OCEANVIEW LIFE AND ANNUITY COMPANY

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INDIVIDUAL SINGLE PREMIUM INDEXED ANNUITY APPLICATION

TYPE OF APPLICATION: ☐ Individual ☐ Joint ☐ Custodial (UGMA/UTMA)
☐ Non-Natural Person (Trust/Corp/Non-Corp Entity) ☐ Qualified

Is the Annuitant the same as the Owner? ☐ Yes ☐ No

1. OWNER *(if Natural Person)*			
First	MI	Last	
Residence Address (*cannot be a P.O. Box*)	City	State	Zip
Mailing Address (*If different than residence address*) City		State	Zip
Phone Number ( )		Email Address	
Date of Birth (MM/DD/YYYY)	☐ Male ☐ Female	Marital Status ☐ Single ☐ Married	Social Security #
Is the Owner a US Citizen? ☐ Yes ☐ No **If not a US Citizen**, provide the following information		Country of Citizenship	Type of Visa Exp. Date
If Custodian, please provide the following information for Individual or Entity		First MI	Last (or name of Entity)

2. JOINT OWNER INFORMATION *(Must be legal spouse)*			
First	MI	Last	
Phone number ( )	Email address	Date of Birth (MM/DD/YYYY)	Social Security #
Residence Address (*If different than Owner's residence address*) City		State	Zip
Mailing Address (*If different than Owner's mailing address*) City		State	Zip
Is the Joint Owner a US Citizen? ☐ Yes ☐ No **If not a US Citizen**, provide the following information		Country of Citizenship	Type of Visa Exp. Date

3. TRUST/CORPORATE/NON-CORPORATE ENTITY *(if Trust, complete Trust Form)*

Trust/Corp Name	Contact Name
Tax ID	State

4. ANNUITANT *(If different than the Owner)*

First	MI	Last	
Residence Address (*cannot be a P.O. Box*)	City	State	Zip
Mailing Address (*If different than residence address*) City		State	Zip

Phone Number ( )			Email Address
Date of Birth (MM/DD/YYYY)	☐ Male ☐ Female	Marital Status ☐ Single ☐ Married	Social Security #
Is the Annuitant a US Citizen? ☐ Yes ☐ No **If not a US Citizen**, provide the following information		Country of Citizenship	Type of Visa / Exp. Date
If Custodian, please provide the following information for Individual or Entity		First / MI / Last (or name of Entity)	

5. JOINT ANNUITANT *(If different than the Owner)*

First	MI	Last	
Residence Address (*cannot be a P.O. Box*)	City	State	Zip
Mailing Address (*If different than residence address*) City		State	Zip

Phone Number ( )			Email Address
Date of Birth (MM/DD/YYYY)	☐ Male ☐ Female	Marital Status ☐ Single ☐ Married	Social Security #
Is the Annuitant a US Citizen? ☐ Yes ☐ No **If not a US Citizen**, provide the following information		Country of Citizenship	Type of Visa / Exp. Date
If Custodian, please provide the following information for Individual or Entity		First / MI / Last (or name of Entity)	

6. BENEFICIARY DESIGNATION *(Include additional beneficiaries on an additional page attached to this application.)* Percentages must be in whole numbers. **Both Primary and Contingent Beneficiary percentages must each add up to 100%.**

Primary First MI Last Name	Address, City, State, Zip	Relationship	SSN	%
☐ **Primary** ☐ **Contingent** First MI Last Name	Address, City, State, Zip	Relationship	SSN	%
☐ **Primary** ☐ **Contingent** First MI Last Name	Address, City, State, Zip	Relationship	SSN	%
☐ **Primary** ☐ **Contingent** First MI Last Name	Address, City, State, Zip	Relationship	SSN	%

7. POLICY & PREMIUM DETAILS

Funds Are: ☐ Non-Qualified ☐ Qualified

Source of funds:

☐ Check Amount $_____

☐ 1035 Exchange Amount $_____ Company _____

☐ Rollover/Transfer Amount $_____ Company _____

Amount $_____ Company _____

Tax-Qualified Plans: ☐ Traditional IRA ☐ Roth IRA ☐ Roth Conversion ☐ Inherited IRA
☐ Simplified SEP ☐ Other _____

Surrender Charge Period: ☐ 3 ☐ 5 ☐ 7 ☐ 10 Years

Rider: ☑ Market Value Adjustment Rider

8. CREDITING RATE STRATEGY ALLOCATION OF INITIAL PREMIUM

Allocation percentages must be whole numbers and the total equal 100%

Account	Percentage
Fixed Rate	_____ %
S&P 500 Annual Point-to-Point with Cap	_____ %
S&P 500 Monthly Average Annual Point-to-Point with Cap	_____ %
S&P 500 Annual Point-to-Point with Participation Rate	_____ %
S&P 500 2 Year Point-to-Point with Participation Rate	_____ %
Credit Suisse Retiree Balanced Index Annual Point-to-Point with Participation Rate	_____ %
Credit Suisse Retiree Balanced Index 2 Year Point-to-Point with Participation Rate	_____ %
Total	_____100 %

9. OTHER COVERAGE & ARRANGEMENTS

Does the Proposed Owner have any existing life insurance or annuity contracts? ☐ Yes ☐ No
Is this policy being purchased to replace or change any existing life insurance or annuity contract?
☐ Yes ☐ No

If Yes, Please complete the following:

COMPANY NAME	POLICY #	SURRENDER VALUE
STREET ADDRESS		
CITY	STATE	ZIP

10. STATEMENTS AND AUTHORIZATIONS

PROPOSED OWNER'S STATEMENT

I have read and understand this Application. I am not currently taking and I am not under the influence of any medications or drugs that would affect my ability to fully understand and to fully and accurately complete this Application. The representations in this Application are true. I agree the annuity contract shall not be in effect until it has been issued by Oceanview Life and Annuity Company ("the Company") and the single premium is paid. I understand that the Producer has no authority to approve this Application, change the annuity contract, or waive any contract provisions. I understand that the annuity contract will not be effective until the date signed in the contract and all eligibility requirements are met.

