



NEW BUSINESS APPLICATION CHECKLIST: TEXAS

- Individual Single Premium Deferred Annuity Application (Form Code: ICC19 OLA SPDA-APP)
NOTE: Required

- Harbourview Multi-Year Guaranteed Annuity Product Disclosure (Form Code: OVLAC-MYGA-DISC)
NOTE: Required

- Fixed Annuity Suitability Questionnaire (Form Code: OVLAC-SUITABILITY)
NOTE: Required

- Notice of Replacement of Life Insurance or Annuities (Form Code: OVLAC-REP-GENERIC)
NOTE: Only if Applicable

- Request for Rollover, Transfer or Exchange (Form Code: OVLAC-TRANSFER)
NOTE: Only if Applicable
 - If rollover is 403b (Form Code: OVLAC-APP-403B)

- Trust Verification Form for Annuities (Form Code: OVLAC-APP-TRUST)
NOTE: Only if Applicable
 - If additional space is required to list Trustees (Form Code: OVLAC-TRUSTEE_ADDTL)

- Beneficiary Designations (Form Code: OVLAC-BENE_ADDTL)
NOTE: If additional space is required for more than 2 Beneficiaries

NEW BUSINESS APPLICATIONS:***Paper Submissions-***

1. Overnight Mail Address
Attn: Oceanview
1851 SE Miehe Dr
Grimes, IA 50111
2. Regular Mail Address
Attn: Oceanview
PO Box 830
Grimes, IA 50111

Fax Submissions- 678-394-5901**FOR QUESTIONS IN REGARDS TO SALES OR PRODUCT:**

Call your Marketing Group or Oceanview Sales & Marketing Team at 1-833-656-7455

FOR QUESTIONS IN REGARDS TO AGENT APPOINTMENT OR POLICY INFORMATION:

Call the Oceanview Administrative Office at 1-888-295-3815



OCEANVIEW LIFE AND ANNUITY COMPANY

Regular Mail: PO Box 830, Grimes, IA 50111 P: 888-295-3815

Overnight Mail: Attn: Oceanview 1851 SE Miehle Dr. Grimes, IA 50111

FAX: 678-394-5901

www.oceanviewlife.com

INDIVIDUAL SINGLE PREMIUM DEFERRED ANNUITY APPLICATION

TYPE OF APPLICATION: Individual Joint Custodial (UGMA/UTMA)
 Non-Natural Person (Trust/Corp/Non-Corp Entity) Qualified

Is the Annuitant the same as the Owner? Yes No

1. OWNER (if Natural Person)			
First		MI	Last
Residence Address (cannot be a P.O. Box)		City	State Zip
Mailing Address (If different than residence address)		City	State Zip
Phone Number ()		Email Address	
Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Social Security #
Is the Owner a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not a US Citizen , provide the following information		Country of Citizenship	Type of Visa Exp. Date
If Custodian , please provide the following information for Individual or Entity		First	MI Last (or name of Entity)
2. JOINT OWNER INFORMATION (Must be legal spouse)			
First		MI	Last
Phone number ()	Email address	Date of Birth (MM/DD/YYYY)	Social Security #
Residence Address (If different than Owner's residence address)		City	State Zip
Mailing Address (If different than Owner's mailing address)		City	State Zip
Is the Joint Owner a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not a US Citizen , provide the following information		Country of Citizenship	Type of Visa Exp. Date

3. TRUST/CORPORATE/NON-CORPORATE ENTITY (if Trust, complete Trust Form)			
Trust/Corp Name		Contact Name	
Tax ID		State	
4. ANNUITANT (If different than the Owner)			
First		MI	Last
Residence Address (cannot be a P.O. Box)		City	State Zip
Mailing Address (If different than residence address)		City	State Zip
Phone Number ()		Email Address	
Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Social Security #
Is the Annuitant a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not a US Citizen , provide the following information	Country of Citizenship Type of Visa Exp. Date		
If Custodian , please provide the following information for Individual or Entity	First MI Last (or name of Entity)		
5. JOINT ANNUITANT (If different than the Owner)			
First		MI	Last
Residence Address (cannot be a P.O. Box)		City	State Zip
Mailing Address (If different than residence address)		City	State Zip
Phone Number ()		Email Address	
Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Social Security #
Is the Annuitant a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not a US Citizen , provide the following information	Country of Citizenship Type of Visa Exp. Date		
If Custodian , please provide the following information for Individual or Entity	First MI Last (or name of Entity)		

