Oceanview Life and Annuity Company
Oceanview Life and Annuity Insurance Company
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Request for Inherited Contract

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

2. Inherited Contract

Account Type

☐ Traditional IRA ☐ Roth IRA ______________ (Date of Purchase) ☐ Non-Qualified

Decedent Name	SSN (or TIN)	Account Number	
Relationship to Applicant	Date of Birth	Date of Death	
Address At Time of Death	City	State	Zip Code

3. IRS Required Minimum Distribution Information for Qualified Contracts

Please note: The questions within this Section pertain to the applicant for this Inherited Contract and not to the original owner of the account. In order to process the RMD the OVLAC-RMD form must be submitted.

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 contract.*)

Name	Date of Birth	Date of Death

5. Trust Beneficiary (*Complete only if applicable: A trust beneficiary may purchase an Inherited contract only it is qualified to do so. For a trust to qualify for an Inherited contract 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 rollover 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 contracts.

Applicant Signature ______________________ Date ______________