



**Appointing Producer Agreement and Compensation Hierarchy Assignment Form**

*(To be completed by the Primary Producer only)*

**\*Primary Producer is: BGA, GA, IMO/MO, or Top-Level Producer**

Select all product lines for which you are requesting appointment and complete each appropriate section. Provide the producer / agency codes if applicable and commission/rate level for each of the Pacific Life Companies listed below. Provided producer is properly licensed, they may be appointed to sell only those products for which your firm or agency is contracted to sell.

Please check the applicable box below. **Note:** Updates to an existing relationship will only apply to applications submitted after the receipt of this request by the Pacific Life home office.

- New Producer relationship**
 **Additional Producer relationship**
 **Replace existing Producer relationship**  
 **Other (Contract Change-please specify)** \_\_\_\_\_

\_\_\_\_\_  
New/existing Producer Name

\_\_\_\_\_  
New/existing Producer Code(s) if applicable

\_\_\_\_\_  
Tax ID/SSN or NPN

Reporting to: \_\_\_\_\_  
Direct Upline Name (if applicable)

\_\_\_\_\_  
Producer Code(s) if applicable

**Marketing Affiliation (if applicable)**

- None**
 **Name** \_\_\_\_\_

**Add Variable Relationship**

\_\_\_\_\_  
Broker Dealer

\_\_\_\_\_  
CRD #

\_\_\_\_\_  
Producer CRD Number

**Contracting Producer's Compensation/Rate Schedule assigned.** *Enter the applicable compensation schedule name in the lines below*

- N/A – Producer is not paid directly** \_\_\_\_\_

**Fixed Life/Annuity**

**Variable Life/Annuity**

**Pacific Life Insurance Company**

**BD Schedule on file**

Compensation paid to contracting producer is based upon information provided on this **Appointing Producer Agreement and Compensation Hierarchy Assignment Form** and applicable Pacific Life compensation schedule.

X \_\_\_\_\_  
Signature of Primary Producer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Producer Tax ID/SSN or NPN

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Primary Producer Code

<p><b>Life DocType: ADS</b> P.O. Box 2109, Omaha, NE 68102-2109 (800) 800-6416 ext: 3010, Fax: (866) 964-4861 <a href="mailto:DocCenterCandL@PacificLife.com">DocCenterCandL@PacificLife.com</a></p>	<p><b>PL Promise DocType: APPOINTMENT</b> P.O. Box 2375, Omaha, NE 68103-2375 (800) 800-6416 ext.3010, Fax: (949) 219-8816 <a href="mailto:LYNFrontEndLicComm@PacificLife.com">LYNFrontEndLicComm@PacificLife.com</a></p>	<p><b>Annuities DocType: APPT</b> P.O. Box 2378, Omaha, NE 68103-2378 (800) 722-2333, Fax: (888) 837-8172 <a href="mailto:AnnuityService@PacificLife.com">AnnuityService@PacificLife.com</a></p>
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## Appointment Data Sheet/Background Authorization (ADS)

Please print clearly and complete all information below unless a field marked as "if applicable" is not applicable.

Pacific Life Insurance Company (PLIC) is licensed in all states except New York. Product availability and features may vary by state. Pacific Life & Annuity Company (PL&A) is licensed in the state of New York. **PLIC and PL&A are individually referred to as a "Pacific Life Insurer" and collectively as the "Pacific Life Insurers" or "Pacific Life". Please complete all questions that apply, below.**

By signing this Appointment Data Sheet (ADS), I certify that I read, understand, and agree to the terms set forth in this **Non-Variable Producer Agreement** (a copy of which has been made available to me; and a final executed copy will be provided to me by Pacific Life). I further certify and agree that the terms and conditions in this Non-Variable Producer Agreement are incorporated herein by reference, in their entirety, and made a part of this ADS as set forth fully herein. In the event of any conflict or inconsistency between the provisions of this ADS and those of the provisions of this Non-Variable Producer Agreement, the Non-Variable Producer Agreement shall govern and control.

