

5. BENEFICIARY DESIGNATION (Percentages must be in whole numbers and total 100% for primary and contingent beneficiaries. Please use the Beneficiary Designations Form if needed.)

IN THE EVENT OF JOINT OWNERSHIP, THE SURVIVING OWNER IS THE SOLE PRIMARY BENEFICIARY UNLESS OTHERWISE INDICATED.

<input type="checkbox"/> Primary (First, MI, Last)	%	SSN	Address	Relationship
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%	SSN	Address	Relationship
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%	SSN	Address	Relationship
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%	SSN	Address	Relationship

6. POLICY & PREMIUM DETAILS

Product:

Product Name: _____

Surrender Charge Period: _____

Funds Are: **Non-Qualified** **Qualified IRA** **Qualified Roth IRA**

Non-Qualified Source of Funds:

New Money Amount \$ _____

1035 Exchange Amount \$ _____ Company _____

NQ Transfer Amount \$ _____ Company _____

Qualified Source of Funds:

Rollover/Transfer Amount \$ _____ Company _____

Rollover/Transfer Amount \$ _____ Company _____

Rollover/Transfer Amount \$ _____ Company _____

Contribution Amount \$ _____ Year _____

7. REPLACEMENT OF OTHER CONTRACTS			
Does the Proposed Owner have any existing life insurance or annuity contracts? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will the contract being purchased replace or change an existing life insurance or annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. STATEMENTS AND AUTHORIZATIONS			
PROPOSED OWNER'S STATEMENT			
<p>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 to the best of my knowledge and belief. 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.</p>			
FRAUD NOTICE/WARNING			
<p>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.</p>			
Owner's Signature	Date	Signed at City and State	
Joint Owner's Signature	Date	Signed at City and State	
PRODUCER'S STATEMENT			
<p>I further certify that any information recorded by me on this Application is true and accurate to the best of my knowledge and belief, and that the Owner seemed to me to be lucid and to fully understand all of the questions on this Application.</p>			
Agent Signature	Agent Printed Name	Agent NPN/Last 4 of SSN	Date
Agent E-Mail		Agent Phone	
Complete the following section for additional agent and indicate split percentages:			
Agent Name	Agent NPN/Last 4 of SSN	Agent E-Mail/Phone	% Split

10-Year Surrender Charge Schedule

Contract year	1	2	3	4	5	6	7	8	9	10	11
Percentage	9%	9%	8%	7%	6%	5%	4%	3%	2%	1%	0%

In part, Surrender Charges allow the company to invest your money on a long-term basis and generally credit higher yields than possible with a similar annuity of shorter term.

What is a Market Value Adjustment?

Your contract may have a Market Value Adjustment Rider as a policy provision. A Market Value Adjustment (MVA) is an adjustment made to your Contract at the time of a surrender or withdrawal, based on the changes in interest rates since you purchased your annuity.

The MVA may increase or decrease the amount of the Withdrawal or Cash Surrender Value of your Contract depending on the change in interest rates. If interest rates have increased, the MVA will be negative. If interest rates have decreased, the MVA will be positive.

A positive MVA will increase your withdrawal amount or Cash Surrender Value. A negative MVA will decrease your withdrawal amount or Cash Surrender Value. In calculating the MVA applicable to any surrender or a Withdrawal in excess of the Free Withdrawal amount, we will multiply the Withdrawal amount that is subject to the MVA by the applicable Market Value Adjustment Factor. The Market Value Adjustment factor is applied to the Contract Value with the following Market Value Adjustment amount:

Contract Value multiplied by (I – J) multiplied by N divided by 12, where:

I = Value of the External Index Rate as of the Contract Issue Date; J = Value of the External Index Rate as of the date of withdrawal

N = Number of whole months from surrender to end of Surrender Charge Period.

How does a Market Value Adjustment affect Contract Values?

