

**Application for New Business**

**Policy should be delivered to:**

- Agent  
 Client

AGENT:  
 \_\_\_\_\_

FINANCIAL INSTITUTION:  
 \_\_\_\_\_

OWNER:  
 \_\_\_\_\_

PREMIUM AMOUNT:  
 \_\_\_\_\_

**Suitability Acknowledgment**

**Owner's Statement:**

I understand that my agent/producer relies on the information I have provided about my current and expected financial status to recommend the sale of this Oceanview Life and Annuity contract. I certify that this information is true and accurate to the best of my knowledge.

I further acknowledge that I believe the recommended annuity contract meets my needs, that my agent/producer has explained to me the surrender charges and surrender charge period and reviewed the applicable disclosure statement regarding my new fixed annuity product.

\_\_\_\_\_

Owner's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Joint Owner's Signature (if any)

\_\_\_\_\_

Date

**Producer's Statement:**

- I have made the recommendation to purchase this annuity based on the information gathered and that the product meets the customer's financial needs and objectives.
- I have provided the owner(s) a copy of the product disclosure for the product applied for and applicable Buyer's Guide.
- I have not made any representations or promises about the future value of this proposed contract that differ from approved company provided materials.
- This application will be submitted through my firm's suitability process and will be approved by the appropriate supervisor prior to being submitted to Oceanview for processing.

\_\_\_\_\_

Producer's Signature

\_\_\_\_\_

Date

**THIS PAGE MUST BE RETURNED WITH THE APPLICATION**



**OCEANVIEW LIFE AND ANNUITY COMPANY**

**Regular Mail:** PO Box 830, Grimes, IA 50111  
**Overnight Mail:** Attn: Oceanview 1851 SE Miehle Dr. Grimes, IA 50111  
 P: 888-295-3815 F: 888-417-3702  
 www.oceanviewlife.com

**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

<b>1. OWNER</b> (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)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Social Security #
Is the Owner a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> 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)
<b>2. JOINT OWNER INFORMATION</b> (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? <input type="checkbox"/> Yes <input type="checkbox"/> No If not a US Citizen, provide the following information		Country of Citizenship	Type of Visa Exp. Date

<b>3. TRUST/CORPORATE/NON-CORPORATE ENTITY</b> <i>(if Trust, complete Trust Form)</i>			
Trust/Corp Name		Contact Name	
Tax ID		State	
<b>4. ANNUITANT</b> <i>(If different than the Owner)</i>			
First		MI	Last
Residence Address <i>(cannot be a P.O. Box)</i>		City	State Zip
Mailing Address <i>(If different than residence address)</i>		City	State Zip
Phone Number ( )		Email Address	
Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Social Security #
Is the Annuitant a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If not a US Citizen</b> , provide the following information	Country of Citizenship    Type of Visa    Exp. Date		
<b>If Custodian</b> , please provide the following information for Individual or Entity	First	MI	Last (or name of Entity)
<b>5. JOINT ANNUITANT</b> <i>(If different than the Owner)</i>			
First		MI	Last
Residence Address <i>(cannot be a P.O. Box)</i>		City	State Zip
Mailing Address <i>(If different than residence address)</i>		City	State Zip
Phone Number ( )		Email Address	
Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Social Security #
Is the Annuitant a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If not a US Citizen</b> , provide the following information	Country of Citizenship    Type of Visa    Exp. Date		
<b>If Custodian</b> , 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%.**

<b>Primary</b> First MI Last Name	Address, City, State, Zip	Relationship	SSN	%
<input type="checkbox"/> <b>Primary</b> <input type="checkbox"/> <b>Contingent</b> First MI Last Name	Address, City, State, Zip	Relationship	SSN	%
<input type="checkbox"/> <b>Primary</b> <input type="checkbox"/> <b>Contingent</b> First MI Last Name	Address, City, State, Zip	Relationship	SSN	%
<input type="checkbox"/> <b>Primary</b> <input type="checkbox"/> <b>Contingent</b> 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 %





## 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<sup>1</sup>. 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.

<sup>1</sup> 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.

