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)