



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](http://www.oceanviewlife.com)

**INDIVIDUAL SINGLE PREMIUM ANNUITY APPLICATION**

|   |  |
|---|--|
| <b>1. OWNER</b>   |  |
| <input type="checkbox"/> Trust <input type="checkbox"/> Other Non-Natural <input type="checkbox"/> Inherited <input type="checkbox"/> UTMA/UMGA | <input type="checkbox"/> Male <input type="checkbox"/> Female  |
| Name (First, MI, Last)  | SSN/Taxpayer ID  |
| Address Street  | Birthdate (MM/DD/YYYY)   |
| City, State Zip   | Telephone  |
| Email Address   | US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "no," complete Non-US Citizen Form |
| <b>2. JOINT OWNER (if applicable)</b>   |  |
| Name  | <input type="checkbox"/> Male <input type="checkbox"/> Female  |
|   | SSN/Taxpayer ID  |
| Address Street  | Birthdate (MM/DD/YYYY)   |
| City, State Zip   | Telephone  |
| Email Address   | US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "no," complete Non-US Citizen Form |
| <b>3. ANNUITANT (complete only if different from Owner)</b>   |  |
| Name  | <input type="checkbox"/> Male <input type="checkbox"/> Female  |
|   | SSN/Taxpayer ID  |
| Address Street  | Birthdate (MM/DD/YYYY)   |
| City, State Zip   | Telephone  |
| Email Address   | US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "no," complete Non-US Citizen Form |
| <b>4. JOINT ANNUITANT (if applicable)</b>   |  |
| Name  | <input type="checkbox"/> Male <input type="checkbox"/> Female  |
|   | SSN/Taxpayer ID  |
| Address Street  | Birthdate (MM/DD/YYYY)   |
| City, State Zip   | Telephone  |
| Email Address   | US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "no," complete Non-US Citizen Form |

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

|   |                                |                                 |                |
|---|--------------------------------|---------------------------------|----------------|
| <b>7. REPLACEMENT OF OTHER CONTRACTS</b>  |                                |                                 |                |
| 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  |                                |                                 |                |
| <b>8. STATEMENTS AND AUTHORIZATIONS</b>   |                                |                                 |                |
| <b>PROPOSED OWNER'S STATEMENT</b>   |                                |                                 |                |
| <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, including those in Section 7 regarding replacement of other contracts. 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> |                                |                                 |                |
| <b>FRAUD NOTICE/WARNING</b>   |                                |                                 |                |
| <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>  |                                |                                 |                |
| <b>Owner's Signature</b>  | <b>Date</b>                    | <b>Signed at City and State</b> |                |
|   |                                |                                 |                |
| <b>Joint Owner's Signature</b>  | <b>Date</b>                    | <b>Signed at City and State</b> |                |
|   |                                |                                 |                |
| <b>PRODUCER'S STATEMENT</b>   |                                |                                 |                |
| <p>I further certify that any information recorded by me on this Application is true and accurate to the best of my Knowledge, including statements regarding replacement of other contracts in Section 7, and that the Proposed Owner seemed to me to be lucid and to fully understand all of the questions on this Application.</p>   |                                |                                 |                |
| <b>Agent Signature</b>  | <b>Agent Printed Name</b>      | <b>Agent NPN/Last 4 of SSN</b>  | <b>Date</b>    |
|   |                                |                                 |                |
| <b>Agent E-Mail</b>   | <b>Agent FL License Number</b> | <b>Agent Phone</b>              |                |
|   |                                |                                 |                |
| <b>Complete the following section for additional agent and indicate split percentages:</b>  |                                |                                 |                |
| <b>Agent Name</b>   | <b>Agent NPN/Last 4 of SSN</b> | <b>Agent E-Mail/Phone</b>       | <b>% Split</b> |
|   |                                |                                 |                |
|   |                                |                                 |                |
|   |                                |                                 |                |



### Additional Transfer Company Information

[illegible]



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## Certificate of Disclosure and Acknowledgement

### **Sky Harbourview Multi-Year Guaranteed Annuity Single Premium Deferred Annuity**

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Thank you for your interest in the Sky Harbourview Multi-Year Guaranteed Annuity, which is a Single Premium Deferred Annuity offered by Oceanview Life and Annuity Company. It is important that you understand the benefits, features, and limitations of this annuity before making your purchasing decision. Please read the following information and sign the last page of this disclosure document to acknowledge your understanding of the annuity contract ("contract") for which you are applying. This document is intended to provide you with a summary of the contract, including its benefits and limitations.

#### **What is the Sky Harbourview Multi-Year Guaranteed Annuity?**

The Sky Harbourview Multi-Year Guaranteed Annuity is a Single Premium Deferred Annuity primarily intended for customers seeking a long-term retirement savings vehicle.

Your fixed deferred annuity is not a security or any type of investment contract. It is not a stock market investment and does not directly participate in any stock or equity investments. It is suitable for use as an IRA or other qualified account as well as an attractive alternative CDs or other taxable vehicles. You can start your Sky Harbourview MYGA **with a minimum premium of \$20,000.**

#### **What if I decide I do not want my annuity contract after it is delivered?**

After receipt of the annuity contract, the contract may be returned within the free look period for an unconditional refund of the amount paid for the contract. The free look period is the amount of time you have to request a refund. The actual free look period is stated on the cover page of your contract and is at least 20 days.

#### **How will interest be credited to my Contract?**

Interest is credited to the initial interest rate guaranteed for the first Guaranteed Period. At the end of the Guaranteed Period, and each subsequent Guaranteed 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!

#### **What is a 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.

#### **Do I have access to the value of my contract before the Annuity Date?**

Yes, the Sky Harbourview Multi-Year Guaranteed Annuity provides access to the value of your contract in several different ways. However, any contract values accessed during the first ten contract years may also be subject to a Surrender Charge, depending on the surrender charge schedule elected at the time of application. Please note that withdrawals taken from an index strategy during an index term period will not be credited with any potential interest credits for that term.

Withdrawal charges will not apply to any free withdrawals, required minimum distributions, or death benefit proceeds. Taxable amounts withdrawn from your annuity prior to age 59 ½ may be subject to a 10% IRS penalty in addition to ordinary income tax. Please consult with a tax advisor prior to utilizing these provisions.

