

Consumer Email Notification



PACIFIC LIFE

Re: Your Life Insurance Policy from Pacific Life

PSJJHBCJYQ HWHGQEQ

Policy Number: 2L00272630

Your life insurance policy is ready for your review and approval. Follow the instructions below to receive your policy package. You must complete the process electronically before your policy is effective. To access your policy package, you will need to follow the link below. This is a time sensitive process and requires your immediate attention.

[Access Policy](#)

For more information you may contact your producer.

If you have questions or need assistance with completing your policy electronically, please email LYNLifeNB@PacificLife.com or call 844-276-5759.

For more information about Pacific Life please visit www.PacificLife.com

Please note that, this mailbox is of the Pacific Life Electronic Delivery tool and is unattended. Please do not reply to this email.

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PL eDelivery Login Page- Consumer View

- Users have “5” attempts to correctly login
- Consumer login
 - Last four digits of SSN
 - Zip code
 - Date of birth
- Owner, Payor or Consumer – will receive an email with a link to PL eDelivery tool

eDelivery Consumer login

Welcome !
Your insurance document is available for review, to ensure your information remains secure and confidential, please answer the questions below :

Last four digits of your Social Security Number

Zip code of your home address (5 Digit)

Your Date of Birth (MM-DD-YYYY)

[Login](#)


Consumer View

Policy Details Summary page

Policy Details Summary	
Proposed Insured	ZJGZXQVFQGU NWQTZOGSILSH
Policy number	2L00278400
Policy Plan Name	PL Promise Term 10
Issue Age	53
Face Amount	\$500,000.00
Rate Class	Preferred Best No Nicotine use
Payment Frequency	Monthly
Delivery Expiration Date	Feb 20, 2018

Next Steps to review and accept your Promise Term Life Insurance policy

Step 1: Preview Your Policy

 Pacific Life Insurance Policy for PLIC product
If unable to open PDF, Please disable popup blocker

Step 2: Select and provide Payment option (If you are the Premium Payor)

Step 3: Review and electronically sign policy delivery requirements

Authorization for Payment

HIV Consent Form

[Continue](#)

[Decline Offer](#) [Finish Later](#)

Step 1: Preview Your Policy

Step 2: Select and provide payment options

Step 3: Review and electronically sign policy delivery requirements

Payment Plan Page

Welcome to the Payment Page.

Please select Next to guide you through the payment screen

[Skip](#) [Back](#) [Next](#)

Payment Plan

Please select your payment information.
Keep in mind that your payment will not be processed until you approve and sign the document.

\$58.13
Initial Payment Due

Payment Frequency

Selected payment Frequency will apply to initial payment (except if initial payment is already made in full) and future payments

Annual \$683.88 per year	Semi-Annual \$348.78 twice year	Quarterly \$177.81 per quarter	Monthly \$58.13 per month
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Initial Payment

Select the initial Payment method.

Credit Card Bank Account

Bank Account Holder Name	First Name	Last Name			
Additional Bank Account Holder Name	Optional				
Bank Account Holder Address	Bank Account Holder Address				
City	City	State	Please select	Zip	Zip
Financial Institution Name	Financial Institution Name				
Financial Institution Address	Optional				
City	City	State	Please select	Zip	Zip
Bank Routing Number (9 Digit)	Bank Routing Number (9 Digit)				
Checking Account Number	Checking Account Number				

Future Payment

Select the Future Payment method.

Same As Above

**Credit Card is NOT available for recurring payment.
Direct Bill is not allowed with Monthly Payment Frequency.

[Back](#) [Continue to eSignature](#) [Finish later](#) [Decline](#)

Payment Plan Page

Payment frequency selection updates the Initial Premium Due amount

Payment Plan

Please select your payment information.
Keep in mind that your payment will not be processed until you approve and sign the document.

\$58.13
Initial Payment Due

Payment Plan

Please select your payment information.
Keep in mind that your payment will not be processed until you approve and sign the document.

