



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

Contract Information Change Form

Please submit completed form to:

Mail: PO Box 830 Grimes, IA 50111-0830 Fax: 1-888-417-3702

1. OWNER INFORMATION (Must be completed for all requests - Please print)

| | |
|-----------------------------|--|
| Owner | Contract |
| Joint Owner (if applicable) | Social Security Number of Owner |
| Address | Preferred Contact Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell |
| City State Zip Code | Email Address |

2. NAME/ TIN/ DOB CHANGE: OWNER ANNUITANT

Proof of change **is required** in addition to this form. For name or Date of Birth (DOB) change, please attach a government issued document reflecting the correct information. For Tax Identification Number (TIN) change, please fill out and submit a W9.

Current Name: _____ TIN: _____
 Change Name to: _____ DOB: _____

3. ADDRESS CHANGE OWNER ANNUITANT

Address _____ Home Phone _____
 City/State/Zip _____ Cell Phone _____

4. CONTRACT REQUEST

- Send me a copy of my contract
- Send me a copy of a past contract statement:
 - Most Recent Statement
 - Statement with Ending Period: _____



5. BENEFICIARY CHANGE (Please print)

If I complete this section, I hereby revoke all prior primary and contingent Beneficiary designations and any elections of Optional Methods of Settlement. The following designations of Beneficiaries are made, subject to the provisions of the contract, and subject to the rights of any assignee of record with Oceanview Life and Annuity Company.

Percentages must be in whole percentages and equal 100%, for Primary and 100% for Contingent, if any.

Please show full name, address, relationship to Owner(s), date of birth, social security number, and phone number of all Beneficiaries. If additional space is needed, attach The Additional Beneficiary Form.

| | |
|---|--------------|
| Beneficiary(ies) Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent Percentage: _____ % | |
| Name | Relationship |
| Social Security # / Date of Birth / Phone # / Email Address | |
| Address | |

| | |
|---|--------------|
| Beneficiary(ies) Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent Percentage: _____ % | |
| Name | Relationship |
| Social Security # / Date of Birth / Phone # / Email Address | |
| Address | |

| | |
|---|--------------|
| Beneficiary(ies) Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent Percentage: _____ % | |
| Name | Relationship |
| Social Security # / Date of Birth / Phone # / Email Address | |
| Address | |

| | |
|---|--------------|
| Beneficiary(ies) Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent Percentage: _____ % | |
| Name | Relationship |
| Social Security # / Date of Birth / Phone # / Email Address | |
| Address | |

6. SIGNATURE AUTHORIZATION (This Section **MUST** be completed for all changes.)

By signing this form, the contract owner(s) each agree and certify that Oceanview Life and Annuity Company is authorized to make the changes to the contract as indicated on this form, and further agree to hold harmless and indemnify Oceanview Life and Annuity Company as to any and all claims or demands which may be made by reason of the changes so made.

Signature of Owner
(If Corporation, signature and title of authorized officer)

Date

Signature of Joint Owner
(If Applicable)

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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