FRAUD NOTICE/WARNING: Any person who knowingly submits a false statement in an Application for insurance may be guilty of a criminal offense and subject to penalties under state law. I have read, understand, and acknowledge the Fraud Notice.

_____ _____ _____
Owner's Signature Date City, state where signed

_____ _____ _____
Joint Owner's Signature Date City, state where signed

PRODUCER'S STATEMENT

I further certify that any information recorded by me on this Application is true and accurate to the best of my knowledge and that the Owner seemed to me to be lucid and to fully understand all of the questions on this Application.

_____ _____ _____ _____
Producer's Signature Producer's Printed Name Producer's Number Date

PLEASE COMPLETE IF THERE IS A CO-PRODUCER:

_____ _____ _____ _____
Co-Producer's Signature Co-Producer's Printed Name Co-Producer's Number Split%

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Harbourview Fixed Indexed Annuity **Certificate of Disclosure and Acknowledgement**

Single Premium Indexed Deferred Annuity

Thank you for your interest in the Harbourview Fixed Indexed Annuity from Oceanview Life and Annuity Company (the "Company"). It is important that you understand the benefits, features, and limitations of this annuity before making your purchasing decision. Please read the following information and sign the last page of this disclosure document to acknowledge your understanding of the annuity contract ("Contract") for which you are applying. This document is intended to provide you with a summary of the Contract, including benefits and limitations.

What is the Harbourview Fixed Indexed Annuity?

The Harbourview Fixed Indexed Annuity is a Single Premium Indexed Deferred Annuity which is primarily intended for customers seeking a long-term retirement savings vehicle.

Your fixed indexed annuity is not a security or any type of investment contract. It is not a stock market investment and does not directly participate in any stock or equity investments. External market indices may not include dividends paid on the underlying stocks, and therefore may not reflect the total return of the underlying stocks. Your Premium is never directly invested in the external index that is part of the Index Strategy or Strategies you select.

What if I decide I do not want my annuity Contract after it is delivered?

After receipt of the annuity Contract, the Contract may be returned within the free look period for an unconditional refund of the amount paid for the Contract. The free look period is the amount of time you have to request a refund. The actual free look period is stated on the cover page of your Contract and is at least 20 days.

How will interest be credited to my Contract?

Your annuity offers multiple interest crediting strategies. Your premium will be allocated to the strategies based on the allocation percentages you select. The following is a high-level overview of different interest crediting strategies available on fixed indexed annuities, some or all of which may be offered with your annuity.

Fixed Strategy

Premium that is allocated to the Fixed Strategy will be credited with a fixed interest rate that is declared by the Company and guaranteed for each Contract Year[1]. This interest rate can change each Contract Year and is guaranteed to never be less than the Minimum Guaranteed Interest Rate shown on your contract's annuity schedule. Interest is compounded daily and is credited based on a fixed interest rate that is declared annually. This strategy is not linked to the movement of an external market index.

Index Strategies

Premium that is allocated to the Index Strategies will receive interest that is calculated in reference to the upward movement, if any, of an external market index, modified by limitations such as: a Cap Rate, an Annual Spread, or a Participation Rate. You are not purchasing stock or directly investing in the stock market. An external market index is a benchmark or relative measure of performance. By linking to an external market index, you select the measurement by which your interest credit will be calculated. The interest credits for each Index Strategy will be determined in accordance with the terms of the Endorsement for each strategy and are guaranteed to never be less than zero.

Please refer to the Strategy Allocation Form for information about the Index Strategies available with your annuity.

We may offer other Index Strategies after your Issue Date, which you may then allocate all or part of your Contract Value to on the next Contract Anniversary. If an Index is discontinued or if the Index Strategy is discontinued or if the calculation of an Index is changed substantially, we may substitute a comparable Index subject to approval by the appropriate regulatory agency. We will also notify you and allow you to choose new Allocation Percentages for the next Contract Year. If a strategy is terminated, you may elect to have your funds allocated to one or more of your Contract's strategies. If you make no allocation, all funds will be transferred to the Fixed Account.

If the index price declines, will I receive negative interest credits?

No. Regardless of market conditions, the interest credits for any Index Term Period can never be less than zero.

[1] Contract Years are determined from the Contract Date, which is the date your Contract is issued. Here is a hypothetical example: if the Contract Date is June 1, 2020, the first Contract Year ends on May 31, 2021.

Can I transfer the value of my Contract among the available strategies?

Yes. You may request to reallocate Account Allocation percentages between the Fixed Rate Strategy and eligible Index Strategies effective on the next Contract Anniversary. A request for reallocation may only be applied to an Index Strategy at the end of the Index Strategy period. Account Allocation percentages must be in whole percentages and must total 100%.

Do I have access to the value of my Contract before the Annuity Date?

Yes, the Harbourview Fixed Indexed Annuity provides access to the value of your Contract in several different ways. However, any Contract values accessed during the first ten Contract Years may also be subject to a Surrender Charge and Market Value Adjustment, depending on the surrender charge schedule elected at the time of application. Please note that Withdrawals taken from an Index Strategy during an Index Term Period will not be credited with any potential interest credits for that term.

Withdrawal Charges and Market Value Adjustments will not apply to any Free Withdrawals, required minimum distributions, or death benefit proceeds. Taxable amounts withdrawn from your annuity prior to age 59 ½ may be subject to a 10% IRS penalty in addition to ordinary income tax. Please consult with a tax advisor prior to utilizing these provisions.

Free Withdrawals

After the first Contract Year, you may make multiple withdrawals totaling 10% of the Contract Value on the prior Contract Anniversary without incurring a Surrender Charge. The amount available for Free Withdrawal is not cumulative. Any amount eligible for Free Withdrawal in a Contract Year that is not taken may not be carried over to the next Contract Year nor will it be available to be taken free of the Surrender Charge in a later Contract Year.

