



NEW BUSINESS APPLICATION CHECKLIST- FLORIDA:

- ☐ Individual Single Premium Deferred Annuity Application (Form Code: OLA SPDA-APP FL)
NOTE: Required
- ☐ Harbourview Multi-Year Guaranteed Annuity Product Disclosure (Form Code: OVLAC-MYGA-DISC)
NOTE: Required
- ☐ Fixed Annuity Suitability Questionnaire (Form Code: DFS-H1-1980)
NOTE: Required
- ☐ Notice of Replacement of Life Insurance or Annuities (Form Code: OVLAC-REP-FL)
NOTE: Only if Applicable
- ☐ Notice of Replacement of Life Insurance or Annuities (Form Code: OVLAC-REP-FL-2)
NOTE: Only if Applicable
- ☐ Request for Rollover, Transfer or Exchange (Form Code: OVLAC-TRANSFER)
NOTE: Only if Applicable
 - ☐ If rollover is 403b (Form Code: OVLAC-APP-403B)
- ☐ Trust Verification Form for Annuities (Form Code: OVLAC-APP-TRUST)
NOTE: Only if Applicable
 - ☐ If additional space is required to list Trustees (Form Code: OVLAC-TRUSTEE_ADDTL)
- ☐ Beneficiary Designations (Form Code: OVLAC-BENE_ADDTL)
NOTE: If additional space is required for more than 2 Beneficiaries



OceanviewSM

Oceanview Life and Annuity Company

NEW BUSINESS APPLICATIONS:

Paper Submissions-

1. Overnight Mail Address
Attn: Oceanview
1851 SE Miehle Dr
Grimes, IA 50111

2. Regular Mail Address
Attn: Oceanview
PO Box 830
Grimes, IA 50111

Fax Submissions- 678-394-5901

FOR QUESTIONS IN REGARDS TO SALES OR PRODUCT:

Call your Marketing Group or Oceanview Sales & Marketing Team at 1-833-656-7455

FOR QUESTIONS IN REGARDS TO AGENT APPOINTMENT OR POLICY INFORMATION:

Call the Oceanview Administrative Office at 1-888-295-3815

Policy should be delivered to:

Client

Agent

Application for New Business

SKY HARBOURVIEW SERIES

AGENT:

PRODUCER NUMBER (NPN or last 4 of TIN):

OWNER:

PREMIUM AMOUNT:

THIS PAGE MUST BE RETURNED WITH THE APPLICATION



OCEANVIEW LIFE AND ANNUITY COMPANY

Regular Mail: PO Box 830, Grimes, IA 50111 P: 888-295-3815

Overnight Mail: Attn: Oceanview 1851 SE Miehe Dr. Grimes, IA 50111

FAX: 678-394-5901

www.oceanviewlife.com

INDIVIDUAL SINGLE PREMIUM DEFERRED 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)	<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)	
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? <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	

3. TRUST/CORPORATE/NON-CORPORATE ENTITY <i>(if Trust, complete Trust Form)</i>			
Trust/Corp Name		Contact Name	
Tax ID		State	
4. ANNUITANT <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 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 <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 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	%
Contingent First MI Last Name	Address, City, State, Zip	Relationship	SSN	%
Contingent First MI Last Name	Address, City, State, Zip	Relationship	SSN	%
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: _____ Years

Rider: ☒ Market Value Adjustment Rider

8. OTHER COVERAGE & ARRANGEMENTS

Does the Proposed Owner have any existing life insurance or annuity contracts? ☐ Yes ☐ No

Is this policy being purchased to replace 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

9. 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%

Sky Harbourview Multi-Year Guaranteed Annuity

Description

Sky Harbourview MYGA is a Single Premium Deferred Annuity (Policy Form: ICC19 OLA SPDA-*) designed to accumulate money for retirement. It is suitable for use as an IRA or other qualified account, as well as an attractive alternative to CDs and other taxable vehicles. You can start your **Sky Harbourview MYGA** with a **minimum premium of \$20,000**.

