



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

Authorization to Accept 403(b) Tax-Sheltered Annuity Rollover, Transfer or Exchange

1 Transferring Institution

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

2 Existing Policy or Account

PARTICIPANT	SSN (or TIN)		
ADDRESS	CITY	STATE	ZIP CODE
INVESTMENT VEHICLE <input type="checkbox"/> Annuity <input type="checkbox"/> Custodial Account <input type="checkbox"/> Other _____	ACCOUNT, POLICY OR CONTRACT NUMBER(S)		

3 Transaction (For rollover, transfer or exchange into other than a 403(b) Tax-Sheltered Annuity, use form OVLAC-TRANSFER.

Funds From	Funds To
<input type="checkbox"/> ERISA TSA <input type="checkbox"/> Non-ERISA TSA <input type="checkbox"/> Traditional IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Qualified Pension or Profit Sharing <input type="checkbox"/> Other: _____	<input type="checkbox"/> ERISA TSA <input type="checkbox"/> Non-ERISA TSA

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

The participant certifies that: <input type="checkbox"/> The policy or contract is attached. <input type="checkbox"/> 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 Authorization

The undersigned participant is a (<input type="checkbox"/> current <input type="checkbox"/> former) employee of the plan accepting funds.	
The undersigned participant authorizes the transferring institution to liquidate and transfer _____ % or \$ _____ as cash from the policy or account to Oceanview Life and Annuity Company:	
<input type="checkbox"/> Transfer Immediately (default action if no selection is made) <input type="checkbox"/> Transfer on Maturity or Anniversary Date <input type="checkbox"/> Transfer on _____	
I authorize disclosure of information to Oceanview Life and Annuity Company as necessary to complete the requested transaction. I understand that the rollover or transfer will be effective on the date the check(s) is(are) received.	
_____ PARTICIPANT SIGNATURE	_____ DATE
_____ GUARANTEE SIGNATURE (IF APPLICABLE)	_____ DATE

6 Plan Sponsor Accepting Funds

ORGANIZATION NAME	ORGANIZATION TIN		
ADDRESS	CITY	STATE	ZIP CODE
PLAN NAME	PLAN TIN	PLAN EFFECTIVE DATE	
AUTHORIZED REPRESENTATIVE	PHONE	FAX	

7 Plan Administrator Authorization (The representative of the plan into which these funds will be accepted must authorize this transaction.)

The above requestor is a:

Current employee of the plan sponsor accepting these funds.
 Former employee of the plan sponsor accepting these funds.
 Other _____

The transaction requested in this document by the plan participant is hereby authorized by the plan.

AUTHORIZED PLAN REPRESENTATIVE SIGNATURE

DATE

8 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. 403(b) tax-sheltered annuities issued by Oceanview Life and Annuity include withdrawal restrictions and minimum distribution provisions as required by IRC § 403(b).

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

PARTICIPANT NAME

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

CONTRACT NUMBER

The requested action is an exchange or transfer of 403(b) Tax-Sheltered Annuity contracts.

AUTHORIZED OCEANVIEW LIFE AND ANNUITY COMPANY HOME OFFICE EMPLOYEE

DATE