



Pacific Life Insurance Company  
 P.O. Box 7187 • Pasadena, CA 91109-7187  
 www.PacificLife.com  
 (800) 722-2333 • Fax (626) 403-9886

**APPOINTMENT  
 DATA SHEET**  
 – Individual

**1 APPOINTMENT INFORMATION** Select only one per form.

- Representative       Corporate Officer

**2 GENERAL INFORMATION**

Name (First, Middle Initial, Last) Indicate your full legal name as it appears on your insurance license.

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date (mo/day/yr)	Place of Birth (City & State)	Agent's ID Number (SSN)
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E-Mail Address

Residence Address (Number, Street Name and Apartment or Unit Number)

City	State	ZIP	Telephone Number (     )
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**3 BROKER/DEALER AFFILIATION**

**4 BUSINESS OFFICE INFORMATION**

Business Address (Number, Street Name and Apartment or Unit Number)	Business Telephone Number (     )
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City	State	ZIP	Business Fax Number (     )
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**5 CHANNEL DESIGNATION**

Do you work in a bank, credit union, or savings and loan?     Yes     No

**6 STATE APPOINTMENTS** List all states where you would like to be appointed. A valid license must be held. **Include copies of your insurance licenses, securities registration (NASD/CRD report)** as well as any state forms that are necessary for an appointment in that state.

	<u>Variable</u>	<u>Life</u>	<u>License #</u>	<u>Expiration/Renewal Date</u>
Resident State _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ / ____ / ____ mo    day    yr
Nonresident _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ / ____ / ____ mo    day    yr
Nonresident _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ / ____ / ____ mo    day    yr
Nonresident _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ / ____ / ____ mo    day    yr
Nonresident _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ / ____ / ____ mo    day    yr

If seeking a nonresident appointment in Florida, also list counties where you will be doing business.

**Copies of your insurance license(s) and securities registration must accompany this form.  
 PLEASE COMPLETE ALL QUESTIONS ON REVERSE SIDE.**

**7 BACKGROUND INFORMATION** All questions must be answered.

If the answer to any of the following questions is *yes*, give full details under explanation. If you answer *yes*, your appointment must be recommended by a broker/dealer. Use additional paper if necessary, and attach all relevant documentation.

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Do you have any outstanding debt(s) with any insurance company or companies? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you currently have any outstanding and/or unsatisfied judgments or liens against you? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever made a compromise with creditors, filed a bankruptcy petition or been declared bankrupt or insolvent, either personally or in business? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has a bonding company ever denied, paid out or revoked a surety of fidelity bond for you? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been charged with, been convicted of, or pled "nolo contendere" ("no contest") to:  |                          |                          |
| a. any felony or misdemeanor, other than minor traffic offenses? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. any violation of state insurance department regulation or statute? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. any violation of federal or state securities or investment related regulation or statute? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been the subject of an investment or insurance related consumer initiated complaint or proceeding? .....                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had an insurance or securities license denied or revoked by any state or federal regulatory agency? .....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you now the subject of any complaint, investigation or proceeding which could result in a <i>yes</i> answer to any of the above questions? .....        | <input type="checkbox"/> | <input type="checkbox"/> |

Explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Fair Credit Reporting Act Disclosure**

This is to inform you that as part of our procedure for processing your license/appointment application, an investigative consumer report may be made whereby information is obtained through personal interviews with third parties such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, whichever may be applicable. You have the right to make a written request within a reasonable period of time to Pacific Life for complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

**Applicant's Declaration And Authorization**

- I hereby certify that my answers to the questions appearing in this appointment data sheet are true and complete.
- I hereby acknowledge that I have read, understand, received and retained for my records a copy of the Fair Credit Reporting Act Disclosure set forth above.

**3. AUTHORIZATION FOR RELEASE OF INFORMATION**

To Whom It May Concern: I hereby authorize any employer, insurance company, general or managing agent, educational institution, financial institution, consumer reporting agency, criminal justice agency, insurance department, or individual having any information relating to my activities to release such information to Pacific Life Insurance Company, 700 Newport Center Drive, Newport Beach, California 92660 or any consumer reporting agency acting on behalf of Pacific Life. This information may include, but is not limited to, employment and job performance history, academic records, credit records, disciplinary, arrest and conviction records, and personal history, including information as to character, general reputation and mode of living.

**8 SIGNATURE** Sign and return to Pacific Life Insurance Company, P.O. Box 7187, Pasadena, CA 91109-7187

I agree that a photocopy or facsimile of this authorization shall be as valid as the original.

\_\_\_\_\_  
Signature of Representative

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo      day      yr