How Interest is Credited

Interest is credited at the initial interest rate guaranteed for the first Guarantee Period. At the end of the Guarantee Period, and each subsequent Guarantee Period thereafter, a new rate will be declared. Your annuity will earn a declared interest rate, which may go up or down, but can never be less than the contract's minimum guaranteed rate at the time of your purchase. Your interest is credited and compounded daily to yield our declared annual rate. There are no front-end sales charges or annual administrative fees. 100% of your money works for you!

MINIMUM GUARANTEED RATES	
%	1%
Years	Policies currently issued
Initial Guarantee Period	Subsequent Guarantee Period

Until the policy is issued, rates are subject to change without notice

Market Value Adjustment (MVA)

The MVA may be applied during the surrender charge period of your annuity Contract. The surrender charge period will vary by product. Please see your annuity Contract or product brochure for details. The MVA only applies during the surrender charge period should you elect to surrender your annuity or if you elect to take a withdrawal that exceeds your penalty-free withdrawal amount. The Market Value Adjustment does not apply upon death of the annuitant, upon annuitization or after the surrender charge period.

The MVA affects the surrender value of your annuity which is defined in your annuity contract. The Market Value Adjustment formula will be applied at the time your annuity Contract is surrendered or if more than your penalty-free available is withdrawn during the surrender charge period as stated in your Contract. The impact of the MVA is similar to how bond values are impacted by interest rates. The surrender value of your annuity will generally decrease if interest rates for your annuity product increase which creates a negative adjustment to your surrender value. Alternatively, when interest rates for your annuity product have decreased since your Contract was issued, the surrender value generally increases due to the Market Value Adjustment.

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.

Policy Values

Your Contract Value is 100% of all premiums and earned interest. The Cash Surrender Value is the Contract Value less any cash withdrawals and applicable surrender charges and Market Value Adjustment (MVA). Surrender charges and MVA are waived in the event of the Owner's death. Prior cash withdrawals are deducted from the Contract Value, Cash Surrender Value and Death Benefit.

Liquidity

You may have access to your annuity at any time permitted by law. After the first contract year, you may withdraw up to 10% of the Contract Value as of the prior Contract Anniversary (Free Withdrawal Amount). No surrender charges or MVA fees apply. You may take as many partial withdrawals as you want up to your Free Withdrawal Amount without incurring any Surrender Charges or MVA adjustments. Withdrawals in excess of the Free Withdrawal Amount are subject to a MVA and the following charges:

- Withdrawals may also be subject to a 10% IRS penalty on amounts withdrawn before the owner reaches age 59½.

Payout Options

There is a wide range of annuity settlement options from which you may choose, including: life only, life with 10 years certain, and fixed period payments. A customized payout option may be tailored to meet your specific needs.

Guarantee Period	Surrender Charge Period*									
	1	2	3	4	5	6	7	8	9	10
3	9	8	7							
5	9	8	7	6	5					
7	9	8	7	6	5	4	3			
10	9	9	8	7	6	5	4	3	2	1

If you elect to annuitize non-qualified money, generally only a portion of each payment is taxable because a part of each payment is a return of your premium.

Sky Harbourview MYGA Advantage

Tax Deferred – Your annuity can grow faster than alternative vehicles because:

- You earn interest on your principal.
- You earn interest on your interest.
- You earn interest on the money you would otherwise pay in taxes.
- You don't owe tax on interest until you take it out.

Other Important Features

On non-qualified policies, your money is never subject to stock market risk. You pay no front-end sales charges or annual maintenance fees. 100% of your money is always earning interest for you (state premium taxes may be deducted, if applicable).

✕ _____ ✕ _____
Owner's Signature Joint Owner's Signature (if any)

Owner's Name Joint Owner's Name (if any)

Agent's Signature Date

Agent's Name (please print)

Sky Harbourview MYGA is subject to state approval. Product features, options and availability may vary by state.

Lifetime payments and guarantees are based on the claims paying ability of the company.

This is a brief description of the Sky Harbourview MYGA 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.