### (1) Producer Information

**Appointment Type:**  Individual  Officer/Principal  
 Include Variable (if "Yes") Broker/Dealer \_\_\_\_\_

**An asterisk (\*) denotes required fields**

**\*Name** First, Middle, Last, Suffix (as it appears on resident license)      **\*National Producer Number (NPN)**      **Producer CRD#**  
(If requesting Variable)

\_\_\_\_\_

**\*Date of Birth**      **\*Place of Birth Country**      **\*Place of Birth City**      **\*Place of Birth State**

\_\_\_\_\_

**Producer Title, if contracting an organization**

\_\_\_\_\_

**Resident Address** (No PO Box)

\_\_\_\_\_ (Street)      \_\_\_\_\_ (Apt)      \_\_\_\_\_ (City)      \_\_\_\_\_ (State)      \_\_\_\_\_ (Zip Code)

**Business Address**

\_\_\_\_\_ (Street)      \_\_\_\_\_ (Ste)      \_\_\_\_\_ (City)      \_\_\_\_\_ (State)      \_\_\_\_\_ (Zip Code)

**\*Business Phone**      **Business Fax #**      **\*E-mail Address**

\_\_\_\_\_

Preferred mailing address:  Resident  Business

Previous Names, if applicable: \_\_\_\_\_

List **all** previous names, using a separate sheet if necessary.

**Life DocType: ADS**

P.O. Box 2109, Omaha, NE 68102-2109  
(800) 800-6416 ext: 3010, Fax: (866) 964-4861  
[DocCenterCandL@PacificLife.com](mailto:DocCenterCandL@PacificLife.com)

**PL Promise DocType: APPOINTMENT**

P.O. Box 2375, Omaha, NE 68103-2375  
(800) 800-6416 ext.3010, Fax: (949) 219-8816  
[LYNFrontEndLicComm@PacificLife.com](mailto:LYNFrontEndLicComm@PacificLife.com)

**Annuities DocType: APPT**

P.O. Box 2378, Omaha, NE 68103-2378  
(800) 722-2333, Fax: (888) 837-8172  
[AnnuityService@PacificLife.com](mailto:AnnuityService@PacificLife.com)

**(2) Incorporated Entity, Partnership or LLC Appointment Information**

*Only required if contracting an organization*

\*Appointment Type:  Partnership  Incorporated Entity  LLC  Other \_\_\_\_\_

\*Entity Name (as it appears on resident license) \_\_\_\_\_ \*National Producer Number (NPN) \_\_\_\_\_ \*CRD# (If Broker/Dealer) \_\_\_\_\_

**\*Business Address**

\_\_\_\_\_  
 (Street) (Ste) (City) (State) (Zip Code)

\*Business Phone \_\_\_\_\_ Business Fax # \_\_\_\_\_ Website Address (If applicable) \_\_\_\_\_ \*E-mail Address \_\_\_\_\_

**Additional Principals not listed in Section 1:**

\_\_\_\_\_  
 (Name) (NPN or SSN)

\_\_\_\_\_  
 (Name) (NPN or SSN)

**(3) \*Certification of Taxpayer Identification Number**

Individual Taxpayer I.D. Number: \_\_\_\_\_ Corporate Taxpayer I.D. Number: \_\_\_\_\_

Under penalties of perjury, I certify that;

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. Citizen or other U.S. person (defined in the instructions in item 3 of the Certification on the official IRS Form W-9).
4. I am exempt from FATCA reporting (defined in the instructions in item 4 of the Certification on the official IRS Form W-9).

Note:  You must check here if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

**(4) Individual or Agency Principal Appointment Information**

Please list all states (abbreviations) you will be soliciting business in here.

Appointment States requested. Just in Time appointment processing applies.

Pacific Life will obtain your license details from the National Insurance Producer Registry (NIPR) for you.

*Only Pacific Life & Annuity Company is licensed in New York*

License Information	State	Check if requesting Accident & Health	Check if requesting Variable	CRD# (Variable only) <a href="https://brokercheck.finra.org/">https://brokercheck.finra.org/</a>
Resident State:		<input type="checkbox"/>	<input type="checkbox"/>	
Non-resident:		<input type="checkbox"/>	<input type="checkbox"/>	
Non-resident:		<input type="checkbox"/>	<input type="checkbox"/>	

*\*Please include proof of Annuity and/or Long-Term Care (LTC) Education for Annuity and/or LTC sales (DocuSign: use attachment icon).*

In the event you intend to solicit securities-related products, CRD number is required.