Required Minimum Distribution

If you purchase this annuity with "tax-qualified" money (like an IRA), tax law and IRS rules may require you to take "required minimum distributions" from your Contract each year. Following the first contract anniversary date, any required minimum distributions taken from your Contract will not be subject to Withdrawal Charges or Market Value Adjustments.

What happens on the Contract's Annuity Date?

On the Contract's Annuity Date, you will receive the entire value of your Contract in the form of annuity payments. There are a number of payout options from which to select. Regardless of the payout option selected, once the amount of the payments is determined, your payments are guaranteed and can never be changed. You should review the available payout options with your tax advisor to select the most appropriate one based on your financial situation. Under no circumstances will you be assessed a Withdrawal Charge or Market Value Adjustment on or after the Annuity Date. If you do not select a payout option, the payout option will default to the contractually selected option, depending whether you have a single Annuitant or Joint Annuitants.

What if I decide to surrender (cancel) my Contract?

If you decide to surrender your Contract, the Company will pay you the Contract's Cash Surrender Value. On the date of surrender, the Cash Surrender Value is equal to the greater of:

1. The Contract Value less any Surrender Charges and Market Value Adjustment, if applicable; or
2. The Minimum Surrender Value.

What is a Surrender Charge?

A Surrender Charge is the cost you incur if the Contract is surrendered or if any amount withdrawn exceeds the Free Withdrawal amount during the Surrender Charge period. The Surrender Charge on these amounts is applied at the time of the surrender or withdrawal. Any amount withdrawn above the Free Withdrawal amount will be multiplied by the applicable percentages below, which determines the amount of the charge. Below is an example of the Schedule for a Harbourview Fixed Annuity with a 10-year Surrender Charge Rate. This schedule will vary depending upon the surrender charge you select at the time of application.

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10-Year Surrender Charge Schedule

Contract Year	1	2	3	4	5	6	7	8	9	10	11+
Percentage	9%	9%	8%	7%	6%	5%	4%	3%	2%	1%	0%

In part, Surrender Charges allow the company to invest your money on a long-term basis and generally credit higher yields than possible with a similar annuity of shorter term.

What is a Market Value Adjustment?

Your contract may have a Market Value Adjustment Rider as a policy provision. A Market Value Adjustment (MVA) is an adjustment made to your Contract at the time of a surrender or withdrawal, based on the changes in interest rates since you purchased your annuity.

The MVA may increase or decrease the amount of the Withdrawal or Cash Surrender Value of your Contract depending on the change in interest rates. If interest rates have increased, the MVA will be negative. If interest rates have decreased, the MVA will be positive.

A positive MVA will increase your withdrawal amount or Cash Surrender Value. A negative MVA will decrease your withdrawal amount or Cash Surrender Value. In calculating the MVA applicable to any surrender or a Withdrawal in excess of the Free Withdrawal amount, we will multiply the Withdrawal amount that is subject to the MVA by the applicable Market Value Adjustment Factor. The Market Value Adjustment factor is applied to the Contract Value with the following Market Value Adjustment amount:

Contract Value multiplied by (I – J) multiplied by N divided by 12, where:

I = Value of the External Index Rate as of the Contract Issue Date;

J = Value of the External Index Rate as of the date of withdrawal

N = Number of whole months from surrender to end of Surrender Charge Period.

How does a Market Value Adjustment affect Contract Values?

An MVA is applied to any portion of a withdrawal or surrender that is subject to a Surrender Charge. The following example illustrates how it works:

Assume the following:

The following Surrender Charge Rate Schedule applies to the product in this example:

Contract Year	1	2	3	4	5	6+
Percentage	9%	8%	7%	6%	5%	0%

Contract Value = $100,000
Free Withdrawal Amount = $100,000 times 10% = $10,000
Withdrawal of $15,000 is taken at the start of the fourth Contract Year
There are 36 months left until the end of the Surrender Charge Period
The applicable Surrender Charge is 6%
Amount of Withdrawal subject to an MVA and Surrender Charge = $15,000 - $10,000 = $5,000
External Index Rate at Contract Issue Date = 3.50%

Example 1 – MVA is Negative:
Interest Rates have increased
Closing External Index Rate on the day before the Withdrawal = 4.00%
Surrender Charge = $5,000 * 6% = $300
$5,000 * (3.50% - 4.00%) * 36/12 = -$75

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Example 2 – MVA is Positive:

Interest Rates have decreased
Closing External Index Rate on the day before the Withdrawal = 2.50%
Surrender Charge = $5,000 * 6% = $300
$5,000 * (3.50% - 2.50%) * 36/12 = +$150

Note: These are sample calculations and all assumptions are purely hypothetical and are not an indication of the annuity's past or future activity.

Are there any riders that are included on my policy?

Yes, there are two waiver of surrender charge riders that are included on each policy. They allow for money to be withdrawn from your contract surrender charge free during the period prior to the contract's annuity date. The covered events are as follows

Nursing Home Confinement

In the event that the contract Owner (or spousal beneficiary in the case of a continuation) is confined to a nursing home for at least 90 consecutive days or for a total of 90 days if there is no more than a 6-month break in the confinement surrender charges will be waived on any withdrawal. Confinement must be prescribed by a qualified physician and medically necessary, and proof must be furnished to the Company during confinement or within 90 days after such confinement.

Terminal Illness

In the event that the contract Owner (or spousal beneficiary in the case of a continuation) is terminally ill and not expected to live more than 12 months surrender charges will be waived on any withdrawal. Terminal illness must be diagnosed by a qualified physician after the contract's issue date, and proof of terminal illness must be provided to the Company.

Are there any tax consequences if I take Withdrawals from my annuity?

Income tax on interest credited to an annuity is deferred until withdrawals are taken. When you surrender or take a Withdrawal from your Contract, you may be subject to federal and state income tax on a portion or the entire amount withdrawn. In addition to income tax, you may be subject to a 10% federal penalty tax if you surrender or take Withdrawals from your annuity before age 59 ½. When annuity payments are elected, a portion of each payment will be taxable and a portion will be treated as a non-taxable return of the Contract's cost basis. Distributions from a qualified annuity (e.g. IRA, 401(k), etc.) may also be taxable. You should consult with a tax advisor or attorney regarding the applicability of this information to your own situation.

