

Address/Name Change Request

To request an address and/or name change, complete the information below and return this form to Pacific Life Insurance Company at the address below, or call our Customer Service area at (800) 800-9534.

The information in this box must be completed for both Address Changes or Name Changes.

Policy Number: _____ Certificate No.: _____
Annuitant's Social Security No.: _____ - _____ - _____ Date of Birth: _____
Annuitant's Signature: _____ Date: _____

Address Change for Annuitant:

- Payment & Residence
- Residence Only
- Payment Only (For direct deposit, please complete a Direct Deposit Agreement Form.)

New Address: _____ Phone: (____) _____

_____ E-Mail: _____

Residence Address (if different from above):

_____ Phone: (____) _____

Name Change for Annuitant:

New Name: _____
Former Name: _____

** For name changes please attach a copy of the legal document (marriage certificate, divorce papers, etc.) that supports the change.*