An MVA is applied to any portion of a withdrawal or surrender that is subject to a Surrender Charge. The following example illustrates how it works:

Assume the following:

The following Surrender Charge Rate Schedule applies to the product in this example:

Contract Year	1	2	3	4	5	6+
Percentage	9%	8%	7%	6%	5%	0%

Contract Value = \$100,000

Free Withdrawal Amount = \$100,000 times 10% = \$10,000

Withdrawal of \$15,000 is taken at the start of the fourth Contract Year There are 36 months left until the end of the Surrender Charge Period The applicable Surrender Charge is 6%

Amount of Withdrawal subject to an MVA and Surrender Charge = \$15,000 - \$10,000 = \$5,000
External Index Rate at Contract Issue Date = 3.50%

Example 1 – MVA is Negative: Interest

Rates have increased

Closing External Index Rate on the day before the Withdrawal = 4.00%

Surrender Charge = \$5,000 * 6% = \$300

$\$5,000 * (3.50\% - 4.00\%) * 36/12 = -\75

Example 2 – MVA is Positive: Interest

Rates have decreased

Closing External Index Rate on the day before the Withdrawal = 2.50%

Surrender Charge = \$5,000 * 6% = \$300

$\$5,000 * (3.50\% - 2.50\%) * 36/12 = +\150

Note: These are sample calculations and all assumptions are purely hypothetical and are not an indication of the annuity's past or future activity.

Are there any riders that are included on my policy?

Yes, there are two waiver of surrender charge riders that are included on each policy. They allow for money to be withdrawn from your contract surrender charge free during the period prior to the contract's annuity date. The covered events are as follows

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.

Are there any tax consequences if I take Withdrawals from my annuity?

Income tax on interest credited to an annuity is deferred until withdrawals are taken. When you surrender or take a Withdrawal from your Contract, you may be subject to federal and state income tax on a portion or the entire amount withdrawn. In addition to income tax, you may be subject to a 10% federal penalty tax if you surrender or take Withdrawals from your annuity before age 59 ½. When annuity payments are elected, a portion of each payment will be taxable and a portion will be treated as a non-taxable return of the Contract's cost basis. Distributions from a qualified annuity (e.g. IRA, 401(k), etc.) may also be taxable. You should consult with a tax advisor or attorney regarding the applicability of this information to your own situation.

What happens if the Owner dies before the Annuity Date and while the Contract is in force?

If the Owner (or Primary Annuitant if the Owner is not a natural person) dies before the date on which annuity payments begin, the Company will pay a Death Benefit to the named Beneficiary or Beneficiaries. That Death Benefit will be the greater of: The Contract Value (without any Surrender Charge or Market Value Adjustment); or The Minimum Surrender Value.

The Death Benefit will not be subject to a Withdrawal Charge or Market Value Adjustment. After the Annuity Date, payments will be consistent with the Settlement Option selected. Taxes may apply.

What happens if the Annuitant dies on or after annuity payments begin?

If the Annuitant dies on or after the date Annuity Payments begin, We will continue to make payments of any remaining and payable portion of the Annuity Payment(s) to the Beneficiary upon Our receipt of Due Proof of Death.

Other Important Information about Your Annuity

- This annuity is not a bank or credit union deposit, obligation or guarantee, and is not FDIC or NCUA/NCUSIF insured.
- The guarantees provided by annuities are subject to the financial strength and claims paying ability of the issuing company.
- Under current tax law, the Internal Revenue Code already provides tax deferral to qualified money, so there is no additional tax benefit obtained by funding a qualified contract, such as an IRA, with an annuity.
- Harbourview Fixed Indexed Annuity is subject to state approval. Product features, options and availability may vary by state.
- This is a brief description of your annuity 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.
- We deduct Premium taxes, if applicable, imposed on us by a federal, state, local, or other government agency. Some states collect these taxes on Premium Payments; others collect at annuitization. Since we pay Premium Taxes when they are required by applicable law, we may deduct them from Your Contract when we pay the taxes, when you withdraw your contract value, when you start to receive income payments or when it pays a death benefit to your beneficiary. The Premium tax rate varies by state or municipality and currently ranges from 0 - 3.5%.
- 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.

**Oceanview Life and Annuity Company
Certificate of Disclosure and Acknowledgement
Harbourview Fixed Indexed Annuity**

Credit Rate Strategy Allocation of Initial Premium

Allocation percentages must be whole numbers and the total equal 100%.

