



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

# Trusted Contact Authorization Form

## Contract Information (Must be completed for all requests)

First Name:	Middle Initial:	Last Name:
Contract Number(s) (Please include all applicable policy numbers):		

## Authorization

I hereby authorize Oceanview Life and Annuity Company to contact the below listed Trusted Contact Person in the event Oceanview has a reasonable belief that I am (1) the victim of financial exploitation or other abuse or (2) experiencing health issues that may impair my ability to make financial decisions on the above referenced account(s) or (3) unable to be reached over a sustained period of time. Oceanview may disclose information about my account(s) to the Trusted Contact Person to confirm my contact information, health status and the identity of any legal guardian, executor, trustee, or holder of a power of attorney.

***This form does not authorize the designated Trusted Contact Person(s) to act on my behalf regarding the above referenced account(s) or provide authority to contact Oceanview to obtain account information.***

## Designated Trusted Contact Person

We suggest informing the listed party(s) of their role as a *Trusted Contact*

First Name:	Middle Initial:	Last Name:	
Mailing Address:			
City:		State:	ZIP Code:
Relationship:	Daytime Phone Number:	Evening Phone Number:	
Email Address:			



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### Additional Trusted Contact Person

First Name:	Middle Initial:	Last Name:	
Mailing Address:			
City:		State:	ZIP Code:
Relationship:	Daytime Phone Number:	Evening Phone Number:	
Email Address:			

### Signature/Representations

I understand that Oceanview Life and Annuity Company is not required to contact any designated Trusted Contact Person (but may do so in its sole discretion) and agree to hold Oceanview harmless if for any reason it does or does not reach out to a Trusted Contact Person regarding my account(s).

This Authorization is optional and may be withdrawn at any time by notifying Oceanview in writing. Please sign, date, and return this form in the enclosed business reply envelope.

Signature of Owner:	Date:
Signature of Joint Owner <i>(if applicable)</i> :	Date: