

ANNUITY ISSUE TICKET

CONTRACT ID:	00AA903260	DATE:	August 29, 2017
ANNUITANT(S):	MALE ME 1992	EFFECTIVE DATE:	May 14, 2017
AGE AT ISSUE:	24	APP DATE:	May 14, 2017
BIRTHDATE:	August 01, 1992	RECEIVED DATE:	May 14, 2017
GENDER:	Male	ANNUITY DATE:	May 14, 2108
OWNER(S):	MALE ME 1992	BASIC ANNUITY:	\$123,456.78
SERVICE REP:	KELLY HOWLETT	STATE:	California
PLAN:	ISA 5 GMAB CA 15K QUAL 2018	MNEMONIC:	ISA5K CA 18
		PLAN CODE:	A7342

COMPLIANCE FORM(S):

Privacy Notice 9542(01/18)
Notice of Protection - Guaranty Association Notice 6765(01/18)
CA - Notice to PO regarding Consumer Communications 6441(01/18)CA
IRA Disclosure IRA Disc(01/18)
Contract Summary / Financial Disclosure CSAM-IND(01/17)CA

CONTRACT FORM(S):

California Notice Contract Surrenders CA SURRENDER NOTICE(01/19)CA
Single Premium Deferred Index Annuity Contract SPDA-IA(01/17)CA
Contract Data Pages SPDA-CDAM-IA(01/17)CA
Payment Options Table - Qualified DST-Q(01/17)

Point-To-Point Index Rider R-PTP(01/17)
Individual Retirement Annuity Rider (IRA) R-IRA(01/17)
Guaranteed Minimum Accumulation Benefit Rider R-GMAB-IA(01/17)CA
Percent of Value of the Annuity Fund Waiver of Surrender Charge Rider R-POF-IA(01/17)
Terminal Medical Condition Benefit Waiver of Surrender Charge Rider R-TCB-IA(01/17)CA
Waiver of Surrender Charge Rider for Home Care, Community-Based Services, Nursing Care Facility
Confinement or Residential Care Facility Confinement R-NHB-IA(01/17)CA
Annuity Benefit Waiver of Surrender Charge Rider R-ANN-IA(01/17)
Death Benefit Waiver of Surrender Charge Rider R-DB-IA(01/17)
Death of Annuitant Waiver of Surrender Charge Rider R-ANNDW(01/17)

Additional Delivery Requirements/Instructions:

PREVIEW

AGENCY 94 SERVICING AGENT
ATTN P5A
PO BOX 711
PORTLAND OR 97207-0711

PREVIEW

00AA903260
Producer
<mail>

PREVIEW

Standard Insurance Company

Annuities Administration, P6C
Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204
(800) 247-6888

ANNUITY CONTRACT TRANSMITTAL LETTER

DATE: August 29, 2017 **CONTRACT:** 00AA903260
TO: AGENCY 94 SERVICING AGENT **BROKER ID:** 000000094X
AGENCY: 94 INDIVIDUAL HOME OFFICE **AGENCY ID:** 94
FROM: ANNUITIES
KELLY HOWLETT **EXT:** 5370
ANNUITANT(S): MALE ME 1992

Thank you for this business. The above contract is enclosed for delivery. Please note the following:

Application Amended: Contract Application Amended. Please see Application Amendment.

Effective Date of Policy: May 14, 2017

Last Date to Deliver Policy: July 5, 2020

OUTSTANDING PENDING REQUIREMENTS

Any outstanding Pending Requirements must be received before Commissions are paid.

Date App Received in HO

FIELD REPRESENTATIVE'S INSTRUCTIONS

Enclosures:

Privacy Notice 9542(01/18)
Notice of Protection - Guaranty Association Notice 6765(01/18)
CA - Notice to PO regarding Consumer Communications 6441(01/18)CA
IRA Disclosure IRA Disc(01/18)
Contract Summary / Financial Disclosure CSAM-IND(01/17)CA

PREVIEW

CONTRACT DATA

This section contains many of the features of your Single Premium Deferred Index Annuity Contract. Other provisions appear in: (a) other sections; or (b) attached Contract amendments, riders or endorsements. For full details, please refer to the text of each: (a) section; (b) amendment; (c) rider; or (d) endorsement.

General Contract Information

Contract Number: 00AA903260
Owner(s): MALE ME 1992
Annuitant(s): MALE ME 1992
(Older) Annuitant's Age at Issue: 24
Contract Effective Date: May 14, 2017
Annuity Date*: May 14, 2108
Initial Premium**: \$123,456.78
Riders:
Point-To-Point Index Rider; R-PTP(01/17)
Individual Retirement Annuity Rider (IRA); R-IRA(01/17)
Guaranteed Minimum Accumulation Benefit Rider; R-GMAB-IA(01/17)CA
Percent of Value of the Annuity Fund Waiver of Surrender Charge Rider; R-POF-IA(01/17)
Terminal Medical Condition Benefit Waiver of Surrender Charge Rider; R-TCB-IA(01/17)CA
Waiver of Surrender Charge Rider for Home Care, Community-Based Services, Nursing Care Facility Confinement or Residential Care Facility Confinement; R-NHB-IA(01/17)CA
Annuity Benefit Waiver of Surrender Charge Rider; R-ANN-IA(01/17)
Death Benefit Waiver of Surrender Charge Rider; R-DB-IA(01/17)
Death of Annuitant Waiver of Surrender Charge Rider; R-ANNDW(01/17)

*The Annuity Date is: (a) the Contract Anniversary coinciding with or next following the (older) Annuitant's 115th birthday; or (b) the tenth Contract Anniversary; whichever is later. You may Annuitize the Contract at any time before the Annuity Date while the Contract is in force. See **A. Annuity Benefit Payments** in the **Annuity Benefits** provision.

**Additional premium may be paid for up to the first 90 days after the Contract Effective Date, provided it is noted on your application. No premium will be accepted after the Contract Effective Date other than that noted on the application. The initial premium must be at least \$15,000. The maximum total premium is \$1,000,000 without prior home office approval.

Insurance Department Information

The following is the name and address of the insurance department of the state in which the Contract is delivered:

California Department of Insurance
300 South Spring Street, South Tower
Los Angeles CA 90013
800.927.4357
insurance.ca.gov

Initial Account Allocation Percentages

Fixed Interest Account	50.00%
Index Interest Account - Index Cap	40.00%
Index Interest Account - Index Participation	10.00%

Surrender Charges

The surrender period is the period of time during which a surrender charge applies to benefits payable and surrenders under the Contract.

Contract Year:	Surrender Charge Percentage:
First:	8.0%
Second:	7.0%
Third:	6.0%
Fourth:	5.0%
Fifth:	4.0%
Thereafter:	None

Value of the Annuity Fund

The value of the annuity fund equals:

1. The initial premium; plus
 2. Additional premium paid after the Contract Effective Date; plus
 3. Interest credited; less
 4. Net amounts surrendered; less
 5. Surrender charges, as applicable; less
 6. Premium tax, as applicable.
-

Guaranteed Minimum Value

The guaranteed minimum value of the Contract equals A or B, whichever is greater; where:

A = The value of the annuity; less surrender charges, as applicable.

B = The minimum fund value.

The minimum fund value equals (C - D), accumulated at E; where:

C = 87.50% of the Contract premium.

D = Amounts surrendered (not including surrender charges, premium tax (if applicable)).

E = The following effective annual interest rates:

- | | |
|--------------------------------|-------------------------------------|
| (1) Fixed Interest Account(s): | 1.00% for the life of the Contract. |
| (2) Index Interest Account(s): | 1.00% for the life of the Contract. |

Payment Options Values

The Contract provides for your selection of benefit payment options. The basis for determining minimum payment option values at the time payments are to begin is the 2012 Individual Annuity Reserve Table and annual interest equal to 1.00%. See **Payment Options Provisions**.

Fixed Interest Account

The Contract provides for one or more fixed interest accounts. Each fixed interest account may have its own Fixed Interest Account Value. We reserve the right to: (a) add one or more fixed interest accounts; and (b) stop offering one or more fixed interest accounts after the end of the surrender period. We will provide you with at least 30 days Written Notice of our intent to stop offering a fixed interest account.

Fixed Interest Account Value.

The value of each fixed interest account equals:

1. The amount of the initial premium allocated to the fixed interest account; plus
 2. Additional premium paid after the Contract Effective Date allocated to the fixed interest account; plus
 3. Interest credited to the fixed interest account; plus
 4. Amounts reallocated from other accounts; less
 5. Net amounts surrendered from the fixed interest account; less
 6. Surrender charges, as applicable; less
 7. Amounts reallocated to other accounts; less
 8. Premium tax applicable to the fixed interest account.
-

Fixed Interest Account

Initial Fixed Interest Account Premium:	\$61,728.39
Initial Interest Rate Guarantee Period:	Through the end of the first (1st) Contract Year
Initial Effective Annual Interest Rate:	
Initial Premium:	2.00%
Additional Premium Thereafter:	The interest rate in effect on the date we receive the premium payment. Such interest rate is guaranteed for the initial Interest Rate Guarantee Period.

The interest rate may change after the initial Interest Rate Guarantee Period. However, the guaranteed minimum effective annual interest rate credited to the value of the annuity fund will not be less than 0.10%.

Index Interest Account(s)

Addition or Termination of an Index Interest Account; Substitution of an Index.

The Contract provides for one or more index interest accounts. Each index interest account may have its own: (a) Index Term; and (b) Index Interest Account Value. We reserve the right to: (a) add one or more index interest accounts; and (b) stop offering one or more index interest accounts after the end of the surrender period. We may substitute a comparable index, subject to approval by the California Department of Insurance, if: (a) the index is discontinued; or (b) the calculation of the index is substantially changed. We will provide you with at least 30 days Written Notice of our intent to: (a) stop offering an index interest account; or (b) substitute a comparable index.

Index Interest Account Value.

The value of each index interest account equals:

1. The amount of the initial premium allocated to the index interest account; plus
2. Additional premium paid after the Contract Effective Date allocated to the index interest account; plus
3. Interest credited to the index interest account; plus
4. Amounts reallocated from other accounts; less
5. Net amounts surrendered from the index interest account; less
6. Surrender charges, as applicable; less
7. Amounts reallocated to other accounts; less
8. Premium tax applicable to the index interest account.

Index Interest Account - Index Cap

Initial Index Interest Account Premium:	\$49,382.71
Initial Index Interest Account Allocation Date:	May 15, 2017
Index Determination Method:	Point-to-Point
Index Term:	12 Months
Index:	Standard & Poor's 500
Participation Rate:	100.00%
Index Rate Cap:	4.25%

Index Interest Account - Index Participation

Initial Index Interest Account Premium:	\$12,345.68
Initial Index Interest Account Allocation Date:	May 15, 2017
Index Determination Method:	Point-to-Point
Index Term:	12 Months
Index:	Standard & Poor's 500
Participation Rate:	42.00%
Index Rate Cap:	N/A

The Participation Rate and Index Rate Cap may change after the initial Index Term, subject to the following:

Minimum Participation Rate:	15.00% for the life of the Contract
Minimum Index Rate Cap:	1.00% for the life of the Contract

Note: Index-linked returns do not include the portion of the return generated by the index that comes from dividends. The elements used in determining the credited rate from the index are not guaranteed and may be changed by us, subject to the guarantees in the Contract, and such changes may affect the return.

CONTRACT SUMMARY
STATEMENT OF POLICY COST AND BENEFIT INFORMATION
Index Select Annuity - 5

Issued and Administered by: Standard Insurance Company 1100 SW Sixth Avenue Portland, OR 97204 (800) 247-6888	Producer: AGENCY 94 SERVICING AGENT ATTN P5A PO BOX 711 PORTLAND, OR 97207-0711
Owner(s): MALE ME 1992	Contract Number: 00AA903260 Contract Effective Date: May 14, 2017 (Older) Annuitant 's Gender: Male
Annuitant(s): MALE ME 1992 (Older) Annuitant's Age as of Contract Effective Date: 24 Prepared on: August 29, 2017	

The Index Select Annuity - 5 is an individual single premium deferred index annuity. The monthly life annuity payout at age 60 is \$482.89, at age 65 is \$580.25, at age 70 is \$716.87, and as of the annuity date is \$12,153.39 based on: (a) guaranteed interest rates; (b) account allocation percentages shown on your application; (c) no changes in your account allocation percentages; and (d) no surrenders or withdrawals. The values in this contract summary: (a) are not projections of anticipated results; and (b) may differ as interest rates vary.

The contract offers annuity account allocation options: (a) fixed interest account; and (b) index interest account(s). You may allocate premium among the accounts. You may also reallocate funds among the accounts by providing us written notice of such reallocation no later than three business days before the end of an index term that applies to the eligible index interest account(s). The reallocation will become effective as of the beginning of the new index term.

Fixed Interest Account: Interest is credited daily to funds in the fixed interest account. The initial interest rate is guaranteed for the first contract year. The interest rate may change thereafter.

Index Interest Account(s): Interest is credited at the end of the index term for an index interest account. The interest credited is based on the growth of the applicable index over the index term, subject to the index account's participation rate and index rate cap for the index term. The participation rate and index rate cap may change each index term.

Minimum Guarantee: Premium for the contract is required to meet regulatory interest rate growth requirements. At a minimum, 87.50% of your premium is required to accumulate at a guaranteed minimum annual interest rate of 1.00% for the fixed interest account and 1.00% for the index interest account(s). The Index Select Annuity - 5 will meet or exceed the regulatory minimum growth requirements.

Surrender Charge Period: The surrender charges for the surrender charge period are: (a) 8.0% in the first contract year; (b) 7.0% in the second contract year; (c) 6.0% in the third contract year; (d) 5.0% in the fourth contract year; and (e) 4.0% in the fifth contract year. There are no surrender charges beginning in the sixth contract year.

Guaranteed Interest Rate – Fixed Interest Account: The initial effective annual interest rate for the fixed interest account is 2.00%. The initial effective annual interest rate is guaranteed for the first year. Interest rates thereafter will not be less than the contract guaranteed minimum interest rate of 0.10%.

Guaranteed Minimum Accumulation Benefit: If at the end of the surrender charge period the value of the annuity fund is less than the guaranteed minimum accumulation value, the contract will be credited with a one-time payment of a guaranteed minimum accumulation benefit (GMAB). The GMAB is equal to the difference between the guaranteed minimum accumulation value and the value of the annuity fund. The GMAB equals: (a) net premium; times (b) a percentage specified in the Contract's Guaranteed Minimum Accumulation Benefit Rider. The GMAB will be credited to each account in proportion that each account's fund has to the value of the annuity fund as of the guaranteed minimum accumulation benefit eligibility date. The GMAB eligibility date is shown in the Contract's Guaranteed Minimum Accumulation Benefit Rider.

The death benefit is equal to: (a) the value of the annuity fund on the date of death; or (b) the minimum nonforfeiture value as of the date of death (the regulatory guaranteed minimum); whichever is greater. The death benefit will be credited with its pro-rata share of interest, subject to any applicable participation rate and index rate cap.

Annuity benefit payments are scheduled to begin on May 14, 2108 (the annuity date). The contract matures on the annuity date. The annuity date is: (a) the contract anniversary coinciding with or next following the (older) annuitant's 115th birthday; or (b) the tenth contract anniversary; whichever is later.

