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

Electronic Funds Deposit Authorization

1. Contract Information

Contract Number

Name of Annuitant

Name of Contract Owner

Social Security Number

Street Address, City, State, Zip

Telephone Number

Name of Joint Owner (*If applicable*)

2. Bank Account Information

Type of Account: ☐ Checking Account ☐ Savings Account

Name of Financial Institution

Full Name on Bank Account

Additional Name(s) on Bank Account

ABA Routing Number (*9 digits*)

Bank Account Number (4-17 digits)

Please attach a VOIDED check for checking accounts to be used for account information verification.

☐ Check this box for paperless and online accounts, and ensure that both the routing number and account number is entered in the spaces above. If you have a paperless/online account, please include a letter from the bank showing the owner name(s) of the account. If the bank's letter lists joint owners both must sign this form.

3. Authorization For Electronic Funds Deposit

As the bank account owner, I authorize Oceanview Life and Annuity Company to:

- Automatically deposit funds, for all withdrawals from this annuity contract, to the checking or savings account referenced above.
- Withdraw funds which may be inadvertently deposited to the account referenced above. This includes, but is not limited to, any payments made after the death of the annuitant.

This authorization will remain in effect until written notice of a change of account, or termination, is delivered to Oceanview Life and Annuity Company in a timely manner, so as to afford the company an opportunity to act thereon. (Such requests should be received no less than 10 business days prior to due date of the next payment.) In no event shall a "change" or "termination" request include entries processed prior to receipt of such notice.

Signature of Bank Account Owner

Signature of Co-Bank Account Owner *(if applicable)*

Date

4. Acknowledgement of Contract Owner(s) *(If not the same as the Bank Account Owner)*

By signing where indicated below, I hereby acknowledge my approval for **Oceanview Life and Annuity** Company to withdraw funds from the annuity contract, and request that those funds be deposited into the bank account referenced above.

*X*_____
Signature of Owner

Date

*X*_____
Signature of Joint Owner *(If applicable)*

Date