What happens if the Owner dies before the Annuity Date and while the Contract is in force?

If the Owner (or Primary Annuitant if the Owner is not a natural person) dies before the date on which annuity payments begin, the Company will pay a Death Benefit to the named Beneficiary or Beneficiaries. That Death Benefit will be the greater of: The Contract Value (without any Surrender Charge or Market Value Adjustment); or The Minimum Surrender Value.

The Death Benefit will not be subject to a Withdrawal Charge or Market Value Adjustment. After the Annuity Date, payments will be consistent with the Settlement Option selected. Taxes may apply.

What happens if the Annuitant dies on or after annuity payments begin?

If the Annuitant dies on or after the date Annuity Payments begin, We will continue to make payments of any remaining and payable portion of the Annuity Payment(s) to the Beneficiary upon Our receipt of Due Proof of Death.

Other Important Information about Your Annuity

- This annuity is not a bank or credit union deposit, obligation or guarantee, and is not FDIC or NCUA/NCUSIF insured.
- The guarantees provided by annuities are subject to the financial strength and claims paying ability of the issuing company.
- Under current tax law, the Internal Revenue Code already provides tax deferral to qualified money, so there is no additional tax benefit obtained by funding a qualified contract, such as an IRA, with an annuity.

- Harbourview Fixed Indexed Annuity is subject to state approval. Product features, options and availability may vary by state.
- This is a brief description of your annuity and is meant for informational purposes only. It is not individualized to address any specific investment objective. It is not intended as investment or financial advice. Please refer to your Contract for any other specific information including limitations, exclusions and charges
- We deduct Premium taxes, if applicable, imposed on us by a federal, state, local, or other government agency. Some states collect these taxes on Premium Payments; others collect at annuitization. Since we pay Premium Taxes when they are required by applicable law, we may deduct them from Your Contract when we pay the taxes, when you withdraw your contract value, when you start to receive income payments or when it pays a death benefit to your beneficiary. The Premium tax rate varies by state or municipality and currently ranges from 0 - 3.5%.
- We do not provide tax, financial or investment advice, or act as a fiduciary in the sale or service of the product. Consult a tax advisor or financial representative about your specific circumstances.

Oceanview Life and Annuity Company
Certificate of Disclosure and Acknowledgement

Applicant Acknowledgement

By signing below, I acknowledge that I have read, or have been read, this disclosure form and understand its contents. I understand that I have applied for a Single Premium Indexed Deferred Annuity. In doing so, I have discussed my financial status, tax status, current insurance products and investments (including my financial objectives) with my insurance producer or other financial professional and believe this annuity will assist me in meeting my current financial needs and objectives.

Owner(s)/Applicant(s) Name (Please print)_____

Owner(s)/Applicant(s) Signature(s)_____

Phone #_____ Date_____

Joint Owner(s)/Applicant(s) Name (Please print)_____

Joint Owner(s)/Applicant(s) Signature(s)_____

Phone #_____ Date_____

Producer Confirmation

By signing below, I acknowledge that I have reviewed this disclosure form and other required materials with the applicant. I certify that a copy of this disclosure form; as well as, any advertisements, all of which were approved by the Company, used in connection with the sale of this annuity, have been provided to the applicant. I have not made any statements that differ from what is stated in this disclosure form or the brochure and no promises or assurances have been made about the future value of any non-guaranteed elements of the annuity.

Producer Name (Please print)_____ Producer Number_____

Producer Signature_____ Date_____

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Name of Owner(s) – Provide information on annuitant if contract is owned by non-natural person.	
Owner's Current Age	Joint Owner's (if any) Current Age
Name of Product being applied for	Approximate Premium

1. **Annual Income**: Gross Household Income of contract owner(s):
   ☐ $0 – $25,000 ☐ $25,001 – $50,000 ☐ $50,001 – $75,000 ☐ $75,001 – $100,000
   ☐ $100,001 – $250,000 ☐ $250,000 - $500,000 ☐ Greater than $500,000

2. **Financial Experience** (check one):

   ☐ **Limited:** The proposed contract owner has made limited financial decisions prior to this application with little experience with financial markets and/or credit transactions.

   ☐ **Moderate:** The proposed owner has made previous financial decisions such as a home or automobile loan; credit card use; purchased other annuity contracts or life insurance policies; made a financed purchase; invested in a retirement plan such as a 401(k) or 403(b); purchased or held mutual funds; etc.

   ☐ **Advanced:** The proposed owner has made previous financial decisions including stock or bond purchases and or trades; proposed owner has participated in private placement offerings; proposed owner has participated in advanced financial transactions, etc.

3. **Risk Tolerance for this contract's funds** (check one):

   ☐ **Conservative:** Owner has little tolerance for volatility and/or principal loss.

   ☐ **Moderate:** Owner has some tolerance for short-term volatility and/or principal loss.

   ☐ **Aggressive:** Owner has tolerance for and expectations of volatility and principal loss and/or gain.