Fixed Rate	_____
S&P 500 Annual Point-to-Point with Cap	_____
S&P 500 Monthly Average Annual Point-to-Point with Cap	_____
S&P 500 Annual Point-to-Point with Participation Rate	_____
S&P 500 2-Year Point-to-Point with Participation Rate	_____
Nasdaq-100® Annual Point-to-Point with Cap	_____
Russell-2000® Annual Point-to-Point with Cap	_____
TOTAL	_____

Applicant Acknowledgement

By signing below, I acknowledge that I have read, or have been read, this disclosure form and understand its contents. I understand that I have applied for a Single Premium Indexed Deferred Annuity. In doing so, I have discussed my financial status, tax status, current insurance products and investments (including my financial objectives) with my insurance producer or other financial professional and believe this annuity will assist me in meeting my current financial needs and objectives. Further, if I allocated all or a portion of the contract's premium to the Fixed Rate Crediting Strategy during a time when the Company is offering a Special Introductory Effective Rate, I understand that this rate is subject to change, and will likely decrease at the end of the first contract year.

Owner/Applicant Name: _____

Owner(s)/Applicant Signature: _____

Phone Number: _____ **Date:** _____

Joint Owner/Applicant Name: _____

Joint Owner(s)/Applicant Signature: _____

Phone Number: _____ **Date:** _____

Producer Confirmation

By signing below, I acknowledge that I have reviewed this disclosure form and other required materials with the applicant. I certify that a copy of this disclosure form; as well as, any advertisements, all of which were approved by the Company, used in connection with the sale of this annuity, have been provided to the applicant. I have not made any statements that differ from what is stated in this disclosure form or the brochure and no promises or assurances have been made about the future value of any non-guaranteed elements of the annuity.

Producer Name (Please print): _____ **Producer Number:** _____

Producer Signature: _____ **Date:** _____

The S&P 500 Annual Point to Point with Cap Rate, S&P 500 Annual Point to Point with Participation Rate, S&P 500 2 Year Point to Point with Participation Rate and S&P 500 Monthly Average Annual Point to Point with Cap Rate (hereafter Indices or Index) is a product of S&P Dow Jones Indices LLC or its affiliates ("SPDJI") and S&P Opco (hereafter, Third Party Licensor), and has been licensed for use by Oceanview Life and Annuity Company (hereafter Licensee). Standard & Poor's® and S&P® are registered trademarks of Standard & Poor's Financial Services LLC ("S&P") and Dow Jones® is a registered trademark of Dow Jones Trademark Holdings LLC ("Dow Jones"). The trademarks have been licensed to SPDJI and have been sublicensed for use for certain purposes by Licensee. The Licensee or Licensee's Product is not sponsored, endorsed, sold or promoted by SPDJI, Dow Jones, S&P, any of their respective affiliates (collectively, "S&P Dow Jones Indices") or Third Party Licensor. Neither S&P Dow Jones Indices nor Third Party Licensor make any representation or warranty, express or implied, to the owners of the Licensee Product or any member of the public regarding the advisability of investing in securities generally or in Licensee Product particularly or the ability of the Index to track general market performance. S&P Dow Jones Indices and Third Party Licensor only relationship to Licensee with respect to the Index is the licensing of the Index and certain trademarks, service marks and/or trade names of S&P Dow Jones Indices and/or its licensors. The Index is determined, composed and calculated by S&P Dow Jones Indices or Third Party Licensor without regard to Licensee or the Licensee Product. S&P Dow Jones Indices and Third Party Licensor have no obligation to take the needs of Licensee or the owners of Licensee Product into consideration in determining, composing or calculating the Index. Neither S&P Dow Jones Indices nor Third Party Licensor are responsible for and have not participated in the determination of the prices, and amount of Licensee Product or the timing of the issuance or sale of Licensee Product or in the determination or calculation of the equation by which Licensee Product is to be converted into cash, surrendered or redeemed, as the case may be. S&P Dow Jones Indices and Third Party Licensor have no obligation or liability in connection with the administration, marketing or trading of Licensee Product. There is no assurance that investment products based on the Index will accurately track index performance or provide positive investment returns. S&P Dow Jones Indices LLC is not an investment advisor. Inclusion of a security within an index is not a recommendation by S&P Dow Jones Indices to buy, sell, or hold such security, nor is it considered to be investment advice.