The effective annual yields based on our guaranteed interest rates are as follow:

End of 10 th Contract Year	0.51%
Annuity Date	0.85%

FINANCIAL DISCLOSURE

Index Select Annuity - 5

Issued and Administered by:
Standard Insurance Company
1100 SW Sixth Avenue
Portland, OR 97204
(800) 247-6888

Producer:
AGENCY 94 SERVICING AGENT
ATTN P5A
PO BOX 711
PORTLAND, OR 97207-0711

Owner(s): MALE ME 1992

Contract Number: 00AA903260
Contract Effective Date: May 14, 2017
(Older) Annuitant 's Gender: Male

Annuitant(s): MALE ME 1992

(Older) Annuitant's Age as of Contract Effective Date: 24

Prepared on: August 29, 2017

Premium:

Initial Total Contract Premium: \$123,456.78

Fixed Interest Account:

Initial Premium: \$61,728.39

Initial Premium Allocation: 50.00%

Index Interest Account(s):

Index Interest Account - Index Cap

Initial Premium \$49,382.71

Initial Premium Allocation 40.00%

Index Interest Account - Index Participation

Initial Premium \$12,345.68

Initial Premium Allocation 10.00%

Contract Guarantees:

Fixed Interest Account:

Initial Effective Annual Interest Rate: 2.00%

Minimum Guaranteed Interest Rate: 0.10%

Minimum Fund Guaranteed Interest Rate: 1.00%

Minimum Fund Percent of Premium: 87.50%

Index Interest Account(s):

Minimum Index Rate Cap: 1.00%

Minimum Participation Rate: 15.00%

Minimum Fund Guaranteed Interest Rate: 1.00%

Minimum Fund Percent of Premium: 87.50%

Guaranteed Minimum Accumulation Benefit (GMAB): 5.00% of net premium on the GMAB eligibility date

End of Contract Year	Age	Value Based on Guaranteed Interest Crediting Rates				
		Annuity Fund Value	Surrender Value	Minimum Surrender Value After Guarantee Funds	Minimum Surrender Value Effective Annual Yield	Death Benefit Value
1	25	\$124,691	\$114,716	\$114,716	-7.08%	\$124,691
2	26	\$124,754	\$116,895	\$116,895	-2.69%	\$124,754
3	27	\$124,817	\$118,077	\$118,077	-1.47%	\$124,817
4	28	\$124,880	\$119,261	\$119,261	-0.86%	\$124,880
5	29	\$129,630	\$124,963	\$124,963	0.24%	\$129,630
6	30	\$129,695	\$129,695	\$129,695	0.82%	\$129,695
7	31	\$129,761	\$129,761	\$129,761	0.71%	\$129,761
8	32	\$129,827	\$129,827	\$129,827	0.63%	\$129,827
9	33	\$129,892	\$129,892	\$129,892	0.57%	\$129,892
10	34	\$129,958	\$129,958	\$129,958	0.51%	\$129,958
15	39	\$130,288	\$130,288	\$130,288	0.36%	\$130,288
20	44	\$130,620	\$130,620	\$131,811	0.33%	\$131,811
25	49	\$130,954	\$130,954	\$138,534	0.46%	\$138,534
30	54	\$131,289	\$131,289	\$145,601	0.55%	\$145,601
35	59	\$131,626	\$131,626	\$153,028	0.62%	\$153,028
36	60	\$131,694	\$131,694	\$154,558	0.63%	\$154,558
41	65	\$132,033	\$132,033	\$162,442	0.67%	\$162,442
45	69	\$132,305	\$132,305	\$169,038	0.70%	\$169,038
46	70	\$132,373	\$132,373	\$170,729	0.71%	\$170,729
55	79	\$132,991	\$132,991	\$186,723	0.76%	\$186,723
65	89	\$133,683	\$133,683	\$206,259	0.79%	\$206,259
75	99	\$134,383	\$134,383	\$227,838	0.82%	\$227,838
85	109	\$135,089	\$135,089	\$251,675	0.84%	\$251,675
91	Annuity Date	\$135,517	\$135,517	\$267,158	0.85%	\$267,158

The values shown above: (a) are based on the account allocation percentages shown in your application; (b) assume no changes in your account allocation percentages; and (c) assume no surrender or withdrawals have occurred.



August 29, 2017

MALE ME 1992
382734 TOWN STREET
ARLINTGON ME 32834

Annuity Policy Number: 00AA903260

Thank you for purchasing an annuity from The Standard. We appreciate your business and have enclosed a copy of your contract.

The contract describes the annuity features you selected in your application. Please let our Annuity Services team know within 30 days if any information is incorrect. No other action is required. Just keep your annuity contract on file for reference.

Each January, The Standard will mail tax forms to you if a distribution has occurred. The forms will show the amount of income paid to you in the previous tax year, including the amount withheld in taxes.

Each year, you'll receive an annuity statement that summarizes activity in your account.

If you have questions, contact an annuity service specialist at (800) 247-6888.

Sincerely,

Annuities Administration
Standard Insurance Company

cc: Broker: AGENCY 94 SERVICING AGENT 94

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204
tel 888.937.4783

The Standard is a marketing name for StanCorp Financial Group, Inc., and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

PREVIEW



August 29, 2017

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382734 TOWN STREET
ARLINTGON ME 32834

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Annuities Administration
Standard Insurance Company

cc: Broker: AGENCY 94 SERVICING AGENT 94

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204
tel 888.937.4783

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PREVIEW

Privacy Notice



The privacy of your personal information is important to us. To help you understand how we protect the information we receive about you, this notice describes our current privacy policy and practices.

We want you to know that:

- We do not sell or rent the information we have about you to anyone;
- We do not share your information with outside companies for the purpose of selling their products or services to you; and
- We do not offer a right to opt out since we only share information about you with others as permitted or required by law.

Information We May Collect and From Whom

We collect your personal information to offer you insurance and financial products and services. The type of information we collect and the extent to which it is used depends on the products and services we provide to you. For example, we may obtain information such as:

- Your name, mailing and e-mail address(es), date of birth, telephone number, Social Security number, employment, education, occupation, assets and income from applications and other forms from you, your employer and others;
- Your policy coverage, claims, premiums and payment history from your dealings with us;
- Your financial and medical history from other insurance companies, insurance support organizations or consumer reporting agencies, if you apply for insurance or benefits;
- Your medical history and records from medical providers or facilities, with your authorization, if you apply for insurance or benefits; and
- Your use of the services offered on our Websites from online information collection devices.

We may request an insurance support organization to collect information that we

need about you. If we do, they will submit a report to us. They may keep a copy of the report and share its contents with others. They will do this only as permitted or required by law.

Information We May Disclose

We may share the types of information described above with others. These disclosures are only made as authorized by you or as permitted or required by law. For example, disclosures such as:

- To others that perform business services or functions on our behalf or to serve you;
- To employers and their representatives, to reinsurers, to other insurance companies, and to insurance support organizations for purposes related to insurance you may have or apply for;
- To others that may have a joint marketing agreement with us, unless state law restricts such use;
- To insurance departments or other federal, state or local legal authorities in connection with the regulation of our business or to comply with the laws and regulations;
- To law enforcement agencies to help prevent fraud or illegal activities;
- To authorized persons to respond to a subpoena, warrant or other court order;
- To others for purposes of complying with auditing and reporting requirements; and
- To our affiliates who may provide insurance or financial products and services to you.

When information about you is disclosed to others, we expect them to protect your information. We expect them to use the information only for the limited purpose for which it was shared.

Your Rights

We want to make sure that we have accurate information about you. In general, you have the right to review your personal information that we have. If you believe that any of the information about you is not accurate, you may inform us in writing of

any changes you believe should be made. We will review your request and respond to it accordingly.

Confidentiality and Security

We restrict access to information about you to those employees who need to know that information to provide products or services to you. We safeguard your information through written privacy policies and physical, electronic and procedural protections.

Further Information

We may change our privacy policy at any time. We will provide you with a new notice if we make material change to our privacy practices. To view the privacy notice online visit www.stancorpfinc.com. If your relationship with us ends, we will continue to limit disclosures of your information in accordance with our stated privacy policy.

The notice applies to:

StanCorp Financial Group, Inc.
Standard Insurance Company
StanCorp Investment Advisers, Inc.
Standard Retirement Services, Inc.
The Standard Life Insurance
Company of New York
StanCorp Mortgage Investors, LLC
StanCorp Real Estate, LLC
Standard Management, Inc.
StanCorp Equities, Inc.

Please direct inquiries to:

Privacy Notice (P12B)
PO Box 711
Portland, OR 97207-0711

To get more information about StanCorp Financial Group, Inc. and its subsidiaries and/or view this notice online, visit www.stancorpfinc.com.

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**NOTICE OF PROTECTION PROVIDED BY
CALIFORNIA LIFE AND HEALTH INSURANCE GUARANTEE ASSOCIATION**

This notice provides a brief summary regarding the protections provided to policyholders by the California Life and Health Insurance Guarantee Association ("the Association"). The purpose of the Association is to assure that policyholders will be protected, within certain limits, in the unlikely event that a member insurer of the Association becomes financially unable to meet its obligations. Insurance companies licensed in California to sell life insurance, health insurance, annuities and structured settlement annuities are members of the Association. The protection provided by the Association is not unlimited and is not a substitute for consumers' care in selecting insurers. This protection was created under California law, which determines who and what is covered and the amounts of coverage.

Below is a brief summary of the coverages, exclusions and limits provided by the Association. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations or the rights or obligations of the Association.

COVERAGE

- **Persons Covered**

Generally, an individual is covered by the Association if the insurer was a member of the Association *and* the individual lives in California at the time the insurer is determined by a court to be insolvent. Coverage is also provided to policy beneficiaries, payees or assignees, whether or not they live in California.

- **Amounts of Coverage**

The basic coverage protections provided by the Association are as follows:

- **Life Insurance, Annuities and Structured Settlement Annuities**

For life insurance policies, annuities and structured settlement annuities, the Association will provide the following:

- **Life Insurance**
 - 80% of death benefits but not to exceed \$300,000
 - 80% of cash surrender or withdrawal values but not to exceed \$100,000
- **Annuities and Structured Settlement Annuities**
 - 80% of the present value of annuity benefits, including net cash withdrawal and net cash surrender values but not to exceed \$250,000

The maximum amount of protection provided by the Association to an individual, for *all* life insurance, annuities and structured settlement annuities is \$300,000, regardless of the number of policies or contracts covering the individual.

- **Health Insurance**

The maximum amount of protection provided by the Association to an individual, as of July 1, 2016, is \$546,741. This amount will increase or decrease based upon changes in the health care cost component of the consumer price index to the date on which an insurer becomes an insolvent insurer. Changes to this amount will be posted on the Association's website www.califega.org.

COVERAGE LIMITATIONS AND EXCLUSIONS FROM COVERAGE

The Association may not provide coverage for this policy. Coverage by the Association generally requires residency in California. You should not rely on coverage by the Association in selecting an insurance company or in selecting an insurance policy.

The following policies and persons are among those that are excluded from Association coverage:

- A policy or contract issued by an insurer that was not authorized to do business in California when it issued the policy or contract
- A policy issued by a health care service plan (HMO), a hospital or medical service organization, a charitable organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company, an insurance exchange, or a grants and annuities society
- If the person is provided coverage by the guaranty association of another state
- Unallocated annuity contracts; that is, contracts which are not issued to and owned by an individual and which do not guarantee annuity benefits to an individual
- Employer and association plans, to the extent they are self-funded or uninsured
- A policy or contract providing any health care benefits under Medicare Part C or Part D
- An annuity issued by an organization that is only licensed to issue charitable gift annuities
- Any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as certain investment elements of a variable life insurance policy or a variable annuity contract
- Any policy of reinsurance unless an assumption certificate was issued
- Interest rate yields (including implied yields) that exceed limits that are specified in Insurance Code Section 1067.02(b)(2)(C)

NOTICES

Insurance companies or their agents are required by law to give or send you this notice. Policyholders with additional questions should first contact their insurer or agent. To learn more about coverages provided by the Association, please visit the Association's website at www.califega.org, or contact either of the following:

California Life and Health Insurance
Guarantee Association
2377 Gold Meadow Way, Suite 100
Gold River, CA 95670
Phone: (323) 782-0182
Fax: (323) 988-7171
Executive Director: Todd Thakar

California Department of Insurance
Consumer Communications Bureau
300 South Spring Street, South Tower
Los Angeles, CA 90013
(800) 927-4357

Insurance companies and agents are not allowed by California law to use the existence of the Association or its coverage to solicit, induce or encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on the Association coverage. If there is any inconsistency between this notice and California law, then California law will control.

STANDARD INSURANCE COMPANY
P.O. Box 711
Portland, Oregon 97207

STANDARD INSURANCE COMPANY

**NOTICE TO POLICYOWNER REGARDING THE CALIFORNIA
DEPARTMENT OF INSURANCE CONSUMER COMMUNICATIONS BUREAU**

If there are questions or concerns regarding this policy, the owner may contact a Standard agent or Standard's home office, at P.O. Box 711, Portland, OR 97207, or 1-800-247-6888. The owner may also contact the Consumer Communications Bureau of the California Department of Insurance at the address shown below. However, the Consumer Communications Bureau should be contacted only after all contacts between the owner and Standard have failed to produce a satisfactory solution to the problem.

**The Consumer Communications Bureau of the California Department of Insurance
300 S Spring Street – South Tower
Los Angeles, California 90013
800-927-HELP**

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TheStandard[®]

Individual Retirement Annuity Disclosure Statement

Standard Insurance Company, Individual Annuity Department
1100 SW Sixth Avenue Portland, OR 97204-1093
800.247.6888 • www.standard.com

This disclosure statement sets forth a non-technical explanation of some of the requirements applicable to your Contract if it is issued with the Individual Retirement Annuity Rider as an Individual Retirement Annuity ("IRA") under section 408(b) of the Internal Revenue Code ("IRC"). This disclosure statement is for your general information and is not intended to be exhaustive or conclusive, to apply to any particular person or situation, or to be used as a substitute for qualified legal or tax advice. Additional information about IRAs may be obtained from: (a) any district office of the Internal Revenue Service (IRS), (b) IRS Publication 590, *Individual Retirement Arrangements (IRAs)*; or (c) us by calling the telephone number shown above.

The information contained in this disclosure statement is based on current federal income tax law, income tax regulations, and other guidance provided by the IRS. Hence this information is subject to change upon an amendment of the law or the issuance of further regulations or other guidance.

This IRA form has not been filed for approval by the IRS. Such filing is optional and approval applies only to the form of the Contract and is not a determination of the merits of your Contract or your eligibility for an IRA.

1. **30-Day Right To Return The Contract.** Your IRA Contract provides you the right to a full refund of premiums paid (minus any prior surrenders) and cancellation of the Contract if you return it to us within 30 days after you receive it. This 30-day period gives you time to make certain that you are satisfied with the Contract.

If you choose to cancel the Contract within those 30 days, you may return it to us at our home office by personal delivery or by mail, or to the insurance producer from whom it was purchased. You must also prepare a written statement of your desire to cancel the Contract and send it together with the original Contract. Our home office address is:

Standard Insurance Company
1100 SW Sixth Avenue
Individual Annuities Department
Portland, OR 97204

If a written statement is mailed, it is deemed to be mailed on the date of the postmark (or, if sent by certified or registered mail, the date of the certification or registration), provided it is deposited in the mail in the United States in a properly addressed envelope, or other appropriate wrapper, with first class postage paid.

You may reach us by telephone at (800) 247-6888 between 7:00 a.m. and 5:00 p.m. (Pacific Time), Monday through Friday, except holidays.

2. **Nontransferable and Nonforfeitable.** You own the Contract. Your interest in the Contract is: (a) nontransferable; and, except as provided by law, (b) nonforfeitable. The Contract may not be sold, assigned, discounted, or pledged: (a) as collateral for a loan; (b) as security for the performance of an obligation; or (c) for any other purpose; to any person other than to us. If the Contract described by this Individual Retirement Annuity Disclosure Statement is an inherited IRA, "you" and "your" mean the deceased IRA owner.
3. **Contributions.** All contributions must be paid: (1) in cash as an annual contribution permitted under IRC section 219(b); (2) as a rollover contribution (as permitted by IRC sections 402(c), 402(e)(6), 403(a)(4), 403(b)(8), 403(b)(10), 408(d)(3), or 457(e)(16)); (3) as a non-taxable transfer from an individual retirement account under IRC section 408(a); (4) as a non-taxable transfer from another individual retirement annuity under IRC section 408(b); (5) as a contribution made in accordance with the terms of a Simplified Employee Pension (SEP) as described in IRC section 408(k); or (6) as a trustee-to-trustee transfer from an inherited IRA as described in 408(d)(3)(C)(ii).

If you have a Flexible Premium Deferred Annuity (FPDA), you may make contributions at any time and change the amount or the frequency of your contributions, subject to the terms of your Contract and to the IRA contribution limits contained in the IRC.

Rollover and/or transfer contributions may be used to fund an FPDA or a Single Premium Deferred Annuity (SPDA). Please check your Contract for limits on the amount, timing, and frequency of contributions.

No part of your contributions may be invested in life insurance.

If your spouse inherits your IRA upon your death but does not take ownership of it, then makes contributions to the IRA, he or she will automatically become the owner.

- a. **IRA Contribution Limits.** Subject to the terms of your Contract, your IRA contributions for each taxable year may not exceed the IRC's maximum annual contribution limit or 100% of your compensation, whichever is less. If you are younger than age 50, your maximum annual contribution limit under IRC section 219(b) is \$5,500, except as otherwise provided by law. If you are age 50 or older, the maximum annual contribution limit is \$6,500. These limits do not apply to non-taxable rollover or transfer contributions, discussed later.

Additional contributions are permitted in certain cases, such as repayments of qualified reservist distributions. Special rules apply for making contributions to your spouse's IRA. Details on contribution limits are in IRS Publication 590.

No contribution may be made for the calendar year in which you reach age 70½ or for any year thereafter. No contribution may be made on behalf of your spouse in the calendar year in which your spouse reaches age 70½ or for any year thereafter. No contributions may be made to a nonspouse beneficiary's inherited IRA.

- b. **SEP Contributions.** If your employer sponsors a Simplified Employee Pension Plan (SEP), your employer may make an annual contribution on your behalf up to 25% of your compensation, the annual contribution amount specified in the SEP plan, or the amount determined annually by the IRS, whichever is least. (*See IRS Publication 590.*)
- c. **Rollover and Transfer Contributions.** A rollover contribution is a tax-free movement of retirement funds from one tax-qualified arrangement to another. You may roll over into an IRA all or part of an eligible rollover distribution from your (or your deceased spouse's):
- 1) Individual Retirement Arrangement (IRA) under IRC section 408;
 - 2) Qualified plan under IRC section 401(a);
 - 3) Qualified annuity under IRC section 403(a);
 - 4) Tax-sheltered annuity or custodial account under IRC section 403(b); or
 - 5) Governmental plan under IRC section 457(b).