\*If seeking FL appointment, please list all counties you will be doing business in here: \_\_\_\_\_

## (5) Business Practice Questions

Indicate details for each "Yes" response below in Section 6 for Individuals, Officer/Principal, and Business Entity.

Question If you answer "Yes" to any of these questions, provide details in the corresponding fields of the Business Practice Question and Responses in Section 6.	Response
1. Do you or your contracting agency have any outstanding debt(s) with any insurance company or companies, or does any insurance company allege that you or your contracting agency owe it money or have unsatisfied chargebacks or other debts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you or your contracting agency currently have any outstanding and/or unsatisfied past due debts, judgments, or liens against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. In the past 10 years, have you or your contracting agency ever defaulted on a loan, or extension of credit, or made a compromise with creditors, filed a bankruptcy petition, or been declared bankrupt or insolvent, either personally or in business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has a bonding company ever denied, paid out or revoked a surety or fidelity bond for you or your contracting agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you or your contracting agency ever been charged with, been convicted of, or plead "nolo contendere" ("no contest") to: (a) Any felony other than minor traffic offenses? (b) Any misdemeanor offenses? (c) Any violation of state insurance department regulation or statute? (d) Any violation of federal or state securities or investment related regulation or statute?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you or your contracting agency ever been subject of an investment or insurance related consumer-initiated complaint or proceeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you or your contracting agency ever had an insurance or securities license denied or revoked by any state or federal regulatory agency? Please identify.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you or your contracting agency now the subject of any complaint, investigation or proceeding which could result in a "Yes" answer to any of the above questions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled you or your contracting agency's coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you or your contracting agency ever been denied appointment or been terminated for cause by another insurance company, Broker/Dealer or insurance agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If there are changes to any of the above answers, you must notify us within 10 days.*

## (6) Business Practice Question and Response(s)

*Only required if "Yes" answer in Section 5*

***If additional space is needed, please attach to this document. DocuSign: use attachment icon.***

**Question 1:** Do you or your contracting agency have any outstanding debt(s) with any insurance company or companies, or does any insurance company allege that you or your contracting agency owe it money or have unsatisfied chargebacks or other debts?

**Month & Year** \_\_\_\_\_

**Action taken and reasons**

**Your account of the circumstances leading to the situation**

**Question 2:** Do you or your contracting agency currently have any outstanding and/or unsatisfied past due debts, judgments, or liens against you?

**Month & Year** \_\_\_\_\_

**Action taken and reasons**

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**Your account of the circumstances leading to the situation**

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**Question 3:** In the past 10 years, have you or your contracting agency ever defaulted on a loan, or extension of credit, or made a compromise with creditors, filed a bankruptcy petition, or been declared bankrupt or insolvent, either personally or in business?

**Month & Year** \_\_\_\_\_

**Action taken and reasons**

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**Your account of the circumstances leading to the situation**

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**Question 4:** Has a bonding company ever denied, paid out or revoked a surety or fidelity bond for you or your contracting agency?

**Month & Year** \_\_\_\_\_

**Action taken and reasons**

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**Your account of the circumstances leading to the situation**

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**Question 5:** Have you or your contracting agency ever been charged with, been convicted of, or plead "nolo contendere" ("no contest") to:

- (a) Any felony other than minor traffic offenses?
- (b) Any Misdemeanor offenses?
- (c) Any violation of state insurance department regulation or statute?
- (d) Any violation of federal or state securities or investment related regulation or statute?

**Month & Year** \_\_\_\_\_

**Action taken and reasons**

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**Your account of the circumstances leading to the situation**

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**Question 6:** Have you or your contracting agency ever been subject of an investment or insurance related consumer-initiated complaint or proceeding?

**Month & Year** \_\_\_\_\_

**Action taken and reasons**

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**Your account of the circumstances leading to the situation**

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**Question 7:** Have you or your contracting agency ever had an insurance or securities license denied or revoked by any state or federal regulatory agency? Please identify:

**Month & Year** \_\_\_\_\_

**Action taken and reasons**

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**Your account of the circumstances leading to the situation**

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**Question 8:** Are you or your contracting agency now the subject of any complaint, investigation or proceeding which could result in a "Yes" answer to any of the above questions?