Annuities held within qualified plans do not provide any additional tax benefit. With certain exceptions, surrender charges apply to withdrawals taken during the initial Guarantee Period and a market value adjustment, which may increase or decrease the amount received upon withdrawal, may also apply at any time.

All or a portion of amounts withdrawn are subject to ordinary income tax, and if taken prior to age 59 1/2, a 10% IRS penalty may also apply. 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.

**DEPARTMENT OF FINANCIAL SERVICES***Division of Agent & Agency Services - Bureau of Investigation***ANNUITY SUITABILITY QUESTIONNAIRE**

Owner: Last _____ First _____ Middle _____

Date of Birth ____ / ____ / ____ Age ____ Sex _____

Entity: _____

Tax Status _____ Relationship to Annuitant(s): _____

Form of Ownership: _____

Supporting documents (list): _____

Annual Income:	
Source of Income:	
Annual Household Income:	
Existing Assets	
Existing Liquid Net Worth:	
Do you currently own any annuities? Please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently own life insurance? Please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your income cover all your living expenses including medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect changes to your living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you anticipate changes in your out-of-pocket medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an emergency fund for unexpected expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Why are you purchasing this annuity? _____

What are your financial objectives for this purchase? (Check all that apply)

- ☐ Income ☐ Growth (long term) ☐ Safety of Principal and Income
☐ Safety of Principal and Growth ☐ Pass assets to a beneficiary or beneficiaries at death
☐ Other: _____

Owner's Signature _____**Date Signed** _____

Describe your risk tolerance: (Check all that apply)

☐ Conservative ☐ Moderately conservative ☐ Moderate ☐ Moderately aggressive
☐ Aggressive ☐ Other:

Comments:

Describe your investment experience by type and length of time:

What is the source of the funds for the purchase of the proposed annuity?

How many years from today will you need access to your funds without a penalty?

Will the proposed annuity replace any product?

☐ Yes ☐ No

If yes, will you pay a penalty or other charge to obtain these funds?

☐ Yes ☐ No

If yes, the amount of the charge or penalty

\$

Additional Information:

Owner's Signature

Date Signed

Note: The following three sections to be completed by the agent, insurer, or Managing General Agent proposing purchase; each section requires a response; no section may be left blank or contain a response consisting of “None” or “N/A”.

Advantages of purchasing the proposed annuity:

Disadvantages of purchasing the proposed annuity:

The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity (ies):

Agent's Signature

Date Signed

Note: No questions or response areas are to be left blank when offered to the Owner for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

ACKNOWLEDGEMENTS AND SIGNATURES

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- ☐ I **REFUSE** to provide this information at this time.
- ☐ I have chosen to provide **LIMITED** information at this time.
- ☐ My annuity purchase **IS NOT BASED** on the recommendation of this agent or the insurer.
- ☐ My annuity purchase **IS BASED** on the recommendation of this agent or the insurer.

APPLICANT:

DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

THE OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

Owner's Signature

Date Signed

EXPLANATION OF TERMS

“Age” is the natural person’s attained age on the day the form is completed.

“Tax Status” is the owner’s Federal Income Tax filing status such as “single” or “married filing jointly”; if “Exempt”, so state.

“Form of Ownership” is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

“Supporting documents” are the documents that provide a basis for the relationship between the Proposed Annuitant, and the Owner as it may exist.

“Annual income” is income received during a calendar year, whether earned or unearned.

“Source of annual income” is the income-generating source, such as pension income, dividends, or earned income etc.

“Annual household income” is the combined annual income received by all household members each calendar year.

“Existing Assets” are financial assets including life insurance and annuities.

“Existing Liquid Net Worth” is applicable to those net assets that can readily be converted into their cash equivalent, without loss of principal after all surrender charges or other deductions have been taken

“Financial Objectives” are the owner’s stated goals as described to the insurance agent or insurer, if no insurance agent is involved. These may include but are not limited to the following: (1) Income, (2) Growth (long term capital appreciation), (3) Safety of Principal and Income, (4) Safety of Principal and Growth, (5) To pass the investment to a beneficiary or beneficiaries at death.

