Oceanview Life and Annuity Company
Oceanview Life and Annuity Insurance Company
PO Box 830 Grimes, IA 50111-0830
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Non-Resident Sales Form

1. Applicant Information

Name of Owner	Name of Joint Owner *(if applicable)*

City & State Where Application Was Signed:

Signature of Owner	Date

Signature of Joint Owner *(if applicable)*	Date

2. Reason for Exception to Applicant Applying Outside of State of Residence

Please use the space below to provide the reasoning for signing application documents outside of your state of permanent residence.

****We will not accept applications for cross-border sales to residents of the following states:** Arkansas, Idaho, Massachusetts, Minnesota, Mississippi, New York, Utah, Washington, and Wisconsin******

3. Producer Signature Required

I hereby represent and warrant to the Company that the representation set forth herein are true and correct to the best of my knowledge. I also understand that any intentionally false statement made to the Company on this form, or any other document related to the issuance of insurance products constitutes fraud and may subject me to criminal and/or civil liability.

Signature of Producer	Date