

FIXED ANNUITY REQUEST FOR AUTOMATIC WITHDRAWALS

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

1. CONTRACT INFORMATION

Contract Number

Name of Annuitant

Name of Contract Owner

Social Security Number

Street Address, City, State, Zip

☐ Please check if this is a permanent address change.

Telephone Number

Name of Joint Owner

Social Security Number

2. DISTRIBUTION ELECTION

I wish to receive income via automatic withdrawals as indicated below *(Please check only one option):*

- ☐ Interest earned during the frequency elected below
- ☐ Specified Dollar Amount of \$ _____
- ☐ Specified Percentage of the contract value _____% *(The amount will be recalculated each contract anniversary and distributed equally among all payments.)*

Please note:

If, during the surrender charge period, the total amount of withdrawals taken from this contract exceeds 10% of the contract value during the contract year, any withdrawals in excess of the 10% will be subject to surrender charges.
Interest rates are expressed as annual effective interest rates. Any withdrawals taken during the contract year will reduce the actual earned interest amount.
A written request must be received to start, change or stop withdrawals under this option.

3. PAYMENT FREQUENCY and DISTRIBUTION METHOD

The payment must be at least \$100.00. If distribution is requested by Direct Deposit, please fill out the Electronic Funds Deposit Authorization Form, otherwise a check will be issued for each payment.

FREQUENCY:

☐ Annually ☐ Semi- Annually ☐ Quarterly ☐ Monthly *(Monthly payments are available only through direct deposit. Please complete and return the Electronic Funds Deposit Authorization with this form)*

FIRST PAYMENT DATE:

_____. Please select the Month/Day you would like payments to begin – other than the 29th, 30th or 31st.. *(Subsequent payments will be generated on the same day, depending upon the frequency of payment, If this day is not a business day, the payment will be generated on the next business day.)*

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4. INCOME TAX WITHHOLDING FOR CONVERSION

FEDERAL WITHHOLDING – Please Check One (If no election is made, federal income tax will be withheld.)

- ☐ Withhold 10%
☐ Withhold another amount: \$_____ or _____%
☐ Do not withhold federal income tax

STATE WITHHOLDING If you reside in one of the following states – CA, DC, DE, GA, IA, KS, MA, ME, MI*, NE, NC OK, OR, VT, or VA – and federal income tax is withheld, we will automatically withhold state income tax. If your state allows, you may opt out. See the enclosed **State Tax Withholding Information** to determine if your state allows you to opt out. If you do not reside in one of the states previously listed, you may still elect to withhold **UNLESS** you live in AK, FL, NH, NV, SD, TN, TX, WA, WY. Please check one of the following boxes.

- ☐ Do not withhold. I live in one of the states listed above, but my state allows me to opt out
☐ Withhold \$_____ or _____%

***MICHIGAN RESIDENTS** – Please refer to www.michigan.gov/taxes for information regarding the MI W-4P form for tax withholding, or opt out information. If the MI W-4P is not returned, we are required to withhold state income tax.

Notice: Federal law requires withholding a minimum of 10% Federal Income Tax from taxable distributions, unless you elect not to have taxes withheld or specify a different withholding amount. Withholding will only apply to that portion of your distribution that is includable in your income subject to Federal Income Tax. You may revoke this withholding election at any time by contacting Oceanview Life and Annuity Company in writing. Electing not to withhold at this time does not release the liability for payment of Federal and, if applicable, state Income Tax on the taxable portion of your payment. You may incur tax penalties if your withholding and tax payments are not adequate.

Note: Oceanview Life and Annuity Company will not render tax advice. Please consult your tax advisor regarding your financial situation.

5. CERTIFICATION OF TAXPAYER IDENTIFICATION

Under penalties of perjury, I certify that:

1. The Social Security Number or Taxpayer Identification Number shown on this form is correct (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 a 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. citizen or other U.S. person (as defined in the General Instructions of IRS Form W-9), and
4. The FATCA code(s) entered on this form, if any, indicating that I am exempt from FATCA reporting is correct. Exemption from FATCA reporting code, if any: _____ (FATCA reporting codes can be found in the General Instructions for IRS Form W-9.) If you are only

submitting this form for an account you hold in the United States, you may leave this field blank.

Certification Instructions: You must cross out item 2 above 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 return.

6. SIGNATURE(S)

Signature of Owner

Date

Signature of Joint Owner

Date