### Free Withdrawals

After the first contract year, you may make multiple withdrawals totaling 10% of the contract value on the prior contract anniversary without incurring a Surrender Charge. The amount available for free withdrawal is not cumulative. Any amount eligible for free withdrawal in a contract year that is not taken may not be carried over to the next contract year nor will it be available to be taken free of the Surrender Charge in a later contract year.

### Required Minimum Distribution ("RMD's")

If you purchase this annuity with 'tax-qualified' money (like an IRA), tax law and IRS rules may require you to take Required Minimum Distributions (RMD's) from your contract each year. Any RMD's taken from your contract, after the first contract year, will not be subject to surrender charges.

### 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.

### What happens on the contract's Annuity (Maturity) date?

On the contract's Annuity (Maturity) date, you will receive the entire value of your contract in the form of annuity payments. There are a number of payout options from which to select. Regardless of the payout option selected, once the amount of payments is determined, your payments are guaranteed and can never be changed. You should review the available payout options with your tax advisor to select the most appropriate one based on your specific financial situation. Under no circumstances will you be assessed a withdrawal charge on, or after the Annuity Date. If you do not select a payout option, the payout option will default to the contractually selected option, depending whether you have a single Annuitant or Joint Annuitants.

### What if I decide to surrender (cancel) my contract?

If you decide to surrender your contract, the Company will pay you the contract's Cash Surrender Value. On the surrender date, the Cash Surrender Value is equal to the greater of:

1. The Contract Value less any Surrender Charges, if applicable; or
2. The Minimum Surrender Value.

### What is a Surrender Charge?

A Surrender Charge is the cost you incur if the contract is surrendered or if any amount withdrawn exceeds the free withdrawal amount during the Surrender Charge period. The Surrender Charge on these amounts is applied at the time of the surrender or withdrawal. Any amount withdrawn above the free withdrawal amount will be multiplied by the applicable percentages below, which determine the amount of the charge. This charge will vary depending upon the guarantee period you select at the time of application. Below is the current Surrender Charge Schedule for this contract.

| 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  |

### **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 the Minimum Surrender Value.

The Death Benefit will not be subject to a surrender charge. 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.
- This is a brief description of your annuity. Your contract contains more specific information. Please review it carefully when it is delivered to you and ask your financial professional for any additional clarification you may need.
- 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 the time of 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 these products. Consult a tax advisor or financial representative about your specific financial needs or circumstances.

**Oceanview Life and Annuity Company  
Certificate of Disclosure and Acknowledgement  
Sky Harbourview Multi-Year Guaranteed Annuity**

| 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*

**Applicant Acknowledgment**

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 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.

**Owner/Applicant Name:** \_\_\_\_\_

**Owner/Applicant Signature:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Joint Owner/Applicant Name:** \_\_\_\_\_

**Joint Owner/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. I further acknowledge that I have satisfied all annuity suitability and best interest responsibilities for this application.

**Producer Name (Please print):** \_\_\_\_\_ **Producer Number:** \_\_\_\_\_

**Producer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**DEPARTMENT OF FINANCIAL SERVICES***Division of Agent & Agency Services - Bureau of Investigation***ANNUITY SUITABILITY QUESTIONNAIRE**

Owner: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_\_

Entity: \_\_\_\_\_

Tax Status \_\_\_\_\_ Relationship to Annuitant(s): \_\_\_\_\_

Form of Ownership: \_\_\_\_\_

Supporting documents (list): \_\_\_\_\_

|  |  |
|--|--|
| Annual Income:   |  |
| Source of Income:  |  |
| Annual Household Income:   |  |
| Existing Assets  |  |
| Existing Liquid Net Worth:   |  |
| Do you currently own any annuities? Please list:   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you currently own life insurance? Please list:  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your income cover all your living expenses including medical?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you expect changes to your living expenses?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you anticipate changes in your out-of-pocket medical expenses?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have an emergency fund for unexpected expenses?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Why are you purchasing this annuity? \_\_\_\_\_

What are your financial objectives for this purchase? (Check all that apply)

- ☐ Income ☐ Growth (long term) ☐ Safety of Principal and Income  
☐ Safety of Principal and Growth ☐ Pass assets to a beneficiary or beneficiaries at death  
☐ Other: \_\_\_\_\_

**Owner's Signature** \_\_\_\_\_**Date Signed** \_\_\_\_\_

Describe your risk tolerance: (Check all that apply)

☐ Conservative   ☐ Moderately conservative   ☐ Moderate   ☐ Moderately aggressive  
☐ Aggressive   ☐ Other:

Comments:

Describe your investment experience by type and length of time:

What is the source of the funds for the purchase of the proposed annuity?

How many years from today will you need access to your funds without a penalty?

Will the proposed annuity replace any product?

☐ Yes   ☐ No

If yes, will you pay a penalty or other charge to obtain these funds?

☐ Yes   ☐ No

If yes, the amount of the charge or penalty

\$

**Additional Information:**

**Owner's Signature**

**Date Signed**

**Note:** The following three sections to be completed by the agent, insurer, or Managing General Agent proposing purchase; each section requires a response; no section may be left blank or contain a response consisting of “None” or “N/A”.

**Advantages of purchasing the proposed annuity:**

**Disadvantages of purchasing the proposed annuity:**

**The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity (ies):**

---

Agent's Signature

---

Date Signed

**Note:** No questions or response areas are to be left blank when offered to the Owner for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

## **ACKNOWLEDGEMENTS AND SIGNATURES**

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- ☐ I **REFUSE** to provide this information at this time.
- ☐ I have chosen to provide **LIMITED** information at this time.
- ☐ My annuity purchase **IS NOT BASED** on the recommendation of this agent or the insurer.
- ☐ My annuity purchase **IS BASED** on the recommendation of this agent or the insurer.

## **APPLICANT:**

**DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.**

**THE OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.**

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Owner's Signature

---

Date Signed

## EXPLANATION OF TERMS

**“Age”** is the natural person’s attained age on the day the form is completed.

**“Tax Status”** is the owner’s Federal Income Tax filing status such as “single” or “married filing jointly”; if “Exempt”, so state.

**“Form of Ownership”** is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

**“Supporting documents”** are the documents that provide a basis for the relationship between the Proposed Annuitant, and the Owner as it may exist.

