



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

Electronic Funds Deposit Authorization

1. Contract Information		
Contract Number		
Name of Current Annuitant		Social Security Number
Name of Contract Owner <i>(If different from Annuitant)</i>		Social Security Number of Tax I.D
Street Address of Contract Owner		Telephone Number
Name of Joint Owner <i>(if applicable)</i>		Social Security Number or Tax I.D.
2. Bank Account Information		
Type of Account: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account		
Name of Financial Institution	Full Name on Bank Account	Additional Name(s) on Bank Account
ABA Routing Number (9 digits)	Bank Account Number (4-17 digits)	
<p>Please attach a VOIDED check for checking accounts to be used for account information verification.</p> <p>Check this box for paperless and online accounts and ensure that both the routing number and account number is entered in the spaces above.</p> <p>If you have a paperless/online account, please include a letter from the bank showing the owner(s) name(s) of the account. If the bank's letter list joint owners both must sign this form.</p>		
3. Authorization For Electronic Funds Deposit		
<p>As the bank account owner, I authorize Oceanview Life and Annuity Company to:</p> <ul style="list-style-type: none"> • Automatically deposit funds, for all withdrawals from this annuity contract, to the checking or savings account referenced above. • Withdraw funds which may be inadvertently deposited to the account referenced above. This includes, but is not limited to, any payments made after the death of the annuitant. <p>This authorization will remain in effect until written notice of a change of account, or termination, is delivered to Oceanview Life and Annuity Company in a timely manner, so as to afford the company an opportunity to act thereon. (Such requests should be received no less than 10 business days prior to due date of the next payment.) In no event shall a "change" or "termination" request include entries processed prior to receipt of such notice.</p>		
Signature of Bank Account Owner		Date
Signature of Co-Bank Account Owner <i>(if applicable)</i>		Date
4. Acknowledgment of Contract Owner(s) <i>(If not the same as the Bank Account Owner)</i>		
<p>By signing where indicated below, I hereby acknowledge my approval for Oceanview Life and Annuity Company to withdraw funds from the annuity contract, and request that those funds be deposited into the bank account referenced above.</p>		
Signature of Owner		Date
Signature of Joint Owner <i>(if applicable)</i>		Date