



Oceanview Life and Annuity Company
Oceanview Life and Annuity Insurance Company
PO Box 830 Grimes, IA 50111-0830
Tel 888.295.3815 • Fax 888.417.3702 • www.oceanviewlife.com

Death Claim Statement For Annuity Contracts

The furnishing of this form or any forms supplemental thereto by the Company indicated above shall not constitute nor be considered an admission by the Company that there is an annuity in force on the life of the person in question nor a waiver of any of its rights or defenses.

The Death Claim Statement must be made by the person(s) to whom the annuity is payable. If there is more than one Beneficiary, a separate form must be completed for each.

**Please submit completed pages 1 thru 3 of this statement along with the required additional documentation to:
Oceanview Life and Annuity, 1851 SE Miehe Dr., Grimes, IA 50111 or fax these forms to: 888-417-3702. You may call
the phone number above for more information about this claim.**

1. Information About the Decedent			
First Name	Middle Initial	Last Name	
Contract Number	Date of Birth (mm/dd/yyyy)		Date of Death (mm/dd/yyyy)
Cause of Death (Attach a certified Death Certificate):			
If the contract cannot be returned with this statement, briefly explain reasons, and give location of contract.			
2. Mode of Settlement Desired			
Spousal Continuance – Please continue this contract in my name. I am the spouse of the deceased and the sole Primary Beneficiary on the contract. For Federal tax purposes, spousal continuance is available to a surviving spouse if a couple was lawfully married under state law. Federal tax law does not allow a spousal continuance to couples who were part of a registered domestic partnership, civil union or other similar formal relationships recognized under state law that was not denominated as a marriage. *Please complete and submit Contract Change Form to update newly selected beneficiaries.			
Lump-sum cash distribution.			
Periodic payment options may be available – Annuitization (additional forms are required). Please call for quotes. IRS W4-P form can be found https://www.irs.gov/pub/irs-pdf/fw4p.pdf .			
Transfer my lump-sum cash distribution to _____ (transfer paperwork is required).			
1035 Exchange lump-sum cash distribution to _____ (transfer paperwork is required).			
*Contract Information Change Form is included in this Death Claim package, please use to update the newly chosen beneficiaries.			

3. Beneficiary Information

Please indicate how you are taxed for federal income tax purposes. We use this information to determine our obligations under the tax laws for withholding and information reporting. If you do not check a box, we will apply the federal default presumptive rules.

Trust

Estate

Partnership

C Corporation

S Corporation

LLC taxed as partnership

LLC taxed as C Corporation

LLC taxed as S Corporation

First Name

Middle Initial

Last Name

Relationship to the Deceased

Date of Birth (mm/dd/yyyy)

Social Security Number

Contact Telephone Number

Mailing Address

City

State

Zip Code

Street Address (REQUIRED if mailing address is a P.O. Box)

City

State

Zip Code

4. Tax Withholding Election

Important IRS Federal Withholding changes:

- Effective January 1, 2023, regulations require the use of Form W-4R, signed by the taxpayer or authorized signer, to choose a federal withholding standing election at a rate other than the default rate of 10%.
- If 10% withholding is not preferred, you may request 0% federal withholding without a Form W-4R by indicating your choice below.

FEDERAL WITHHOLDING: Please Check One (If no election is made, federal income tax will be withheld at 10%).

Withhold 10% federal tax. (No attestation is required for 10% default withholding rate)

Withhold a percentage other than 10%: _____ %

Withhold at the rate on the Form W-4R already on file with Oceanview (If this box is checked and no Form W-4R is on file for this percentage, Oceanview must withhold the 10% default federal tax.)

Notice: Federal law requires withholding a minimum of 10% federal income tax from taxable distributions, unless you elect not to have taxes withheld, or specify a different withholding amount. Withholding will only apply to that portion of your distribution that is includable in your income subject to federal income tax. You may revoke this withholding election at any time by contacting Oceanview Life and Annuity Company in writing unless the distribution is from a tax-sheltered annuity or qualified plan that is eligible to be rolled over to an

4. Tax Withholding Election Continued

IRA or qualified plan. In these cases, the distribution will be subject to a 20% mandatory withholding therefore you may not elect to waive the federal income tax withheld. Electing not to withhold at this time does not release the liability for payment of federal and, if applicable, state Income tax on the taxable portion of your payment. You may incur tax penalties if you're withholding, and tax payments are not adequate.

Oceanview Life and Annuity does not render tax advice. We suggest that you consult your tax advisor regarding your specific financial situation.

2023 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
13,850	10%	27,700	10%	20,800	10%
24,850	12%	49,700	12%	36,500	12%
58,575	22%	117,150	22%	80,650	22%
109,225	24%	218,450	24%	116,150	24%
195,950	32%	391,900	32%	202,900	32%
245,100	35%	490,200	35%	252,050	35%
591,975*	37%	721,450	37%	598,900	37%

* If married filing separately, use \$360,725 instead for this 37% rate.