**“Annual income”** is income received during a calendar year, whether earned or unearned.

**“Source of annual income”** is the income-generating source, such as pension income, dividends, or earned income etc.

**“Annual household income”** is the combined annual income received by all household members each calendar year.

**“Existing Assets”** are financial assets including life insurance and annuities.

**“Existing Liquid Net Worth”** is applicable to those net assets that can readily be converted into their cash equivalent, without loss of principal after all surrender charges or other deductions have been taken

**“Financial Objectives”** are the owner’s stated goals as described to the insurance agent or insurer, if no insurance agent is involved. These may include but are not limited to the following: (1) Income, (2) Growth (long term capital appreciation), (3) Safety of Principal and Income, (4) Safety of Principal and Growth, (5) To pass the investment to a beneficiary or beneficiaries at death.

**“Risk Tolerance”** means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) Conservative (prefer little or no risk), (2) Moderately conservative (some risk, reduced safety of principal), (3) Moderate (average risk with potential losses and potentially higher returns), (4) Moderately aggressive (above average risk with potential losses, risk of principal and potentially higher returns), (5) Aggressive (willing to sustain losses or loss of principal in pursuit of higher returns).

**“Source of the funds”** to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to; (1) An existing annuity or life insurance contract, (2) Liquid Assets, including but not limited to, cash in banks, maturing certificates of deposit, and money market accounts, (3) Personal Loans, (4) Equity Loans, (5) Mortgages, Reverse Mortgages, (6) Death Benefit Proceeds, (7) Funds received upon retirement from employment, including but not limited to, 401(k) accounts, pensions, and other tax-sheltered funds, (8) Equities, mutual funds, or bonds, (9) Proceeds from real estate transactions.

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**Owner’s Signature**

**Date Signed**



## Notice of Replacement of Life Insurance or Annuities

Oceanview Life and Annuity Company

Individual Annuities 1.888.295.3815

P.O. Box 830 Grimes, IA 50111-0830 [www.oceanviewlife.com](http://www.oceanviewlife.com)

### 1 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 Company and a copy left with the applicant(s).)

#### Notice to Applicant(s) Regarding Replacement of the Life Insurance Policy and Annuities

A decision to buy a new policy and discontinue or change an existing policy may be a wise choice or a mistake.

Get all the facts. Make sure you fully understand both the proposed policy and your existing policy or policies. New policies may contain clauses which limit or exclude coverage of certain events in the initial period of the contract, such as the suicide and incontestable clauses which may have already been satisfied in your existing policy or policies.

Your best source for facts on the proposed policy is the proposed company and its agent. The best source on your existing policy is the existing company and its agent.

Hear from both before you make your decision. This way you can be sure your decision is in your best interest.

If you indicate that you intend to replace or change an existing policy, Florida regulations require notification to the company that issued the policy.

Florida regulations give you the right to receive a written Comparative Information Form which summarizes your policy values. Indicate whether or not you wish a Comparative Information Form from the proposed company and your existing insurer by placing your initials in the appropriate box: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Do not take action to terminate your existing policy until your new policy has been issued and you have examined it and found it to be acceptable.**

### 2 Information on Policies That May Be Replaced

| EXISTING INSURER NAME | INSURED OR ANNUITANT NAME | POLICY NUMBER* |
|-----------------------|---------------------------|----------------|
| _____                 | _____                     | _____          |
| _____                 | _____                     | _____          |
| _____                 | _____                     | _____          |
| _____                 | _____                     | _____          |

\* If a number has not been assigned by the existing insurer, indicate alternative identification such as an application or receipt number.

### 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 |

I(We) have read this notice and received a copy of it.

|       |                 |       |      |
|-------|-----------------|-------|------|
| _____ | OWNER SIGNATURE | _____ | DATE |
| _____ | OWNER SIGNATURE | _____ | DATE |

### 4 Producer

|               |       |                |          |
|---------------|-------|----------------|----------|
| PRODUCER NAME | PHONE | LICENSE NUMBER |          |
| ADDRESS       | CITY  | STATE          | ZIP CODE |

  

|       |                    |       |      |
|-------|--------------------|-------|------|
| _____ | PRODUCER SIGNATURE | _____ | DATE |
|-------|--------------------|-------|------|



## Notice of Replacement of Life Insurance or Annuities

Oceanview Life and Annuity Company

Individual Annuities 1.888.295.3815

P.O.Box 830 Grimes, IA 50111-0830 [www.oceanviewlife.com](http://www.oceanviewlife.com)

**Please Read Carefully.** This information has been prepared for you so that you may make an informed decision on the use of any of your policy values to fund the purchase of a new policy. Please see page 2 for explanatory notes and instructions for completing this form.

### 1 Current Policy Information (The benefit and values stated will be reduced as funds are used to purchase the policy proposed in Section 2.)

|                       |                      |   |                |
|-----------------------|----------------------|---|----------------|
| OWNER NAME(S)         |                      | POLICY TYPE<br><input type="checkbox"/> Life Insurance <input type="checkbox"/> Annuity |                |
| POLICY NUMBER         |                      | CURRENT PREMIUM   | PAYMENT MODE   |
| CURRENT DEATH BENEFIT | CASH SURRENDER VALUE | PAID-UP ADDITION VALUE  | DIVIDEND VALUE |

### 2 Proposed Policy Information (If you are replacing your current policy, or using 25% or more of your policy values, you may request a written comparison between your current policy and the proposed policy. The comparison will be used to illustrate the policy values for both policies.)

|                         |                  |   |   |
|-------------------------|------------------|---|---|
| PROPOSED EFFECTIVE DATE |                  | POLICY TYPE<br><input type="checkbox"/> Life Insurance <input type="checkbox"/> Annuity |   |
| INITIAL DEATH BENEFIT   | PROPOSED PREMIUM | PAYMENT MODE  | PREMIUM PAYABLE<br><input type="checkbox"/> To Age ____ <input type="checkbox"/> ____ Years |

### 3 Source of Funding for the Proposed Policy

|  |
|--|
| <input type="checkbox"/> A loan in the amount of \$ _____ and bearing a current loan interest rate of _____ % will be taken from the value of your <b>current policy</b> each _____.<br>MODE |
| <input type="checkbox"/> A partial surrender in the amount of \$ _____ will be taken from the value of your <b>current policy</b> each _____.<br>MODE  |
| <input type="checkbox"/> A dividend withdrawal in the amount of \$ _____ will be taken from the value of your <b>current policy</b> each _____.<br>MODE                                      |