4. **Federal Income Tax Bracket:**
   ☐ 0% ☐ 10 or 12% ☐ 22 or 24% ☐ 32, 35 or 37%

5. **Financial Objectives for this Contract** (check most important objective):
   ☐ Income for Today ☐ Income for Life ☐ Guaranteed Interest Rate ☐ Principal Protection
   ☐ Tax Benefits ☐ Pass Along to Benefits ☐ Accumulation ☐ Other: _____

6. **Funding of this annuity** (check all that apply):
   ☐ Earnings/Wages ☐ Cash Value from Life Insurance/Annuity ☐ Savings/Checking
   ☐ Gift ☐ Mutual Fund/Stock/Bond Redemption ☐ Death Benefit Proceeds ☐ CD
   ☐ Retirement Fund/Rollover ☐ Reverse Mortgage/Home Equity Loan

7. **Initial Surrender Charge Period**:
   _____ Years
8. **Financial Time Horizon:**
   ☐ Less than 1 year ☐ 1-3 Years ☐ 4-6 Years ☐ 7-10 Years ☐ More than 10 Years

9. **Liquid Net Worth:**
   ☐ Under $50,000 ☐ $50,001-$100,000 ☐ $100,001-$250,000 ☐ More than $250,000

10. **Percentage of Liquid Net Worth Represented by this Contract:**
    ☐ Less than 10% ☐ 10% - 25% ☐ 25%-50% ☐ More than 50%

11. **Other than the premium in this annuity, will the annuitant have sufficient funds or other assets available to access, without penalty, for living expenses and in case of emergencies?** ☐ Yes ☐ No

12. **Are any of the following changes anticipated during the surrender charge period of the proposed annuity?** Please explain including the expected changes and amount.

    a. Significant increase ☐ or decrease ☐ in living expenses?
       If Checked, explain: _____
    b. Significant increase ☐ or decrease ☐ in income?
       If Checked, explain: _____
    c. Significant increase ☐ or decrease ☐ in net worth or liquid assets?
       If Checked, explain: _____

13. **Will this transaction trigger any charges or fees to any existing account, annuity or life insurance policy used to fund the proposed contract?** ☐Yes ☐No If Yes, please provide amount or percentage of charges or expenses to be incurred:

_____

14. **Has the proposed owner replaced or exchanged another life insurance or annuity contract within the past 3 years?** ☐Yes ☐No

The basis for recommending this annuity is (section must be completed, include additional documentation if necessary):

_____

_____

_____

OWNER'S CERTIFICATION: STATEMENT OF UNDERSTANDING		
I attest to this Statement of Understanding. I have completed or reviewed this form and to the best of my knowledge the information provided on the Fixed Annuity Suitability Questionnaire is accurate. I understand the insurer may contact me to verify information provided or to seek further information. My financial professional has reviewed the features and benefits of this purchase as well as any applicable fees and charges associated with this purchase. I acknowledge that my financial professional does not provide legal or tax advice. I believe that the purchase of this annuity contract is suitable for my financial needs and objectives.		
Owner(s) Signatures		Date
Owner(s) Names		
Owner(s) Contact Information (at least one is required):		
Phone Number	Email Address	Cell Number

PRODUCER'S CERTIFICATION:		
I have made a reasonable effort to obtain information from the proposed owner(s) concerning his/her financial status, objectives and other pertinent information. I have delivered information to the applicant concerning the costs and benefits of the annuity. Based on the facts disclosed by the proposed owner(s), and all information known to me at this time, I have reasonable grounds to believe that the recommendation to purchase or exchange this annuity contract is suitable and that certain features of the annuity will provide benefit. Furthermore, I agree to maintain and make available upon request to the insurer or the insurance commissioner, records of the information collected, including any additional needs analysis forms, and other information used as the basis for this annuity contract recommendation for the number of years required by state laws or regulations. I understand the insurer may contact the proposed owner for additional information.		
Producer Signature		Date
Producer Name		
Producer Contact Information (at least one is required):		
Phone Number	Email Address	Cell Number

Oceanview Life and Annuity Company
Oceanview Life and Annuity Insurance Company
PO Box 830 Grimes, IA 50111
Tel.888.295.3815 **www.oceanviewlife.com**

Request for Rollover, Transfer or Exchange

1 Transferring Institution

	CONTRACT RENEWAL DATE	FAX	
COMPANY OR CUSTODIAN		PHONE	
STREET ADDRESS (NOT A POST OFFICE BOX)	CITY	STATE	ZIP CODE

2 Existing Policy or Account

OWNER(S)	OWNER SSNs (or TINs)		
ADDRESS	CITY	STATE	ZIP CODE
ANNUITANT(S), INSURED(S) OR PARTICIPANT	ANNUITANT, INSURED(S) OR PARTICIPANT SSNs (or TINs)		
BENEFICIARY (IF PARTICIPANT IS DECEASED)	BENEFICIARY SSN (or TIN)		
INVESTMENT VEHICLE ☐ CD ☐ Life Insurance ☐ Annuity ☐ Custodial Account ☐ Other _____		ACCOUNT OR CONTRACT NUMBER(S)	

3 Transaction Type (Complete section A or B.)

A Qualified Funds

(For rollover, transfer or exchange *into* a 403(b) Tax-Sheltered Annuity, use form OVLAC-APP-403B

Funds From

- ☐ Traditional IRA
- ☐ Inherited IRA
- ☐ Roth IRA
- ☐ SEP IRA
- ☐ 403(b) TSA
- ☐ Qualified Pension or Profit Sharing Plan

Funds To

Initiated by Participant

- ☐ Traditional IRA
- ☐ Roth IRA
- ☐ SEP IRA
- ☐ Qualified Pension or Profit Sharing Plan

Initiated by Beneficiary

- ☐ Inherited IRA (Attach form OVLAC – APP-IRA)

Oceanview Life and Annuity Company's Traditional IRA, Roth IRA, SEP and 403(b) contracts meet the requirements of Internal Revenue Code § 408(b), 408A, 408(k) and 403(b)(1) respectively.

