

Application for Single Premium Settlement Annuity



PACIFIC LIFE
& ANNUITY COMPANY
(A Stock Insurance Company)
Administrative Office:
700 Newport Center Drive
Newport Beach, California 92660

1. Measuring Lives:

a. Name: _____
First Middle Last

Social Security Number Sex Birthdate - Proof of Age Required

Address: _____
Street and No City State Zip Code

b. Name: _____
First Middle Last

Social Security Number Sex Birthdate - Proof of Age Required

Address: _____
Street and No City State Zip Code

c. Name: _____
First Middle Last

Social Security Number Sex Birthdate - Proof of Age Required

Address: _____
Street and No City State Zip Code

2. Owner of Annuity:

Name: Pacific Life & Annuity Services, Inc.

Address: (refer all inquiries to 700 Newport Center Drive, Newport Beach, CA 92660-6397)

The owner is Individual Partnership Corporation Trustee Taxpayer ID/EIN: 91-2025652

3. Annuity Plan and Schedule of Payments:

Additional information for annuity payments can be added by addendum.

4. Amount Paid with this Application: Valuable Consideration

This application will be part of the annuity issued by Pacific Life & Annuity Company.

It is agreed that: (1) This application shall be the basis for any annuity issued on the application; (2) Any annuity issued on this application shall not take effect until the policy is delivered to the owner and the single premium has been paid in full; (3) No information acquired by any representative of the Company shall be binding upon the Company unless set out in writing in this application; and (4) No waiver or modification shall be binding upon the Company unless in writing and signed by two authorized officers of the Company, acting together.

Signed by the Applicant/Owner at _____ on _____

By: _____
Applicant/Owner

Witness (Licensed Resident Broker's Signature)