6. BENEFICIARY DESIGNATION (Include additional beneficiaries on an additional page attached to this application.) Percentages must be in whole numbers. **Both Primary and Contingent Beneficiary percentages must each add up to 100%.**

Primary First MI Last Name	Address, City, State, Zip	Relationship	SSN	%
Contingent First MI Last Name	Address, City, State, Zip	Relationship	SSN	%
Contingent First MI Last Name	Address, City, State, Zip	Relationship	SSN	%
Contingent First MI Last Name	Address, City, State, Zip	Relationship	SSN	%

7. POLICY & PREMIUM DETAILS

Funds Are: Non-Qualified Qualified

Source of funds:

Check Amount \$ _____

1035 Exchange Amount \$ _____ Company _____

Rollover/Transfer Amount \$ _____ Company _____

Amount \$ _____ Company _____

Tax-Qualified Plans: Traditional IRA Roth IRA Roth Conversion Inherited IRA
 Simplified SEP Other _____

Surrender Charge Period: 3 5 7 10 Years

Rider: Market Value Adjustment Rider

8. OTHER COVERAGE & ARRANGEMENTS

Does the Proposed Owner have any existing life insurance or annuity contracts? Yes No
 Is this policy being purchased to replace any existing life insurance or annuity contract? Yes No
 If Yes, Please complete the following:

COMPANY NAME	POLICY #	SURRENDER VALUE
STREET ADDRESS		
CITY	STATE	ZIP

9. STATEMENTS AND AUTHORIZATIONS

PROPOSED OWNER'S STATEMENT

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. 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.

FRAUD NOTICE/WARNING: 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.

Owner's Signature

Date

City, state where signed

Joint Owner's Signature

Date

City, state where signed

PRODUCER'S STATEMENT

I further certify that any information recorded by me on this Application is true and accurate to the best of my knowledge and that the Owner seemed to me to be lucid and to fully understand all of the questions on this Application.

Producer's Signature

Producer's Printed Name

Producer's Number

Date

PLEASE COMPLETE IF THERE IS A CO-PRODUCER:

Co-Producer's Signature

Co-Producer's Printed Name

Co-Producer's Number

Split%

**Harbourview Multi-Year
Guaranteed Annuity
Product Disclosure**

Description

Harbourview MYGA is a Single Premium Deferred Annuity (Policy Form: ICC19 OLA SPDA-*) designed to accumulate money for retirement. It is suitable for use as an IRA or other qualified account, as well as an attractive alternative to CDs and other taxable vehicles. You can start your **Harbourview MYGA** with a **minimum premium of \$10,000**.

How Interest is Credited

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

MINIMUM GUARANTEED RATES	
%	1.00%
3 YR MYGA	Years 4+
Years 1-3	
MINIMUM GUARANTEED RATES	
%	1.00%
5 YR MYGA	Years 6+
Years 1-5	
MINIMUM GUARANTEED RATES	
%	1.00%
7 YR MYGA	Years 8+
Years 1-7	
MINIMUM GUARANTEED RATES	
%	1.00%
10 YR MYGA	Years 11+
Years 1-10	

Until the policy is issued, rates are subject to change without notice

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 take a withdrawal that exceeds your penalty-free withdrawal amount. The Market Value Adjustment does not apply upon death of the owner(s) or the annuitant when the owner is a non-natural person, 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.

Policy Values

Your Contract Value is 100% of all premiums and earned interest. The Cash Surrender Value is the Contract Value less any cash withdrawals and applicable surrender charges and Market Value Adjustment (MVA). Surrender charges and MVA are waived in the event of the Owner's death. Prior cash withdrawals are deducted from the Contract Value, Cash Surrender Value and Death Benefit.

Liquidity

You may have access to your annuity at any time permitted by law. After the first contract year, you may withdraw up to 10% of the Contract Value as of the prior Contract Anniversary (Free Withdrawal Amount)*. No surrender charges or MVA fees apply. You may take as many partial withdrawals as you want up to your Free Withdrawal Amount without incurring any Surrender Charges or MVA adjustments. Withdrawals in excess of the Free Withdrawal Amount are subject to a MVA and the following charges:

- Withdrawals may also be subject to a 10% IRS penalty on amounts withdrawn before the owner reaches age 59½.

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

Payout Options

There is a wider range of annuity settlement options from which you may choose, including: life only, life with 10 years certain, and fixed period payments. A customized payout option may be tailored to meet your specific needs.

If you elect to annuitize non-qualified money, generally only a portion of each payment is taxable because a part of each payment is a return of your premium.

Harbourview MYGA Advantage

Tax Deferred – Your annuity can grow faster than alternative vehicles because:

- You earn interest on your principal.
- You earn interest on your interest.
- You earn interest on the money you would otherwise pay in taxes.
- You don't owe tax on interest until you take it out.

Other Important Features

Your money is never directly subject to stock market risk. You pay no front-end sales charges or annual maintenance fees. 100% of your money is always earning interest for you (state premium taxes may be deducted, if applicable).

X _____ X _____
Owner's Signature Joint Owner's Signature (if any)

Owner's Name Joint Owner's Name (if any)

Producer's Signature Date

Producer's Name (please print)

Harbourview MYGA is subject to state approval. Product features, options and availability may vary by state.

Lifetime payments and guarantees are based on the claims paying ability of the company.

This is a brief description of the Harbourview MYGA and is meant for informational purposes only. It is not individualized to address any specific investment objective. It is not intended as investment or financial advice. Please refer to your Contract for any other specific information including limitations, exclusions and charges.

Annuities held within qualified plans do not provide any additional tax benefit. With certain exceptions, surrender charges apply to withdrawals taken during the initial Guarantee Period and a market value adjustment, which may increase or decrease the amount received upon withdrawal, may also apply at any time.

We deduct Premium taxes, if applicable, imposed on us by a federal, state, local, or other government agency. Some states collect these taxes on Premium Payments; others collect at annuitization. Since we pay Premium Taxes when they are required by applicable law, we may deduct them from Your Contract when we pay the taxes, when you withdraw your contract value, when you start to receive income payments or when it pays a death benefit to your beneficiary. The Premium tax rate varies by state or municipality and currently ranges from 0 - 3.5%.

All or a portion of amounts withdrawn are subject to ordinary income tax, and if taken prior to age 59 ½, a 10% IRS penalty may also apply. We do not provide tax, financial or investment advice, or act as a fiduciary in the sale or service of the product. Consult a tax advisor or financial representative about your specific circumstances.

*Surrender charges may also be waived for some Required Minimum Withdrawals (RMD). See your contract for additional information.

FIXED ANNUITY SUITABILITY QUESTIONNAIRE



Name of Owner(s)	
Owner's Current Age	Joint Owner's (if any) Current Age
Name of Product Purchased	Approximate Premium

1. **Annual Income:** Gross Household Income of contract owner(s):
 \$0 – \$25,000 \$25,001 – \$50,000 \$50,001 – \$75,000 \$75,001 – \$100,000
 \$100,001 – \$250,000 \$250,001 - \$500,000 Greater than \$500,000

2. **Financial Experience** (check one):
 - Limited:** The proposed contract owner has made limited financial decisions prior to this application with little experience with financial markets and/or credit transactions.
 - Moderate:** The proposed owner has made previous financial decisions such as a home or automobile loan; credit card use; purchased other annuity contracts or life insurance policies; made a financed purchase; invested in a retirement plan such as a 401(k) or 403(b); purchased or held mutual funds; etc.
 - Advanced:** The proposed owner has made previous financial decisions including stock or bond purchases and or trades; proposed owner has participated in private placement offerings; proposed owner has participated in advanced financial transactions, etc.