B Non-Qualified Funds

Transaction Type:

- ☐ Direct Transfer
- ☐ 1035 Exchange

Additional Funds Forthcoming After This Transfer: ☐ No ☐ Yes: $_____

The undersigned owner(s) authorizes the transferring institution to liquidate and transfer the requested amount or percentage of the owner(s)'s rights, title and interest in the referenced account(s), without exception to Oceanview Life and Annuity Company. This assignment is made to facilitate the exchange of all or a portion of the above-referenced policy for a new policy(ies) with Oceanview Life and Annuity Company pursuant to Section 1035 of the Internal Revenue Code. The undersigned owner(s) understands and agrees that Oceanview Life and Annuity Company is providing this form and participating in this exchange at the owner(s)'s request. The owner(s) acknowledges that Oceanview Life and Annuity Company has not made, and will not make, any representations or warranties regarding the tax effects, if any, of this assignment, and any resulting taxes will be the sole responsibility of the owner(s). In consideration of Oceanview Life and Annuity Company willingness to participate in this exchange, the owner(s) accepts all responsibility for the validity of this assignment and releases Oceanview Life and Annuity Company from any and all claims or liability resulting from this exchange. This Absolute Assignment shall be binding on the owner(s) and on the owner(s)'s personal representatives, heirs, successors and assignees. The owner(s) acknowledges and warrants that no other person has any interest in this policy, that no proceeding in bankruptcy is pending or has been filed affecting the policy, and that any collateral assignment of the policy has been properly released by the collateral assignee prior to the execution of this Absolute Assignment contract's benefits and provisions within a reasonable time.

4 Lost Policy Statement (Applicable only to a full surrender to effect the rollover, transfer or exchange.)

The undersigned certifies that:

☐ The policy or contract is attached.

☐ The policy or contract is lost or has been destroyed. To the best of my knowledge it is not in anyone's possession.

5 Participant/Beneficiary Declaration (Complete only for rollover of 403(b) Tax-Sheltered Annuity funds.)

6 Authorization

The undersigned owner(s) or beneficiary authorizes the transferring institution to liquidate and transfer

_____% or $_____as cash from the policy or account to Oceanview Life and Annuity Company:

☐ Transfer Immediately (default action if no selection is made)

☐ Transfer on Maturity or Anniversary Date

☐ Transfer on _____
DATE

I (We) authorize disclosure of information to Oceanview Life and Annuity Company as necessary to complete the requested transaction. I(We) understand that the rollover, transfer or exchange will be effective on the date the check(s) is(are) received.

_____ _____
OWNER OR BENEFICIARY SIGNATURE DATE

_____ _____
OWNER SIGNATURE DATE

_____ _____
GUARANTEE SIGNATURE (IF APPLICABLE) DATE

7 Request for Funds Transfer (To be completed only by an authorized Oceanview Life and Annuity Company home-office employee.)

Oceanview Life and Annuity Company is prepared to accept the assets as indicated in this document and will transfer the assets into a new or existing policy with Oceanview Life and Annuity Company.

Oceanview Life and Annuity Company (TIN #75-1222043) hereby requests that the above-documented surrender or partial withdrawal be transacted immediately. All proceeds, including any premiums, shall be payable and forwarded to:

Oceanview Life and Annuity Company
P.O. Box 830
Grimes, IA 50111-0830

_____
OWNER(S), ANNUITANT(S) OR BENEFICIARY NAME

☐ Please refer to the Oceanview Life and Annuity Company annuity contract number:_____.
CONTRACT NUMBER

☐ The requested action is a 1035 Exchange, therefore please:

_____ _____
AUTHORIZED OCEANVIEW LIFE AND ANNUITY COMPANY HOME OFFICE EMPLOYEE SIGNATURE DATE

_____
AUTHORIZED OCEANVIEW LIFE AND ANNUITY COMPANY HOME OFFICE EMPLOYEE PRINTED NAME

_____
AUTHORIZED OCEANVIEW LIFE AND ANNUITY COMPANY HOME OFFICE EMPLOYEE TITLE

Oceanview℠

Notice of Replacement of Life Insurance or Annuities

Oceanview Life and Annuity Company
Individual Annuities 1.888.295.3815
P.O.Box 830 Grimes, IA 50111-0830 **www.oceanviewlife.com**

1 Important Notice Required by the Commissioner of Insurance: Replacement of Life Insurance or Annuities

(This notice must be signed by the applicant(s) and producer, with the original sent to Oceanview Life and Annuity Company and a copy left with the applicant(s).)

Read Carefully Before Proceeding

This notice is required by the Commissioner of Insurance because you have indicated that you are buying a new life insurance policy or annuity and discontinuing or changing an existing one. Such a decision could be a good one, or a mistake. You will not know for sure until you make a careful comparison of your existing policy and the proposed replacement policy. Premiums alone are not determinative of low cost. Take the time to obtain and understand the facts.

We are required by law to notify your existing company that you may be replacing their policy. Consider both sides before you decide. This way you can be sure you are making a decision that is in your best interest.

Cash Value Insurance

To make a comparison of cash value policies (policies with loan or surrender values in addition to death protection), considerations must be given to each policy's cash values, premiums, coverage amounts and dividends, if any, over the life of the policy.

To simplify this task, you may wish to request from your existing insurance company and the company issuing the replacement policy yield index figures for 5, 10 and 20 years. The yield index is a percentage that represents an estimate of the interest rate the insurer projects you will earn on the savings portion of the cash value policy. The policy with the higher yield index will generally be the better buy.

The Yield Index Committee of the National Association of Insurance Commissioners in 1986 devised a method for calculating a yield index. **In order to request this yield index information, merely check the box below and your request will be forwarded to both insurance companies.**

You can also compare the cash values and/or surrender values listed in the replacing company's policy summary for the first five policy years with those in your current policy for the next five years. Low cash values or surrender values in early policy years are often the result of high expenses associated with issuing a new policy. If the replacement policy has low values in its early years, it will usually take longer for it to provide you with benefits that equal or exceed the benefits of your existing policy. In some cases, the replacement policy may never provide benefits equal to those in your present policy.

Term Insurance

If you are replacing your present insurance policy with term insurance (policies that provide death protection only), it makes sense to shop for a low cost policy. Costs for term insurance vary widely and substantial savings may be realized by comparison shopping. Premiums alone are not always determinative of low cost since some policies pay dividends and others do not. You may wish to request interest-adjusted cost indices for 5, 10 and 20 years from several insurance companies including your exiting insurer to help you compare term insurance premiums. The policy with the lower index numbers is usually the better buy.

