

BENEFICIARY CHANGE REQUEST

To request a change of beneficiary, complete the information below and return this form to Pacific Life for delivery to contract owner.

Claimant/Payee Name: _____

Address: _____ Phone: () _____

Policy Number: _____

SSN: _____ Date of Birth: _____

I am/will be receiving payments from a Settlement Agreement under the above policy number. I hereby request a change of beneficiary under the terms of the Settlement Agreement as follows:

Primary Beneficiary Name: _____ Date of Birth: _____

Relationship to Claimant/Payee: _____ SSN: _____

Contingent Beneficiary: _____ Date of Birth: _____

Relationship to Claimant/Payee: _____ SSN: _____

Claimant/Payee Signature: _____ Date: _____

Second Claimant/Payee Signature: _____ Date: _____

If more than one primary or contingent beneficiary is being requested, please indicate the division here (i.e., equally to the survivor, equally to the respective estates, etc.). If additional space is required, please attach a separate sheet: _____

This beneficiary designation is revocable and cancels all prior beneficiary designations for any amounts payable following the death of the Claimant/Payee. All beneficiary change requests must be approved by the owner of the contract. Approval is subject to the terms of the Settlement Agreement. This form is included in the event your Settlement Agreement gives you the right to request a change to your beneficiary.

Your Signature Must be Witnessed by a Notary Public.

Subscribed and sworn to before me _____, a Notary Public

this _____ day of _____, year _____.

Notary Signature _____

(Notary Seal)

Signature: _____ Date: _____



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