Limits on amount and frequency of this type of contribution are not the same as those described above for annual contributions. In order to ensure that your rollover does not result in a taxable distribution, it is important to observe IRS rules regarding rollovers and transfers. (*See IRS Publication 590.*)

If you receive a distribution that qualifies for rollover treatment, the institution making that distribution should inform you of your eligibility to make a rollover. You will have 60 days from the date you receive the distribution to roll over the proceeds. If you receive a distribution from one IRA and roll it over into another, you generally may not make another rollover from either the distributing IRA or the receiving IRA for one year.

In addition to rolling over into your IRA eligible amounts you received, you may also rollover an eligible distribution from an employer's qualified plan to your IRA in a direct trustee-to-trustee rollover, and transfer amounts from one IRA directly to another IRA in a trustee-to-trustee transfer. Direct trustee-to-trustee IRA-to-IRA transfers are not subject to the 12-month waiting period that applies to IRA rollovers.

In order to ensure that your rollover does not result in a taxable distribution, and possibly a penalty on premature distributions, it is important to observe IRS rules regarding rollovers and transfers. (*See IRS Publication 590.*)

- d. **Excess Contributions.** If you contribute more in a year than is allowed, the amount of the excess contribution is subject to a 6% excise tax. You may avoid the 6% excise tax if you withdraw the excess amount, including any interest earned on that excess amount, before the due date for filing your tax return. The excess contribution and applicable interest is to be included in your income for the tax year. In addition, the interest (but not the excess contribution itself) may be subject to a 10% premature distribution tax.

If you miss the deadline for making a tax-free withdrawal of excess contributions, you may choose instead to carry forward the excess amount and apply it to a later year's allowable contribution. However, the 6% excise tax will still apply in the year the excess contribution was made. In addition, if the excess contribution is not completely eliminated in a given year, it will be subject to a cumulative 6% tax until it is withdrawn or eliminated.

You must file IRS Form 5329 for a year in which you have an excess contribution.

- e. **Compensation.** For purposes of calculating contributions to your IRA, compensation includes wages, salaries, professional fees, and other amounts received for personal services actually performed. It does not include earnings from investment property such as interest, rents, and dividends. Any income that is not includible in your gross income is not compensation.
 - f. **Annual Reporting.** Once a year we send IRS Form 5498 to you and the IRS. Form 5498 reports contributions and rollovers made to your IRA during the previous year and the IRA balance as of the last day of that year. Direct trustee-to-trustee transfers from one IRA to another are not reported.
4. **Deductibility of Your IRA Contribution.** Once you have determined the maximum amount you may contribute to your IRA for the year, you must determine how much of it is tax deductible. You may be able to deduct all or a portion of your IRA contribution, depending on whether you or your spouse participated in an employer-sponsored retirement plan in the tax year. If you are not sure if you or your spouse was covered by an employer plan, consult the employer. Most employers are required to furnish this information on Form W-2.
- a. **No Employer Plan.** If neither you nor your spouse was covered in the tax year by an employer-sponsored retirement plan (including a pension, profit sharing, SEP, or TSA plan), your contribution may be fully tax-deductible up to the lesser of the annual contribution limit or 100% of your compensation.
 - b. **Employer Plan.** If either you or your spouse was covered for any part of the tax year by an employer-sponsored plan, the maximum IRA contributions you may deduct in a year will depend on your: (1) modified Adjusted Gross Income (AGI); (2) tax return filing status; and (3) receipt of social security benefits. Charts listing deduction limits and worksheets to calculate your modified AGI are in IRS Publication 590.

Special rules for deducting contributions to your spouse's IRA are in IRS Publication 590.

If only a portion of your contribution is tax deductible, the remaining portion may still be contributed to your IRA as a non-deductible contribution, subject to the annual contribution limits described above. The gains and earnings, however, on these non-deductible contributions shall accrue tax free until paid to you. If you make non-deductible contributions, you must report them by filing IRS Form 8606.

- c. **Timing the Contribution for Deduction.** IRA contributions for a year may be made up to April 15 of the following year. However, you will need to identify clearly any contribution made after year end that is to be applied to the prior tax year. For example: if you make a contribution after December 31 of a given year but on or before April 15 of the following year, and it is intended as a contribution for the year that had ended on that December 31, then you must identify it clearly as such. Otherwise, it will be recorded as a contribution for the year in which the contribution was actually received.
5. **Distributions.** You may withdraw funds from your IRA or receive them in annuity payments, but a 10% additional tax generally applies to distributions made before you reach age 59½. However, funds may not remain in your IRA indefinitely. When you reach age 70½, or if you die before that age, minimum distribution requirements must be met. When your Contract is in its surrender charge period, surrender charges are waived on required minimum distributions. You may correct excess contributions without penalty by withdrawing them before an annual deadline.
- a. **Annuity Benefits.** Annuity payment options under an IRA must meet the requirements of IRC sections 401(a)(9) and 408(b)(3).
 - b. **Required Minimum Distributions.** You must begin receiving distributions from your IRA no later than April 1 following the calendar year in which you reach age 70½. Minimum distributions must meet the requirements under IRC sections 408(a)(6) and 408(b)(3). Distributions must be made over:
 - 1) Your life, or the lives of you and your Beneficiary; or
 - 2) A period not extending beyond: (1) your life expectancy, or (2) the joint and last survivor expectancy of you and your Beneficiary.

Payments must be made at periodic intervals of no longer than one year. Once the minimum required distribution is determined, you may choose a payment option that meets this requirement.

If distributions from your IRA do not meet the minimum distribution requirements, you are subject to a penalty tax of 50% on the amount of the shortfall. You must file IRS Form 5329 for any year in which the 50% penalty tax applies.

If you have more than one IRA, you must determine the amount to be withdrawn under each one separately. However, you may then total this amount and take the distribution from any one or more of your IRAs.

- c. **10% Penalty for Premature Distributions.** If you take a withdrawal from your IRA before you are age 59½, the amount withdrawn that is includible in income may be subject to a 10% penalty. The IRS requires payment of this penalty in addition to the ordinary income tax due on the distribution.

The 10% penalty will not apply if the withdrawal is made due to your death or disability, or if it is part of a series of substantially equal payments made over your life or life expectancy (or over the joint lives or the joint life expectancy of you and your Beneficiary).

The penalty may not apply if you meet other exceptions to the age 59 ½ rule, which include situations in which: (1) you are the Beneficiary of a deceased IRA owner and do not treat the IRA as your own; (2) you use the distributions to buy, build, or rebuild a first home; (3) the distributions are less than your qualified higher education expenses.

Generally, the penalty will not apply if the amount withdrawn is: (1) properly rolled over to another qualified arrangement within 60 days after you receive it; (2) return of an excess contribution; (3) made on account of medical care expenses to the extent that the distribution does not exceed the amount allowable as a deduction for such expenses; or (4) made to an unemployed person after separation from employment for health insurance premiums.

You must file IRS Form 5329 for any year in which you have a reportable premature distribution.

- d. **Death Benefit.** If you die after distributions have begun from your IRA but before all benefits have been paid out, any remaining payments to your Beneficiary must continue at least as rapidly as the payment option you chose.

If you die before distributions have begun from your IRA and your spouse is not your Beneficiary, your Beneficiary may elect either: (1) to have the entire value of the IRA paid out within five years of your death; or (2) to schedule payments over your Beneficiary's life or life expectancy with the first payment to begin by December 31 of the year following your death. If your spouse is your sole Beneficiary, generally your spouse may continue the Contract as your spouse's own IRA.

- e. **Taxation of Distributions.** Generally, distributions from your IRA are taxable as ordinary income in the year received. However, if you have made non-deductible contributions, only the interest received on such contributions will be taxable. The portion of each distribution attributable to a non-deductible contribution is not taxable since you have already paid income tax on those amounts.

Generally, taxation may be deferred on the deductible contributions if the distribution is rolled over to another IRA or qualified employer plan (under certain circumstances) within 60 days of receipt of the distribution. If you rollover funds from your IRA, you may not make another rollover from the same IRA for one year.

Amounts that are withdrawn to meet the minimum distribution requirements may not be rolled over, nor may any of a series of substantially equal periodic payments meeting an exception to the age 59 ½ premature distribution penalty. If you inherit an IRA from someone other than your spouse, you may not roll it over.

- f. **Annual Reporting.** If an amount has been distributed from your IRA in a year, we report it to you and the IRS in January of the following year on IRS Form 1099-R.

6. **Federal Estate Tax and Gift Tax Rules.** After your death, your IRA may be subject to federal estate tax. The right of your Beneficiary to any proceeds remaining after your death may be subject to federal gift tax. Please consult your tax advisor.

7. **Loan Restriction.** Use of your IRA as security or collateral for a loan will result in disqualification of your IRA Contract. This means that you will be taxed on the full value of your IRA for the tax year in which the loan was made.

**CONTRACT SUMMARY
STATEMENT OF POLICY COST AND BENEFIT INFORMATION
Index Select Annuity - 5**

Issued and Administered by: Standard Insurance Company 1100 SW Sixth Avenue Portland, OR 97204 (800) 247-6888	Producer: AGENCY 94 SERVICING AGENT ATTN P5A PO BOX 711 PORTLAND, OR 97207-0711
Owner(s): MALE ME 1992	Contract Number: 00AA903260 Contract Effective Date: May 14, 2017 (Older) Annuitant 's Gender: Male
Annuitant(s): MALE ME 1992 (Older) Annuitant's Age as of Contract Effective Date: 24 Prepared on: August 29, 2017	

The Index Select Annuity - 5 is an individual single premium deferred index annuity. The monthly life annuity payout at age 60 is \$482.89, at age 65 is \$580.25, at age 70 is \$716.87, and as of the annuity date is \$12,153.39 based on: (a) guaranteed interest rates; (b) account allocation percentages shown on your application; (c) no changes in your account allocation percentages; and (d) no surrenders or withdrawals. The values in this contract summary: (a) are not projections of anticipated results; and (b) may differ as interest rates vary.

The contract offers annuity account allocation options: (a) fixed interest account; and (b) index interest account(s). You may allocate premium among the accounts. You may also reallocate funds among the accounts by providing us written notice of such reallocation no later than three business days before the end of an index term that applies to the eligible index interest account(s). The reallocation will become effective as of the beginning of the new index term.

Fixed Interest Account: Interest is credited daily to funds in the fixed interest account. The initial interest rate is guaranteed for the first contract year. The interest rate may change thereafter.

Index Interest Account(s): Interest is credited at the end of the index term for an index interest account. The interest credited is based on the growth of the applicable index over the index term, subject to the index account's participation rate and index rate cap for the index term. The participation rate and index rate cap may change each index term.

Minimum Guarantee: Premium for the contract is required to meet regulatory interest rate growth requirements. At a minimum, 87.50% of your premium is required to accumulate at a guaranteed minimum annual interest rate of 1.00% for the fixed interest account and 1.00% for the index interest account(s). The Index Select Annuity - 5 will meet or exceed the regulatory minimum growth requirements.

Surrender Charge Period: The surrender charges for the surrender charge period are: (a) 8.0% in the first contract year; (b) 7.0% in the second contract year; (c) 6.0% in the third contract year; (d) 5.0% in the fourth contract year; and (e) 4.0% in the fifth contract year. There are no surrender charges beginning in the sixth contract year.

Guaranteed Interest Rate – Fixed Interest Account: The initial effective annual interest rate for the fixed interest account is 2.00%. The initial effective annual interest rate is guaranteed for the first year. Interest rates thereafter will not be less than the contract guaranteed minimum interest rate of 0.10%.

Guaranteed Minimum Accumulation Benefit: If at the end of the surrender charge period the value of the annuity fund is less than the guaranteed minimum accumulation value, the contract will be credited with a one-time payment of a guaranteed minimum accumulation benefit (GMAB). The GMAB is equal to the difference between the guaranteed minimum accumulation value and the value of the annuity fund. The GMAB equals: (a) net premium; times (b) a percentage specified in the Contract's Guaranteed Minimum Accumulation Benefit Rider. The GMAB will be credited to each account in proportion that each account's fund has to the value of the annuity fund as of the guaranteed minimum accumulation benefit eligibility date. The GMAB eligibility date is shown in the Contract's Guaranteed Minimum Accumulation Benefit Rider.

The death benefit is equal to: (a) the value of the annuity fund on the date of death; or (b) the minimum nonforfeiture value as of the date of death (the regulatory guaranteed minimum); whichever is greater. The death benefit will be credited with its pro-rata share of interest, subject to any applicable participation rate and index rate cap.

Annuity benefit payments are scheduled to begin on May 14, 2108 (the annuity date). The contract matures on the annuity date. The annuity date is: (a) the contract anniversary coinciding with or next following the (older) annuitant's 115th birthday; or (b) the tenth contract anniversary; whichever is later.

The effective annual yields based on our guaranteed interest rates are as follow:

End of 10 th Contract Year	0.51%
Annuity Date	0.85%

FINANCIAL DISCLOSURE
Index Select Annuity - 5

Issued and Administered by:
Standard Insurance Company
1100 SW Sixth Avenue
Portland, OR 97204
(800) 247-6888

Producer:
AGENCY 94 SERVICING AGENT
ATTN P5A
PO BOX 711
PORTLAND, OR 97207-0711

Owner(s): MALE ME 1992

Contract Number: 00AA903260
Contract Effective Date: May 14, 2017
(Older) Annuitant 's Gender: Male

Annuitant(s): MALE ME 1992

(Older) Annuitant's Age as of Contract Effective Date: 24

Prepared on: August 29, 2017

Premium:

Initial Total Contract Premium: \$123,456.78

Fixed Interest Account:

Initial Premium: \$61,728.39

Initial Premium Allocation: 50.00%

Index Interest Account(s):

Index Interest Account - Index Cap

Initial Premium \$49,382.71

Initial Premium Allocation 40.00%

Index Interest Account - Index Participation

Initial Premium \$12,345.68

Initial Premium Allocation 10.00%

Contract Guarantees:

Fixed Interest Account:

Initial Effective Annual Interest Rate: 2.00%

Minimum Guaranteed Interest Rate: 0.10%

Minimum Fund Guaranteed Interest Rate: 1.00%

Minimum Fund Percent of Premium: 87.50%

Index Interest Account(s):

Minimum Index Rate Cap: 1.00%

Minimum Participation Rate: 15.00%

Minimum Fund Guaranteed Interest Rate: 1.00%

Minimum Fund Percent of Premium: 87.50%

Guaranteed Minimum Accumulation Benefit (GMAB): 5.00% of net premium on the GMAB eligibility date

End of Contract Year	Age	Value Based on Guaranteed Interest Crediting Rates				
		Annuity Fund Value	Surrender Value	Minimum Surrender Value After Guarantee Funds	Minimum Surrender Value Effective Annual Yield	Death Benefit Value
1	25	\$124,691	\$114,716	\$114,716	-7.08%	\$124,691
2	26	\$124,754	\$116,895	\$116,895	-2.69%	\$124,754
3	27	\$124,817	\$118,077	\$118,077	-1.47%	\$124,817
4	28	\$124,880	\$119,261	\$119,261	-0.86%	\$124,880
5	29	\$129,630	\$124,963	\$124,963	0.24%	\$129,630
6	30	\$129,695	\$129,695	\$129,695	0.82%	\$129,695
7	31	\$129,761	\$129,761	\$129,761	0.71%	\$129,761
8	32	\$129,827	\$129,827	\$129,827	0.63%	\$129,827
9	33	\$129,892	\$129,892	\$129,892	0.57%	\$129,892
10	34	\$129,958	\$129,958	\$129,958	0.51%	\$129,958
15	39	\$130,288	\$130,288	\$130,288	0.36%	\$130,288
20	44	\$130,620	\$130,620	\$131,811	0.33%	\$131,811
25	49	\$130,954	\$130,954	\$138,534	0.46%	\$138,534
30	54	\$131,289	\$131,289	\$145,601	0.55%	\$145,601
35	59	\$131,626	\$131,626	\$153,028	0.62%	\$153,028
36	60	\$131,694	\$131,694	\$154,558	0.63%	\$154,558
41	65	\$132,033	\$132,033	\$162,442	0.67%	\$162,442
45	69	\$132,305	\$132,305	\$169,038	0.70%	\$169,038
46	70	\$132,373	\$132,373	\$170,729	0.71%	\$170,729
55	79	\$132,991	\$132,991	\$186,723	0.76%	\$186,723
65	89	\$133,683	\$133,683	\$206,259	0.79%	\$206,259
75	99	\$134,383	\$134,383	\$227,838	0.82%	\$227,838
85	109	\$135,089	\$135,089	\$251,675	0.84%	\$251,675
91	Annuity Date	\$135,517	\$135,517	\$267,158	0.85%	\$267,158

The values shown above: (a) are based on the account allocation percentages shown in your application; (b) assume no changes in your account allocation percentages; and (c) assume no surrender or withdrawals have occurred.



