



Oceanview Life and Annuity Company  
 PO Box 830 Grimes, IA 50111  
 888.295.3815 Tel [www.oceanviewlife.com](http://www.oceanviewlife.com)

## Request for Rollover, Transfer or Exchange

### 1 Transferring Institution

COMPANY OR CUSTODIAN		FAX	
STREET ADDRESS (NOT A POST OFFICE BOX)		CITY	STATE
		ZIP CODE	

### 2 Existing Policy or Account

OWNER(S)	OWNER SSNs (or TINs)		
ADDRESS	CITY	STATE	ZIP CODE
ANNUITANT(S), INSURED(S) OR PARTICIPANT	ANNUITANT, INSURED(S) OR PARTICIPANT SSNs (or TINs)		
BENEFICIARY (IF PARTICIPANT IS DECEASED)	BENEFICIARY SSN (or TIN)		
INVESTMENT VEHICLE <input type="checkbox"/> CD <input type="checkbox"/> Life Insurance <input type="checkbox"/> Annuity <input type="checkbox"/> Custodial Account <input type="checkbox"/> Other _____			ACCOUNT OR CONTRACT NUMBER(S)

### 3 Transaction Type (Complete section A or B.)

**A Qualified Funds**  
 (For rollover, transfer or exchange *into* a 403(b) Tax-Sheltered Annuity, use form OVLAC-APP-403B)

<b>Funds From</b> <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Inherited IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> 403(b) TSA <input type="checkbox"/> Qualified Pension or Profit Sharing Plan	<b>Funds To</b> Initiated by Participant <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Qualified Pension or Profit Sharing Plan	Initiated by Beneficiary <input type="checkbox"/> Inherited IRA (Attach form OVLAC – APP-IRA)
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Oceanview Life and Annuity Company's Traditional IRA, Roth IRA, SEP and 403(b) contracts meet the requirements of Internal Revenue Code § 408(b), 408A, 408(k) and 403(b)(1) respectively.

### B Non-Qualified Funds

Transaction Type:

- Direct Transfer  
 1035 Exchange

Additional Funds Forthcoming After This Transfer:  No  Yes: \$ \_\_\_\_\_

The undersigned owner(s) authorizes the transferring institution to liquidate and transfer the requested amount or percentage of the owner(s)'s rights, title and interest in the referenced account(s), without exception to Oceanview Life and Annuity Company. This assignment is made to facilitate the exchange of all or a portion of the above-referenced policy for a new policy(ies) with Oceanview Life and Annuity Company pursuant to Section 1035 of the Internal Revenue Code. The undersigned owner(s) understands and agrees that Oceanview Life and Annuity Company is providing this form and participating in this exchange at the owner(s)'s request. The owner(s) acknowledges that Oceanview Life and Annuity Company has not made, and will not make, any representations or warranties regarding the tax effects, if any, of this assignment, and any resulting taxes will be the sole responsibility of the owner(s). In consideration of Oceanview Life and Annuity Company willingness to participate in this exchange, the owner(s) accepts all responsibility for the validity of this assignment and releases Oceanview Life and Annuity Company from any and all claims or liability resulting from this exchange. This Absolute Assignment shall be binding on the owner(s) and on the owner(s)'s personal representatives, heirs, successors and assignees. The owner(s) acknowledges and warrants that no other person has any interest in this policy, that no proceeding in bankruptcy is pending or has been filed affecting the policy, and that any collateral assignment of the policy has been properly released by the collateral assignee prior to the execution of this Absolute Assignment contract's benefits and provisions within a reasonable time.

4 Lost Policy Statement (Applicable only to a full surrender to effect the rollover, transfer or exchange.)

The undersigned certifies that:

- The policy or contract is attached.
- The policy or contract is lost or has been destroyed. To the best of my knowledge it is not in anyone's possession.

5 Participant/Beneficiary Declaration (Complete only for rollover of 403(b) Tax-Sheltered Annuity funds.)

6 Authorization

The undersigned owner(s) or beneficiary authorizes the transferring institution to liquidate and transfer

\_\_\_\_\_ % or \$ \_\_\_\_\_ as cash from the policy or account to Oceanview Life and Annuity Company:

- Transfer Immediately (default action if no selection is made)
- Transfer on Maturity or Anniversary Date
- Transfer on \_\_\_\_\_  
DATE

I (We) authorize disclosure of information to Oceanview Life and Annuity Company as necessary to complete the requested transaction. I (We) understand that the rollover, transfer or exchange will be effective on the date the check(s) is(are) received.

OWNER OR BENEFICIARY SIGNATURE	DATE
OWNER SIGNATURE	DATE
GUARANTEE SIGNATURE (IF APPLICABLE)	DATE

7 Request for Funds Transfer (To be completed only by an authorized Oceanview Life and Annuity Company home-office employee.)