“Risk Tolerance” means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) Conservative (prefer little or no risk), (2) Moderately conservative (some risk, reduced safety of principal), (3) Moderate (average risk with potential losses and potentially higher returns), (4) Moderately aggressive (above average risk with potential losses, risk of principal and potentially higher returns), (5) Aggressive (willing to sustain losses or loss of principal in pursuit of higher returns).

“Source of the funds” to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to; (1) An existing annuity or life insurance contract, (2) Liquid Assets, including but not limited to, cash in banks, maturing certificates of deposit, and money market accounts, (3) Personal Loans, (4) Equity Loans, (5) Mortgages, Reverse Mortgages, (6) Death Benefit Proceeds, (7) Funds received upon retirement from employment, including but not limited to, 401(k) accounts, pensions, and other tax-sheltered funds, (8) Equities, mutual funds, or bonds, (9) Proceeds from real estate transactions.

Owner’s Signature

Date Signed

**DEPARTMENT OF FINANCIAL SERVICES***Division of Agent & Agency Services - Bureau of Investigation***DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS****EXISTING ANNUITY CONTRACT**

Annuitant(s) _____
Insurer _____
Contract # _____

PROPOSED ANNUITY CONTRACT

Annuitant(s): _____
Insurer: _____
Application #: _____

	EXISTING ANNUITY CONTRACT	REPLACEMENT ANNUITY
Contract Issue Date	Mo Day Yr	Mo Day Yr (Est)
Generic Contract Type		
Marketing Name		
Initial Premium		
Source of Initial Premium		N/A
Qualified Contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annuity Maturity Date		
Death Benefit Amount		
Change of Annuitant upon Death Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surrender Charge Period in Years		
First Year Surrender Charge Percentage Rate	%	%
Surrender Charge Schedule for Remaining Years		
Free Withdrawals Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Free Withdrawal Percentage Rate	%	%
Potential tax penalty for surrender/sale/exchange/annuitization (Describe)		
Investment/Insurance components (Describe)		
Waiver of Surrender Charge Benefit or Similar Benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Riders, Features/Cost (Describe)		
Loss of Benefits or Enhancements if existing contract exchanged? (Describe)		

	EXISTING ANNUITY CONTRACT	REPLACEMENT ANNUITY
Living Benefits (Describe)		
Minimum Guaranteed Interest Rate	%	%
Limitations on interest returns (Describe)		
Interest Rate Cap / Term	/	/
Participation Rate / Term	/	/
Indexing Method / Term	/	/
Other Fees (Describe)		
Initial Bonus Percentage or Amount		
Potential Loss of Bonus if Exchanged?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limits and Exclusions for Bonuses that may be payable (Describe)		

Comments and continuation from above:

Owner's Signature

Date Signed

**DISCLOSURE OF SURRENDER CHARGES IF
EXISTING ANNUITY IS REPLACED OR EXCHANGED**

EXISTING ANNUITY CONTRACT NO. _____

Annuity Total Value \$ _____ Annuity Surrender Value \$ _____

Surrender Charges Applicable at exchange \$ _____ ~ this is the estimated amount that will be deducted from the existing annuity's total value if surrendered, replaced, or exchanged, with an anticipated surrender date of ____ / ____ / ____.

Have you surrendered or exchanged an annuity contract in the last 36 months? If yes, provide details: ☐ Yes ☐ No

ACKNOWLEDGEMENTS AND SIGNATURES

I acknowledge that I have provided the Applicant with a completed and signed copy of this form.

Agent's Name (please print)

Florida License No.

Agent's Signature

Date Signed

NOTE: NO QUESTIONS OR RESPONSE AREAS ARE TO BE LEFT BLANK WHEN OFFERED TO THE ANNUITANT AND/OR APPLICANT FOR SIGNATURE. IF ANY INFORMATION REQUESTED IS UNAVAILABLE, NOT APPLICABLE OR UNKNOWN, THE INSURANCE AGENT OR INSURER MUST INDICATE THAT.