TheStandard®

Suitability Profile

Standard Insurance Company
Individual Annuities 800.247.6888 Tel

1100 SW Sixth Avenue Portland OR 97204-1093 www.standard.com

The purpose of this profile is to help your insurance broker determine if the annuity product you are purchasing from The Standard is suitable based on your financial situation and goals. You must complete this profile in its entirety and submit it with your application for The Standard to proceed with your purchase.

CHECK HERE IF A MEDICAID SPIA ☐

A. OWNER INFORMATION

Full Legal Name _____ Birth Date _____
Are you actively employed? ☐ Yes ☐ No Anticipated Retirement Age _____

JOINT OWNER INFORMATION

Full Legal Name _____ Birth Date _____
Are you actively employed? ☐ Yes ☐ No Anticipated Retirement Age _____

B. FINANCIAL GOALS AND OBJECTIVES ****IMPORTANT** ALL QUESTIONS MUST BE ANSWERED**

1. Why are you considering purchasing this annuity?
(check all that apply) ☐ Immediate Income ☐ Long-Term or Lifetime Income
☐ Tax Deferral ☐ Assets for Beneficiaries
☐ Estate Planning ☐ Retirement
☐ Safety of Funds ☐ Other _____
2. What is your financial time horizon for achieving this annuity's goals? ☐ Less than one year ☐ 1-5 years ☐ 6-10 years
☐ Longer than 10 years
3. How long do you plan to keep this annuity? _____ years
4. Which financial products do you own or have you previously owned? (check all that apply) ☐ Deferred Annuities ☐ Immediate Annuities
☐ Life Insurance ☐ Certificates of Deposit
☐ Stocks/Bonds/Mutual Funds
☐ Other _____
5. What sources of funds will be used for the purchase of this annuity? (check all that apply) ☐ Other Annuities ☐ Life Insurance
☐ Savings/Checking ☐ Certificates of Deposit
☐ Money Market ☐ Stocks/Bonds/Mutual Funds
☐ Loan ☐ IRA or Retirement Plan
☐ Reverse Mortgage ☐ Other _____
6. Is the source of funds a life insurance policy or annuity contract? ☐ Yes ☐ No
If yes, please answer questions a–f, otherwise proceed to Section C.
 - a. Will you incur a surrender charge by exchanging your old policy? ☐ Yes ☐ No
If yes, what is the surrender charge (including, if applicable, MVA or other adjustments) on each policy being replaced? Policy 1: _____% Policy 2: _____%
Policy 3: _____% Policy 4: _____%
If surrender charge exceeds 2%, please explain why this is suitable in Section E.
 - b. Will a market value adjustment reduce the value of the replaced contract? ☐ Yes ☐ No

Submit original with application. Leave copy with applicant. Keep copy in producer file.

Incomplete without all pages and signatures

Standard Insurance Company

Individual Annuities 800.247.6888 Tel
1100 SW Sixth Avenue Portland OR 97204-1093 www.standard.com

Suitability Profile

B. FINANCIAL GOALS AND OBJECTIVES **IMPORTANT ALL QUESTIONS MUST BE ANSWERED**

- c. Will you lose existing benefits by surrendering your existing policy? (check all that apply) ☐ Yes ☐ No
☐ Death Benefit ☐ Living Benefit
☐ Interest Bonus ☐ Persistency Bonus
☐ Higher Guaranteed Interest Rate
☐ Other _____
- d. By proceeding with the proposed exchange or replacement, will you be subject to increased fees, investment advisory fees, or charges for riders and similar product enhancement? ☐ Yes ☐ No
- e. Have you had another policy exchange or replacement within the past 36 months? ☐ Yes ☐ No
- f. How does this annuity better meet your financial goals? _____

C. FINANCIAL INFORMATION **IMPORTANT ALL QUESTIONS MUST BE ANSWERED**

1. What is your federal income tax bracket? ☐ 10% ☐ 15% ☐ 25% ☐ 28% ☐ 33% ☐ 35%
2. What will be your annual household gross income after this proposed annuity purchase? \$ _____
3. What are your annual household living expenses, including annual debt payments? \$ _____
4. After the purchase of this annuity, will you have sufficient income to meet your expenses? ☐ Yes ☐ No
5. Do you anticipate significantly higher expenses during the proposed annuity surrender period including medical expenses? ☐ Yes ☐ No
 If yes, what is the highest level of reoccurring annual expenses expected during the surrender charge period? \$ _____
6. Do you anticipate significantly lower income during the proposed annuity surrender period? ☐ Yes ☐ No
 If yes, what is the lowest level of reoccurring annual income expected during the surrender charge period? \$ _____
7. What are your total liquid assets before the proposed annuity purchase? \$ _____
 Liquid assets may be:
 • Savings/Checking/CDs • Stocks/Bonds/Mutual Funds
 • Retirement Plan Funds • Life Insurance
 • Cash Value of Annuities
8. What percentage of your liquid assets will the proposed annuity purchase be? (Annuity purchase amount ÷ Line 7) %
9. Do you anticipate changes in your out-of-pocket medical expenses during the proposed annuity's surrender period? ☐ Yes ☐ No
10. Is your income sufficient to cover future changes in your household or medical expenses during the proposed annuity's surrender period? ☐ Yes ☐ No

Submit original with application. Leave copy with applicant. Keep copy in producer file.

Incomplete without all pages and signatures

Standard Insurance Company

Individual Annuities 800.247.6888 Tel
1100 SW Sixth Avenue Portland OR 97204-1093 www.standard.com

Suitability Profile

C. FINANCIAL INFORMATION **IMPORTANT ALL QUESTIONS MUST BE ANSWERED**

11. Do you have an emergency fund for unexpected expenses? ☐ Yes ☐ No
12. If you answered yes to questions 5, 6 or 9, or no to questions 4, 10 or 11, please explain. _____
13. Do you intend to apply for means-tested government benefits, including but not limited to, Medi-Cal or the veterans' aid and attendance benefit? ☐ Yes ☐ No

D. OTHER CONSIDERATIONS **IMPORTANT ALL QUESTIONS MUST BE ANSWERED**

1. Do you anticipate a need to withdraw more than a penalty-free amount from this annuity during the surrender period? ☐ Yes ☐ No
2. Do you understand that if you withdraw more than a penalty-free amount from this annuity during the surrender period, you will incur a surrender charge? ☐ Yes ☐ No
3. What distributions do you anticipate from this annuity?
(check all that apply) ☐ Annuitization ☐ Immediate income
☐ Substantially Equal Periodic Payments
☐ Required minimum distributions ☐ Full surrender
☐ Partial withdrawals ☐ Interest-only payments
☐ No distributions anticipated
4. When do you anticipate taking your first distribution from this annuity? (choose one) ☐ 1 year ☐ 2-5 years ☐ 6-7 years
☐ 8-10 years ☐ Longer than 10 years
5. Do you understand that you may incur a 10% federal tax penalty for withdrawals before age 59½? ☐ Yes ☐ No
6. Does the owner currently reside in a nursing home or assisted living facility? ☐ Yes ☐ No
7. Describe your risk tolerance:
- ☐ Conservative: I want to preserve my initial principal with minimal risk, even if that means the account does not generate significant income or returns and may not keep pace with inflation.
- ☐ Moderate: I am willing to accept some risk to my initial principal and tolerate some volatility to seek higher returns, and understand I could lose a portion of money invested.
- ☐ Aggressive: I am willing to accept maximum risk to my initial principal to aggressively seek maximum returns, and I understand I could lose most, or all, of the money invested.
8. Which of the following best describes your financial experience?
- ☐ Very experienced: Good understanding of financial products, own a broad range of financial products, confident about financial decisions.
- ☐ Moderate experience: General understanding of some financial products, own some financial products, willing to make some financial decisions.
- ☐ Limited experience: Primary savings in certificates of deposit, savings/checking, money market funds; nervous about financial decisions.
9. What additional information should your insurance producer know before making a final annuity purchase recommendation?
(Examples: expected major life changes, beneficiary needs, etc.)
- _____
- _____

Submit original with application. Leave copy with applicant. Keep copy in producer file.

Incomplete without all pages and signatures

Standard Insurance Company

Individual Annuities 800.247.6888 Tel
1100 SW Sixth Avenue Portland OR 97204-1093 www.standard.com

Suitability Profile

E. INSURANCE BROKER DECLARATIONS AND ACKNOWLEDGMENT

**** IMPORTANT **** THE FOLLOWING SECTION MUST BE COMPLETED BY THE AGENT, INSURER OR MANAGING GENERAL AGENT PROPOSING THIS PURCHASE. **IT MAY NOT BE LEFT BLANK OR CONTAIN A RESPONSE CONSISTING OF "NONE" OR "N/A". AN INCOMPLETE RESPONSE WILL RESULT IN A DELAY IN ISSUANCE.**

I have recommended the purchase of this annuity. The basis for my recommendation is:

I declare that I have truly and accurately recorded on this form all of the information provided by the Purchaser(s). I have verified the identity of the Purchaser(s) with government-issued photo identification and I believe the identity information provided to me is true and accurate. I have informed the Purchaser(s) of the various features of the annuity including tax penalties and fees. I believe that the Purchaser(s) will benefit from the annuity's features. Based on the facts disclosed to me by the Purchaser(s) and based on all circumstances known to me at the time the recommendation was made, I declare that this annuity purchase as a whole is suitable to the insurance needs and financial objectives of the Purchaser(s).

Insurance Broker Signature: _____ Date: _____

Insurance License Number: _____

Standard Insurance Company Producer Identification Number: _____

F. OWNER(S) DECLARATIONS AND ACKNOWLEDGMENT

I/we hereby acknowledge:

- ☐ Yes ☐ No I/we represent that all statements and information provided herein are true and complete to the best of my belief and knowledge.
- ☐ Yes ☐ No I/we understand that should I provide incomplete or inaccurate information, I will limit protection afforded to me by law regarding the suitability of this purchase.
- ☐ Yes ☐ No I/we have reviewed the product-specific disclosure with my insurance broker and I understand the costs and features of the annuity I am purchasing.
- ☐ Yes ☐ No I/we understand and acknowledge that The Standard and its representative do not offer legal, financial, tax, investment or estate-planning advice and I have had the opportunity to seek such advice from the proper sources before purchasing this annuity.
- ☐ Yes ☐ No I/we believe that the purchase of this annuity is appropriate to my particular legal, financial, tax, investment and estate-planning goals and other insurance needs.

Owner Signature: _____ Date: _____

Signed In (City/State): _____

Joint Owner (if applicable): _____ Date: _____

Signed In (City/State): _____

Submit original with application. Leave copy with applicant. Keep copy in producer file.

Incomplete without all pages and signatures

Standard Insurance Company

A Stock Life Insurance Company
1100 SW Sixth Avenue
Portland OR 97204
(800) 247-6888

Application Amendment

Owner(s):	MALE ME 1992
Contract Number:	00AA903260
Annuitant(s):	MALE ME 1992
Amendment Effective Date:	May 14, 2017

1. Amendment. The application for the Contract is amended as follows:

Section 4, Premium, Total Amount Expected reads as follows: \$123,456.78

2. Amendment Termination. This amendment automatically ends on the earliest of the following dates:

- a. The date the Contract is surrendered.
- b. The date the Contract is Annuitized.
- c. The date the Contract is terminated.

PART OF CONTRACT -- This amendment is part of the Contract to which it is attached. All Contract terms will apply to this amendment unless they: (a) have been changed by this amendment; or (b) conflict with this amendment.

Changes or alterations to this amendment will not be accepted.

The Owner(s) agree(s) that the changes noted above are binding on any person claiming an interest in the Contract.

The signatories to this amendment represent that the statements and information as amended above are: (a) true and complete to the best of their belief and knowledge; and (b) are being relied on by Standard Insurance Company.

Signatures:

(Owner Signature)

MALE ME 1992

(Owner Printed Name)

Date:

Signed at City, State:

Email Address:

(Joint Owner Signature, if any)

(Joint Owner Printed Name, if any)

Date:

Signed at City, State:

Email Address:

(Annuitant Signature, if other than Owner)

MALE ME 1992

(Annuitant Printed Name, if other than Owner)

Date:

Signed at City, State:

Email Address:

(Joint Annuitant Signature, if any)

(Joint Annuitant Printed Name, if any)

Date:

Signed at City, State:

Email Address:

(Insurance Broker Signature)

AGENCY 94 SERVICING AGENT

(Insurance Broker Printed Name)

Date:

Signed at City, State:

Email Address:

Standard Insurance Company

By



J. Greg Ness
Chairman, President and CEO



Holley Y. Franklin
Corporate Secretary

PREVIEW

PREVIEW

Contract Delivery Receipt

Standard Insurance Company
Annuities Administration (800) 247-6888 (800) 378-4570 Fax
1100 SW Sixth Avenue Portland 97204 www.standard.com

Return this signed form to Standard Insurance Company in the enclosed post-paid envelope.

1. Contract Identification

POLICY NUMBER 00AA903260	OWNER NAMES(S) MALE ME 1992		
ADDRESS 382734 TOWN STREET	CITY ARLINTGON	STATE ME	ZIPCODE 32834

2. Insurance Broker

NAME AGENCY 94 SERVICING AGENT	STANDARD INSURANCE COMPANY PRODUCER IDENTIFICATION 000000094X
-----------------------------------	--

3. Acknowledgement

I acknowledge receipt of the above contract issued by Standard Insurance Company on the date indicated by my signature.

(Owner Signature)

MALE ME 1992

(Owner Printed Name)

Date:

Signed at City, State:

Email Address:

(Joint Owner Signature, if any)

(Joint Owner Printed Name, if any)

Date:

Signed at City, State:

Email Address:

(Insurance Broker Signature)

AGENCY 94 SERVICING AGENT

(Insurance Broker Printed Name)

Date:

Signed at City, State:

Email Address:

Brokers: Return original document to The Standard and keep a copy of this receipt for your file.



August 29, 2017

MALE ME 1992
382734 TOWN STREET
ARLINTGON ME 32834

Annuity Policy Number: 00AA903260

Suitability Profile Information Confirmation

Dear MALE ME 1992:

Welcome to Standard Insurance Company's family of annuity policyholders. We appreciate the trust you have placed in us regarding your financial security.

Current state regulations require us to provide you an opportunity to confirm the information used to determine the suitability of The Standard's annuity product for you. Please review the copy of the suitability profile provided with your new contract and confirm its accuracy by signing and returning the statement below.

Please contact an annuity service specialist at (800) 247-6888 if the suitability profile is not accurate as of the date you signed it or if you have any questions about your policy. We are committed to providing you with excellent customer service.

Sincerely,

KELLY HOWLETT Ext: 5370
Individual Annuities Administration

cc: Broker: AGENCY 94 SERVICING AGENT 94

I confirm that the information provided on the Suitability Profile provided with the application for policy 00AA903260 was accurate as of the date it was signed.

Signature of Owner

Date

Return this letter to:

Standard Insurance Company
Annuities Administration P6C
PO Box 711
Portland OR 97207-0711

Standard Insurance Company

A Stock Life Insurance Company
1100 SW Sixth Avenue
Portland OR 97204
(800) 247-6888

California Notice Contract Surrenders

Annuity contracts issued in California are subject to the following items with respect to surrenders:

1. **Definitions.** The Definitions provision adds the following definition:

Surrender Request Effective Date.

The date your request for a surrender under the Contract, partial or total, is received: (a) by us; or (b) by a servicing agent authorized by us in writing to receive your request on our behalf; and (c) includes the information required by us to administer your request.

2. **Contract Surrenders; Request Requirements.** Your request for a partial or total surrender must meet the following rules:

- a. You must provide us with Written Notice of your request.
- b. Your request must include the following information:
 - i. A statement that clearly shows that you are requesting a surrender under the Contract.
 - ii. The contract number of the Contract under which a surrender is to be made.
 - iii. The name, address and telephone number of the Contract Owner(s).
 - iv. Instructions that clearly identify: (a) the method of delivery; and (b) payment of the surrender amount requested.
 - v. For a partial surrender:
 - a) The surrender amount.
 - b) The requested beginning date, frequency and maximum annual surrender amount, as applicable.
 - c) Instructions for subaccount surrenders, as applicable.
 - vi. Instructions for tax withholding.
 - vii. The signature of the Owner(s).
 - viii. The signature of any person who is: (a) a collateral assignee; (b) an irrevocable beneficiary; or (c) any other person who has an interest in the Contract through a legally-binding document; as applicable.
 - ix. For a total surrender, the Contract or a lost Contract statement.

3. **Contract Surrenders; Process Requirements.** The process to meet your surrender request must meet the following rules:

- a. We will pay you the surrender amount due as soon as reasonably possible, but not more than 45 days from your Surrender Request Effective Date.

