

Policy should be delivered to:

Agent

Client

Application for New Business

HARBOURVIEW CA SERIES

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 INSURANCE 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: 1.888.417.3702

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: _____

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%



Harbourview Multi-Year Guaranteed Annuity - CA Single Premium Deferred Annuity

Certificate of Disclosure and Acknowledgement

Thank you for your interest in the Harbourview Multi-Year Guaranteed Annuity, which is a Single Premium Deferred Annuity offered by Oceanview Life and Annuity Company, in California doing business as (dba) Oceanview Life and Annuity Insurance 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 its benefits and limitations.

What is the Harbourview Multi-Year Guaranteed Annuity - CA?

The Harbourview Multi-Year Guaranteed Annuity - CA is a Single Premium Deferred Annuity primarily intended for customers seeking a long-term retirement savings vehicle.

Your fixed deferred 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. It is suitable for use as an IRA or other qualified account as well as an attractive alternative CDs or other taxable vehicles. You can start your Harbourview MYGA-CA **with a minimum premium of \$20,000.**

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?

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

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

Yes, the Harbourview Multi-Year Guaranteed Annuity - CA 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, 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 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 ("RMD's")

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 (RMD's) from your contract each year. Any RMD's taken from your contract, after the first contract year, will not be subject to surrender charges.

What happens on the contract's Annuity (Maturity) date?

On the contract's Annuity (Maturity) 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 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 specific financial situation. Under no circumstances will you be assessed a withdrawal charge 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 surrender date, the Cash Surrender Value is equal to the greater of:

1. The Contract Value less any Surrender Charges, 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 determine the amount of the charge. This charge will vary depending upon the guarantee period you select at the time of application. Below is the current Surrender Charge Schedule for this contract.

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

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 the Minimum Surrender Value. The Death Benefit will not be subject to a surrender charge. 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.
- This is a brief description of your annuity. Your contract contains more specific information. Please review it carefully when it is delivered to you, and ask your financial professional for any additional clarification you may need.
- 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 the time of 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 these products. Consult a tax advisor or financial representative about your specific financial needs or circumstances.

Applicant Acknowledgment

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 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.

Please Print:

Owner(s)/Applicant(s) Name _____

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

Phone # _____ Date _____

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

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. I further acknowledge that I have satisfied all annuity suitability and best interest responsibilities for this application.

Producer Name (Please print) _____

Producer Signature _____ Date _____

Producer Number _____

NPN or last 6-digits of SSN



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

Tel 1-888-295-3815

www.oceanviewlife.com

Notice of Replacement of Life Insurance or Annuities

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 Insurance Company and a copy left with the applicant(s).)

Replacing your life insurance policy or annuity?

Are you thinking about buying a new life insurance policy or annuity and discontinuing or changing an existing one? If you are, your decision could be a good one — or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed benefits.

Make sure you understand the facts. You should ask the company or agent that sold you your existing policy to give you information about it and its replacement.

There may be disadvantages to dropping your existing life insurance or annuities. Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest.

We are required by law to notify your existing company that you may be replacing your policy.

You are urged not to take action to terminate, assign or alter your existing policy until your new policy has been issued and you have examined it and found it acceptable.

2 Policy Information for Existing Insurance

INSURER NAME	INSURED OR ANNUITANT NAME	POLICY NUMBER*	GENERIC NAME	FACE/ANNUITY AMOUNT
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

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

The proposed policy is: _____ \$ _____
TYPE OF POLICY — GENERIC NAME FACE/ANNUITY AMOUNT

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

_____	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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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

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

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
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(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.)

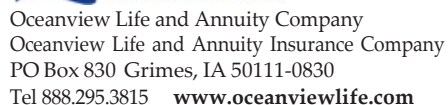
NAME	BIRTH DATE	DEATH DATE
------	------------	------------

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



1. Contract Information

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

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

☐ Irrevocable☐ Revocable

4. Date of Trust:

4.a Statute That Governs the Trust:

☐ 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:

1. _____ (SSN)

2. _____ (SSN)

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

2. _____

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

(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

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>
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Trustee Designations

Trustee Name	Trustee Phone	Trustee Email
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2.		
3.		
4.		
5.		
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