**Month & Year** \_\_\_\_\_

**Action taken and reasons**

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**Your account of the circumstances leading to the situation**

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**Question 9:** Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled you or your contracting agency's coverage?

**Month & Year** \_\_\_\_\_

**Action taken and reasons**

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**Your account of the circumstances leading to the situation**

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**Question 10:** Have you or your contracting agency ever been denied appointment or been terminated for cause by another insurance company, Broker/Dealer or insurance agency?

**Month & Year** \_\_\_\_\_

**Action taken and reasons**

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**Your account of the circumstances leading to the situation**

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## **(7) Anti-Money Laundering (AML) Training Certification**

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I certify that I have received Anti-Money Laundering (AML) training within **the last twenty-four (24) months** relevant to the types of Pacific Life products I am contracted to sell, by one of the following Pacific Life Insurance Company approved continuing education providers.

I certify that I have received Anti-Money Laundering training from the following training provider:

Name of the Provider: \_\_\_\_\_ Date of Training: \_\_\_\_\_

Course Title: \_\_\_\_\_

The following insurance company, Broker/Dealer, or other entity subject to Anti-Money Laundering regulations and training requirements:

I certify that I have received Anti-Money Laundering training from the following entity:

Name of Entity: \_\_\_\_\_ Date of Training: \_\_\_\_\_

**OR**

I do not have current Anti-Money Laundering training and **I am requesting for the Pacific Life-sponsored AML training through RegEd. I agree to complete the course within 48 hours.**

Visit the Pacific Life RegEd website at <https://secure.reged.com/Login/vu/VirtualUniversity/PACAML> to **log in/register** and complete the course.

## (8) Declaration and Authorization

**I HEREBY CERTIFY** that all responses provided in the Appointment Data Sheet (application) are true and complete.

**I HEREBY CERTIFY** that all responses related to the Anti Money Laundering training requirements are true and complete.

**UNDER PENALTY OF PERJURY**, I hereby certify (1) that the Social Security Number (SSN) and Tax ID Number (TIN) on the Appointment Data Sheet (application) are correct and (2) that I am currently not subject to backup withholding.

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

**I HEREBY CERTIFY** that I have the appropriate state insurance licenses for a variable line of authority if replacing a variable life policy or annuity contract (if applicable).

**I HEREBY CERTIFY** that I read, understand, and will comply as necessary with all provisions in Our Privacy Promise and Compliance Reference Guide.

**I HEREBY CERTIFY** that I read, understand, and will comply with all provisions contained in the Producer Agreement.

**I HEREBY RELEASE** Pacific Life, its authorized agents and any persons or entity which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits relating to the information obtained from any and all of the above referenced sources or from the furnishing of the same.

**I HEREBY ACKNOWLEDGE, UNDERSTAND, AND AGREE** that Pacific Life is required to comply with certain provisions of the Employee Retirement Income Securities Act of 1974 (ERISA). For insurance policies Pacific Life deems are subject to ERISA, Pacific Life will provide required information to the Plan Administrator or policy owner when there is no Plan Administrator of record, including, but not limited to, all life insurance producer commissions and overrides paid during the plan year.

**I HEREBY CONSENT** to electronically receiving any communications, documents and notices from Pacific life including those related to Pacific Life applications submitted where I am listed as the contracted producer. I agree to notify Pacific Life of any changes to my e-mail address. In doing so, I understand (1) not all documents and notifications may be currently available in electronic format; (2) Pacific Life will send paper copies of documents if required by state or federal law; (3) I must have a device with ready internet access, an active e-mail account, and the ability to read and retain documents online, or print; (4) electronic delivery of documents will be cancelled if e-mails are returned as undeliverable and I will receive paper documents via U.S. mail instead; and (5) my consent is voluntary and will remain in effect until I revoke it, which I may do at any time by contacting Pacific Life.