- b. We may require you to complete and provide us with an administrative form or forms. If we require such administrative form(s), we will send you the form(s) or make it(them) available to you electronically within two business days of our receipt of your written request for a surrender.
- c. If we receive the completed administrative form(s) within 14 days of your Surrender Request Effective Date, we will pay the surrender amount due as soon as reasonably possible, but not more than 30 days from your Surrender Request Effective Date.

Please feel free to contact us at the address and/or phone number shown above if you have any questions or need additional information about your request for a surrender under the Contract.

PREVIEW

Standard Insurance Company

A Stock Life Insurance Company

1100 SW Sixth Avenue

Portland OR 97204

(800) 247-6888

Single Premium Deferred Index Annuity Contract

Owner(s):	MALE ME 1992
Contract Number:	00AA903260
Annuitant(s):	MALE ME 1992
Contract Effective Date:	May 14, 2017

The consideration for the Contract is: (a) the application; and (b) the payment of the initial premium as provided herein. The application is attached to and made part of the Contract. We will provide annuity benefit payments on the Annuity Date according to the terms of the Contract if the Annuitant(s) and the Owner(s), if other than the Annuitant(s), are living on such date. We will provide death benefits according to the terms of the Contract if any Owner dies before the Annuity Date. Surrender charges may be waived in certain instances.

For purposes of effective dates and ending dates under the Contract, all days begin and end at 12:00 midnight at the Owner's address. All provisions on this and the following pages are part of the Contract. "You" and "your" mean the Owner(s). "We," "us" and "our" mean Standard Insurance Company. Other defined terms appear with their initial letters capitalized. Section headings and references to them appear in **bold type**.

IMPORTANT: YOU HAVE PURCHASED AN ANNUITY CONTRACT. CAREFULLY REVIEW IT FOR LIMITATIONS.

THIS CONTRACT MAY BE RETURNED WITHIN 30 DAYS FROM THE DATE YOU RECEIVED IT FOR A FULL REFUND BY RETURNING IT TO US OR THE AGENT WHO SOLD YOU THIS CONTRACT. AFTER 30 DAYS, CANCELLATION MAY RESULT IN A SUBSTANTIAL PENALTY KNOWN AS A SURRENDER CHARGE.

THE SURRENDER CHARGES (SEE PAGE 7) ARE LISTED IN CONTRACT DATA ON PAGE 2CD.

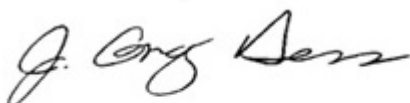
Read Your Contract Carefully. The Contract is a legal contract between you and us. Please read your Contract carefully. You may contact us at the telephone number above to make inquiries, obtain information, or request assistance in resolving any issues about your annuity. Upon your written request we will provide factual information about the Contract's benefits and provisions within a reasonable time.

Non-participating. This is a non-participating single premium deferred annuity contract. It does not share in dividends.

External Index. While contract values may be affected by an external index, the Contract does not directly participate in any stock, bond or equity investments.

Standard Insurance Company

By



J. Greg Ness
Chairman, President and CEO



Holley Y. Franklin
Corporate Secretary

PREVIEW

Table of Contents

Contract Data.	1CD
General Contract Information.	1CD
Insurance Department Information.	1CD
Initial Account Allocation Percentages.	2CD
Surrender Charges.	2CD
Value of the Annuity Fund.	2CD
Guaranteed Minimum Value.	2CD
Payment Option Values.	3CD
Fixed Interest Account(s).	3CD
Index Interest Account(s).	4CD
Definitions.	3
Annuity Fund.	4
A. Premium.	4
B. Premium Tax.	4
C. Value of Annuity Fund.	4
D. Credited Interest.	4
Account Allocation.	5
A. Allocation.	5
B. Reallocation.	5
Benefit Provisions.	6
Annuity Benefits.	
A. Annuity Benefit Payments.	6
B. Annuity Benefit Amount.	6
Surrender Benefits.	
A. Total Surrender.	7
B. Partial Surrender.	7
C. Surrender Charge.	7
D. Deferral.	8
Death Benefits.	
A. Death of Owner.	8
B. Death of Annuitant.	8
C. Amount of Death Benefit.	8
D. Payment of Death Benefit.	8
E. Restriction of Choice.	9
F. Beneficiary.	10
G. Surviving Beneficiary.	10
H. No Surviving Beneficiary.	10
I. Payment in Advance.	10
Payment Option Provisions.	11
A. Payment Options.	11
B. Choice of Payment Option.	12
C. Required Information.	12

Owner Provisions.	12
A. Rights of Owner.	12
B. Joint Owners.	13
C. Assignment.	13
D. Payment In Advance.	13
Annuitant Provisions.	13
A. Named Annuitant.	13
B. Change of Annuitant.	14
C. Payment In Advance.	14
General Provisions.	14
A. Entire Contract; Changes.	14
B. Contract.	14
C. Premium; Credited Interest.	14
D. Conformity with State Laws.	14
E. Time Limits on Legal Actions.	15
F. Misstatement.	15
G. Incontestability.	15
H. Notice.	15
I. Reports.	15
J. Minimum Values.	16
K. Effect of Internal Revenue Code.	16

CONTRACT DATA

This section contains many of the features of your Single Premium Deferred Index Annuity Contract. Other provisions appear in: (a) other sections; or (b) attached Contract amendments, riders or endorsements. For full details, please refer to the text of each: (a) section; (b) amendment; (c) rider; or (d) endorsement.

General Contract Information

Contract Number: 00AA903260
Owner(s): MALE ME 1992
Annuitant(s): MALE ME 1992
(Older) Annuitant's Age at Issue: 24
Contract Effective Date: May 14, 2017
Annuity Date*: May 14, 2108
Initial Premium**: \$123,456.78
Riders:
Point-To-Point Index Rider; R-PTP(01/17)
Individual Retirement Annuity Rider (IRA); R-IRA(01/17)
Guaranteed Minimum Accumulation Benefit Rider; R-GMAB-IA(01/17)CA
Percent of Value of the Annuity Fund Waiver of Surrender Charge Rider; R-POF-IA(01/17)
Terminal Medical Condition Benefit Waiver of Surrender Charge Rider; R-TCB-IA(01/17)CA
Waiver of Surrender Charge Rider for Home Care, Community-Based Services, Nursing Care Facility Confinement or Residential Care Facility Confinement; R-NHB-IA(01/17)CA
Annuity Benefit Waiver of Surrender Charge Rider; R-ANN-IA(01/17)
Death Benefit Waiver of Surrender Charge Rider; R-DB-IA(01/17)
Death of Annuitant Waiver of Surrender Charge Rider; R-ANNDW(01/17)

*The Annuity Date is: (a) the Contract Anniversary coinciding with or next following the (older) Annuitant's 115th birthday; or (b) the tenth Contract Anniversary; whichever is later. You may Annuitize the Contract at any time before the Annuity Date while the Contract is in force. See **A. Annuity Benefit Payments** in the **Annuity Benefits** provision.

**Additional premium may be paid for up to the first 90 days after the Contract Effective Date, provided it is noted on your application. No premium will be accepted after the Contract Effective Date other than that noted on the application. The initial premium must be at least \$15,000. The maximum total premium is \$1,000,000 without prior home office approval.

Insurance Department Information

The following is the name and address of the insurance department of the state in which the Contract is delivered:

California Department of Insurance
300 South Spring Street, South Tower
Los Angeles CA 90013
800.927.4357
insurance.ca.gov

Initial Account Allocation Percentages

Fixed Interest Account	50.00%
Index Interest Account - Index Cap	40.00%
Index Interest Account - Index Participation	10.00%

Surrender Charges

The surrender period is the period of time during which a surrender charge applies to benefits payable and surrenders under the Contract.

Contract Year:	Surrender Charge Percentage:
First:	8.0%
Second:	7.0%
Third:	6.0%
Fourth:	5.0%
Fifth:	4.0%
Thereafter:	None

Value of the Annuity Fund

The value of the annuity fund equals:

1. The initial premium; plus
 2. Additional premium paid after the Contract Effective Date; plus
 3. Interest credited; less
 4. Net amounts surrendered; less
 5. Surrender charges, as applicable; less
 6. Premium tax, as applicable.
-

Guaranteed Minimum Value

The guaranteed minimum value of the Contract equals A or B, whichever is greater; where:

A = The value of the annuity; less surrender charges, as applicable.

B = The minimum fund value.

The minimum fund value equals (C - D), accumulated at E; where:

C = 87.50% of the Contract premium.

D = Amounts surrendered (not including surrender charges, premium tax (if applicable)).

E = The following effective annual interest rates:

- | | |
|--------------------------------|-------------------------------------|
| (1) Fixed Interest Account(s): | 1.00% for the life of the Contract. |
| (2) Index Interest Account(s): | 1.00% for the life of the Contract. |

Payment Options Values

The Contract provides for your selection of benefit payment options. The basis for determining minimum payment option values at the time payments are to begin is the 2012 Individual Annuity Reserve Table and annual interest equal to 1.00%. See **Payment Options Provisions**.

Fixed Interest Account

The Contract provides for one or more fixed interest accounts. Each fixed interest account may have its own Fixed Interest Account Value. We reserve the right to: (a) add one or more fixed interest accounts; and (b) stop offering one or more fixed interest accounts after the end of the surrender period. We will provide you with at least 30 days Written Notice of our intent to stop offering a fixed interest account.

Fixed Interest Account Value.

The value of each fixed interest account equals:

1. The amount of the initial premium allocated to the fixed interest account; plus
 2. Additional premium paid after the Contract Effective Date allocated to the fixed interest account; plus
 3. Interest credited to the fixed interest account; plus
 4. Amounts reallocated from other accounts; less
 5. Net amounts surrendered from the fixed interest account; less
 6. Surrender charges, as applicable; less
 7. Amounts reallocated to other accounts; less
 8. Premium tax applicable to the fixed interest account.
-

Fixed Interest Account

Initial Fixed Interest Account Premium:	\$61,728.39
Initial Interest Rate Guarantee Period:	Through the end of the first (1st) Contract Year
Initial Effective Annual Interest Rate:	
Initial Premium:	2.00%
Additional Premium Thereafter:	The interest rate in effect on the date we receive the premium payment. Such interest rate is guaranteed for the initial Interest Rate Guarantee Period.

The interest rate may change after the initial Interest Rate Guarantee Period. However, the guaranteed minimum effective annual interest rate credited to the value of the annuity fund will not be less than 0.10%.

Index Interest Account(s)

Addition or Termination of an Index Interest Account; Substitution of an Index.

The Contract provides for one or more index interest accounts. Each index interest account may have its own: (a) Index Term; and (b) Index Interest Account Value. We reserve the right to: (a) add one or more index interest accounts; and (b) stop offering one or more index interest accounts after the end of the surrender period. We may substitute a comparable index, subject to approval by the California Department of Insurance, if: (a) the index is discontinued; or (b) the calculation of the index is substantially changed. We will provide you with at least 30 days Written Notice of our intent to: (a) stop offering an index interest account; or (b) substitute a comparable index.

Index Interest Account Value.

The value of each index interest account equals:

1. The amount of the initial premium allocated to the index interest account; plus
2. Additional premium paid after the Contract Effective Date allocated to the index interest account; plus
3. Interest credited to the index interest account; plus
4. Amounts reallocated from other accounts; less
5. Net amounts surrendered from the index interest account; less
6. Surrender charges, as applicable; less
7. Amounts reallocated to other accounts; less
8. Premium tax applicable to the index interest account.

Index Interest Account - Index Cap

Initial Index Interest Account Premium:	\$49,382.71
Initial Index Interest Account Allocation Date:	May 15, 2017
Index Determination Method:	Point-to-Point
Index Term:	12 Months
Index:	Standard & Poor's 500
Participation Rate:	100.00%
Index Rate Cap:	4.25%

Index Interest Account - Index Participation

Initial Index Interest Account Premium:	\$12,345.68
Initial Index Interest Account Allocation Date:	May 15, 2017
Index Determination Method:	Point-to-Point
Index Term:	12 Months
Index:	Standard & Poor's 500
Participation Rate:	42.00%
Index Rate Cap:	N/A

The Participation Rate and Index Rate Cap may change after the initial Index Term, subject to the following:

Minimum Participation Rate:	15.00% for the life of the Contract
Minimum Index Rate Cap:	1.00% for the life of the Contract

Note: Index-linked returns do not include the portion of the return generated by the index that comes from dividends. The elements used in determining the credited rate from the index are not guaranteed and may be changed by us, subject to the guarantees in the Contract, and such changes may affect the return.

Definitions

Account Allocation Date.

The date on which funds are allocated to an account while the Contract is in force.

Account Allocation Date Anniversary.

The anniversary of the Initial Account Allocation Date occurring each year the Contract remains in force.

Age.

Age as of last birthday, unless otherwise stated in the Contract.

Annuitant.

The person on whose life the amount and duration of annuity benefit payments are based. A joint Annuitant is a second person on whose life the amount and duration of annuity benefit payments may be based. The Annuitant(s) is named on the Contract cover and in **Contract Data**.

Annuitization; Annuitize.

The process of converting the Contract into a series of annuity benefit payments.

Annuity Date.

The date annuity benefit payments start. See **Contract Data**.

Contract.

The single premium deferred index annuity contract: (a) issued by us to the Owner(s); and (b) identified by the Contract Number.

Contract Anniversary.

The anniversary of the Contract Effective Date occurring each year the Contract remains in force.

Contract Year.

The 12-month period measured from the Contract Effective Date and each 12-month period thereafter.

Index.

An index used to determine the interest for an index interest account. If an index is discontinued, its calculation substantially changes, or we are unable to use it, we may select an alternative index. The change of index is subject to regulatory approval. We will notify you and any assignee of the change in index before it is used.

Index Change.

The change in Index Values used to determine the interest to be credited to the funds in the applicable index interest account(s).

Index Term.

The time period over which change in an Index will be measured. An initial Index Term begins on the applicable index interest account's initial Account Allocation Date. See **Contract Data**.

Index Value.

The closing value of an applicable Index. If an index value is not published for a particular day, we will use the index value for the immediately preceding day for which an index value is published.

Owner.

The person(s) or entity to whom the Contract is issued. The Owner(s) is named on the Contract cover and in **Contract Data**.

Surrender Charge Period.

The period of time during which surrender charges apply. See **Contract Data**.

Written Notice.

Any written notice required under the Contract. Such notice by you must be: (a) signed by the Owner (or both Owners in the case of joint Owners); and (b) delivered to us at our home office; unless we inform you otherwise. Any required written notice by the Annuitant must be: (a) signed by the Annuitant (or both Annuitants in the case of joint Annuitants); and (b) delivered to us at our home office; unless we inform the Annuitant(s) otherwise. Such notice by us will be sent to you at the last known address on our records. You must notify us of any address changes. We are not liable for any action taken by us prior to our receipt of Written Notice.

Annuity Fund

A. Premium.

Premium must be paid to us at our home office.

You may pay additional premium during a limited time period after the Contract Effective Date. See **Contract Data**. Information about your intent to pay premium after the Contract Effective Date is required on the application. Premium accepted after the Initial Account Allocation Date will be allocated to your fixed interest account. No premium will be accepted by us after the Contract Effective Date other than that noted on the application.

Note: If a check for the initial premium is not honored when first presented for payment, the Contract is: (a) void; and (b) considered never in force.

B. Premium Tax.

Premium tax is imposed on annuities in some states. If a premium tax is assessed when the premium is paid, we will deduct it from the premium payment. If a premium tax is assessed any other time, we will deduct it from the benefit payable or the amount surrendered, as applicable.

C. Value of the Annuity Fund.

The value of the annuity fund is used in determining the amount available to provide benefits under the Contract. See **Guaranteed Minimum Value** in **Contract Data**. The value of the annuity fund is determined as shown in **Contract Data**.

D. Credited Interest.

1. Fixed Interest Account(s).

We will credit interest to the fixed interest account(s) daily.

The initial premium allocated to the fixed interest account(s) will be credited with the initial guaranteed effective annual interest rate. See **Contract Data**. We reserve the right to credit each additional premium paid after the Contract Effective Date and allocated to the fixed interest account(s) with a different effective annual interest rate.

After the initial interest rate guarantee period for each premium ends, the effective annual interest rate may change. However, the interest rates to determine your benefits under the Contract will never be less than those required in accordance with **Guaranteed Minimum Value** shown in **Contract Data**.

2. Index Interest Account(s).

We will credit interest to the funds in the index interest account(s) at the end of each Index Term, as applicable. Unless otherwise allowed under the terms of the Contract, no interest will be credited to the funds withdrawn or paid before the end of the applicable Index Term from the index interest account(s). If the Index Change is zero or less for an Index Term, no interest will be deducted from or credited to the applicable index interest account(s).

Account Allocation

A. Allocation.

Premium paid after the Contract Effective Date will be allocated according to your account allocation percentages. The initial account allocation percentages are shown in **Contract Data**.

For a fixed interest account: (a) the initial Account Allocation Date for initial premium is the Contract Effective Date; and (b) the Account Allocation Date for premium paid after the Contract Effective Date is the date we receive the premium. Account Allocation Dates thereafter are the first day of each Index Term.

