



Oceanview Life and Annuity Company
 Oceanview Life and Annuity Insurance Company
 PO Box 830 Grimes, IA 50111-0830
 Tel 888.295.3815 • Fax 888.417.3702 • www.oceanviewlife.com

Trust Verification Form

1. Contract Information	
Contract Number	
Name of Current Owner	Social Security Number or Tax I.D.
Name of Contract Annuitant <i>(If different from Contract Owner)</i>	Social Security Number
Street Address, City, State, Zip	
Name of Joint Owner <i>(if applicable)</i>	Social Security Number or Tax I.D.
2. Full Name of Trust	
Please be sure to accurately state the Trust's full name	
3. Type of Trust	
Irrevocable	Revocable
4. Trust Date(s)	
Date of Trust	State 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 is to be used; or The Trust Tax Identification number is: _____	
6. Name of Settlers/Grantors of Trust <small>(Please attach additional pages if insufficient space has been provided)</small>	
Name	Social Security Number
Name	Social Security Number
7. Name of ALL current Trustee(s) <small>(Please attach additional pages if insufficient space has been provided)</small>	
Name	
Name	
Name	

8. Name of ALL Successor Trustee(s) (if applicable)

Name

Name

Name

9. Instructions for Trustee Signature/Authentication

The Trust Agreement requires that (please check appropriate box):

Any of the Trustees, acting alone

All of the Trustees, acting together

Other (please explain) _____

Must sign or otherwise authenticate forms and/or request on behalf of the Trust in connection with our products.

10. Trust Affiliation

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 the 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 informed 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 the policy/contract administration purpose 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 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 the certification. It is further understood that the Company may rely upon the direction of the named Trustee(s) until the Company receives a written notification at its Home Office of the 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 the Trust Verification.

The signature(s) below certify the previous information provided and agreed to on this Verification is true and accurate. (If additional signature blocks are required, please photocopy this form and attached accordingly).

Signature of Trustee

Date

Signature of Trustee

Date