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Fixed Annuity Suitability Questionnaire

Contract Information	
Name of Contract Owner(s) <i>(Provide information on annuitant if contract is owned by a non-natural person.)</i>	
Owner's Current Age	Joint Owner's Current Age <i>(if applicable)</i>
Name of Product Being Applied For	Approximate Premium
1. Annual Income	
Gross Household Income of Contract Owner(s)	
<input type="checkbox"/> \$0 – \$25,000 <input type="checkbox"/> \$25,001 – \$50,000 <input type="checkbox"/> \$50,001 – \$75,000 <input type="checkbox"/> \$75,001 – \$100,000 <input type="checkbox"/> \$100,001 – \$250,000 <input type="checkbox"/> \$250,000 - \$500,000 <input type="checkbox"/> Greater than \$500,000	
2. Financial Experience	
Please Check One	
<input type="checkbox"/> Limited: The proposed contract owner has made limited financial decisions prior to this application with little experience with financial markets and/or credit transactions. <input type="checkbox"/> Moderate: The proposed owner has made previous financial decisions such as a home or automobile loan; credit card use; purchased other annuity contracts or life insurance policies; made a financed purchase; invested in a retirement plan such as a 401(k) or 403(b); purchased or held mutual funds; etc. <input type="checkbox"/> Advanced: The proposed owner has made previous financial decisions including stock or bond purchases and or trades; proposed owner has participated in private placement offerings; proposed owner has participated in advanced financial transactions, etc.	
3. Risk Tolerance for This Contract's Funds	
Please Check One	
<input type="checkbox"/> Conservative: Owner has little tolerance for volatility and/or principal loss. <input type="checkbox"/> Moderate: Owner has some tolerance for short-term volatility and/or principal loss. <input type="checkbox"/> Aggressive: Owner has tolerance for and expectations of volatility and principal loss and/or gain.	
4. Federal Income Tax Bracket	
<input type="checkbox"/> 0% <input type="checkbox"/> 10% or 12% <input type="checkbox"/> 22% or 24% <input type="checkbox"/> 32%, 35% or 37%	
5. Financial Objectives for this Contract	
Check Most Important Objective(s)	
<input type="checkbox"/> Income for Today <input type="checkbox"/> Income for Life <input type="checkbox"/> Guaranteed Interest Rate <input type="checkbox"/> Principal Protection <input type="checkbox"/> Tax Benefits <input type="checkbox"/> Pass Along to Benefits <input type="checkbox"/> Accumulation <input type="checkbox"/> Other: _____	

6. Funding of This Annuity

Check All That Apply

- Earnings/Wages Cash Value from Life Insurance/Annuity Savings/Checking Gift
- Mutual Fund/Stock/Bond Redemption Death Benefit Proceeds CD Retirement Fund/Rollover
- Reverse Mortgage/Home Equity Loan

7. Initial Surrender Charge Period

_____ Years

8. Financial Time Horizon

- Less than 1 Year 1-3 Years 4-6 Years 7-10 Years More than 10 Years

9. Liquid Net Worth (Including This Annuity)

- Under \$50,000 \$50,001-\$100,000 \$100,001-\$250,000 More than \$250,000

10. Percentage of Liquid Net Worth Represented by this Contract

- Less than 10% 10%-25% 25%-50% More than 50%

11. Other than the premium in this annuity, will the annuitant have sufficient funds or other assets available to access, without penalty, for living expenses and in case of emergencies?

- Yes No

12. Are any of the following changes anticipated during the surrender charge period of the proposed annuity?

- Yes No

If yes, please explain including the expected changes and amount.

- a. Significant increase or decrease in living expenses?
If checked, explain: _____
- b. Significant increase or decrease in income?
If checked, explain: _____
- c. Significant increase or decrease in net worth or liquid assets?
If checked, explain: _____

13. Will this transaction trigger any charges or fees to any existing account, annuity or life insurance policy used to fund the proposed contract?

- Yes No

If yes, please provide amount or percentage of charges or expenses to be incurred: _____

14. Has the proposed owner replaced or exchanged another life insurance or annuity contract within the past 5 years?

- Yes No

The basis for recommending this annuity is (section must be completed, include additional documentation if necessary)

Owner's Certification: Statement of Understanding

I attest to this Statement of Understanding. I have completed or reviewed this form and to the best of my knowledge the information provided on the Fixed Annuity Suitability Questionnaire is accurate. I understand the insurer may contact me to verify information provided or to seek further information. My financial professional has reviewed the features and benefits of this purchase as well as any applicable fees and charges associated with this purchase. I acknowledge that my financial professional does not provide legal or tax advice. I believe that the purchase of this annuity contract is suitable for my financial needs and objectives.