For an index interest account: see **Contract Data** for the initial Account Allocation Date. Account Allocation Dates thereafter are the first day of each Index Term.

Premium you elect to be allocated to the index interest account(s) will be allocated to the account(s) after all premium is received. Prior to the Initial Index Interest Account Allocation Date, the amount of premium to be allocated to the index interest account(s) will be held and credited with interest at a rate no less than the interest rate applicable to the index interest account(s) for purposes of determining the minimum fund value. See **Contract Data**. Upon receipt of all premium, that portion to be allocated to the index interest account(s) will be allocated as of the Initial Index Interest Account Allocation Date that applies to the index interest account(s). See **Contract Data**.

B. Reallocation.

You may elect to reallocate funds among eligible accounts as of the first day of an Index Term that applies to an index interest account. Funds may not be reallocated at any other time. To reallocate funds we must receive Written Notice of your reallocation request at our home office no later than three business days before the Index Term that applies to the eligible index interest account(s). At least \$2,000 of the value of the annuity fund must remain in any index interest account to which you have allocated funds.

The effective date of any reallocation will be the first day of the new Index Term.

An eligible account is: (a) any index interest account for which a new Index Term will begin; and (b) any fixed interest account.

If we do not receive Written Notice of your reallocation request three or more business days before the beginning of the new Index Term of an eligible index interest account, funds will remain in the current account(s) unless we cease to offer an index interest account in which you have funds.

We reserve the right to reallocate funds into the fixed interest account(s) if: (a) we cease to offer an index interest account in which you have funds; and (b) we do not receive Written Notice of your reallocation request with respect to such index interest account at our home office three or more business days before the beginning of a new Index Term. We will inform you of any such reallocation.

Reallocation has a proportionate effect on an account's guaranteed minimum value. See **Guaranteed Minimum Value** in **Contract Data**. The minimum nonforfeiture value is adjusted as follows:

1. Account from which funds are reallocated.

The account's minimum nonforfeiture value is reduced by:

$$A \text{ times } \left(\frac{B}{C} \right); \text{ where:}$$

A = The account's minimum nonforfeiture value before reallocation.

B = The amount reallocated.

C = The account's value before reallocation.

2. Account to which funds are reallocated.

The account's minimum nonforfeiture value is increased by:

$$D \text{ times } \left(\frac{E}{F} \right); \text{ where:}$$

D = The sum of all reductions to the minimum nonforfeiture value from other accounts, as determined in 1 above.

E = The sum of the amounts reallocated to the account.

F = The sum of all reallocated amounts to all accounts.

For purposes of the above calculations, account fund values are first reduced by any fees and charges that apply to reallocations.

Benefit Provisions

Annuity Benefits

A. Annuity Benefit Payments.

Annuity benefit payments are paid to the Owner(s). Annuity benefit payments, i.e. Annuitization, will begin if:

1. An Annuitant is alive on the Annuity Date;
2. No payment of death benefits has begun; and
3. The payment option has been selected and we have approved the choice.

Note: Our approval is based on our determination of whether or not: (a) the payment option is available under the Contract; (b) the payment option conforms to applicable IRC regulations; and (c) the payment option application form is thoroughly and accurately completed. See **A. Payment Options** of the **Payment Options Provisions**.

You may elect to Annuitize the Contract at any time while the Contract is in force provided:

1. No payment of death benefits has begun; and
2. The Contract, or lost contract statement, is returned to us.

B. Annuity Benefit Amount.

The annuity benefit is the amount that, when applied to a payment option, determines the annuity benefit payments. The annuity benefit will be:

1. The value of the annuity fund on the date of Annuitization, reduced by a surrender charge, as applicable; or

2. The minimum nonforfeiture value, reduced by any applicable premium tax, as of the date of Annuity Date; whichever is greater. See **C. Surrender Charge** in the **Surrender Benefits** provision.

The annuity benefit is not payable as a lump-sum payment. The annuity benefit payments will be no less than that provided by using the applicable surrender value of the annuity fund as premium for a single premium immediate annuity issued by us at time of Annuity Date.

If, for any reason, we have not begun payments within 30 days after the date such annuity benefit payments are to begin, we will credit interest to the annuity fund on the late annuity benefit payment(s) from the date the annuity benefit payments were to have been paid to the date of payment. We will credit such interest at the rate required by law.

Surrender Benefits

A. Total Surrender.

You may surrender the Contract during any Annuitant's lifetime on or before the Annuity Date. To surrender the Contract, you must:

1. Provide us with Written Notice of: (a) your intent to surrender the Contract; and (b) your choice of a lump sum surrender or other payment option chosen by you. See **A. Payment Options** of the **Payment Options Provisions**.
2. Return the Contract, or lost contract statement, to us.

The total surrender value equals:

1. The value of the annuity fund on the date of the surrender, reduced by a surrender charge, as applicable; or
2. The minimum nonforfeiture value as of the date of surrender;

whichever is greater. See **C. Surrender Charge** in this **Surrender Benefits** provision.

If the total surrender value is less than \$5,000, we will pay the benefit in a lump sum.

B. Partial Surrender.

You may request a partial surrender of the Contract during any Annuitant's lifetime on or before the Annuity Date, subject to the following:

1. No payment may be less than \$500.
2. The remaining value of the annuity fund after payment of the partial surrender may not be less than \$2,000.

You must provide us with Written Notice of the amount you wish to surrender. The partial surrender benefit will be reduced by surrender charges, as applicable. Partial surrenders are first paid from the fixed interest account(s). Any remaining partial surrender to be paid after the fixed interest account(s) has been exhausted will be paid from the index interest account(s). We will pay the benefit in a lump sum or according to any other payment option you select.

C. Surrender Charge.

We will reduce benefits paid under the Contract or any amount you surrender by a surrender charge, as applicable. The amount of the surrender charge equals: (a) the amount to be surrendered or the amount of the benefit to be paid, as applicable; times (b) the surrender charge percentage that applies to the Contract Year in which the surrender or benefit payment occurs. See **Contract Data**.

There will be no surrender charge for a surrender occurring or benefit paid after the end of the last Contract Year in which surrender charges apply. There will be no surrender charge for Annuitization or a surrender occurring on or after the Annuity Date.

D. Deferral.

Subject to written request of and approval by the Commissioner or Director of Insurance, we may defer payment of a total or partial surrender for up to six months. If we are going to make such deferral, we will notify you by Written Notice. If we defer such payments for more than 30 days, we will credit interest to the deferred payment from the date of the deferral to the date of payment. We will credit such interest at the rate required by law.

Death Benefits

A. Death of Owner.

We will pay a death benefit if: (a) an Owner dies before the Annuity Date; or (b) you are a non-natural Owner (e.g., corporation or trust) and any Annuitant dies before the Annuity Date. The death benefit will be paid as follows:

1. To the surviving joint Owner, if any; otherwise
2. To the Beneficiary, if living; otherwise
3. To your estate, if you are a natural Owner; otherwise
4. To the Annuitant's estate if you are a non-natural Owner;

except that a surviving joint Owner may elect to continue the Contract.

The death benefit will be paid under **Restriction of Choice**.

B. Death of Annuitant.

No death benefit is payable upon death of an Annuitant before the Annuity Date unless the Owner is: (a) the Annuitant; or (b) a non-natural Owner. See **Death of Owner**.

C. Amount of Death Benefit.

The amount of the death benefit equals:

1. The value of the annuity fund on the date of death, reduced by a surrender charge, as applicable; or
2. The minimum nonforfeiture value as of the date of death;

whichever is greater. See **C. Surrender Charge** in the **Surrender Benefits** provision.

D. Payment of Death Benefit.

In order to pay a death benefit, we must receive proof of death satisfactory to us, including one of the following, as applicable:

1. A certified death certificate.
2. A certified decree of a court of competent jurisdiction as to the finding of death.
3. A written statement by a medical doctor who attended the deceased.
4. Any other information required under state or federal rules, e.g. tax withholding, qualified domestic relations order, etc.

Also, in order to pay a death benefit, the Contract, or lost contract statement, must be returned to us.

Payment of the death benefit will be made: (a) in a lump sum; or (b) under any other payment option chosen by you. See **Payment Options**. If you did not choose a payment option before the date of your death, the surviving joint Owner or Beneficiary must choose a payment option within 60 days after we receive proof of death satisfactory to us. If no payment option has been chosen within those 60 days, we will make payments under the "life income with 10-year certain period" payment option. However:

1. See **Restriction of Choice** for payment options regulated under the Internal Revenue Code, where applicable.
2. If the death benefit is less than \$5,000, payment will be in a lump sum.

If, for any reason, we have not begun payments within the time required by law, we will credit interest to the annuity fund as required by law to the date of payment. We will credit such interest at the rate required by law.

E. Restriction of Choice.

A chosen payment option may be restricted or modified according to the Internal Revenue Code Section 72(s), if:

1. You are a natural Owner and die before the Annuity Date; or
2. You are a non-natural Owner and any Annuitant dies before the Annuity Date.

In either case the death benefit must be paid as follows:

1. The total death benefit must be paid within five years of the date of death; or
2. The surviving joint Owner or surviving Beneficiary may elect to have payments paid over the lifetime of the joint Owner or Beneficiary, provided:
 - a. The payments must begin within one year of the date of death; and
 - b. Payments are not to extend beyond the joint Owner's or Beneficiary's life expectancy.

Exception. The Contract may be continued rather than the death benefit being paid, as follows:

1. If your spouse is the surviving joint Owner, the Contract may be continued.
2. If: (a) there is no surviving joint Owner; and (b) your spouse as recognized under federal law is the surviving Beneficiary; then (c) the Contract may be continued as though the spouse were the Owner.

Any instructions or designations of the prior Owner(s) will continue unless changed in accordance with the terms of the Contract by the succeeding Owner(s).

Unless otherwise permitted under the Internal Revenue Code of 1986, as amended, if you die after annuity benefit payments have begun, the remaining portion of your annuity benefit payments, if any, will be paid at least as rapidly as under the method of payment being used as of the date of your death.

For purposes of this **Restriction of Choice provision**, if: (a) the Owner is a non-natural Owner; and (b) any Annuitant dies; then (c) such Annuitant will be treated as the Owner.

F. Beneficiary.

Beneficiary means a person or entity you name to receive death benefits. You may name one or more Beneficiaries. You may name or change Beneficiaries and you may provide for more than one class of Beneficiary at any time by providing us with a written designation. A Beneficiary designated as irrevocable may not be changed without the written consent of that Beneficiary. Your designation:

1. Must be dated and signed by you.
2. Must be delivered to us while: (a) the Contract is in force; and (b) you are living.

A change in Beneficiary is subject to our approval. Our approval is based on whether or not such change is requested by someone who has the legal authority to effect such change. The effective date of any change in Beneficiary will be: (a) the date your Written Notice of such change is signed by you; or (b) the date you request in your Written Notice; whichever is applicable. We are not liable for any action taken by us prior to our approval.

We will pay death benefits to the Beneficiary(ies) in the highest class in which there is a surviving Beneficiary. If you name two or more Beneficiaries in a class:

1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
2. If you provide for unequal shares in a class and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary the applicable designated share. Unless you provide otherwise, we will pay shares otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship: (a) the proportionate share of each surviving Beneficiary; bears to (b) the total shares of all surviving Beneficiaries in that class.
3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.

G. Surviving Beneficiary.

The Beneficiary must survive you by at least 15 days in order to receive death benefits. Benefits will be paid as if the Beneficiary died before you if a Beneficiary dies: (a) on the same day you die; or (b) before the end of the 15-day period from your date of death.

H. No Surviving Beneficiary.

If: (a) death benefits are payable to a Beneficiary; and (b) there is no designated Beneficiary; or (c) there is no surviving Beneficiary:

1. Benefits will be paid to your estate; or
2. If you are a non-natural Owner, benefits will be paid to: (a) the Annuitant's estate; and (b) the joint Annuitant's estate, if any.

I. Payment in Advance.

A Beneficiary may not commute, encumber, alienate, or assign any payments under the Contract before they are due. Also, no payments will be subject to the debts, contracts, or engagements of the Beneficiary unless: (a) such payment complies with applicable state and federal law; and (b) we have provided you with prior Written Notice of our consent. However, a Beneficiary who is also the Owner has all rights as Owner under the Contract.

Payment Options Provisions

A. Payment Options.

You may choose amounts to be paid on a monthly, quarterly, semi-annual or annual mode by providing us with Written Notice of such payment mode before payments begin. The following payment options are available under the Contract. If, at the time of selection, we offer the payment option on a more favorable basis, we will provide the payment option that results in the higher benefits.

1. Option 1: Certain Period.

We will pay equal benefit payments for the certain period you select. If you die before the end of that certain period, we will continue the benefit payments for the balance of the period to: (a) the joint Owner, if any; or (b) the Beneficiary. Benefit payments will automatically cease as of the end of that certain period.

2. Option 2: Life Income Options.

a. Life Income.

We will pay equal benefit payments while the Annuitant is living. Benefit payments will automatically cease upon the death of the Annuitant.

b. Life Income with Certain Period.

We will pay equal benefit payments for the certain period you select.

If the Annuitant is living at the end of the certain period: (a) we will continue the benefit payments while the Annuitant is living; and (b) benefit payments will automatically cease upon the death of the Annuitant.

If the Annuitant dies before the certain period ends: (a) we will pay benefit payments in the same mode and amount for the balance of the certain period; and (b) benefit payments will automatically cease as of the end of the certain period.

3. Option 3: Joint and Survivor.

a. Joint and Survivor Life Income.

We will pay equal benefit payments while either of the Annuitants is living. Upon the death of one Annuitant, we will continue the benefit payments for the life of the surviving Annuitant. Benefit payments will automatically cease upon the death of the last Annuitant.

b. Joint and Survivor Life Income with Certain Period.

We will pay equal benefit payments for the certain period you select.

If an Annuitant is living at the end of the certain period, we will continue the benefit payments while an Annuitant is living. Benefit payments will automatically cease upon the death of the last Annuitant.

c. Joint and Reduced Survivor Life Income.

We will pay equal benefit payments while both of the Annuitants are living. Upon the death of one Annuitant: (a) we will continue benefit payments for the life of the surviving Annuitant; and (b) the amount of each benefit payment will be the percentage you select of the amount of each benefit payment prior to that Annuitant's death. Benefit payments will automatically cease upon the death of the last Annuitant.

d. Joint and Contingent Survivor Life Income.

You must identify a primary Annuitant and a contingent Annuitant. We will pay equal benefit payments while both Annuitants are living. Upon the death of an Annuitant:

1. **Death of primary Annuitant:** We will continue to pay benefit payments for the life of the surviving contingent Annuitant. However, the amount of each benefit payment will be the percentage selected of the amount of each benefit payment prior to that Annuitant's death.
2. **Death of contingent Annuitant:** We will continue benefit payments for the life of the surviving primary Annuitant.

Benefit payments will automatically cease upon the death of the last Annuitant.

4. Option 4: Lump Sum.

We will pay benefits in one lump sum.

Other options may be available, subject to our approval.

B. Choice of Payment Option.

Choice of payment option may be as follows:

1. Owner's Choice.

You may choose or change a payment option by sending us Written Notice: (a) before payments begin; and (b) while the Contract is in force.

2. Choice by Default.

If we have not received Written Notice of the payment option before payments begin and while the Contract is in force, the "life income with 10-year certain period" payment option will automatically become effective. If there are joint Annuitants, the "joint and 100% survivor life income with ten-year certain period" payment option will automatically become effective.

3. Lump Sum Payment.

If the value of the annuity fund is less than \$5,000, we will pay the benefit in a lump sum.

The choice of payment option may be restricted or modified to comply with the Internal Revenue Code and Regulations.

C. Required Information.

We require proof satisfactory to us of gender, if necessary, and Age before the first payment is made under a payment option involving lifetime benefits.

Owner Provisions

A. Rights of Owner.

Subject to the rights of any assignee under an assignment filed with us, you may exercise all rights and privileges under the Contract, including transfer of ownership, provided you exercise such rights while you and the Annuitant are living.

Any change to the Contract must be signed by the Owner(s). A change of Owner is subject to our approval in that it must be allowable under applicable law.

The effective date of any change of Owner will be: (a) the date your Written Notice of change of Owner is signed by you; or (b) the date you request in such Written Notice; whichever is applicable.

B. Joint Owners.

Two natural persons may be named as joint Owners. Joint Owners own the Contract as joint tenants with rights of survivorship. While both joint Owners are alive, any Written Notice provided to us must be signed by both Owners.

C. Assignment.

You may assign the Contract by providing us Written Notice of your assignment. An assignment will not affect any payment we made or actions taken before we receive and approve your assignment. An assignment is subject to our approval in that it must be allowable under applicable law.

We are not responsible for the validity of any assignment. Any assignment must include written consent by the irrevocable Beneficiary, if any.

The effective date of any assignment will be: (a) the date your Written Notice of assignment is signed by you; or (b) the date you request in such Written Notice; whichever is applicable.

