



OceanviewSM

Oceanview Life and Annuity Company

By signing this attestation form,

1. I confirm that I have completed the required state annuity CE training on _____(date).
2. I confirm that I have reviewed and understand the provisions contained in Oceanview's "MYGA Series Product Training."
3. I confirm that I have read and agree to the provisions contained in Oceanview's "Conduct and Compliance Guide."

Please return the completed form to our Administrative Office:

PO Box 830
Grimes, IA 50111-0830
Phone: 1-888-295-3815
Fax: 1-678-394-5901
Email: oceanview@mccamish.com

Agent Signature

Date

Agent Name (please print)

Administrative Office:

PO Box 830
Grimes, IA 50111
1-888-295-3815

www.oceanviewlife.com
1-833-656-7455

For Overnight Mail:

1851 Mieke Dr.
Grimes, IA 50111