THE OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

APPLICANT: DO NOT SIGN THIS FORM IF:

1. ANY ITEM HAS BEEN LEFT BLANK;
2. WITHOUT CAREFULLY REVIEWING THE INFORMATION RECORDED; OR
3. IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

Owner's Name (please print)

Owner's Signature

Date Signed

EXPLANATION OF TERMS

“Generic Contract Type” is the generic name of the annuity contract form as approved by the Florida Office of Insurance Regulation. Examples of generic annuity contract names are Flexible Premium Equity Indexed Annuity (FPEIDA), Single Premium Immediate Annuity (SPIA), Flexible Premium Variable Deferred Annuity (FPVDA), and Single Premium Deferred Annuity (SPDA).

“Marketing Name” is the name adopted by the insurer to identify the contract form.

“Qualified Contract” means a product used to fund any type of pension plan approved by the Internal Revenue Service.

“Annuity Maturity Date” is the final date of termination of the contract at which time the proceeds of the contract must be paid out.

“Surrender Charge” is the amount deducted from annuity contract values upon surrender of an annuity, or for withdrawals exceeding any free withdrawal provision of the contract, regardless how this charge is titled in the policy, e.g., deferred sales charge.

“Surrender Charge Period” is the number of annuity contract years a surrender charge may be applicable.

“Initial Surrender Charge Percentage Rate” is the original percentage rate that is deducted from annuity values at the inception of the existing annuity contract, or that will be deducted from the recommended replacement contract at its inception if purchased.

“Surrender Charge Percentage Schedule for Remaining Years” the percentage rate that would be deducted from the existing annuity contract if surrendered, or for any withdrawals exceeding the “free withdrawal” limit.

“Minimum Guaranteed Interest Rate” is the minimum interest rate payable under the annuity contract as guaranteed by the insurer in the annuity contract.

“Initial Bonus Percentage or Amount” is a bonus paid by the insurer, generally, at inception of the annuity contract, and may be expressed as a percentage of the initial premium or other amount, or a dollar amount, and must be stated in the annuity contract.

“Potential Loss of Bonus if Exchanged” refers to whether any bonus would be lost if the annuity contract was exchanged or terminated for any reason.

“Interest Rate Cap” this is the maximum rate of interest the annuity will earn.

Owner’s Signature

Date Signed

EXPLANATION OF TERMS

(CONTINUED)

“Participation Rate” the participation rate decides how much of the increase in the index will be used to calculate index –linked interest.

“Indexing Method” means the approach used to measure the amount of change, if any, in the index and includes annual reset (ratcheting), high-water mark and point-to-point. The index term is the period over which index-linked interest is calculated. “Market Value Adjustment” is the increase or decrease in the surrender value of the contract that is adjusted to reflect market fluctuations.

“Administrative Fees or Margins” are charges that amount to the difference between the percentage gain in the index and the actual amount credited to the annuity contract.

“Asset Fees” are the fees the insurer charges that are a percentage of the value of the annuity contract.

“Death Benefit Amount” is the net amount that would be paid to the annuitant’s designated beneficiary or beneficiaries of an existing annuity, or the death benefit that the proposed replacement policy would pay as of the contract issue date.

“Free Withdrawals” are the withdrawals that may be taken from an annuity’s values that are not subject to surrender or other charges and are a provision of the annuity contract.

“Annual Free Withdrawal Percentage Rate” is the percentage of available funds that may be withdrawn from an annuity contract, generally on an annual basis and is stated in the annuity contract.

“Change of Annuitant upon Death” is a provision that allows another person to become the annuitant upon the death of the original annuitant allowing the contract to remain in force.

“Waiver of Surrender Charge Benefit or Similar Benefit or Provision” is a benefit that is built into individual annuity contracts or added by rider, endorsement or amendment. The benefits are triggered by a qualifying event associated with either the annuitant or owner, as specified in the contract.

Owner’s Signature

Date Signed

Request for Rollover, Transfer or Exchange**1 Transferring Institution**

COMPANY OR CUSTODIAN		FAX	
		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)

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



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: 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).)