Please list below the identification of the policies which are involved in the replacement. Your existing insurer will be notified that you may be replacing their policy.

2 Existing Policy(ies)

INSURED OR ANNUITANT NAME	EXISTING INSURANCE COMPANY	POLICY NUMBER*	EFFECTIVE DATE	FACE/ANNUITY AMOUNT
				$
				$
				$

❑ Check box to request yield indices for cash-value policies.

* If a number has not been assigned by the existing insurer, indicate alternative identification such as an application or receipt number.

3 Acknowledgement

OWNER SIGNATURE _____ DATE _____

OWNER SIGNATURE _____ DATE _____

PRODUCER SIGNATURE _____ DATE _____

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

Authorization to Accept 403(b) Tax-Sheltered Annuity Rollover, Transfer or Exchange

1 Transferring Institution

COMPANY OR CUSTODIAN		PHONE	
STREET ADDRESS (NOT A POST OFFICE BOX)	CITY	STATE	ZIP CODE

2 Existing Policy or Account

PARTICIPANT	SSN (or TIN)		
ADDRESS	CITY	STATE	ZIP CODE
INVESTMENT VEHICLE ☐ Annuity ☐ Custodial Account ☐ Other _____	ACCOUNT, POLICY OR CONTRACT NUMBER(S)		

3 Transaction (For rollover, transfer or exchange into other than a 403(b) Tax-Sheltered Annuity, use form OVLAC-TRANSFER.

Funds From	**Funds To**
☐ ERISA TSA ☐ Non-ERISA TSA ☐ Traditional IRA ☐ SEP IRA ☐ Qualified Pension or Profit Sharing ☐ Other: _____	☐ ERISA TSA ☐ Non-ERISA TSA

4 Lost Policy Statement (Applicable only to a full surrender to effect the rollover, transfer or exchange.)

The participant certifies that:
☐ The policy or contract is attached.
☐ The policy or contract is lost or has been destroyed. To the best of my knowledge it is not in anyone's possession.

5 Participant Authorization

The undersigned participant is a (☐ current ☐ former) employee of the plan accepting funds.

The undersigned participant authorizes the transferring institution to liquidate and transfer_____ % or $ _____ as cash from the policy or account to Oceanview Life and Annuity Company:

☐ Transfer Immediately (default action if no selection is made)
☐ Transfer on Maturity or Anniversary Date
☐ Transfer on _____

I authorize disclosure of information to Oceanview Life and Annuity Company as necessary to complete the requested transaction. I understand that the rollover or transfer will be effective on the date the check(s) is(are) received.

_____ _____
PARTICIPANT SIGNATURE DATE

_____ _____
GUARANTEE SIGNATURE (IF APPLICABLE) DATE

6 Plan Sponsor Accepting Funds

ORGANIZATION NAME	ORGANIZATION TIN		
ADDRESS	CITY	STATE	ZIP CODE
PLAN NAME	PLAN TIN	PLAN EFFECTIVE DATE	
AUTHORIZED REPRESENTATIVE	PHONE	FAX	

7 Plan Administrator Authorization (The representative of the plan into which these funds will be accepted must authorize this transaction.)

The above requestor is a:

☐ Current employee of the plan sponsor accepting these funds.
☐ Former employee of the plan sponsor accepting these funds.
☐ Other _____

The transaction requested in this document by the plan participant is hereby authorized by the plan.

_____ _____
AUTHORIZED PLAN REPRESENTATIVE SIGNATURE DATE

8 Request for Funds Transfer (To be completed only by an authorized Oceanview Life and Annuity Company home-office employee.)

Oceanview Life and Annuity Company is prepared to accept the assets as indicated in this document and will transfer the assets into a new or existing policy with Oceanview Life and Annuity. 403(b) tax-sheltered annuities issued by Oceanview Life and Annuity include withdrawal restrictions and minimum distribution provisions as required by IRC § 403(b).

Oceanview Life and Annuity (TIN #75-1222043) hereby requests that the above-documented surrender or partial withdrawal be transacted immediately. All proceeds, including any premiums, shall be payable and forwarded to:

Oceanview Life and Annuity
P.O. Box 830
Grimes, IA 50111-830

_____
PARTICIPANT NAME

☐ Please refer to the Oceanview Life and Annuity Company annuity contract number: _____ .
CONTRACT NUMBER

☐ The requested action is an exchange or transfer of 403(b) Tax-Sheltered Annuity contracts.

_____ _____
AUTHORIZED OCEANVIEW LIFE AND ANNUITY COMPANY HOME OFFICE EMPLOYEE DATE

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

Request for Inherited Individual Retirement Annuity

Attach 1) IRS forms W-9 and W-4P, 2) a copy of the decedent's death certificate and 3) a copy of the most recent account statement.

1 Applicant

NAME

2 Inherited Account

ACCOUNT TYPE ❑ Traditional IRA ❑ Roth IRA _____ (DATE OF PURCHASE) ❑ 403(b) TSA ❑ Other Qualified Plan

DECEDENT NAME	SSN (or TIN)	ACCOUNT NUMBER	
RELATIONSHIP TO APPLICANT	BIRTH DATE	DEATH DATE	
ADDRESS AT TIME OF DEATH	CITY	STATE	ZIP CODE

3 IRS Required Minimum Distribution (For payments via direct deposit, attach form **11426**.)

REQUESTED PAYMENT START DATE	PAYMENT MODE
	❑ Monthly ❑ Quarterly ❑ Semiannually ❑ Annually

(Complete only if the applicant is the beneficiary of assets from an Inherited IRA account.)

Has the applicant started to receive IRS Required Minimum Distributions?

❑ No ❑ Yes : Beginning Year _____ (YEAR)

Age Used for Calculation _____ (AGE)

Was the calculation based on multiple beneficiaries?