### 4 Your Current Policy Could Terminate

|   |
|---|
| If the policy values of your <b>current policy</b> are used as a source of funding for the purchase of an additional policy, it is estimated that your <b>current policy</b> will terminate on _____.<br>DATE |
| It is estimated that you will begin making premium payments for the <b>proposed policy</b> from your own funds on _____ in the amount of \$ _____ to be paid each _____.<br>DATE<br>MODE                      |

### 5 Acknowledgement

Because the values and premiums stated on this form may change over time, the estimated date upon which you will need to begin making premium payments from your own funds for the **proposed policy** may also change. Estimates as to dates when policies will terminate or payments must begin assume the continuation of current (or guaranteed) factors, and such calculations are based upon the assumption that any premiums or interest due on loans will be paid when due.

|   |       |               |          |
|---|-------|---------------|----------|
| 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 |

|                          |               |
|--------------------------|---------------|
| _____<br>OWNER SIGNATURE | _____<br>DATE |
| _____<br>OWNER SIGNATURE | _____<br>DATE |

## 6 Agent or Company Officer

|                               |       |                                 |          |
|-------------------------------|-------|---------------------------------|----------|
| AGENT OR COMPANY OFFICER NAME | PHONE | FLORIDA LICENSE NUMBER OR TITLE |          |
| ADDRESS                       | CITY  | STATE                           | ZIP CODE |
| <hr/>                         |       |                                 |          |
| AGENT SIGNATURE               |       | DATE                            |          |

## 7 Policy Disclosure Form and Instructions (Complete one form for each previously-issued policy. Any required replacement and sales forms must also be completed. One copy is to be delivered to the policyowner(s) and one copy maintained by the insurer.)

Any and all information applicable to the transaction shall be fully and completely disclosed on form 10603. If the information requested does not apply to the transaction, the words "not applicable" or "N/A" shall be entered.

### Section 1

The information to be disclosed in Section 1 shall apply to the current, in force policy for which policy values are being utilized as a source of funding for the purchase of additional insurance contract(s). For purposes of this form, "current death benefit" is defined as the sum of the death benefit payable under the base policy, all life insurance riders covering the principal insured (other than special contingency death riders), paid-up additional insurance and dividends, minus any outstanding indebtedness. The term "cash surrender value" is defined as the cash value of the policy or contract net of any outstanding indebtedness and surrender charges, and less any dividend value. The term "paid-up addition value" is defined as the cash value of additional insurance purchased with policy dividends. The term "dividend value" is defined as the total cash value of all policy dividends left on deposit with the company to accumulate at interest.

### Section 2

The information to be disclosed in Section 2 shall apply to the proposed additional insurance contract(s) being funded by policy values in a current, in force policy. For purposes of this form, "proposed premium" is defined as any recurring payment which is planned to be paid or which is required to be paid under the proposed policy.

### Section 3

The information to be disclosed in Section 3 shall apply to the current, in force policy, and shall indicate the manner in which the policy values are being used to fund the purchase of the proposed policy. Section 3 is not to be completed if the current policy is totally surrendered. However, in the event of a total surrender of the current policy, Sections 1, 2, 4 and the signatures of this form must still be completed.

When completing Section 3 of this form, each and every source of funding for the proposed policy must be identified, i.e. whether a policy loan, partial surrender, or dividend withdrawal or any combination thereof is being utilized. If more than one source of funding will be utilized to fund the initial and/or future premiums for the proposed policy, all applicable sections of Section 3 shall be completed.

For purposes of this form, a "partial surrender" is defined as any amount taken from the value of the current policy which is less than the total cash value available under such policy. The term "mode" is defined as the frequency upon which a policy loan, partial surrender or dividend withdrawal will be taken from the value of the current policy. In the event of a single loan, surrender or withdrawal, the words "one time only" shall be entered in the space provided. The term "loan interest rate" is defined as the rate of interest in effect on the date that this form is completed, as specified in the current policy contract.

### Section 4

The information to be disclosed in Section 4 shall apply to the current, in force policy and the proposed additional policy, respectively.

### Signatures

In order to evidence that the required disclosure has been made, the form shall be signed and dated by the soliciting producer or by a Corporate Officer, as well as by the policyowner(s). For identification purposes, the producer or Corporate Officer shall enter such person's Florida License Number or Corporate Title, respectively, in the space provided.

**DEPARTMENT OF FINANCIAL SERVICES***Division of Agent & Agency Services - Bureau of Investigation***DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS****EXISTING ANNUITY CONTRACT**

Annuitant(s) \_\_\_\_\_  
Insurer \_\_\_\_\_  
Contract # \_\_\_\_\_

**PROPOSED ANNUITY CONTRACT**

Annuitant(s): \_\_\_\_\_  
Insurer: \_\_\_\_\_  
Application #: \_\_\_\_\_

|   | EXISTING<br>ANNUITY CONTRACT                             | REPLACEMENT ANNUITY                                      |
|---|--|--|
| Contract Issue Date   | Mo Day Yr  | Mo Day Yr (Est)  |
| Generic Contract Type   |  |  |
| Marketing Name  |  |  |
| Initial Premium   |  |  |
| Source of Initial Premium   |  | N/A  |
| Qualified Contract?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Annuity Maturity Date   |  |  |
| Death Benefit Amount  |  |  |
| Change of Annuitant upon Death Available?                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Surrender Charge Period in Years  |  |  |
| First Year Surrender Charge Percentage Rate                                 | %  | %  |
| Surrender Charge Schedule for Remaining Years                               |  |  |
| Free Withdrawals Available?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Annual Free Withdrawal Percentage Rate                                      | %  | %  |
| Potential tax penalty for surrender/sale/exchange/annuitization (Describe)  |  |  |
| Investment/Insurance components (Describe)                                  |  |  |
| Waiver of Surrender Charge Benefit or Similar Benefit?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Riders, Features/Cost (Describe)  |  |  |
| Loss of Benefits or Enhancements if existing contract exchanged? (Describe) |  |  |



|   | EXISTING<br>ANNUITY CONTRACT                             | REPLACEMENT ANNUITY                                      |
|---|--|--|
| Living Benefits (Describe)  |  |  |
| Minimum Guaranteed Interest Rate                                    | %  | %  |
| Limitations on interest returns (Describe)                          |  |  |
| Interest Rate Cap / Term  | /  | /  |
| Participation Rate / Term   | /  | /  |
| Indexing Method / Term  | /  | /  |
| Other Fees (Describe)   |  |  |
| Initial Bonus Percentage or Amount                                  |  |  |
| Potential Loss of Bonus if Exchanged?                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Limits and Exclusions for Bonuses<br>that may be payable (Describe) |  |  |