Oceanview Life and Annuity Company is prepared to accept the assets as indicated in this document and will transfer the assets into a new or existing policy with Oceanview Life and Annuity Company.

Oceanview Life and Annuity Company (TIN #75-1222043) hereby requests that the above-documented surrender or partial withdrawal be transacted immediately. All proceeds, including any premiums, shall be payable and forwarded to:

Oceanview Life and Annuity Company

P.O. Box 830  
Grimes, IA 50111-0830

\_\_\_\_\_  
OWNER(S), ANNUITANT(S) OR BENEFICIARY NAME

Please refer to the Oceanview Life and Annuity Company annuity contract number: \_\_\_\_\_  
CONTRACT NUMBER

The requested action is a 1035 Exchange, therefore please:

AUTHORIZED OCEANVIEW LIFE AND ANNUITY COMPANY HOME OFFICE EMPLOYEE SIGNATURE	DATE
AUTHORIZED OCEANVIEW LIFE AND ANNUITY COMPANY HOME OFFICE EMPLOYEE PRINTED NAME	
AUTHORIZED OCEANVIEW LIFE AND ANNUITY COMPANY HOME OFFICE EMPLOYEE TITLE	

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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
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**2 Inherited Account**

ACCOUNT TYPE			
<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> Roth IRA _____	<input type="checkbox"/> 403(b) TSA	<input type="checkbox"/> Other Qualified Plan
DATE OF PURCHASE			
DECEDENT NAME		SSN (or TIN)	ACCOUNT NUMBER
RELATIONSHIP TO APPLICANT		BIRTH DATE	DEATH DATE
ADDRESS AT TIME OF DEATH		CITY	STATE      ZIP CODE

**3 IRS Required Minimum Distribution (For payments via direct deposit, attach form 11426.)**

REQUESTED PAYMENT START DATE	PAYMENT MODE
	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually

(Complete only if the applicant is the beneficiary of assets from an Inherited IRA account.)

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 IRA.)**

NAME	BIRTH DATE	DEATH DATE
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**5 Trust Beneficiary (Complete only if applicable: A trust beneficiary may purchase an Inherited IRA only if it is qualified to do so. For a trust to qualify for an Inherited IRA 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 roll over 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 IRA contracts.

\_\_\_\_\_      \_\_\_\_\_

APPLICANT SIGNATURE      DATE



**1. Contract Information**

Contract Number \_\_\_\_\_

Name of Contract Owner \_\_\_\_\_ Social Security or Tax I.D. Number \_\_\_\_\_

Name of Annuitant (If different from Contract Owner) \_\_\_\_\_ Social Security or Tax I.D. Number \_\_\_\_\_

Street Address, City, State, Zip \_\_\_\_\_

Name of Contract Owner (If applicable) \_\_\_\_\_ Social Security or Tax I.D. Number \_\_\_\_\_

**2. Full Name of Trust**

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

**3. Type of Trust**

- Irrevocable
- Revocable

**4. Date of Trust:** \_\_\_\_\_ **4.a Statute 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 should be used; or
- The Trust tax identification number is: \_\_\_\_\_

**6. Names of Settlers/Grantors of Trust**

1. \_\_\_\_\_ (SSN ) \_\_\_\_\_

2. \_\_\_\_\_ (SSN) \_\_\_\_\_

(Please attach additional pages if insufficient space has been provided.)

**7. Names of ALL current Trustees:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

(Please attach additional pages if insufficient space has been provided.)

**8. Names of ALL Successor Trustees (if applicable):**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

(Please attach additional pages if insufficient space has been provided.)

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**Oceanview Life and Annuity Company**

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**9. Instructions for Trustee Signature/Authentication**

The Trust Agreement requires that; (Please mark the appropriate box)

- Any of the Trustees, acting alone
- All of the Trustees acting together
- Other (explain) \_\_\_\_\_

Must sign or otherwise authenticate forms and/or requests on behalf of the Trust in connection with our products.

**10. 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 that 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 formed 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 policy/contract administration purposes 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 the Trustee(s) 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 this certification. It is further understood that the Company may rely upon the direction of the named Trustee(s) until the company receives written notification at its Home Office of a 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 this Trust Verification.

The signature(s) below certify the previous information provided and agreed to on this Verification is true

and accurate: Notes: The number of Trustees indicated in section 8 must sign below

If additional signature blocks are required, please photocopy this form and attach accordingly

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

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

# Beneficiary Designations

<u>Beneficiary Type</u>	<u>Beneficiary Name</u>	<u>Relationship</u>	<u>%</u>	<u>SSN</u>	<u>Date of Birth</u>	<u>Gender</u>
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# Trustee Designations

<b>Trustee Name</b>	<b>Trustee Phone</b>	<b>Trustee Email</b>
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