An assignment will make the assignee the new Owner of the Contract. An assignment affects only your ownership of the Contract and does not change the Annuitant or the Beneficiary. However, a collateral assignment will not make the collateral assignee the new Owner. The rights of a Beneficiary are subordinate to those of the assignee unless the Beneficiary has been designated as an irrevocable Beneficiary prior to the assignment.

D. Payment in Advance.

An Owner may not commute, encumber, alienate or assign any payments under the Contract before they are due. Also, no payments will be subject to the debts, contracts or engagements of any Owner unless: (a) such payment complies with applicable state and federal law; and (b) we have provided you with prior Written Notice of our consent.

Annuitant Provisions

A. Named Annuitant.

You must name at least one Annuitant under the Contract. You must name a new Annuitant if: (a) the last Annuitant dies before the Annuity Date; and (b) the Contract is in force. If: (a) the last Annuitant dies before the Annuity Date; and (b) no new Annuitant is named; then (c) the Owner will become the Annuitant. With respect to a new Annuitant, the Annuity Date:

1. May stay the same or be changed to an earlier date; but
2. May not be changed to a later date.

The Annuity Date will stay the same unless you provide us Written Notice of your intent to change the Annuity Date to an earlier date.

B. Change of Annuitant.

Except as noted in **Named Annuitant**, the Annuitant(s) may not be changed unless:

1. The Annuitant is also an Owner and dies, and there is a surviving spouse. In such case, your surviving spouse will automatically become the Owner/Annuitant provided: (a) there is no surviving Owner; and (b) such spouse is also the designated Beneficiary. The Annuity Date for the surviving spouse will be determined using the later of:
 - a. Your birth date.
 - b. Your spouse's birth date.
2. The Owner(s) is a natural person and the Annuitant: (a) dies before the Annuity Date; and (b) is not the Owner's spouse. In such case the Annuity Date:
 - a. May stay the same or be changed to an earlier date; but
 - b. May not be changed to a later date.

The Annuity Date will stay the same unless you provide us Written Notice of your intent to change the Annuity Date to an earlier date.

The Annuitant(s) may not be changed on or after the Annuity Date.

C. Payment in Advance.

An Annuitant may not commute, encumber, alienate or assign any payments under the Contract before they are due. Also, no payments will be subject to the debts, contracts or engagements of the Annuitant unless: (a) such payment complies with applicable state and federal law; and (b) we have provided you with prior Written Notice of our consent. However, an Annuitant who is also the Owner has all rights as Owner under the Contract.

General Provisions

A. Entire Contract; Changes.

The following constitute the entire contract between the parties: (a) the Contract; (b) all attachments, including any amendments, riders, endorsements; (c) the application; and (d) any application supplements. The application and any application supplements are attached to the Contract when issued. The Contract may be changed in whole or in part. However, no one, including an agent, has the authority to change or waive any part of the Contract unless: (a) it is approved in advance and in writing by at least one of our corporate officers; and (b) it is given to the Owner(s) for acceptance and attachment to the Contract.

B. Contract.

The Contract: (a) takes effect on the Contract Effective Date; and (b) will remain in force until canceled or otherwise terminated. The Contract will be canceled automatically on the earliest of the following dates: (a) the Annuity Date (see **Contract Data**); (b) the date of Annuitization (see **Annuity Benefits**); (c) the Contract is totally surrendered (see **Surrender Benefits**); and (d) the date of payment of death benefits (see **Death Benefits**).

C. Premium; Credited Interest.

The initial premium, any additional premium, and any interest credited to your annuity fund under the Contract become part of our general corporate funds.

D. Conformity with State Laws.

Any provision of the Contract that, on its effective date, conflicts with the laws of the state in which the Contract is delivered is amended to meet the minimum requirements of such laws applicable to the Contract.

E. Time Limits on Legal Actions.

No action at law or in equity may be brought until 60 days after we receive proof of entitlement to benefits. No such action may be brought more than the time period under the applicable statute of limitations of the state in which the Contract is delivered or issued for delivery after the earlier of:

1. The date we receive proof of entitlement to benefits.
2. The time within which proof of entitlement to benefits is required to be given.

F. Misstatement.

All statements made in the application and any application supplement, in the absence of fraud, are deemed representations and not warranties. If Age or gender of an Owner or Annuitant has been misstated, we will make an equitable adjustment of benefits so that the amount payable will be such as the premium would have purchased at the correct gender and Age. If we have underpaid any benefits:

1. We will pay the underpaid amount in full with the next benefit payment; or
2. In the case of a single lump sum payment having been underpaid, we will pay the underpaid amount in full within 30 days of our determination of the underpayment.

If we have overpaid any benefits:

1. We will deduct the overpaid amount from future benefit payments until we are paid in full; or
2. In the case of: (a) the total of future benefit payments not being sufficient to cover the overpayment; or (b) a single lump sum payment having been overpaid; then (c) you must repay us the amount of the overpayment within 30 days of our Written Notice to you of the amount of the overpayment.

The interest rate applicable to overpayment and underpayment amounts will be based on the interest rate credited to the annuity fund during the period of the misstatement. However, the interest rate will not exceed: (a) the maximum interest rate allowed by law; or (b) an effective annual interest rate of six percent (6.00%); whichever is less.

G. Incontestability.

Subject to **Misstatement**, the Contract is incontestable after the Contract has been in force for two years during your lifetime.

H. Notice.

No changes, assignments and requests will affect us unless:

1. They have been signed by the Owner(s);
2. We have received them at our home office; and
3. Where required, we have approved them.

I. Reports.

Each Contract Year while the Contract is in force we will provide you with a report. The report will include:

1. The dates of the reporting period.
2. The value of the annuity fund at the beginning and at the end of the reporting period.
3. The interest credited.

4. Any partial surrenders and surrender charges.
5. The cash surrender value, if any, at the end of the reporting period.
6. The amount of any outstanding loan balances at the end of the reporting period, as applicable and if allowed under the Contract.
7. The amount of the death benefit at the end of the reporting period.
8. Any other values that may be required by the laws of the state where the Contract was delivered; as applicable.

You may request such report at any time with Written Notice to us.

J. Minimum Values.

Any paid-up annuity, cash surrender values or death benefits that may be available under the Contract will not be less than the minimum benefits and values required by law or regulation of the state in which the Contract is delivered. Death benefits will be at least as great as the cash surrender value.

K. Effect of Internal Revenue Code.

The Contract is intended to comply with: (a) the requirements of the Internal Revenue Code of 1986, as amended; and (b) all applicable Regulations ("Code"). In the event of any conflict between the Contract and the Code, the Code will govern in order to maintain treatment of the Contract as an annuity under the Code.

PAYMENT OPTIONS TABLE

Installment Option

(Amounts are for each \$1,000 of proceeds)

Number of Years	Monthly Payments	Number of Years	Monthly Payments	Number of Years	Monthly Payments
1	83.71	11	7.99	21	4.40
2	42.07	12	7.36	22	4.22
3	28.18	13	6.83	23	4.05
4	21.24	14	6.37	24	3.90
5	17.08	15	5.98	25	3.76
6	14.30	16	5.63	26	3.64
7	12.32	17	5.33	27	3.52
8	10.83	18	5.05	28	3.41
9	9.68	19	4.81	29	3.31
10	8.75	20	4.59	30	3.21

Life Income Option

(Amounts are for each \$1,000 of proceeds)

Guaranteed Period: None				
Year of Annuitization	2018	2020	2030	2040
Age of Payee				
50	2.58	2.57	2.52	2.48
55	2.89	2.88	2.82	2.76
60	3.30	3.28	3.20	3.13
65	3.84	3.82	3.72	3.63
70	4.59	4.56	4.43	4.31
75	5.71	5.66	5.47	5.30
80	7.41	7.36	7.09	6.85
85	10.09	10.02	9.67	9.35
90	14.20	14.12	13.69	13.29
95	20.26	20.16	19.71	19.28
100	28.63	28.56	28.23	27.90
105	38.97	38.97	38.97	38.97
110	41.73	41.73	41.73	41.73
115	43.93	43.93	43.93	43.93
Guaranteed Period: 10 years				
Year of Annuitization	2018	2020	2030	2040
Age of Payee				
50	2.57	2.56	2.52	2.48
55	2.87	2.86	2.81	2.76
60	3.27	3.25	3.18	3.11
65	3.78	3.76	3.67	3.58
70	4.46	4.44	4.32	4.22
75	5.37	5.35	5.21	5.08
80	6.49	6.46	6.33	6.20
85	7.58	7.56	7.47	7.38
90	8.32	8.31	8.28	8.24
95	8.64	8.64	8.64	8.63
100	8.73	8.73	8.72	8.72
105	8.74	8.74	8.74	8.74
110	8.75	8.75	8.75	8.75
115	8.75	8.75	8.75	8.75

Joint and Survivor Annuity Option

(Amounts are for each \$1,000 of proceeds)

Joint and Survivor					
		Annuitization Year			
One Payee Age	Other Payee Age	2018	2020	2030	2040
55	55	2.52	2.51	2.48	2.45
60	60	2.82	2.81	2.77	2.73
65	65	3.23	3.21	3.15	3.10
70	70	3.78	3.76	3.68	3.60
75	75	4.57	4.54	4.43	4.33
80	80	5.75	5.71	5.55	5.41
85	85	7.56	7.51	7.30	7.10
90	90	10.32	10.26	10.00	9.75
95	95	14.38	14.33	14.04	13.77
100	100	20.10	20.05	19.85	19.65
105	105	27.02	27.02	27.02	27.02
110	110	28.79	28.79	28.79	28.79
115	115	30.90	30.90	30.90	30.90

Joint and 2/3 Survivor					
		Annuitization Year			
One Payee Age	Other Payee Age	2018	2020	2030	2040
55	55	2.75	2.74	2.69	2.65
60	60	3.12	3.11	3.04	2.99
65	65	3.61	3.59	3.51	3.43
70	70	4.28	4.26	4.15	4.04
75	75	5.27	5.23	5.07	4.93
80	80	6.76	6.71	6.49	6.29
85	85	9.08	9.02	8.73	8.46
90	90	12.62	12.54	12.19	11.85
95	95	17.83	17.75	17.37	17.01
100	100	25.07	25.02	24.74	24.47
105	105	33.95	33.95	33.95	33.95
110	110	36.27	36.27	36.27	36.27
115	115	38.49	38.49	38.49	38.49

1. Amounts are based on your age (nearest birthday) or that of your named Beneficiary (if applicable) at the time you or your named Beneficiary elect(s) a payment option.
2. Basis for determining values: 2012 Individual Annuity Reserve Table and annual interest equal to 1.00%.

Standard Insurance Company

A Stock Life Insurance Company
1100 SW Sixth Avenue
Portland OR 97204
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Point-To-Point Index Rider

Owner(s):	MALE ME 1992
Contract Number:	00AA903260
Annuitant(s):	MALE ME 1992
Rider Effective Date:	May 14, 2017
Index:	Standard & Poor's 500

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1. The **Definitions** section of the policy is amended to add the following definitions:

Index Rate Cap.

The maximum interest rate to be used in crediting interest to the funds in the applicable index interest account(s) at the end of an applicable Index Term. We may declare a new Index Rate Cap for each applicable Index Term.

Participation Rate.

The percentage of the Index Change used to determine the interest to be credited to the funds in the applicable index interest account(s) at the end of an Index Term. We may declare a new Participation Rate for each applicable Index Term.

2. The Contract is amended to include the following provision for index interest accounts that use a point-to-point index determination method (see **Contract Data**):

Point-To-Point Index

A. Credited Interest.

We will credit interest to the funds in the index interest account(s) at the end of each applicable Index Term while: (a) the Contract is in force; and (b) the Contract includes the applicable index interest account(s).

The interest credited equals the applicable index interest account(s) value as of the end of the Index Term, multiplied by:

Index Interest Account - Index Cap

1. The Index Rate Cap; or
 2. The Index Change;
- whichever is less.

Index Interest Account - Index Participation

A x B, where:

A = The Index Change.

B = The applicable Participation Rate.

If the calculation above results in zero or less for an Index Term, no interest will be credited to the index interest account(s).

B. Index Change.

The Index Change under this rider equals:

1. The Index Value as of the end of the applicable Index Term; minus
2. The Index Value as of the beginning of the applicable Index Term; divided by
3. The Index Value as of the beginning of the applicable Index Term.

C. Discontinuation of Index.

If an Index is discontinued, its calculation substantially changes, or we are unable to use it: (a) we may select an alternative Index, subject to regulatory approval by the state in which the Contract is delivered, as applicable; and (b) we will provide you with Written Notice of the change.

3. **Rider Termination.** This rider and the benefits under it automatically terminate on the earliest of the following dates:

- a. The date the Contract is surrendered.
- b. The date the Contract is Annuitized.
- c. The date the Contract is terminated.

PART OF CONTRACT -- This rider is part of the Contract to which it is attached. All Contract terms will apply to this rider unless they: (a) have been changed by this rider; or (b) conflict with this rider.

Standard Insurance Company

By



J. Greg Ness
Chairman, President and CEO



Holley Y. Franklin
Corporate Secretary

Standard Insurance Company

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Individual Retirement Annuity Rider

Owner(s):	MALE ME 1992
Contract Number:	00AA903260
Annuitant(s):	MALE ME 1992
Rider Effective Date:	May 14, 2017

The Contract is amended to qualify as an individual retirement annuity under: (a) section 408(b) of the Internal Revenue Code of 1986, as amended; and (b) applicable regulations; (the "IRC"). All provisions of the Contract and this rider shall be interpreted in accordance with qualification as an individual retirement annuity under IRC section 408(b).

The terms of the Contract are amended as follows:

- 1. Owner and Annuitant.** Except as otherwise permitted by the IRC: (a) the Owner of the Contract; and (b) the Annuitant; must be the same person. You and your mean the Owner/Annuitant. You must be the sole Owner of the Contract. The Owner and Annuitant cannot be changed, except as otherwise permitted under applicable federal law. You must comply with applicable IRC provisions to prevent: (a) loss of the advantages of tax deferral; and (b) tax penalties.
- 2. Conflict.** The IRC governs if there is any conflict of terms or provisions of this rider and applicable IRC sections.
- 3. Exclusive Benefit.** The Contract is established for the exclusive benefit of: (a) you; and (b) your Beneficiary.

If this rider is attached to an inherited IRA within the meaning of section 408(d)(3)(C) maintained for the benefit of a designated beneficiary of a deceased individual, the terms "you" and "your" refer to the deceased Owner/Annuitant.

- 4. Nontransferable and Nonforfeitable.** Your interest in the Contract is: (a) nontransferable; and, except as provided by law, (b) nonforfeitable. In particular, except as permitted by the IRC, the Contract may not be sold, assigned, discounted, or pledged:
 - As collateral for a loan;
 - As security for the performance of an obligation; or
 - For any other purpose;

to any person other than to us.

5. Premiums. All premium payments must be paid:

- a. In cash as a qualified retirement contribution for the taxable year (as permitted under IRC section 219(b));
- b. As a rollover contribution (as permitted by IRC sections 402(c), 402(e)(6), 403(a)(4), 403(b)(8), 403(b)(10), 408(d)(3), or 456(e)(16));
- c. As a nontaxable transfer from an individual retirement account under IRC section 408(a);
- d. As a nontaxable transfer from another individual retirement annuity under IRC section 408(b);
- e. As a contribution made in accordance with the terms of a Simplified Employee Pension as described in IRC section 408(k); or
- f. As an amount contributed to an inherited individual retirement account or individual retirement annuity within the meaning of IRC section 408(d)(3)(C)(ii).

The total of all premium paid as your qualified retirement contribution for any taxable year may not exceed: (a) the amount permitted under IRC sections 219(b) and 408(b); or (b) such other amount provided by the IRC. If you are age 50 or older before the close of the taxable year, the annual qualified retirement contribution limit is increased by the catch-up contribution amount permitted under IRC section 219(b)(5)(B).

You may also make premium payments as additional contributions specifically authorized by statute - such as repayments of qualified reservist distributions, or repayments of certain plan distributions made on account of a federally declared disaster.

If this rider is attached to an inherited IRA within the meaning of section 408(d)(3)(C), no contributions will be accepted.

No premium subsequent to the initial premium, if permitted, will be accepted unless it is equal to at least \$50.

Note - Single Premium Annuities. If this rider is attached to a single premium annuity, premiums will not be accepted beyond: (a) the basic annuity premium; and (b) any additional period following the Contract Effective Date during which premium is allowed (see **Contract Data**). Any and all premium is subject to the limits and exclusions noted above.

6. Annuity Benefits. All annuity payment options under the Contract must meet the requirements of IRC sections 401(a)(9) and 408(b)(3).

7. Required Distributions Generally. Your entire interest in the Contract shall be distributed in accordance with the requirements of IRC sections 408(a)(6) and 408(b)(3) and the regulations thereunder, the provisions of which are herein incorporated by reference. The provisions of this rider reflecting these requirements override any payment option, surrender option, or other distribution method that is inconsistent with such requirements.

