

Oceanview Life and Annuity Company
Oceanview Life and Annuity Insurance Company
PO Box 830 Grimes, IA 50111-0830
Tel 888.295.3815 • Fax 888.417.3702 • www.oceanviewlife.com

## **Trusted Contact Authorization Form**

Owner Name:		Owner SSN or Tax ID:			
Contract Number(s):		_ Account Type:	MYGA	FIA	
1. Authorization					
I hereby authorize Oceanview Life and Oceanview has a reasonable belief that issues that may impair my ability to minformation about my account(s) to the and the identity of any legal guardian, FINRA Rule 2165.	at I am (1) the victim of financ make financial decisions on the he Trusted Contact Person in	ial exploitation or othe ne above referenced a order to confirm my c	r abuse or (2) occounts. Ocea contact inform	experiencing health nview may disclose ation, health status	
This form does <u>not</u> authorize the desi account(s).	ignated Trusted Contact Pers	on to act on my behal	f regarding th	e above referenced	
2. Designated Trust Contact Pers	son				
Trusted Contact Person must be age 1 unrelated party such as an attorney o you inform your trusted contact of the	r CPA. Your financial advisor				
Name of Trust Contact Person:					
Relationship:		_			
Street Address:		_ City:	State: _	Zip:	
Daytime Phone Number:		_ Evening Phone Numl	oer:		
Email Address:		_			
3. Signature/Representations					
I understand that Oceanview Life and (but may do so in its sole discretion) ar a Trusted Contact Person regarding my	nd agree to hold Oceanview h		_		
This Authorization is optional and may	be withdrawn at any time by	notifying Oceanview ir	n writing.		
Owner's Signature	Printed Name		Da	ate	
Joint Owner's Signature	 Printed Name			ete	

OVLAC-TCAF Rev. 10/2022