STATE WITHHOLDING:

- Withholding rules vary by state. You may have the option to: (1) opt-out of withholding, (2) elect default state tax withholding, or (3) increase the rate of withholding. Depending on the state, state tax withholding could be mandatory, optional, unavailable, or you may need to complete a state-specific form.
- Please note that taxes withheld per your elections or in accordance with state rules will not be refunded.
- For all tax-qualified annuities: Withholding is taken from the total amount distributed.
- Different withholding rules apply in certain situations: If we do not have a valid Taxpayer Identification Number on the account, if the payment is delivered outside the United States or if you are a non-resident alien.
- If you do not indicate an election, we will generally follow your choice for federal election unless your state does not allow it.
- No state tax withholding will be taken for states where withholding is not available.
- The taxpayer's resident state on file is the state we use for state tax withholding.

Please check one of the following boxes:

Do not withhold. I live in one of the states listed above, but my state allows me to opt out.

Withhold the amount required by law.

Withhold another amount: \$ _____, or ____%

5. Signature and Acknowledgment

Any person, who knowingly and with intent to injure, defraud or deceive any insurance company or other persons, files a statement of claim containing any false, incomplete or misleading information commits a fraudulent insurance act subject to criminal prosecution and civil penalties and/or is guilty of a felony of the third degree.

I certify the information I have provided on this form is complete and accurate. I understand this request will not become effective until approved by the Company in accordance with the terms of the contract.

Certification required of U.S. persons only (including U.S. citizens, U.S. resident aliens, or other U.S. persons). Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Taxpayer Identification Number,
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person, including a U.S. resident alien (as defined in the IRS Form W-9 instructions).

Certification instructions: You must check here: if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

If you are signing on behalf of an entity or other individual (i.e., Trustee, Power of Attorney ("POA"), Guardian, Executor), please indicate your title along with your signature. If a title is not indicated, mandatory tax withholding will apply. In addition, the beneficiary's full Social Security number or Taxpayer Identification Number must be included on this form in order for us to process the claim. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to prevent backup withholding.

Beneficiary Signature	Date (mm/dd/yyyy)
Print Name	

State Fraud Warnings

The following states have specific fraud statutes pertaining to insurance claims. States not listed may also have laws creating penalties for misrepresentation, intentional omissions or deceptive acts.

Alaska: A person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: Warning – It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/ or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. **Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: For your protection, Hawaii Law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Additional information: If the decedent was a resident of Louisiana at the time of his or her death, the Inheritance Tax Waiver & Consent to Release form is required only when the date of death was prior to July 1, 2004. If the contract is non-qualified, all beneficiaries must submit the form; if the account is qualified, the form is required only if the Estate is the beneficiary.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Additional information: If the decedent was a resident of New Jersey at the time of his or her death and the beneficiary is not the decedent's spouse, information regarding death claim payments is being supplied to the state pursuant to the requirements of the New Jersey Division of Taxation, and it is the position of the New Jersey Division of Taxation that a beneficiary or beneficiaries may be personally liable for any and all inheritance and/or estate taxes until paid. To learn more about this requirement, please contact the New Jersey Division of Taxation's Taxpayer Customer Service Center at 1-609-292-6400 or, visit the Division of Taxation's website at www.nj.gov/treasury/taxation.

New Mexico: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. Additional information: If the decedent was a resident of Ohio at the time of his or her death and the date of death was prior to January 1, 2013, the Ohio Estate Tax form is required. This form is not required when the beneficiary is the surviving spouse, the date of death value is \$25,000 or less, regardless of beneficiary, or the date of death is on or after January 1, 2013. If you have any questions regarding the Ohio Estate Tax Form please contact the Ohio Department of Taxation at 1-800-977-7711 or at www.state.oh.us/tax.

Oklahoma: Warning – Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. Additional information: If the decedent was a resident of Oklahoma at the time of his or her death, and if the amounts payable by reason of his or her death add up to \$2,500 or more, the Company is required upon receiving notice of the death to file an information return with the Oklahoma Tax Commission giving details of the contract or contracts covering the decedent and the amounts payable.

Oregon: Any person who knowingly and with intent to defraud any insurance company or another person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent act, which is a crime.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (\$5,000) dollars and not more than then thousand (\$10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Rhode Island: Additional Information: If the decedent was a resident of Rhode Island at the time of his or her death, the Company must notify the Rhode Island Tax Administrator of payments to be made by reason of his or her death if such payments add up to \$50,000 or more.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits. Additional Information: If the decedent was a resident of Tennessee at the time of his or her death, information regarding death claim payments will be supplied to the state pursuant to the requirements of Tennessee law.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.