2-Fidelity	
Fixed LT Account-Pacific Life*		Managed Bond-PIMCO		VIP Freedom 2025 Svc 2-Fidelity	
Floating Rate Loan-Highland		MFS VIT New Discovery SC-MFS		VIP Freedom 2030 Svc 2-Fidelity	
Focused 30-Janus		MFS VIT Utilities SC-MFS		VIP Freedom Inc Svc 2-Fidelity	
Global Alloc VI Fund III-BlackRock		Mid Cap Equity-Lazard		VIP Growth Svc 2-Fidelity	
Growth LT-Janus		Mid Cap Growth-Van Kampen		VIP Mid Cap Class 2-Fidelity	
Health Sciences-Jennison		Money Market-PAM		VIP Value Strategies 2-Fidelity	
High Yield Bond-PAM		Multi Strategy-OppenheimerFunds		Worldwide Hard Assets-Van Eck	
Inflation Managed-PIMCO		Premier VIT OpCap Sm Cap-OpCap			
International Large Cap-MFS		Real Estate-Van Kampen			
Internat'l Small Cap-Batterymarch		Shrt Duration Bnd-Goldman Sachs			
Intl Value - Alliance Bernstein		Sm Cap Equity-Vaughan Nelson			

*See prospectus for restrictions regarding fixed investment options.

LIFE INSURANCE OPERATIONS DATE STAMP (For Internal Use Only)



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2 SIGNATURES

I understand that Pacific Life Insurance Company (PL) will not process any changes or financial transactions if my intent is determined to be unclear. In the event that PL needs clarification, the effective date of the transaction will correspond to the time and date PL receives such clarification.

If you are signing below on behalf of an entity, you represent under penalty of perjury, that you are authorized to execute this document and make the representations set forth herein. You further represent that all requirements of the entity's governing documents, including the use of the corporate seal (if a corporation) and the number of authorized signatures, have been met.

Dated On: _____ (mm/dd/yyyy)



X

Policyowner's* Signature (Include Title, if corporation, trust, or business entity)

X

Additional Policyowner's* Signature

Assignee's Name: First MI Last (print)

X

Assignee's* Signature (Include Title, if corporation, trust, or business entity)

*If a corporation, trust or business entity, the full name of the corporation, trust or business entity and the authorized representative's name and title must be shown below.

Corporation, Trust, or Business Entity's Name, if applicable for policyowner	
Authorized Representative's Name: First MI Last (print)	Title
Corporation, Trust, or Business Entity's Name, if applicable for assignee	
Authorized Representative's Name: First MI Last (print)	Title

PRODUCER: PROVIDE A PHOTOCOPY OF THIS SIGNED FORM TO ALL SIGNING PARTIES.

INSTRUCTIONS

When to use this form: This form may be used to make changes regarding the deduction of insurance and administrative charges on your variable universal life insurance policy.

Who must sign this form: **POLICYOWNER** – Required signature.
ASSIGNEE(S) – Required when the current policy has an active assignment.
If the policyowner or assignee is a corporation, trust or business entity, the signature and title of an authorized representative(s) is required. If a Trust, all required Trustee(s) must sign according to the trust agreement.

Where to send this form: Send this form to Pacific Life, Attn: Life Insurance Operations Center, P.O. Box 2030, Omaha, NE 68103-2030. Our toll free number is (800) 347-7787.