

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

APPLICANT AFFIDAVIT:

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and I agree to abide by these laws and rules.

I am not a United States citizen, but I am either a legal permanent resident of the United States OR I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. Please submit a copy of your current immigration document(s) which includes either your Permanent Resident Card (aka 'Green Card'), OR a VISA and a copy of your Social Security Card.

_____ I certify that I have a permanent U.S. based geographical address to where I receive mail, other than a P.O. Box.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in forfeiture of contract.

Executed in		(City),	(State).
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Signature of Applicant

Printed Name of Applicant

NOTARY PUBLIC My Commission Expires: