

Oceanview Life and Annuity Company Oceanview Life and Annuity Insurance Company PO Box 830 Grimes, IA 50111-0830

Tel 8	88.295.381	5 • Fax 888.417.3702 • www.ocea	inviewlife.com	ıran	ster of Vali	<u>ies Form</u>
1. Contract Information						
Con	tract Num	ber	Name of Owner	Name of Joint Own	er (if applicable)	
2	Cradit	ing Stratogy Allocation	Election			
2. Crediting Strategy Allocation Election						
IF YOU ARE SATISFIED WITH YOUR CURRENT CREDITING STRATEGY ALLOCATIONS, YOU DO NOT NEED TO DO ANYTHING FURTHER.						
TRANSFER OF VALUES REQUEST MUST BE RECEIVED NO LATER THAN THE CONTRACT ANNIVERSARY DATE. REQUESTS RECEIVED AFTER THIS TIME <u>WILL NOT</u> BE HONORED. <i>IN ORDER TO ENSURE YOUR REQUEST IS RECEIVED WITHIN THE ALLOTED TIME FRAME, WE <u>STRONGLY RECOMMEND</u> SUBMITTING YOUR REQUEST VIA FAX OR PHONE 10 BUSINESS DAYS PRIOR TO YOUR CONTRACT ANNIVERSARY.</i>						
 Fax: 888-417-3702 Phone: 888-295-3815 						
Allocations are subject to a \$200 minimum to maintain a Value. Percentages must be whole numbers and total 100%. I/We wish to allocate my/our annuity Contract Value as follows:						
		Crediting Strategies		Р	ercentage	ı
		Fixed Value				ı
	S&P 500 Annual Point to Point w/Cap					ı
	S&P 500 Annual Point to Point w/Participation Rate					ı
	S&P 500 Monthly Average Annual Point to Point w/Cap					ı
	S&P 500 2 Year Point to Point w/Participation Rate*					ı
		S&P 500 Daily Risk Contro	ol 5% Excess Return Index Annual PTP w/PAR			ı
		S&P 500 Daily Risk Contro	ol 10% Excess Return Index Annual PTP w/PA	R		ı
		Nasdaq-100 Annual Point	to Point w/Cap			ı
		Russell 2000 Annual Poin	to Point w/Cap			ı
		TOTAL			100%	ı
*A portion of your Current Value may not be Available for Reallocation until your next contract anniversary.						
3. Signature						
Signature of Owner					Date	
Signature of Joint Owner (if applicable)					Date	

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