Notice to Applicant(s) Regarding Replacement of the Life Insurance Policy and Annuities

A decision to buy a new policy and discontinue or change an existing policy may be a wise choice or a mistake.

Get all the facts. Make sure you fully understand both the proposed policy and your existing policy or policies. New policies may contain clauses which limit or exclude coverage of certain events in the initial period of the contract, such as the suicide and incontestable clauses which may have already been satisfied in your existing policy or policies.

Your best source for facts on the proposed policy is the proposed company and its agent. The best source on your existing policy is the existing company and its agent.

Hear from both before you make your decision. This way you can be sure your decision is in your best interest.

If you indicate that you intend to replace or change an existing policy, Florida regulations require notification to the company that issued the policy.

Florida regulations give you the right to receive a written Comparative Information Form which summarizes your policy values. Indicate whether or not you wish a Comparative Information Form from the proposed company and your existing insurer by placing your initials in the appropriate box: _____ Yes _____ No

Do not take action to terminate your existing policy until your new policy has been issued and you have examined it and found it to be acceptable.

2 Information on Policies That May Be Replaced

EXISTING INSURER NAME	INSURED OR ANNUITANT NAME	POLICY NUMBER*
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

3 Acknowledgement

OWNER NAME(S)	PHONE	BIRTH DATE(S)	
ADDRESS	CITY	STATE	ZIP CODE

PROPOSED INSURED OR ANNUITANT NAME(S) (IF DIFFERENT THAN OWNER)	PHONE	BIRTH DATE(S)	
ADDRESS	CITY	STATE	ZIP CODE

I(We) have read this notice and received a copy of it.

_____	OWNER SIGNATURE	_____	DATE
_____	OWNER SIGNATURE	_____	DATE

4 Producer

PRODUCER NAME	PHONE	LICENSE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

_____	PRODUCER SIGNATURE	_____	DATE
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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

Please Read Carefully. This information has been prepared for you so that you may make an informed decision on the use of any of your policy values to fund the purchase of a new policy. Please see page 2 for explanatory notes and instructions for completing this form.

1 Current Policy Information (The benefit and values stated will be reduced as funds are used to purchase the policy proposed in Section 2.)

OWNER NAME(S)		POLICY TYPE <input type="checkbox"/> Life Insurance <input type="checkbox"/> Annuity	
POLICY NUMBER		CURRENT PREMIUM	PAYMENT MODE
CURRENT DEATH BENEFIT	CASH SURRENDER VALUE	PAID-UP ADDITION VALUE	DIVIDEND VALUE

2 Proposed Policy Information (If you are replacing your current policy, or using 25% or more of your policy values, you may request a written comparison between your current policy and the proposed policy. The comparison will be used to illustrate the policy values for both policies.)

PROPOSED EFFECTIVE DATE		POLICY TYPE <input type="checkbox"/> Life Insurance <input type="checkbox"/> Annuity	
INITIAL DEATH BENEFIT	PROPOSED PREMIUM	PAYMENT MODE	PREMIUM PAYABLE <input type="checkbox"/> To Age ____ <input type="checkbox"/> ____ Years

3 Source of Funding for the Proposed Policy

☐ A loan in the amount of \$ _____ and bearing a current loan interest rate of _____ % will be taken from the value of your **current policy** each _____.
MODE

☐ A partial surrender in the amount of \$ _____ will be taken from the value of your **current policy** each _____.
MODE

☐ A dividend withdrawal in the amount of \$ _____ will be taken from the value of your **current policy** each _____.
MODE

4 Your Current Policy Could Terminate

If the policy values of your **current policy** are used as a source of funding for the purchase of an additional policy, it is estimated that your **current policy** will terminate on _____.
DATE

It is estimated that you will begin making premium payments for the **proposed policy** from your own funds on _____ in the amount of \$ _____ to be paid each _____.
DATE
MODE

5 Acknowledgement

Because the values and premiums stated on this form may change over time, the estimated date upon which you will need to begin making premium payments from your own funds for the **proposed policy** may also change. Estimates as to dates when policies will terminate or payments must begin assume the continuation of current (or guaranteed) factors, and such calculations are based upon the assumption that any premiums or interest due on loans will be paid when due.

