

The Pacific Life Underwriting Guide delineates the underwriting process for life insurance, focusing on a consistent methodology to enhance client experience. It introduces the Pacific Accelerated Life+ (PAL+), which provides three underwriting pathways: accelerated, modified, and traditional, allowing for the least invasive method based on client qualifications. The accelerated pathway does not require a medical exam or attending physician statement (APS), while the modified pathway requires an APS and a physical exam with lab work from the past year. Traditional underwriting applies to all ages and face amounts, with specific requirements based on age and coverage amount. The guide also highlights the Pacific Healthy Rewards program, which adopts a holistic underwriting approach by considering health and lifestyle factors to improve risk class outcomes, providing best risk class guidelines for metrics such as blood pressure, drug and alcohol history, tobacco use, and family history. Notably, any tobacco use within 12 months disqualifies applicants from non-tobacco rates, while limited recreational marijuana use may still qualify for preferred rates.

Underwriting requirements vary by age and coverage amount, particularly for applicants over 70, who must have a personal care physician visit within the past year. The guide specifies uninsurable conditions and timelines, advising against applications for individuals with certain medical histories or conditions, such as recent heart attacks or cancer treatments. The policy emphasizes that the severity of medical conditions can vary among individuals, with underwriters assessing applicants aged 65 and older based on cognitive and physical functionality, nutritional status, and social connectivity. Pending medical tests may lead to coverage declines until results are available. Specific medical histories, including alcohol abuse, anxiety disorders, and chronic diseases, require an APS for underwriting, with outcomes influenced by the severity and control of the condition. For example, a history of alcohol abuse necessitates an APS from a treatment facility for any treatment within the last six years, with potential declines for recent treatment or ongoing alcohol use. Non-medical risks, such as bankruptcy, criminal activity, and hazardous occupations, are evaluated through questionnaires, with declines for significant issues like recent bankruptcies or multiple felonies. Foreign residence and travel are subject to additional scrutiny, particularly for high-risk

countries, while U.S. citizens or permanent residents generally follow domestic underwriting requirements.

The policy outlines specific criteria for riders, ownership, underwriting, and coverage limits, allowing riders for individuals aged 20-75 for Class A and B, and up to age 70 for Class C, with a minimum face amount of \$1 million for each policy. Policies must be owned by a U.S. entity or individual with an insurable interest in the proposed insured, and foreign entities are not permitted as policyowners. Each policyowner must provide a taxpayer identification number or a completed W-8BEN form. Financial underwriting is critical for cases exceeding \$3 million, requiring a fully completed application, cover letter, and supporting documentation detailing the reason for insurance and existing life insurance. Guidelines for personal life insurance include income replacement, estate preservation, and asset repositioning, with specific factors based on age and income. Business life insurance parameters include key person coverage, buy-sell agreements, and debt repayment, with specific factors for determining coverage amounts.

Pacific Life has established payment guidelines, stating that direct payments will only be made to contracted medical requirement providers, with reimbursement for non-preferred providers limited to \$150. Producers or firms using non-preferred providers must manage their own arrangements, but Pacific Life will reimburse APS fees associated with non-preferred providers up to \$100, provided a reimbursement request is submitted with proof of payment. Paramedical exams from non-preferred providers require prior approval, and reimbursement will be based on acceptable rates. To submit a reimbursement request, include the invoice, proof of payment, and a completed W-9 form for the first request, sent via email. Requests must be submitted within six months of receiving the requirement or formal application submission, with most processed within 30 days. Pacific Life does not provide fiduciary advice regarding insurance or investment products and is licensed to issue insurance products in all states except New York. The guarantees of insurance products are backed by the financial strength of the issuing company, not by broker-dealers or their affiliates. Life

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