



**Change of Ownership Form
Change of Beneficiary Form**

Oceanview Life and Annuity Company • PO Box 830 Grimes, IA 50111-0830 • Tel 888.295.3815 • www.oceanviewlife.com

Contract Information

Policy Number	Name of Annuitant
Name of Owner	Name of Joint Owner <i>(If applicable)</i>

Owner Designation

I hereby assign all my right, title and interest of said policy to the new owner and/or contingent owner designated below and vest in the new owner all incidents of ownership and the right to exercise all rights and privileges without my consent.

According to Section 72(e)(3)(c) of the Internal Revenue Code, a change of ownership may be a taxable event. Please contact your tax advisor before making the decision whether or not to change the ownership on your policy.

Joint owners will have right of survivorship unless otherwise designated or stated in your contract.

Name of New Owner	Relationship to Current Owner	Date of Birth	Social Security No. ()
Street Address	City State	Zip Code	Telephone Number
Mailing Address <i>(If different from above)</i>	City State	Zip Code	
Name of New Joint Owner <i>(If applicable)</i>	Relationship to Current Owner	Date of Birth	Social Security No. ()
Street Address	City State	Zip Code	Telephone Number

Required Signatures

X	Signature of Existing Owner	Date
X	Signature of Existing Owner's Spouse <i>(If resident of Community Property State)</i>	Date
X	Signature of Existing Joint Owner <i>(If applicable)</i>	Date
X	Signature of New Owner <i>(If applicable)</i>	Date
X	Signature of New Joint Owner <i>(If applicable)</i>	Date

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Contract Information

Policy Number

Name of Annuitant

Name of Owner

 Name of Joint Owner *(If applicable)*
Beneficiary Designation

I (we), as Owner(s) revoke any previous designation of beneficiary(ies) and hereby designate the following as the beneficiary(ies). It is understood and agreed that, unless otherwise directed, proceeds will be paid in equal shares to any surviving primary beneficiaries, if none survives, proceeds will be paid in equal shares to any surviving contingent beneficiaries.

Percentages indicated below must total 100%.

A. PRIMARY BENEFICIARY(IES)		Check here if additional designations are attached separately.		
Primary Beneficiary Name	Relationship to Owner	Date of Birth	Social Security No.	Percentage
B. CONTINGENT BENEFICIARY(IES)		Check here if additional designations are attached separately.		
Contingent Beneficiary Name	Relationship to Owner	Date of Birth	Social Security No.	Percentage

Any designation as a class of the children of the Insured shall be construed to mean such lawful (including those living, born later or legally adopted) children of the Insured as shall survive the Insured, unless otherwise limited by me in this request.

Required Signatures

X _____ Signature of Owner	Date	_____	Printed Name of Witness
X _____ Signature of Witness <i>(Required for State of MA)</i>	Date	_____	Witness Address, City, State, Zip
X _____ Signature of Joint Owner <i>(If applicable)</i>	Date	_____	Printed Name of Witness
X _____ Signature of Witness <i>(Required for State of MA)</i>	Date	_____	Witness Address, City, State, Zip
X _____ Signature of Existing Owner's Spouse <i>(Required if resident of Community Property State)</i>	Date	_____	Printed Name of Witness
X _____ Signature of Witness <i>(Required for State of MA)</i>	Date	_____	Witness Address, City, State, Zip