

## PACIFIC LIFE INSURANCE COMPANY

**Lynchburg  
Operations**

6750 Mercy Rd., Ste. B, Omaha, NE 68106  
P.O. Box 28698, Omaha, NE 68103  
(844) 276-5759  
Return to [LynTrials@PacificLife.com](mailto:LynTrials@PacificLife.com)



## TRIAL COVER SHEET

### Applicant Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First M.I.

Applicant State: \_\_\_\_\_ Lab slip included (please check one): ☐ YES ☐ NO

Face Amount: \_\_\_\_\_ Product (please check one): ☐ PL Promise Term ☐ PL Promise GUL

SSN: \_\_\_\_\_ BGA/Number: \_\_\_\_\_ Term Plan of Insurance: \_\_\_\_\_

### Disclaimer

*Provide all information requested above and include any documentation relevant to the informal application.*

*Email completed form to [LynTrials@PacificLife.com](mailto:LynTrials@PacificLife.com). Incomplete information may result in delays or the informal not being setup. To keep the process running smoothly, we request that you use this cover sheet when sending in any additional information once the file has been setup.*

*Below are the submission criteria for trials/informals. Submissions that do not meet these criteria will not be reviewed. Last updated on 9/1/2020.*

- Age 18-75
- Minimum coverage of \$1 million for PL Promise Term<sup>1</sup>
- Minimum coverage of \$500,000 for PL Promise GUL<sup>2</sup>

<sup>1</sup> PL Promise Term is level premium term life insurance. Policy Form #P16LYT or ICC16 P16LYT and S16LYT10, S16LYT15, S16LYT20, S16LYT25, or S16LYT30, based on level premium period chosen and state of policy issue.

<sup>2</sup> PL Promise GUL No-Lapse Guarantee Universal Life Insurance. Policy Form #P18PRUL and S18PRUL or ICC18 P18PRUL and ICC18 S18PRUL, based on state of policy issue.