

NEW BUSINESS APPLICATION CHECKLIST: ILLINOIS

- ☐ Individual Single Premium Deferred Annuity Application (Form Code: ICC19 OLA SPDA-APP)
NOTE: Required
- ☐ Harbourview Multi-Year Guaranteed Annuity Product Disclosure (Form Code: OVLAC-MYGA-DISC)
NOTE: Required
- ☐ Notice of Replacement of Life Insurance or Annuities (Form Code: OVLAC-REP-CA-ID-IL)
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 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

Policy should be delivered to:

Client

Application for New Business**SKY HARBOURVIEW 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 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.

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



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

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 |



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> |
|--------------------------------|--------------------------------|----------------------------|-----------------|-------------------|-----------------------------|----------------------|
|--------------------------------|--------------------------------|----------------------------|-----------------|-------------------|-----------------------------|----------------------|

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Trustee Designations

| Trustee Name | Trustee Phone | Trustee Email |
|--------------|---------------|---------------|
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| 3. | | |
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