❑ No ❑ Yes : Oldest Beneficiary's Date of Birth: _____ (DATE OF BIRTH)

4 Previous Account Holder (Complete only if the applicant is the beneficiary of assets from a previously inherited IRA.)

NAME	BIRTH DATE	DEATH DATE

5 Trust Beneficiary (Complete only if applicable: A trust beneficiary may purchase an Inherited IRA only if it is qualified to do so. For a trust to qualify for an Inherited IRA it must be 1) valid under state law, 2) irrevocable and 3) name identifiable beneficiaries, who are all individuals.)

❑ I am transferring or rolling over inherited assets from an IRA or employer-sponsored retirement plan account to an Inherited IRA for the benefit of a qualifying trust. By checking this box, I certify that the trust is a qualifying, non-spouse beneficiary for the purposes of Section 402(c) of the Internal Revenue Code and is therefore eligible to directly transfer or roll over IRA or employer-sponsored plan assets to an Inherited IRA. I have attached a copy of the trust agreement (or a trustee-certification) along with a complete list of all trust beneficiaries (including contingent and remainder beneficiaries) and a description of conditions applicable to their entitlement.

6 Authorization

I have completed the applicable sections of this form and represent that all information provided is true and accurate. I understand that additional deposits will not be accepted for Inherited IRA contracts.

_____ (APPLICANT SIGNATURE) _____ (DATE)

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

Trust Verification Form for Annuities

1. Contract Information

Contract Number

Name of Contract Owner

Social Security or Tax I.D. Number

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

Social Security or Tax I.D. Number

Street Address, City, State, Zip

Name of Contract Owner (*If applicable*)

Social Security or Tax I.D. Number

2. Full Name of Trust

Please be sure to accurately state the Trust's full name

3. Type of Trust

☐ Irrevocable ☐ Revocable

4. Date of Trust: _____ 4.a Statute That Governs the Trust: _____

5. Trust Tax Identification Number (Please check one):

☐ The Trust does not have a separate taxpayer identification number. Thus, the personal taxpayer identification number of the FIRST Settlor/Grantor listed below should be used; or

☐ The Trust tax identification number is: _____

6. Names of Settlors/Grantors of Trust

1. _____ (SSN)
2. _____ (SSN)

(Please attach additional pages if insufficient space has been provided.)

7. Names of ALL current Trustees:

1. _____
2. _____
3. _____

(Please attach additional pages if insufficient space has been provided.)

8. Names of ALL Successor Trustees (*if applicable*):

1. _____
2. _____
3. _____

(Please attach additional pages if insufficient space has been provided.)

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Oceanview Life and Annuity Company

9. Instructions for Trustee Signature/Authentication

The Trust Agreement requires that; (Please mark the appropriate box)

☐ Any of the Trustees, acting alone

☐ All of the Trustees acting together

Must sign or otherwise authenticate forms and/or requests on behalf of the Trust in connection with our products.

10. Neither the Insurance Agent nor any person affiliated with the insurance agent is a beneficiary of the Trust

☐ Agree

☐ Disagree

If you marked Disagree, please attach an explanation of why they are named a beneficiary of the Trust

Note: Under the laws of most states, an agent is restricted in, or prohibited from, having a beneficial interest in a contract/policy sold by that agent, unless that agent is a family member, or has a recognized insurable interest.

11. The Trust is validly executed and in full force and effect?

☐ Yes ☐ No Note: Trust must be formed and domiciled in the United States or one of its Territories at all times.

12. Certifications by Trustee(s)

The Trustee(s) states and agrees that:

The Trust, if named owner, is authorized under the terms of the Trust to purchase and/or hold insurance on the life of any insured/annuitant. If named beneficiary, the Trust is authorized to receive proceeds as provided under the terms of the insurance policy and/or annuity contract. I/we have also determined the insurance product is appropriate for the Trust's purpose and the terms of the insurance product conforms to the income distribution requirements, if any, of the Trust.

I/We certify that Oceanview Life and Annuity Company (the "Company") may rely solely on this Verification and the information provided for policy/contract administration purposes and the Company has no obligation to investigate the terms of the Trust or the authority of the Trustee(s). The Company expressly denies responsibility regarding the use and applications of any payments made to the Trust by the Trustee(s) and the Trustee(s) will hold the Company harmless from any action the Company takes at the direction of the Trustee(s).

The Trustee(s) declares that each and every Trustee and successor Trustee are bound by this certification. It is further understood that the Company may rely upon the direction of the named Trustee(s) until the company receives written notification at its Home Office of a change of Trustee. Furthermore, the Trustee(s) agrees to notify the Company of any changes to the Trust itself that will alter the information provided in this Trust Verification.

The signature(s) below certify the previous information provided and agreed to on this Verification is true and accurate:

Notes: The number of Trustees indicated in section 8 must sign below. If additional signature blocks are required, please photocopy this form and attach accordingly.

X _____ X _____

Signature of Trustee Date Signature of Trustee Date

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

Non-Resident Sales Form

APPLICANT/CONTRACT OWNER INFORMATION

Owner's Name: _____

Joint Owner's Name: _____

City & State Where Application was Signed: _____

Owner's Signature: _____ Date: _____

Jt. Owner's Signature: _____ Date: _____

REASON FOR EXCEPTION TO APPLICANT APPLYING IN STATE OF RESIDENCE

Please use the space below to provide the reasoning for signing application documents outside of your state of permanent residence.

****We will not accept applications for cross-border sales to residents of the following states:** Arkansas, Idaho, Massachusetts, Minnesota, Mississippi, New York, Utah, Washington, and Wisconsin**

PRODUCER SIGNATURE REQUIRED

I hereby represent and warrant to the Company that the representation set forth herein are true and correct to the best of my knowledge. I also understand that any intentionally false statement made to the Company on this form, or any other document related to the issuance of insurance products constitutes fraud and may subject me to criminal and/or civil liability.

Producer's Signature: _____ Date: _____

Oceanview

Beneficiary Designations

Beneficiary Type	Beneficiary Name	Relationship	%	SSN	Date of Birth	Gender
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

Oceanview

Trustee Designations

	Trustee Name	Trustee Phone	Trustee Email
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			