Comments and continuation from above:

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Owner's Signature

Date Signed

**DISCLOSURE OF SURRENDER CHARGES IF  
EXISTING ANNUITY IS REPLACED OR EXCHANGED**

EXISTING ANNUITY CONTRACT NO. \_\_\_\_\_

Annuity Total Value                      \$ \_\_\_\_\_                      Annuity Surrender Value                      \$ \_\_\_\_\_

Surrender Charges Applicable at exchange    \$ \_\_\_\_\_ ~ this is the estimated amount that will be deducted from the existing annuity's total value if surrendered, replaced, or exchanged, with an anticipated surrender date of \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

Have you surrendered or exchanged an annuity contract in the last 36 months? If yes, provide details: ☐ Yes    ☐ No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACKNOWLEDGEMENTS AND SIGNATURES**

I acknowledge that I have provided the Applicant with a completed and signed copy of this form.

\_\_\_\_\_  
**Agent's Name (please print)**

\_\_\_\_\_  
**Florida License No.**

\_\_\_\_\_  
**Agent's Signature**

\_\_\_\_\_  
**Date Signed**

**NOTE: NO QUESTIONS OR RESPONSE AREAS ARE TO BE LEFT BLANK WHEN OFFERED TO THE ANNUITANT AND/OR APPLICANT FOR SIGNATURE. IF ANY INFORMATION REQUESTED IS UNAVAILABLE, NOT APPLICABLE OR UNKNOWN, THE INSURANCE AGENT OR INSURER MUST INDICATE THAT.**

**THE OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.**

**APPLICANT: DO NOT SIGN THIS FORM IF:**

- 1. ANY ITEM HAS BEEN LEFT BLANK;**
- 2. WITHOUT CAREFULLY REVIEWING THE INFORMATION RECORDED; OR**
- 3. IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.**

\_\_\_\_\_  
**Owner's Name (please print)**

\_\_\_\_\_  
**Owner's Signature**

\_\_\_\_\_  
**Date Signed**

## EXPLANATION OF TERMS

**“Generic Contract Type”** is the generic name of the annuity contract form as approved by the Florida Office of Insurance Regulation. Examples of generic annuity contract names are Flexible Premium Equity Indexed Annuity (FPEIDA), Single Premium Immediate Annuity (SPIA), Flexible Premium Variable Deferred Annuity (FPVDA), and Single Premium Deferred Annuity (SPDA).

**“Marketing Name”** is the name adopted by the insurer to identify the contract form.

**“Qualified Contract”** means a product used to fund any type of pension plan approved by the Internal Revenue Service.

**“Annuity Maturity Date”** is the final date of termination of the contract at which time the proceeds of the contract must be paid out.

**“Surrender Charge”** is the amount deducted from annuity contract values upon surrender of an annuity, or for withdrawals exceeding any free withdrawal provision of the contract, regardless how this charge is titled in the policy, e.g., deferred sales charge.

**“Surrender Charge Period”** is the number of annuity contract years a surrender charge may be applicable.

**“Initial Surrender Charge Percentage Rate”** is the original percentage rate that is deducted from annuity values at the inception of the existing annuity contract, or that will be deducted from the recommended replacement contract at its inception if purchased.

**“Surrender Charge Percentage Schedule for Remaining Years”** the percentage rate that would be deducted from the existing annuity contract if surrendered, or for any withdrawals exceeding the “free withdrawal” limit.

**“Minimum Guaranteed Interest Rate”** is the minimum interest rate payable under the annuity contract as guaranteed by the insurer in the annuity contract.

**“Initial Bonus Percentage or Amount”** is a bonus paid by the insurer, generally, at inception of the annuity contract, and may be expressed as a percentage of the initial premium or other amount, or a dollar amount, and must be stated in the annuity contract.

**“Potential Loss of Bonus if Exchanged”** refers to whether any bonus would be lost if the annuity contract was exchanged or terminated for any reason.

**“Interest Rate Cap”** this is the maximum rate of interest the annuity will earn.

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Owner’s Signature

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Date Signed

## EXPLANATION OF TERMS

(CONTINUED)

**“Participation Rate”** the participation rate decides how much of the increase in the index will be used to calculate index –linked interest.

**“Indexing Method”** means the approach used to measure the amount of change, if any, in the index and includes annual reset (ratcheting), high-water mark and point-to-point. The index term is the period over which index-linked interest is calculated. “Market Value Adjustment” is the increase or decrease in the surrender value of the contract that is adjusted to reflect market fluctuations.

**“Administrative Fees or Margins”** are charges that amount to the difference between the percentage gain in the index and the actual amount credited to the annuity contract.

**“Asset Fees”** are the fees the insurer charges that are a percentage of the value of the annuity contract.

**“Death Benefit Amount”** is the net amount that would be paid to the annuitant’s designated beneficiary or beneficiaries of an existing annuity, or the death benefit that the proposed replacement policy would pay as of the contract issue date.

**“Free Withdrawals”** are the withdrawals that may be taken from an annuity’s values that are not subject to surrender or other charges and are a provision of the annuity contract.

**“Annual Free Withdrawal Percentage Rate”** is the percentage of available funds that may be withdrawn from an annuity contract, generally on an annual basis and is stated in the annuity contract.

**“Change of Annuitant upon Death”** is a provision that allows another person to become the annuitant upon the death of the original annuitant allowing the contract to remain in force.

**“Waiver of Surrender Charge Benefit or Similar Benefit or Provision”** is a benefit that is built into individual annuity contracts or added by rider, endorsement or amendment. The benefits are triggered by a qualifying event associated with either the annuitant or owner, as specified in the contract.

