NEW BUSINESS APPLICATION CHECKLIST: SOUTH DAKOTA

- ☐ Individual Single Premium Deferred Annuity Application (Form Code: OLA SPDA-APP)
  NOTE: Required

- ☐ Harbourview Multi-Year Guaranteed Annuity Product Disclosure (Form Code: OVLAC-MYGA-DISC)
  NOTE: Required

- ☐ Fixed Annuity Suitability Questionnaire (Form Code: OVLAC-SUITABILITY)
  NOTE: Required

- ☐ Notice of Replacement of Life Insurance or Annuities (Form Code: OVLAC-REP-SD)
  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

NEW BUSINESS APPLICATIONS:

Paper Submissions-

1. Overnight Mail Address
   Attn: Oceanview
   1851 SE Miehe 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

Oceanview Life and Annuity Company
410 N. 44th St., Suite 210 Phoenix, AZ 85008
Sales & Marketing: 1-833-656-7455
Licensing, New Business & Commissions: 1-888-295-3815

Application for New Business

Policy should be delivered to:

☐ Client

☐ Agent

SKY HARBOURVIEW SERIES

AGENT:

PRODUCER NUMBER (NPN or last 4 of TIN):

OWNER:

PREMIUM AMOUNT:

THIS PAGE MUST BE RETURNED WITH THE APPLICATION

Oceanview

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

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

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

Trust/Corp Name	Contact Name
Tax ID	State

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

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

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

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

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

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

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

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

Oceanview

Oceanview Life and Annuity Company

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 fess 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).

X_____ X_____

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

_____

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

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

_____

_____

_____

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

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

Oceanview

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

Request for Rollover, Transfer or Exchange

1 Transferring Institution

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

2 Existing Policy or Account

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

3 Transaction Type (Complete section A or B.)

A Qualified Funds

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

Funds From

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

Funds To

Initiated by Participant

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

Initiated by Beneficiary

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

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

B Non-Qualified Funds

Transaction Type:

- ☐ Direct Transfer
- ☐ 1035 Exchange

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

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

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

The undersigned certifies that:

☐ The policy or contract is attached.

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

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

6 Authorization

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

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

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

☐ Transfer on Maturity or Anniversary Date

☐ Transfer on _____
DATE

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

_____ _____
OWNER OR BENEFICIARY SIGNATURE DATE

_____ _____
OWNER SIGNATURE DATE

_____ _____
GUARANTEE SIGNATURE (IF APPLICABLE) DATE

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

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

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

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

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

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

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

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

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

_____
AUTHORIZED OCEANVIEW LIFE AND ANNUITY COMPANY HOME OFFICE EMPLOYEE TITLE

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**

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).)

1 This is a notice of intention to replace the following **existing** life insurance policy or annuity.

INSURED OR ANNUITANT NAME(S)		PHONE	
ADDRESS	CITY	STATE	ZIP CODE

EXISTING INSURER NAME	POLICY NUMBER
EXISTING BROKER NAME	TYPE OF EXCHANGE (LAPSE, LOAN, SURRENDER, ETC.)

2 The **replacement** coverage is as follows.

REPLACING INSURER NAME **Oceanview Life and Annuity Company**	POLICY NUMBER
REPLACING BROKER NAME	GENERIC DESCRIPTION OF REPLACING POLICY

3 Acknowledgement

I(We) currently have a policy with _____
EXISTING INSURER NAME

and wish to replace it with _____.
REPLACING INSURER NAME AND GENERIC DESCRIPTION OF REPLACING POLICY

_____ _____
OWNER SIGNATURE DATE

_____ _____
OWNER SIGNATURE DATE

4 Producer

I, as producer for _____,
REPLACING INSURER NAME

am replacing _____
EXISTING INSURER NAME

policy, with _____
GENERIC DESCRIPTION OF REPLACING POLICY

policy and have explained the provisions of the policy and any penalties for surrender.

_____ _____
PRODUCER SIGNATURE DATE

Oceanview

Request for Inherited Individual Retirement Annuity

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

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

1 Applicant

NAME

2 Inherited Account

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

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

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

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

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

Has the applicant started to receive IRS Required Minimum Distributions?

❑ No ❑ Yes : Beginning Year _____ (YEAR)

Age Used for Calculation _____ (AGE)

Was the calculation based on multiple beneficiaries?

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

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

NAME	BIRTH DATE	DEATH DATE

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

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

6 Authorization

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

_____ (APPLICANT SIGNATURE) _____ (DATE)

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

Trust Verification Form for Annuities

1. Contract Information

Contract Number

Name of Contract Owner

Social Security or Tax I.D. Number

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

Social Security or Tax I.D. Number

Street Address, City, State, Zip

Name of Contract Owner (*If applicable*)

Social Security or Tax I.D. Number

2. Full Name of Trust

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

3. Type of Trust

☐ Irrevocable ☐ Revocable

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

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

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

☐ The Trust tax identification number is: _____

6. Names of Settlors/Grantors of Trust

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

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

7. Names of ALL current Trustees:

1. _____
2. _____
3. _____

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

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

1. _____
2. _____
3. _____

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

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Oceanview Life and Annuity Company

9. Instructions for Trustee Signature/Authentication

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

☐ Any of the Trustees, acting alone

☐ All of the Trustees acting together

☐ 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*_____ X_____

Signature of Trustee Date Signature of Trustee Date

Oceanview

Beneficiary Designations

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

Oceanview

Trustee Designations

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