3. **Risk Tolerance for this contract's funds** (check one):
 - Conservative:** Owner has little tolerance for volatility and/or principal loss.
 - Moderate:** Owner has some tolerance for short-term volatility and/or principal loss.
 - Aggressive:** Owner has tolerance for and expectations of volatility and principal loss and/or gain.

4. **Federal Income Tax Bracket:**
 0% 10 or 12% 22 or 24% 32, 35 or 37%

5. **Financial Objectives for this Contract** (check all that apply):
 Income for Today Income for Life Guaranteed Interest Rate Principal Protection
 Tax Benefits Pass Along to Benefits Accumulation Other: _____

6. Funding of this annuity (check all that apply):

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

7. Financial Time Horizon:

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

8. Liquid Net Worth:

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

9. Percentage of Liquid Net Worth Represented by this Contract:

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

10. Other than the premium in this annuity, will the annuitant have sufficient funds or other assets available to access, without penalty, for living expenses and in case of emergencies? Yes No

11. Are any of the following changes anticipated during the surrender charge period of the proposed annuity? If yes, please explain including the expected changes and amount.

- a. Significant increases/decreases in living expenses? Yes No

If Yes, explain: _____

- b. Significant increases/decreases in income? Yes No

If Yes, explain: _____

- c. Significant increases/decreases in net worth or liquid assets? Yes No

If Yes, explain: _____

12. Has the proposed owner replaced or exchanged another life insurance or annuity contract within the past 3 years? Yes No

13. Does the proposed owner have a reverse mortgage? Yes No

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

OWNER'S CERTIFICATION: STATEMENT OF UNDERSTANDING

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

Owner(s) Signatures		Date
Owner(s) Names		
Owner(s) Contact Information (at least one is required):		
Phone Number	Email Address	Cell Number

PRODUCER'S CERTIFICATION:

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

Producer Signature		Date
Producer Name		
Producer Contact Information (at least one is required):		
Phone Number	Email Address	Cell Number



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

Notice of Replacement of Life Insurance or Annuities

1 Important Notice: Replacement of Life Insurance or Annuities

(This notice must be signed by the applicant(s) and broker, with the original sent to Oceanview Life and Annuity Company and a copy left with the applicant(s).) This form is suitable for the following states: AK, AL, AR, AZ, CO, CT, IA, KY, LA, MD, ME, MO, MS, MT, NE, NH, NJ, NM, OH, OR, RI, SC, TX, UT, VA, VT, WI and WV

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financial purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy or contract to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured individual.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on page 2 of this form.

- A. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer or otherwise terminating your existing policy or contract? Yes No
- B. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? Yes No
- C. If you answered "Yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number, if available) and whether each policy or contract will be replaced or used as a source of financing:

INSURER NAME	CONTRACT/POLICY NUMBER	NAME OF INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

- D. The existing policy or contract is being replaced because _____
REASON FOR REPLACEMENT

2 Acknowledgement

OWNER NAME(S) _____

I(We) certify that the responses herein are, to the best of my(our) knowledge, accurate.

OWNER SIGNATURE _____
DATE

OWNER SIGNATURE _____
DATE

I(We) do not want this notice read aloud to me(us): _____ (Applicants must initial only if they do *not* want the notice read aloud.)
INITIALS

3 Important Replacement Issues

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense.

Policy Value

- Acquisition costs for the old policy may have been paid, and you may incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

Insurability

- If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
- You may need a medical exam for a new policy.
- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

If you are keeping the old policy as well as the new policy

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

If you are surrendering an annuity or interest sensitive life product

- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

Other issues to consider for all transactions

- What are the tax consequences of buying the new policy?
- Is this a tax-free exchange? (See your tax advisor.)
- Is there a benefit from favorable “grandfathered” treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?

4 Producer

NAME

Copies of any and all “individualized” sales materials, including illustrations related to the specific annuity contract, used in the presentation must be provided to Oceanview Life and Annuity Company.

I certify that: (a) the responses herein are, to the best of my knowledge, accurate; (b) I have left with the applicant(s) copies of all sales materials used in my presentation; and (c) the following preprinted or electronically presented carrier-approved materials were used in my presentation (please list by title and form number):

PRODUCER SIGNATURE

DATE