



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 Annuitant, Name of Contract Owner, Social Security Number, Street Address, Telephone Number, City, State, Zip

2. Distribution Election

I hereby authorize Oceanview Life and Annuity Company to withdraw the Required Minimum Distribution (RMD) from my IRA, or qualified retirement plan annuity contract due at age 72 and each year thereafter, as defined by the Internal Revenue Service.

- Calculate the RMD starting in contract year 2, and all subsequent tax years
I qualify under IRS rules to defer my first RMD until April 1 (Indicate year) immediately preceding my *Required Beginning Date. Calculate and distribute the RMD for the prior tax year, the current year and all subsequent tax years.
Calculate and withdraw the RMD for ONLY this current tax year.

*Required Beginning Date (RBD) is April 1 following the calendar year in which you attain age 72. If you are a participant of a government or church 403(b) plan, the RBD is the later of April 1 following the calendar year in which you: 1) Attain age 72, or; 2) Retire from employment.

Note: Oceanview Life and Annuity Company will not render tax advice. We suggest you consult your tax advisor regarding your financial situation.

3. Calculation Method

- Single Life Expectancy, Uniform Lifetime Table, Joint Life Expectancy (Available only when a spouse is the designated sole beneficiary and is more than 10 years younger than you). My spouse's date of birth is

4. Frequency, Distribution Method and Payment Date

Please answer all three items below:

- 1. Frequency*: Quarterly, Semi-Annually, Annually, Monthly (Monthly payments are only available through ACH.)
2. Distribution Method: Check, Direct Deposit (Please complete the Direct Deposit Authorization form with this.)
3. First Payment Date (MM/DD/YYYY - excluding the 29th, 30th and 31st). Subsequent payments will be generated on the same day, depending on the frequency of the payment. If this day is not a business day, the payment will be generated on the next business day.

The payment must be at least \$250.00. If distribution is requested by Direct Deposit, please fill out the Electronic Funds Deposit Authorization Form.

Required Minimum Distribution

(RMD) Form

Oceanview Life and Annuity Company

5. Income Tax Withholding (Please see state tax withholding page)

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

- Withhold 10%
- Withhold another amount: \$_____, or _____%
- Do not withhold Federal Income Tax

STATE 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 _____%

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 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 your withholding and tax payments are not adequate.

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

6. Certification of Taxpayer Identification number

Under penalties of perjury, I certify that:

1. The Social Security Number or Taxpayer Identification Number shown on this form is correct (or I am waiting for a number to be issued to me), and
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 (as defined in the General Instructions of IRS Form W-9), and
4. The FATCA code(s) entered on this form, if any, indicating that I am exempt from FATCA reporting is correct. Exemption from FATCA reporting code, if any: _____ (FATCA reporting codes can be found in the General Instructions for IRS Form W-9.) If you are only submitting this form for an account you hold in the United States, you may leave this field blank.

Certification Instructions: You must cross out item 2 above 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 return.

7. Signature

Signature of Owner

Date

Signature of Joint Owner (if any)

Date



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Electronic Funds Deposit Authorization

1. Contract Information

Contract Number	Name of Annuitant
Name of Contract Owner	Social Security Number
Street Address, City, State, Zip	Telephone Number
Name of Joint Owner <i>(If applicable)</i>	

2. Bank Account Information

Type of Account: Checking Account Savings Account

Name of Financial Institution	Full Name on Bank Account	Additional Name(s) on Bank Account
ABA Routing Number <i>(9 digits)</i>	Bank Account Number <i>(4-17 digits)</i>	

Please attach a VOIDED check for checking accounts to be used for account information verification.

- Check this box for paperless and online accounts, and ensure that both the routing number and account number is entered in the spaces above. If you have a paperless/online account, please include a letter from the bank showing the owner name(s) of the account. If the bank's letter lists joint owners both must sign this form.

3. Authorization For Electronic Funds Deposit

As the bank account owner, I authorize Oceanview Life and Annuity Company to:

- Automatically deposit funds, for all withdrawals from this annuity contract, to the checking or savings account referenced above.
- Withdraw funds which may be inadvertently deposited to the account referenced above. This includes, but is not limited to, any payments made after the death of the annuitant.

This authorization will remain in effect until written notice of a change of account, or termination, is delivered to Oceanview Life and Annuity Company in a timely manner, so as to afford the company an opportunity to act thereon. (Such requests should be received no less than 10 business days prior to due date of the next payment.) **In no event shall a "change" or "termination" request include entries processed prior to receipt of such notice.**

Signature of Bank Account Owner	Signature of Co-Bank Account Owner <i>(if applicable)</i>	Date
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4. Acknowledgement of Contract Owner(s) *(If not the same as the Bank Account Owner)*

By signing where indicated below, I hereby acknowledge my approval for **Oceanview Life and Annuity Company** to withdraw funds from the annuity contract, and request that those funds be deposited into the bank account referenced above.

X _____ Signature of Owner	_____ Date
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X _____ Signature of Joint Owner <i>(If applicable)</i>	_____ Date
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