\$348.78
Initial Payment Due

Payment Frequency *Selected payment Frequency will apply to initial payment (except if initial payment is already made in full) and future payments*



Payment Frequency *Selected payment Frequency will apply to initial payment (except if initial payment is already made in full) and future payments*



Payment Plan

Keep in mind that your payment will not be processed until you approve and sign the document.

Please Click [Change Payment Frequency](#) for change in Mode

\$14.55

Initial Payment Due

PAYMENT FREQUENCY -MONTHLY

Initial Payment

Select the initial Payment method.

Note: If you are not the Account Holder; please choose Add Payor, and provide the new payor information.

**Credit Card is not available for Guaranteed Universal Products*

Bank Account

Select existing A/C ending with 4567

Add new Bank account

Future Payment

Select the Future Payment method.

**Credit Card is NOT available for recurring payment.*

Note: If you are not the Account Holder; please choose Add Payor, and provide the new payor information.

**Direct Bill is not allowed with Monthly Payment Frequency.*

Same As Above

Lump Sum

Expected Lump Sum Amount: \$2000.00

Note: "We will debit for any needed modal premium once all delivery requirements are received UNLESS we receive indication that a check is being sent. We cannot debit for Lump Sum funds."

[Back](#)

[Continue to eSignature](#)

[Finish later](#)

[Decline](#)

[Add Payor](#)

Payment Plan

Please select your payment information.
Keep in mind that your payment will not be processed until you approve and sign the document.

\$14.55
Initial Payment Due

Payment Frequency Selected payment Frequency will apply to initial payment (except if initial payment is already made in full) and future payments

Annual \$171.18 per year	Semi-Annual \$87.30 twice year	Quarterly \$44.51 per quarter	Monthly \$14.55 per month
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Initial Payment

Select the initial Payment method.

Note: If you are not the Account Holder; please choose Add Payor, and provide the new payor information.

Credit Card Bank Account



Select existing credit card ending with 0004 Add new Credit Card details

Future Payment

Select the Future Payment method.

**Credit Card is NOT available for recurring payment.
Note: If you are not the Account Holder; please choose Add Payor, and provide the new payor information.
Direct Bill is not allowed with Monthly Payment Frequency.

Bank Account

Select existing A/C ending with 4567 Add new Bank account

[Back](#) [Continue to eSignature](#) [Finish later](#) [Decline](#) [Add Payor](#)

Policy Signing Completed

A confirmation screen is shown indicating the process is completed and premium amount to be charged. An email notification is sent advising review of the documents and how to retrieve the policy once in force.

eSign Completed

Thank you for providing the payment details. Your electronic signature is applied on the documents and currently with Pacific Life for review. Based on the policy Owner's signature date on Policy Delivery Acknowledge form, your total Initial Payment Due is \$58.13

If you have questions or need assistance with completing your policy electronically, please email LYNLifeNB@PacifiLife.com or call 844-276-5759.

For information about Pacific Life please visit www.PacifiLife.com

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Re: Life Insurance Policy from Pacific Life

SXFRKTIHLCD XXTLPLI

Policy Number: 2L00275900

Congratulations for accepting a Life Insurance policy from Pacific Life. Documents are currently with Pacific Life for review. Upon completion, you'll receive an email from edeliveryAdmin@pacifiLife.com to register on "MY LIFE ACCOUNT". Once Registered, you will have access to the completed Policy Package for your records.

If you have any questions regarding your policy, please contact your life insurance producer.

If you have questions or need assistance with completing your policy electronically, please email LYNLifeNB@PacifiLife.com or call 844-276-5759.

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My Life Account

When the case is in good order, all requirements are received and the case goes inforce, **users** will receive an email with a link to register on My Life Account to view and print their policy package.



Re:Life Insurance Policy from Pacific Life

MDWJYIUSN APFHZSKUKUC

Policy Number: 2L00237230

Congratulations for accepting a Life Insurance policy from Pacific Life. Please register your account on My Life Insurance Account. Once registered, you have access to retrieve your policy, review policy details, and select options to request changes.

[Click to Register your My Life Insurance Account](#)

If you have questions or need assistance with completing your policy electronically, please email LYNLifeNB@PacificLife.com or call 844-276-5759.

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