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Owner’s Signature

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Date Signed



# 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<br>\$ |
| 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.

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### 3. DISCLOSURES / ACKNOWLEDGMENTS

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- I. I fully assign and transfer all claims, options, privileges, rights, title and interest to either all of the life insurance policy, all of the annuity contract or part of the annuity contract value identified in the Contract Information section on page 1 to the receiving company. The sole purpose of this assignment is to effect a tax-free exchange under Section 1035(a) of the Internal Revenue Code. All of the powers, elections, appointments, options and rights I have as owner of the contract, including the right to surrender, are now exercisable by the receiving company. Simultaneous with a full assignment, I also revoke all existing beneficiary designations under the Assigned Policy. Other than the above mentioned owner, no person, firm, or corporation other than myself and the insurer that issued the above numbered policy, has an interest in said policy. No proceedings in insolvency or bankruptcy have been instituted by or against me. I understand that the receiving company intends to surrender the contract for the cash value; or if this is a partial exchange, the portion assigned, subject to its terms and conditions, and to use the proceeds as the purchase payment for the new contract to be issued by the receiving company. I authorize the surrendering company to send the proceeds directly to the receiving company and understand that fees and surrender charges may apply. This exchange is subject to acceptance by the receiving company. Neither the receiving company nor the surrendering company is liable or responsible for changes in market value that may occur after the surrendering company has processed the transaction and before the proceeds are received by the receiving company in good order and allocated to the new contract. Prior to the date of receipt of the proceeds by the receiving company, no value will accrue or be earned on the receiving company contract.
- II. If this is a partial exchange, I understand that it is subject to Revenue Ruling 2003-76, which dictates how much of the original contract's cost basis must be allocated to the new contract. The cost basis should be allocated ratably between the two contracts based on the percentage of the value retained in the original contract and the percentage of the value transferred to the new contract. For example, if the contract value is \$100,000 and basis is \$50,000, and I assign 30% for a partial exchange, then \$15,000 (30% of \$50,000) of the basis would be applied to the new contract. I understand that the IRS has raised concerns about annuity contract owners using partial exchanges to avoid income tax, and I certify that I am not entering into this transaction for the purpose of reducing or avoiding income tax or the 10% penalty tax for early withdrawals.

I expressly represent that the sole purpose is to effect a partial 1035 exchange of an annuity contract. However, I acknowledge that Revenue Procedure 2011-38 states that withdrawals from annuitization, taxable owner or annuitant changes, or surrenders, other than an amount received as an annuity for a period of 10 years or more or during one or more lives, of either the original contract or the new contract during the 180 day period following the partial exchange, may affect the tax free status of the partial exchange.

Note: Other exceptions may apply and a subsequent direct transfer of all or a portion of either contract involved in the exchange could have tax and tax reporting consequences. Please consult your tax advisor. Please confirm with the carrier if they will support partial 1035 exchanges.

I acknowledge that the receiving company has made no representations concerning any tax treatment of this transaction. I understand that the receiving company has neither responsibility nor liability for the validity of this transaction or for my treatment under Section 1035(a) of the Internal Revenue Code or otherwise. Therefore, I agree to release and hold harmless the receiving company and its agents from any and all liability arising from, relating to, or in connection with, the taxation of a partial exchange of the above listed contract. I authorize the receiving company and the surrendering institution to share information necessary to maintain accurate records of the annuity cost basis and to ensure proper withholding and tax reporting. I have been directed to consult my tax or legal advisor before proceeding.

- III. I authorize the receiving company to rely upon the cost basis information provided by the surrendering company, but agree that the receiving company will assume no responsibility for determining or verifying cost basis. If cost basis is not provided, I acknowledge that more restrictive or less beneficial tax rules may apply to the amounts transferred. I acknowledge that the receiving company provides this form and participates in this transaction as an accommodation to me. The receiving company does not give tax or legal advice on the tax consequences for replacing one contract for another, and assumes no responsibility or liability for the validity of this assignment or for the tax treatment of this exchange under IRC Section 1035(a) or other laws or regulations.
- IV. I agree that if the receiving company, in its sole discretion, determines that it is unlikely to receive timely payment of the full contract cash surrender values, the receiving company may reassign ownership of the policy/contract back to me.
- V. RETURN OF LIFE INSURANCE POLICY OR ANNUITY CONTRACT - Does not apply to partial 1035 exchanges on annuity contracts. Unless the surrendering company's policy or contract is attached, I affirm that the policy or contract has been destroyed or lost and that reasonable effort has been made to locate it. To the best of my knowledge no one else has any right, title or interest in the contract, nor has it been assigned, pledged or encumbered, unless this is a life insurance policy with a loan to carry forward.
- VI. MAXIMUM ISSUE AGE DISCLOSURE - An annuity contract may not be issued should the funding requirements be received after reaching maximum issue age for the annuity contract applied for. If the funds are received after the maximum issue age, the contract may be rejected and the funds returned to their original source. The surrendering company may or may not take the funds back, which could result in a taxable event.
- VII. NON-QUALIFIED TRANSFER OF FUNDS (NON 1035 EXCHANGE) - The receiving company will apply all such funds received to an annuity contract issued to me. I understand that the receiving company assumes no responsibility for tax treatment of this matter and I shall be responsible for payment of all federal, state and local taxes incurred with respect to the liquidation of such account. I acknowledge that the earnings credited under the annuity contract will begin to accrue when the receiving company receives these proceeds and all other necessary paperwork in good order. For index annuities, fixed account interest under the annuity contract will begin to accrue on the next Issue Day.
- VIII. TRANSFER / EXCHANGE OF FUNDS INTO A TSA/403(B) - The TSA/403(b) owner / participant's employer or employer's third-party administrator must authorize and sign this transfer request in Section 5.

Authorization for a TSA/403(b) transfer / exchange to a TSA/403(b): This request is for the direct transfer / exchange of non-ERISA funds from the TSA/403(b) (annuity contract) or 403(b)(7) (custodial account) identified in Section 1 of this form to a TSA/403(b) (annuity contract) established on my behalf by the receiving company. I hereby agree to surrender my interest as indicated above and authorize the receiving company to take whatever action necessary to effect this transfer / exchange. I acknowledge that the transferred / exchanged funds shall be subject to the more stringent restrictions on distributions found in either the predecessor annuity contract or the receiving annuity contract. I intend this transaction to be a 403(b) transfer / exchange of funds pursuant to IRC section 403(b) and the final regulations. The transfer / exchange is to be executed from financial institution to financial institution in such a manner that it will not place me in actual or constructive receipt of all or any part of the transferred / exchanged funds. Because this transaction constitutes a direct rollover / transfer / exchange of funds and not a distribution, withholding does not apply. (Provide the receiving company with any records or documents they may request with respect to this transfer / exchange.)

- IX. The IRS has provided limited guidance on the tax consequences of transferring a life insurance policy with values less than the investment in the contract to a new or existing annuity contract. If the owner surrenders the newly acquired annuity contract, it's not clear whether the annuity losses are fully deductible against ordinary income or deductible as a miscellaneous deduction subject to a limitation of 2% of adjusted gross income (AGI). If the IRS views the two transactions as a single integrated transaction, they could consider it a step transaction and successfully disallow the losses as a tax deduction.

