



Change of Annuitant Form

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

1. Contract Information

Contract Number

Name of Current Annuitant

Social Security No. or Tax I.D. No.

Name of Contract Owner *(If different from Annuitant)*

Social Security No. or Tax I.D. No.

Street Address of Contract Owner, City, State, Zip

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Owner Telephone Number

Name of Joint Contract Owner *(If applicable)*

Social Security No. or Tax I.D. No.

2. Instructions

I, as Contract Owner revoke any previous designation of the above-referenced Annuitant and hereby designate the following person as the new Annuitant. If a new Annuitant is designated at a later date, this designation is automatically void.

Print New Annuitant's Name

Date of Birth

Social Security Number

Street Address, City, State, Zip

3. Signature of Owners

X
Signature of Contract Owner

Date

X
Signature of Joint Contract Owner *(If applicable)*

Date

X
Signature of Owner Spouse *(If applicable)*

Date