

# 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.*