OWNER NAME(S)	PHONE	BIRTH DATE(S)	
ADDRESS	CITY	STATE	ZIP CODE

PROPOSED INSURED OR ANNUITANT NAME(S) (IF DIFFERENT THAN OWNER)	PHONE	BIRTH DATE(S)	
ADDRESS	CITY	STATE	ZIP CODE

_____ OWNER SIGNATURE	_____ DATE
_____ OWNER SIGNATURE	_____ DATE

6 Agent or Company Officer

AGENT OR COMPANY OFFICER NAME	PHONE	FLORIDA LICENSE NUMBER OR TITLE	
ADDRESS	CITY	STATE	ZIP CODE
<hr/>			
AGENT SIGNATURE		DATE	

7 Policy Disclosure Form and Instructions (Complete one form for each previously-issued policy. Any required replacement and sales forms must also be completed. One copy is to be delivered to the policyowner(s) and one copy maintained by the insurer.)

Any and all information applicable to the transaction shall be fully and completely disclosed on form 10603. If the information requested does not apply to the transaction, the words "not applicable" or "N/A" shall be entered.

Section 1

The information to be disclosed in Section 1 shall apply to the current, in force policy for which policy values are being utilized as a source of funding for the purchase of additional insurance contract(s). For purposes of this form, "current death benefit" is defined as the sum of the death benefit payable under the base policy, all life insurance riders covering the principal insured (other than special contingency death riders), paid-up additional insurance and dividends, minus any outstanding indebtedness. The term "cash surrender value" is defined as the cash value of the policy or contract net of any outstanding indebtedness and surrender charges, and less any dividend value. The term "paid-up addition value" is defined as the cash value of additional insurance purchased with policy dividends. The term "dividend value" is defined as the total cash value of all policy dividends left on deposit with the company to accumulate at interest.

Section 2

The information to be disclosed in Section 2 shall apply to the proposed additional insurance contract(s) being funded by policy values in a current, in force policy. For purposes of this form, "proposed premium" is defined as any recurring payment which is planned to be paid or which is required to be paid under the proposed policy.

Section 3

The information to be disclosed in Section 3 shall apply to the current, in force policy, and shall indicate the manner in which the policy values are being used to fund the purchase of the proposed policy. Section 3 is not to be completed if the current policy is totally surrendered. However, in the event of a total surrender of the current policy, Sections 1, 2, 4 and the signatures of this form must still be completed.

When completing Section 3 of this form, each and every source of funding for the proposed policy must be identified, i.e. whether a policy loan, partial surrender, or dividend withdrawal or any combination thereof is being utilized. If more than one source of funding will be utilized to fund the initial and/or future premiums for the proposed policy, all applicable sections of Section 3 shall be completed.

For purposes of this form, a "partial surrender" is defined as any amount taken from the value of the current policy which is less than the total cash value available under such policy. The term "mode" is defined as the frequency upon which a policy loan, partial surrender or dividend withdrawal will be taken from the value of the current policy. In the event of a single loan, surrender or withdrawal, the words "one time only" shall be entered in the space provided. The term "loan interest rate" is defined as the rate of interest in effect on the date that this form is completed, as specified in the current policy contract.

Section 4

The information to be disclosed in Section 4 shall apply to the current, in force policy and the proposed additional policy, respectively.

Signatures

In order to evidence that the required disclosure has been made, the form shall be signed and dated by the soliciting producer or by a Corporate Officer, as well as by the policyowner(s). For identification purposes, the producer or Corporate Officer shall enter such person's Florida License Number or Corporate Title, respectively, in the space provided.

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
------	------------	------------

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.)

<input type="checkbox"/> 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
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

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
☐ Other (explain)_____

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 _____
Signature of Trustee Date

X _____
Signature of Trustee 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>
--------------------------------	--------------------------------	----------------------------	-----------------	-------------------	-----------------------------	----------------------

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

Trustee Designations

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