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**4. TAXPAYER IDENTIFICATION NUMBER CERTIFICATION**

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Under penalties of perjury, I certify that:

1. The number on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. person (including a U.S. resident alien).  
☐ Check this box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.
4. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

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**5. SIGNATURES**

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This transfer request also authorizes the receiving and surrendering company to request information on the status of this transfer or exchange by phone or in writing. By signing below, I represent that the responses herein are, to the best of my knowledge, accurate and I have read the DISCLOSURES / ACKNOWLEDGMENTS section on page 2 the ACORD 1035 Exchange / Rollover / Transfer Form.

**The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.**

|   |  |  |  |   |                   |  |  |   |                   |  |  |  |                   |  |  |  |                   |  |  |   |                   |
|---|--|--|--|---|-------------------|--|--|---|-------------------|--|--|--|-------------------|--|--|--|-------------------|--|--|---|-------------------|
| Signature Guarantee (if applicable)   | <table style="width: 100%; border-collapse: collapse;"><tr><td style="border-bottom: 1px solid black; width: 70%;"></td><td style="border-bottom: 1px solid black; width: 30%;"></td></tr><tr><td style="text-align: center; font-size: small;">Signature of Owner / Plan Administrator / Trustee / Custodian</td><td style="text-align: center; font-size: small;">Date (mm/dd/yyyy)</td></tr><tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr><tr><td style="text-align: center; font-size: small;">Signature of Joint Owner / Co-Trustee (if applicable)</td><td style="text-align: center; font-size: small;">Date (mm/dd/yyyy)</td></tr><tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr><tr><td style="text-align: center; font-size: small;">Signature of Insured / Annuitant (if applicable)</td><td style="text-align: center; font-size: small;">Date (mm/dd/yyyy)</td></tr><tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr><tr><td style="text-align: center; font-size: small;">Signature of Irrevocable Beneficiary (if applicable)</td><td style="text-align: center; font-size: small;">Date (mm/dd/yyyy)</td></tr><tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr><tr><td style="text-align: center; font-size: small;">Signature of Spouse (Required in AZ, CA, ID, LA, NV, NM, TX, WA and WI only)<br/>(if applicable)</td><td style="text-align: center; font-size: small;">Date (mm/dd/yyyy)</td></tr></table> |  |  | Signature of Owner / Plan Administrator / Trustee / Custodian | Date (mm/dd/yyyy) |  |  | Signature of Joint Owner / Co-Trustee (if applicable) | Date (mm/dd/yyyy) |  |  | Signature of Insured / Annuitant (if applicable) | Date (mm/dd/yyyy) |  |  | Signature of Irrevocable Beneficiary (if applicable) | Date (mm/dd/yyyy) |  |  | Signature of Spouse (Required in AZ, CA, ID, LA, NV, NM, TX, WA and WI only)<br>(if applicable) | Date (mm/dd/yyyy) |
|   |  |  |  |   |                   |  |  |   |                   |  |  |  |                   |  |  |  |                   |  |  |   |                   |
| Signature of Owner / Plan Administrator / Trustee / Custodian                                   | Date (mm/dd/yyyy)  |  |  |   |                   |  |  |   |                   |  |  |  |                   |  |  |  |                   |  |  |   |                   |
|   |  |  |  |   |                   |  |  |   |                   |  |  |  |                   |  |  |  |                   |  |  |   |                   |
| Signature of Joint Owner / Co-Trustee (if applicable)   | Date (mm/dd/yyyy)  |  |  |   |                   |  |  |   |                   |  |  |  |                   |  |  |  |                   |  |  |   |                   |
|   |  |  |  |   |                   |  |  |   |                   |  |  |  |                   |  |  |  |                   |  |  |   |                   |
| Signature of Insured / Annuitant (if applicable)  | Date (mm/dd/yyyy)  |  |  |   |                   |  |  |   |                   |  |  |  |                   |  |  |  |                   |  |  |   |                   |
|   |  |  |  |   |                   |  |  |   |                   |  |  |  |                   |  |  |  |                   |  |  |   |                   |
| Signature of Irrevocable Beneficiary (if applicable)  | Date (mm/dd/yyyy)  |  |  |   |                   |  |  |   |                   |  |  |  |                   |  |  |  |                   |  |  |   |                   |
|   |  |  |  |   |                   |  |  |   |                   |  |  |  |                   |  |  |  |                   |  |  |   |                   |
| Signature of Spouse (Required in AZ, CA, ID, LA, NV, NM, TX, WA and WI only)<br>(if applicable) | Date (mm/dd/yyyy)  |  |  |   |                   |  |  |   |                   |  |  |  |                   |  |  |  |                   |  |  |   |                   |

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**FOR TSA/403(b) TO TSA/403(b) TRANSFERS/EXCHANGES ONLY - EMPLOYER/THIRD PARTY ADMINISTRATOR SIGNATURE**

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By signing below, I am acknowledging that I have reviewed this direct transfer / rollover / exchange request and that it is authorized and approved under the employer's 403(b) plan under IRC section 403(b) and the final regulations.

- a) I am authorizing this transfer / rollover request.
- b) I am confirming that there is an information sharing agreement in place with the receiving company under the IRC section 403(b) regulations.
- c) All information provided on this form is accurate.

|   |  |
|---|--|
| Print Name of Employer or Third Party Administrator | Title of Employer or Third Party Administrator |
| Signature of Employer or Third Party Administrator  | Date (mm/dd/yyyy)                              |

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**6. SIGNATURES (For the receiving company's use only)**

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**6 A. ACCEPTANCE OF 1035 EXCHANGE / TRUSTEE TRANSFER / DIRECT ROLLOVER**

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By signature of an authorized officer below, the receiving company accepts assignment of all (or a portion of the assets if this is a partial exchange) to the above contract for purposes of complying with the client's intention of effecting a nontaxable exchange under IRC Section 1035. Please issue payment payable to the receiving company, the owner of the contract, for the full cash surrender value of the contract or a portion if it is a partial surrender.