**SIGNATURE OF PRODUCER**

**SIGN  
HERE**

**DATE (MO/DAY/YR)**

**PRINT NAME:**

**TITLE:**



## (9) Fair Credit Reporting Act Disclosure

**THIS IS TO INFORM YOU** that as part of our procedure for processing your licensing/appointment application, an investigative consumer report may be made whereby information is obtained through personal interviews with third parties such as family members, business associations, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes, but is not limited to, 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 **Business Information Group, Inc. Phone (800) 260-1680, 1101 Industrial Highway, Suite 200, Southampton, PA 18966** for a complete and accurate disclosure of information concerning the nature and scope of the investigation. If an adverse action is taken based on this information, the credit reporting agency did not make this decision and is unable to provide you with specific reasons for the adverse action. A summary of Your Rights Under the Fair Credit Reporting Act is linked here: [https://files.consumerfinance.gov/f/documents/bcfp\\_consumer-rights-summary\\_2018-09.pdf](https://files.consumerfinance.gov/f/documents/bcfp_consumer-rights-summary_2018-09.pdf).

If a consumer report is obtained and you reside in a state with a legal requirement to provide a free copy of the consumer report upon request, you may do so by contacting the Business Information Group, Inc., at the phone number and address provided.

### California Residents:

Pursuant to the California Investigative Consumer Reporting Agencies Act, Pacific Life Insurance Company is required to provide you with the summary of provisions listed below.

California Investigative Consumer Reporting Agencies Act Summary of the Provisions of Section 1786.22

- A) An investigative consumer reporting agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice.
- B) Files maintained on a consumer shall be made available for the consumer's visual inspection as follows:
  1. In person, if he/she appears in person and furnishes proper identification. A copy of his/her file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided.
  2. By certified mail, if he/she makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative consumer reporting agencies complying with requests for certified mailings under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies.
  3. A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer.
- C) The term "proper identification" as used in subdivision (B) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, Social Security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself/herself with the information described above, may an investigative consumer reporting agency require additional information concerning the consumer's employment and personal or family history in order to verify identity.
- D) The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished to him/her pursuant to Section 1786.10.
- E) The investigative consumer reporting agency shall provide a written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22.
- F) The consumer shall be permitted to be accompanied by one other person of his/her choosing, who shall furnish reasonable identification. An investigative consumer reporting agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer's file in such person's presence. As part of our procedure for processing your licensing/appointment application, an investigative consumer report may be made, including, whereby information may be obtained through personal interviews with third parties such as family members, business associations, financial sources, friends, neighbors, or other with whom you are acquainted. This inquiry includes, but is not limited to, 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 Business Information Group, Inc., Phone (800) 260-1680, 1101 Industrial Highway, Suite 200, Southampton, PA 18966 for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

**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, CA 92660, or any consumer reporting agency acting on behalf of Pacific Life. This information may include, but is not limited to, history, including information as to character, general reputation and mode of living.

**I HEREBY ACKNOWLEDGE** that I read, understood, received, and retained for my records a copy of the Fair Credit Reporting Act Disclosure as set forth above. I AGREE that a photographic copy of this authorization shall be as valid as the original.

The data you are providing is used to service and manage your relationship with us. Please review our online Privacy Promise for details on how we use and protect your personal information: <https://www.pacificlif.com/home/privacy-and-other-policies/our-privacy-promise.html>

### SIGNATURE OF PRODUCER

**SIGN  
HERE**

DATE (MO/DAY/YR) \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

## (10) Direct Deposit

I hereby authorize **PACIFIC LIFE INSURANCE COMPANY/PACIFIC LIFE & ANNUITY COMPANY ("PL/PL&A")** to initiate direct deposits to my account at the financial institution named below. I understand that all types of compensation received from **PL/PL&A** for the Tax ID mentioned below will be directly deposited. In the event **PL/PL&A** deposits funds in error into my account, I authorize **PL/PL&A** to debit my account for an amount not to exceed the original amount of the erroneous credit at the financial institution named below. This authorization will remain in effect until **PL/PL&A** receives a written cancellation notice from me in such time to allow **PL/PL&A** reasonable time to act on it. A new authorization must be completed if I change or close my account or change financial institutions. Failure to do so will cause a delay in receiving my deposit.

Establish new direct deposit

Change existing account(s)

Cancel Direct Deposit

Name of Financial Institution: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

Checking Account Holder Name: \_\_\_\_\_

*For help determining the bank routing and account numbers, please review the SAMPLE CHECK below.*

*You must sign below in order to process your appointment and to execute the required EFT authorization.*

Producer or Officer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Producer Name: \_\_\_\_\_

Producer Tax ID #: \_\_\_\_\_

*See Sample check below indicating where to locate required account information.*

### **SAMPLE CHECK**