Owner Name

Owner Signature

Date

Owner Contact Information (*at least one is required*)

Home Phone Number

Cell Phone Number

Email Address

Joint Owner Name (*if applicable*)Joint Owner Signature (*if applicable*)

Date

Joint Owner Contact Information (*if applicable*) (*at least one is required*)

Home Phone Number

Cell Phone Number

Email Address

Producer's Certification

I have made a reasonable effort to obtain information from the proposed owner(s) concerning his/her financial status, objectives and other pertinent information. I have delivered information to the applicant concerning the costs and benefits of the annuity. Based on the facts disclosed by the proposed owner(s), and all information known to me at this time, I have reasonable grounds to believe that the recommendation to purchase or exchange this annuity contract is suitable and that certain features of the annuity will provide benefit. Furthermore, I agree to maintain and make available upon request to the insurer or the insurance commissioner, records of the information collected, including any additional needs analysis forms, and other information used as the basis for this annuity contract recommendation for the number of years required by state laws or regulations. I understand the insurer may contact the proposed owner for additional information.

Producer Name

Producer Signature

Date

Producer Contact Information (*at least one is required*)

Home Phone Number

Cell Phone Number

Email Address



1035 EXCHANGE / ROLLOVER / TRANSFER eFORM

Name of Receiving Company _____

Business Address	Mailing Address	Overnight Address

This form can be used to accomplish a **FULL** or a **PARTIAL Exchange** of policies pursuant to Internal Revenue Code (IRC) Section 1035. This form can also be used for **Transfers of Funds and Direct Rollovers**. Complete the requested information concerning the existing policy and contract, check the appropriate boxes, and date and sign this form. Refer to the application, and if applicable, prospectus and any state required forms for additional important disclosures and information. Check with both the receiving and surrendering company for form requirements specific to the transaction that is being initiated.

If you are considering a replacement you have the right to receive information regarding your existing policy or contract values including, if available, an in force illustration, policy summary, premium payment amounts or the product prospectus. If the information is requested your existing company will return the requested information to you within five business days. Contact your existing carrier for additional information.

Complete one form for each surrendering company and contract. Please apply funds to:

New / Existing Contract Number: _____ **Receiving Carrier DTCC #:** _____
(for Money Settlement)

Without this contract number, the funds will be applied to a new contract.

The receiving company may not accept the exchange / rollover / transfer if the funds do not meet its minimum premium requirements.

1. SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION

Surrendering Company Name (Complete one form for each surrendering company)			Surrendering Company Account / Policy / Contract Number		
Street Address Line 1			Address Line 2		
City	State	Zip	Phone Number	Fax Number	
Surrendering Plan Type (Non-Qualified, IRA, Roth IRA, etc.)		Surrendering Product Type (Life, Annuity, CD, MF, Other, etc.)		Estimated Amount of Transfer	
				\$	
Owner (First, Middle, Last) / Entity Name				Social Security Number / Tax ID #	
Joint Owner Name (First, Middle, Last) - Please confirm the availability of these options with the Receiving Company				Social Security Number	
Insured / Annuitant Name (First, Middle, Last) - if other than owner (applies to Life & Annuity products only)				Social Security Number	
Joint Insured / Annuitant Name (First, Middle, Last) - Please confirm the availability of these options with the Receiving Co.				Social Security Number	
Contingent Annuitant Name (First, Middle, Last) - Please confirm the availability of these options with the Receiving Co.				Social Security Number	

2. TRANSFER / ROLLOVER / 1035 EXCHANGE SURRENDERING INSTRUCTIONS

Full **Partial** \$ _____ or _____ %

Penalty Free Amount

(This amount is subject to change based on the product provisions. Please check with the surrendering company to verify the amount)

By executing this form, I authorize the full or partial liquidation of my existing contract or account in accordance with the sections completed above. I hereby instruct the parties to process that liquidation:

As soon as possible after receipt of all necessary forms **On a specific date:** _____

I / We also understand it is my / our responsibility to confirm with the surrendering company their processing guidelines to selecting a specific transfer date.

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.

10. 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.

10. 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 (the number of Trustee(s) indicated in Section 7 must sign below. If additional signature blocks are required, please photocopy this form and attached accordingly).

Signature of Trustee

Date

Signature of Trustee

Date

