



Qualified Charitable Distribution (QCD) Request

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

1. Contract Information

Contract Number	Name of Annuitant
Name of Contract Owner	Social Security Number
Street Address	Telephone Number
City, State, Zip	

2. Charitable Organization Information

Name of Organization	Telephone Number
Street Address	City, State Zip Code

3. Acknowledgement

I hereby request that Oceanview Life and Annuity Company to make a payment from this contract as indicated above.

I designate the amount of \$ _____ or Required Minimum Distribution (RMD) for the current tax year to be paid to the organization listed above. I understand that the distribution will be reported to me as a taxable distribution in the year the payment is disbursed. I understand that Oceanview Life and Annuity Company will report this distribution on tax form 1099-R as a normal distribution, and it is my responsibility to maintain written documentation of the contribution to the charity listed I do hereby certify that the named charity meets the requirement of Code Sec. 170(b)(1)(A) as described.

I understand that by requesting a surrender or partial withdrawal of my annuity contract I may incur surrender charges or Market Value Adjustment (MVA) as applicable.

4. Certification of Taxpayer Identification number

Under penalties of perjury, I certify that:

1. The Social Security Number or Taxpayer Identification Number shown on this form is correct (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because:
 - (a) I am exempt from backup withholding, or
 - (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
 - (c) The IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (as defined in the General Instructions of IRS Form W-9), and
4. The FATCA code(s) entered on this form, if any, indicating that I am exempt from FATCA reporting is correct. Exemption from FATCA reporting code, if any: _____ (FATCA reporting codes can be found in the General Instructions for IRS Form W-9.) If you are only submitting this form for an account you hold in the United States, you may leave this field blank.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your return.

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Oceanview Life and Annuity Company

5. Signature(s)

Signature of Owner

Date

Owner Printed Name

Signature of Joint Owner (as applicable)

Date

Joint Owner Printed Name (as applicable)

6. Submission Instructions

Overnight Mail Oceanview Life and Annuity Company
 1851 SE Miehle Dr
 Grimes, IA 50111

Regular Mail Oceanview Life and Annuity Company
 PO Box 830
 Grimes, IA 50111

Fax (888) 417-3702