### 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  $(1 - J)$  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 \*  $(3.50\% - 4.00\%) * 36/12 = -\$75$



**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.



Harbourview Fixed Indexed Annuity

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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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 <input type="checkbox"/> CD <input type="checkbox"/> Life Insurance <input type="checkbox"/> Annuity <input type="checkbox"/> Custodial Account <input type="checkbox"/> 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)

<b>Funds From</b> <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Inherited IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> 403(b) TSA <input type="checkbox"/> Qualified Pension or Profit Sharing Plan	<b>Funds To</b> <b>Initiated by Participant</b> <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Qualified Pension or Profit Sharing Plan	<b>Initiated by Beneficiary</b> <input type="checkbox"/> Inherited IRA (Attach form OVLAC – APP-IRA)
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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 Life and Annuity Company  
 PO Box 830 Grimes, IA 50111-0830  
 Tel 888.295.3815 www.oceanviewlife.com

## Notice of Replacement of Life Insurance or Annuities

### 1 Important Notice: Replacement of Life Insurance or Annuities

(This notice must be signed by the applicant(s) and broker, with the original sent to Oceanview Life and Annuity Company and a copy left with the applicant(s).) This form is suitable for the following states: AK, AL, AR, AZ, CO, CT, IA, KY, LA, MD, ME, MO, MS, MT, NE, NH, NJ, NM, OH, OR, RI, SC, TX, UT, VA, VT, WI and WV

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financial purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy or contract to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured individual.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on page 2 of this form.

- A. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer or otherwise terminating your existing policy or contract?  Yes  No
- B. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?  Yes  No
- C. If you answered "Yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number, if available) and whether each policy or contract will be replaced or used as a source of financing:

INSURER NAME	CONTRACT/POLICY NUMBER	NAME OF INSURED OR ANNUITANT	REPLACED ( R ) OR FINANCING ( F )
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

- D. The existing policy or contract is being replaced because \_\_\_\_\_  
REASON FOR REPLACEMENT

### 2 Acknowledgement

OWNER NAME(S) \_\_\_\_\_

I(We) certify that the responses herein are, to the best of my(our) knowledge, accurate.

\_\_\_\_\_  
OWNER SIGNATURE \_\_\_\_\_  
DATE

\_\_\_\_\_  
OWNER SIGNATURE \_\_\_\_\_  
DATE

I(We) do not want this notice read aloud to me(us): \_\_\_\_\_ (Applicants must initial only if they do *not* want the notice read aloud.)  
INITIALS



### 3 Important Replacement Issues

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense.

#### Policy Value

- Acquisition costs for the old policy may have been paid, and you may incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

#### Insurability

- If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
- You may need a medical exam for a new policy.
- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

#### If you are keeping the old policy as well as the new policy

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

#### If you are surrendering an annuity or interest sensitive life product

- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

#### Other issues to consider for all transactions

- What are the tax consequences of buying the new policy?
- Is this a tax-free exchange? (See your tax advisor.)
- Is there a benefit from favorable “grandfathered” treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?

### 4 Producer

NAME

Copies of any and all “individualized” sales materials, including illustrations related to the specific annuity contract, used in the presentation must be provided to Oceanview Life and Annuity Company.

I certify that: (a) the responses herein are, to the best of my knowledge, accurate; (b) I have left with the applicant(s) copies of all sales materials used in my presentation; and (c) the following preprinted or electronically presented carrier-approved materials were used in my presentation (please list by title and form number):

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PRODUCER 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

## 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			
<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> Roth IRA _____	<input type="checkbox"/> 403(b) TSA	<input type="checkbox"/> Other Qualified Plan
		DATE OF PURCHASE	
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
	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> 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
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### 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 Settlers/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.)





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: \_\_\_\_\_



## Beneficiary Designations

<u>Beneficiary Type</u>	<u>Beneficiary Name</u>	<u>Relationship</u>	<u>%</u>	<u>SSN</u>	<u>Date of Birth</u>	<u>Gender</u>
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1.

2.

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12.

13.

14.

15.

# Trustee Designations

<b>Trustee Name</b>	<b>Trustee Phone</b>	<b>Trustee Email</b>
1.		
2.		
3.		
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