For Trustee Transfers / Direct Rollovers from Tax-Qualified Accounts / Contracts:

The receiving company will deposit funds received into a: \_\_\_\_\_

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**6 B. eCONSENT AND ACKNOWLEDGMENT (Applies to eSignature Transactions Only)**

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To the extent the receiving company has obtained electronic signatures to effectuate the transaction(s) set forth in this form, the receiving company, by the below signature of its authorized officer, hereby represents and warrants to the surrendering company that:

- a. This form has been completed using an electronic system that has an integrated e-signature capability;
- b. All consumer consents have been obtained under, and this form was signed using an e-signature process that complies with, all applicable federal and state e-signature requirements, including, but not limited to, the federal E-Sign Act, and the applicable states' versions of the Uniform Electronic Transactions Act;
- c. It shall indemnify, defend, and hold harmless the surrendering company from and against all losses, costs, liabilities, claims, threatened claims, demands, suits, obligations, expenses, judgments, and damages, including, but not limited to, reasonable attorneys' fees and witness' fees, arising from or related to: (i) the receiving company's breach of the warranties set forth in (a) and/or (b) above; (ii) a liability imposed by any municipal, state or federal governmental body relating to the receiving company's violation of an applicable e-signature law or regulation; and (iii) the receiving company's gross negligence, willful misconduct or illegal acts, including, but not limited to, claims that the e-signatures obtained on this form by the receiving company are invalid or were improperly obtained; provided, however, that (x) the surrendering company shall provide the receiving company of prompt written notice of any claim that the surrendering company believes falls within this scope of this paragraph, and (y) the surrendering company shall not settle any claim that adversely affects any rights of the receiving company without the receiving company's prior written consent; and
- d. It shall promptly provide to the surrendering company and/or its designee(s) any and all information in the receiving company's possession (or within the receiving company's reasonable control) as may be necessary to evidence the validity of the electronic signatures that were obtained to effectuate the transaction(s) set forth in this form.

---

|   |                             |
|---|-----------------------------|
| Print Name of Authorized Officer  | Title of Authorized Officer |
| Signature of Authorized Officer<br>(if applicable - may not be required if LOA is used) | Date (mm/dd/yyyy)           |

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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](http://www.oceanviewlife.com)

## Non-Resident Sales Form

| 1. Applicant Information  |                                     |
|---|-------------------------------------|
| Name of Owner   | Name of Joint Owner (if applicable) |
| City & State Where Application Was Signed:  |                                     |
| Signature of Owner  | Date                                |
| Signature of Joint Owner (if applicable)  | Date                                |
| 2. Reason for Exception to Applicant Applying Outside of State of Residence   |                                     |
| <p>Please use the space below to provide the reasoning for signing application documents outside of your state of permanent residence.</p> <p><b>**We will not accept applications for cross-border sales to residents of the following states:</b> Arkansas, Idaho, Massachusetts, Minnesota, Mississippi, New York, Utah, Washington, and Wisconsin**</p>                             |                                     |
|   |                                     |
| 3. Producer Signature Required  |                                     |
| <p>I hereby represent and warrant to the Company that the representation set forth herein are true and correct to the best of my knowledge. I also understand that any intentionally false statement made to the Company on this form, or any other document related to the issuance of insurance products constitutes fraud and may subject me to criminal and/or civil liability.</p> |                                     |
| Signature of Producer   | Date                                |



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## Request for Inherited Contract

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 Contract

Account Type

Traditional IRA

Roth IRA

\_\_\_\_\_

Date of Purchase

Non-Qualified

Decedent Name

SSN (or TIN)

Account Number

Relationship to Applicant

Date of Birth

Date of Death

Address At Time of Death

City

State

Zip Code

### 3. IRS Required Minimum Distribution Information for Qualified Contracts

**Please note: The questions within this Section pertain to the applicant for this Inherited Contract and not to the original owner of the account. In order to process the RMD the OVLAC-RMD form must be submitted.**

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 contract.)

Name

Date of Birth

Date of Death

### 5. Trust Beneficiary (Complete only if applicable: A trust beneficiary may purchase an Inherited contract only if it is qualified to do so. For a trust to qualify for an Inherited contract it must be 1) Valid under State law, 2) irrevocable and 3) name identifiable beneficiaries, who are all individuals.)

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 rollover 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 contracts.

Applicant Signature \_\_\_\_\_

\_\_\_\_\_

Date



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## Trust Verification Form

### 1. Contract Information

Contract Number

Name of Current Owner

Social Security Number or Tax I.D.

Name of Contract Annuitant *(If different from Contract Owner)*

Social Security Number

Street Address, City, State, Zip

Name of Joint Owner *(if applicable)*

Social Security Number or Tax I.D.

### 2. Full Name of Trust

Please be sure to accurately state the Trust's full name

### 3. Type of Trust

Irrevocable

Revocable

### 4. Trust Date(s)

Date of Trust

State 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 is to be used; or

The Trust Tax Identification number is: \_\_\_\_\_

### 6. Name of Settlers/Grantors of Trust (Please attach additional pages if insufficient space has been provided)

Name

Social Security Number

Name

Social Security Number

### 7. Name of ALL current Trustee(s) (Please attach additional pages if insufficient space has been provided)

Name

Name

Name

**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.

**11. 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.

**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 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. *(If additional signature blocks are required, please photocopy this form and attached accordingly).*

\_\_\_\_\_  
Signature of Trustee\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Trustee\_\_\_\_\_  
Date





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## Additional Beneficiary Designation Form

| Additional Beneficiary Information                                      |                  |              |   |     |               |        |
|---|------------------|--------------|---|-----|---------------|--------|
| Beneficiary Type  | Beneficiary Name | Relationship | % | SSN | Date of Birth | Gender |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent |                  |              |   |     |               |        |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent |                  |              |   |     |               |        |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent |                  |              |   |     |               |        |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent |                  |              |   |     |               |        |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent |                  |              |   |     |               |        |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent |                  |              |   |     |               |        |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent |                  |              |   |     |               |        |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent |                  |              |   |     |               |        |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent |                  |              |   |     |               |        |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent |                  |              |   |     |               |        |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent |                  |              |   |     |               |        |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent |                  |              |   |     |               |        |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent |                  |              |   |     |               |        |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent |                  |              |   |     |               |        |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent |                  |              |   |     |               |        |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent |                  |              |   |     |               |        |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent |                  |              |   |     |               |        |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent |                  |              |   |     |               |        |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent |                  |              |   |     |               |        |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent |                  |              |   |     |               |        |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent |                  |              |   |     |               |        |