There will be no surrender fee on any minimum distribution required under IRC sections 401(a)(9) and 408(b)(3) with respect to the Contract.

8. Required Beginning Date. The term "Required Beginning Date" as used in this rider means April 1 of the calendar year following the calendar year in which you attain age 70½, or such later date as provided by law.

9. **Required Distributions During Owner's Life.** Unless otherwise permitted under the IRC, your entire interest in the Contract shall be distributed, or commence to be distributed, no later than the Required Beginning Date.

If this rider is attached to an inherited IRA within the meaning of section 408(d)(3)(C), the information below describing required distributions during the owner's life does not apply.

- a. **Deferred Annuity.** If this rider is attached to a deferred annuity, your entire interest in the Contract shall be distributed, commencing no later than the Required Beginning Date, over your life or the lives of you and your Beneficiary (as defined in IRC section 401(a)(9)). Distributions must satisfy the requirements of IRC section 408(a)(6).

The amount to be distributed each year, beginning with the calendar year in which you attain age 70½ and continuing through the year of your death, shall not be less than the quotient obtained by dividing:

- 1) The annuity fund value as of the end of the preceding year; by
- 2) The distribution period in the Uniform Lifetime Table in Q&A-2 of section 1.401(a)(9)-9 of the Income Tax Regulations;

using your age as of your birthday in the year the minimum distribution is required.

However, if your sole Beneficiary is your surviving spouse and such spouse is more than 10 years younger than you, then the distribution period is determined:

- 1) Under the Joint and Last Survivor Table in Q&A-3 of section 1.401(a)(9)-9;
- 2) Using the ages as of your birthday and your spouse's birthday in the year the minimum distribution is required.

- b. **Immediate Annuity.** If this rider is attached to an immediate annuity making distributions on an irrevocable basis, your entire interest in the Contract shall be distributed, commencing no later than the Required Beginning Date, over:

- 1) Your life or the lives of you and your Beneficiary (as defined in IRC section 401(a)(9)); or
- 2) A certain period not extending beyond:
 - a) Your life expectancy; or
 - b) The joint and last survivor life expectancy of you and your Beneficiary.

If your entire interest is to be paid over a period greater than one year, the amount to be paid by December 31 of each year (including the year in which the Required Beginning Date occurs) will be made in accordance with the requirements of IRC section 401(a)(9), including the incidental death benefit requirements of IRC section 401(a)(9)(G).

Payments must be made in periodic payments at intervals of no longer than one year and must either be non-increasing or may increase only as provided in Q&As -1 and -4 of section 1.401(a)(9)-6 of the Income Tax Regulations. In addition, any distribution must satisfy the incidental benefit requirements specified in Q&A-2 of section 1.401(a)(9)-6.

10. Required Distribution Upon Owner's Death. Payment of death benefits under the Contract will be in accordance with IRC section 401(a)(9), as described below.

- a. **Death On or After Required Beginning Date.** If this rider is attached to an immediate annuity making distributions on an irrevocable basis, and you die after distribution of your interest in the Contract has begun, the remaining portion of your interest in the Contract (if any) will continue to be distributed under the method of payment being used as of the date of your death.

If this rider is attached to a deferred annuity, and you die after your Required Beginning Date, the remaining portion of your interest in the Contract (if any) will be distributed at least as rapidly as follows:

- 1) **Non-spouse Beneficiary.** If the Beneficiary is someone other than your surviving spouse, the remaining portion of your interest in the Contract will be distributed over the remaining life expectancy of such non-spouse Beneficiary. The Beneficiary's life expectancy will be determined:
- a) Using such person's age as of his or her birthday in the calendar year immediately following the calendar year in which you died; or
 - b) Over your life expectancy as it would have been determined in the year of your death;

whichever period is longer.

- 2) **Surviving Spouse Beneficiary.** If the sole Beneficiary is your surviving spouse, the remaining interest in the Contract will be distributed over:
- a) Your spouse's life expectancy; or
 - b) Your life expectancy as it would have been determined in the year of your death;

whichever period is longer.

Any interest remaining after your spouse's death will be distributed:

- a) Over your spouse's remaining life expectancy determined using your spouse's age as of his or her birthday in the year of the spouse's death; or
- b) If distributions were being made to your spouse over your life expectancy as it would have been determined in the year of your death, over that same period.

The amount to be distributed each year if you died on or after the required beginning date, beginning with the calendar year following the calendar year of your death, is the quotient obtained by dividing the value of the IRA as of December 31 of the preceding year by the applicable remaining life expectancy specified above.

- b. **Death Before Required Beginning Date.** If you die before distribution of your interest in the Contract has begun, your entire interest will be distributed at least as rapidly as under one of the three methods below:

- 1) **Five-Year Rule.** Your entire interest in the Contract will be paid by December 31 of the calendar year containing the fifth anniversary of your death, unless you have a Beneficiary who elects to receive the entire interest under 2 or 3 below.
- 2) **Life Expectancy Rule.** The Beneficiary may elect to receive the entire interest over:

- a) Such person's life; or
- b) A period not extending beyond such person's life expectancy;

commencing on or before December 31 of the calendar year immediately following the calendar year in which you died. Such election by the Beneficiary must be: (a) irrevocable; and (b) made no later than December 31 of the calendar year immediately following the calendar year in which you died.

If this rider is attached to an inherited IRA within the meaning of IRC section 408(d)(3)(C), established for a nonspouse Beneficiary by a direct trustee-to-trustee transfer from your retirement plan under section 402(c)(11), the Beneficiary may elect to receive the entire interest under the Life Expectancy Rule if the transfer is made no later than December 31 of the calendar year immediately following the calendar year in which you died.

- 3) **Surviving Spouse Beneficiary.** If your Beneficiary is your surviving spouse, the Beneficiary may elect to receive the entire interest over:

- a) Your spouse's life; or
- b) A period not extending beyond your spouse's life expectancy;

commencing at any date on or before the later of:

- a) December 31 of the calendar year immediately following the calendar year in which you died; and
- b) December 31 of the calendar year in which you would have attained age 70½.

Such election by your surviving spouse must be: (1) irrevocable; and (2) made no later than the earlier of:

- a) December 31 of the calendar year containing the fifth anniversary of your death; and
- b) The date distributions are required to begin pursuant to IRC section 401(a)(9).

Your surviving spouse may elect to receive distributions under the five-year rule, under which your entire interest in the Contract will be paid by December 31 of the calendar year containing the fifth anniversary of your death.

If your surviving spouse dies before distributions begin, the limitations with respect to required distribution upon the Owner's death (without regard to the "Surviving Spouse Beneficiary" section) will be applied as if your surviving spouse were the Owner.

Life expectancy with respect to required distribution upon the Owner's death is determined using the Single Life Table in Q&A-1 of section 1.401(a)(9)-9 of the Income Tax Regulations. If distributions are being made to a surviving spouse as the sole Beneficiary, such spouse's remaining life expectancy is the number in the Single Life Table corresponding to such spouse's age. In all other cases, remaining life expectancy for a year is the number in the Single Life Table corresponding to the Beneficiary's age or your age in the year specified above and reduced by 1 for each subsequent year.

Distributions to you of your interest in the Contract are considered to have begun:

- a. If payments are made on account of your reaching your Required Beginning Date; or
- b. If prior to the Required Beginning Date, payments irrevocably commence to you over a period permitted and in an annuity form acceptable under IRC section 401(a)(9).

If you die after you elect to receive distributions and before you receive any payments under the Contract, the payments will be modified as necessary to comply with the requirements of IRC sections 401(a)(9) and 408(b)(3).

If the sole Beneficiary is your surviving spouse, the spouse may elect to treat the IRA as his or her own IRA. This election will be deemed to have been made if such surviving spouse makes a contribution to the IRA or fails to take required distributions as a Beneficiary.

11. **Annual Calendar Year Reports.** We will furnish annual calendar year reports concerning the status of the Contract.
12. **Amendment of This Rider.** The provisions of this rider are intended to comply with the requirements of the IRC for section 408(b) individual retirement annuity contracts. We reserve the right to amend this rider at any time when necessary to ensure continued compliance of the Contract with the requirements applicable to an individual retirement annuity under IRC section 408(b) and any successor provision.

PART OF CONTRACT - This rider is part of the Contract to which it is attached. All Contract terms will apply to this rider unless they: (a) have been changed by this rider; or (b) conflict with this rider.

Standard Insurance Company

By



J. Greg Ness
Chairman, President and CEO



Holley Y. Franklin
Corporate Secretary

Standard Insurance Company

A Stock Life Insurance Company
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Guaranteed Minimum Accumulation Benefit Rider

The value of the annuity fund under the Contract as of the benefit eligibility date below will not be less than the Guaranteed Minimum Accumulation Value.

Owner(s):	MALE ME 1992
Contract Number:	00AA903260
Annuitant(s):	MALE ME 1992
Rider Effective Date:	May 14, 2017
Benefit Eligibility Date:	May 14, 2022

The Contract is amended as follows:

- The **Definitions** section of the Contract is amended to add the following definition:
Net Premium. The amount of premium used to determine the Guaranteed Minimum Accumulation Value, as follows:
 - Total paid premium; less
 - Prior partial surrenders, including applicable surrender charges; less
 - Premium taxes.
- The **Value of the Annuity Fund** section in **Contract Data** and the **Value of the Annuity Fund** provision in the **Annuity Fund** section of the Contract are amended to add:
The value of the annuity fund on the Guaranteed Minimum Accumulation Benefit Eligibility Date equals:
 - The value of the annuity fund as calculated in **Contract Data**; or
 - The Guaranteed Minimum Accumulation Value;whichever is greater.
- The **Benefit Provisions** section of the Contract is amended to add the following Guaranteed Minimum Accumulation Benefit section:

Guaranteed Minimum Accumulation Benefit

On the benefit eligibility date above, if the Guaranteed Minimum Accumulation Value is greater than the value of the annuity fund, we will credit a Guaranteed Minimum Accumulation Benefit to the annuity fund. Any Guaranteed Minimum Accumulation Benefit will be equal to the difference between the Guaranteed Minimum Accumulation Value and the value of the annuity fund as of the benefit eligibility date above.

Guaranteed Minimum Accumulation Value.

On the benefit eligibility date above, the Guaranteed Minimum Accumulation Value equals:

A x B; where:

A = Net Premium.

B = 105%.

4. The **Reports** provision in the **General Provisions** section of the Contract is amended to provide that, with respect to the Guaranteed Minimum Accumulation Benefit feature, the report will include the value of the annuity fund as it is affected by the Guaranteed Minimum Accumulation Value.
5. **Rider Termination.** This rider and the benefits under it automatically terminate on the earliest of the following dates:
 - a. The date the Contract is surrendered.
 - b. The date the Contract is Annuitized.
 - c. The date the Contract is terminated.

PART OF CONTRACT -- This rider is part of the Contract to which it is attached. All Contract terms will apply to this rider unless they: (a) have been changed by this rider; or (b) conflict with this rider.

Standard Insurance Company

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Percent of Value of the Annuity Fund Waiver of Surrender
Charge Rider

Owner(s):	MALE ME 1992
Contract Number:	00AA903260
Annuitant(s):	MALE ME 1992
Rider Effective Date:	May 14, 2017
Benefit Eligibility Date:	May 14, 2018
Surrender Charge Free Percentage Of The Value Of The Annuity Fund	10.00%

The Contract is amended as follows:

1. **Surrender Charge.** The **Surrender Charge** provision of the **Surrender Benefits** section is amended to provide that there will be no surrender charge as of the benefit eligibility date shown above:
 - a. On the amount of a total surrender that is equal to the surrender charge free percentage of the value of the annuity fund shown above at the time of the total surrender, provided the total surrender is the first surrender during the Contract Year.
 - b. On the amount of:
 - 1) A partial surrender; or
 - 2) A total surrender during a Contract Year in which a previous partial surrender has been made;that, when added to all prior partial surrenders in the current Contract Year, is equal to or less than the surrender charge free percentage of the value of the annuity fund shown above at the end of the preceding Contract Year.

With respect to a partial surrender, you are not eligible for the waiver of surrender charge feature under this rider during any Contract Year in which you are scheduled to receive any other regularly scheduled partial surrender.

During any Contract Year in which you use the waiver of surrender charge feature under this rider, you will not be eligible for a subsequent waiver of surrender charge privilege for any other regularly scheduled partial surrender.

You must provide us with Written Notice. If we do not approve your request for a partial surrender or total surrender without surrender charges under this rider, we will not pay the surrender benefit until:
(a) we provide you with Written Notice of our decision; and (b) you decide to proceed with payment of surrender benefits.

2. **Rider Termination.** This rider and the benefits under it automatically terminate on the earliest of the following dates:
 - a. The date the Contract is surrendered.
 - b. The date the Contract is Annuitized.
 - c. The date the Contract is terminated.

Termination of this rider will not prejudice your right to waiver of surrender charges under this rider while the rider is in force.

PART OF CONTRACT -- This rider is part of the Contract to which it is attached. All Contract terms will apply to this rider unless they: (a) have been changed by this rider; or (b) conflict with this rider.

Standard Insurance Company

By



J. Greg Ness
Chairman, President and CEO



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Corporate Secretary

REVIEW

Standard Insurance Company

A Stock Life Insurance Company
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Terminal Medical Condition Benefit Waiver of Surrender Charge Rider

The waiver of surrender charges due to a covered terminal medical condition under this rider may be taxable and may affect your eligibility for Medicaid or other government benefits or entitlements. You should consult your personal tax and/or legal advisor before you request a waiver of surrender charge under this rider.

Owner(s):	MALE ME 1992
Contract Number:	00AA903260
Annuitant(s):	MALE ME 1992
Rider Effective Date:	May 14, 2017
Benefit Eligibility Date:	May 14, 2018

The Contract is amended as follows:

1. The **Definitions** section of the policy is amended to add the following definition:

Physician.

A licensed M.D. or D.O. acting within the scope of the license. Physician does not include: (a) you or your spouse; or (b) the brother, sister, parent, or child of either you or your spouse.

2. The **Benefit Provisions** section is amended to add the following provision:

Waiver of Surrender Charge Terminal Medical Condition Benefit

Surrender Charge Waiver.

After the first Contract Year and while the Contract is in force, you may request a partial or total surrender of the value of the annuity fund without surrender charges if you meet the following requirements:

1. You have a medical condition that is reasonably expected to result in death within 12 months; and
2. The initial diagnosis of such medical condition occurs after the Rider Effective Date.

Beginning two years after the Rider Effective Date, we will not deny or reduce your claim based on the grounds that a disease or physical condition existed prior to the Rider Effective Date as is in effect on the date of the loss that: (a) contributes to your medical condition resulting in your expected death; and (b) is not specifically excluded by name or description.

Claims.

Notice of Claim. Notice of your claim for waiver of surrender charges under this rider must be provided: (a) within 20 days of your meeting a requirement for such surrender charge waiver; or (b) as soon as reasonably possible thereafter. Notice provided by you or on your behalf to us at our address or telephone number or to any authorized agent of ours, with sufficient information to identify the claimant, is deemed Notice of Claim.

Claim Forms. Claims for waiver of surrender charges under this rider should be submitted on our forms. If we do not provide our forms within 15 days after we receive your Notice of Claim, the claimant will comply with the Proof of Loss submission requirements if the claimant sends a letter to us at our home office within 90 days of meeting a requirement for waiver of surrender charges which provides written proof that the claimant has met the requirements for waiver of surrender charges under this rider. The letter should include a description of the character and extent of the event or condition that qualifies for waiver of surrender charges under this rider.

Proof Of Loss. Proof Of Loss must be provided to us at our home office. Proof Of Loss means your written proof that you are entitled to waiver of surrender charges under this rider, including: (a) completed claims statements; and (b) a signed authorization for us to obtain information necessary to administer the claim. Proof Of Loss must be provided at your expense. Proof Of Loss must be provided to us within 90 days of your meeting a requirement for waiver of surrender charges under this rider. If it is not reasonably possible to provide us with Proof Of Loss within that 90-day period, we will not reduce or deny your claim for this reason if Proof Of Loss is provided to us: (a) as soon as is reasonably possible; and (b) unless the claimant does not have the legal capacity to provide Proof Of Loss, no later than one year after date of your meeting a requirement for waiver of surrender charges under this rider.

Investigation of Claim. We may investigate a claim at any time. At our expense we may have the claimant examined when and as often as reasonably required by specialists of our choice during the pendency of a claim. We may require an autopsy except where prohibited by law.

Incontestability. This rider is incontestable after the rider has been in force for two years during your lifetime, and the waiver of surrender charge feature of this rider may only be contested based on a statement made in the application provided: (a) such application is attached to and made a part of the Contract; and (b) the statement is material to the risk accepted or the hazard assumed by us.

Payment of Benefits. If we do not approve your request for a partial or total surrender without surrender charges, we will not pay the surrender benefit until: (a) you are notified of our decision; and (b) you decide to proceed with payment of surrender benefits.

Credited Index Interest. The amount(s) of any surrender paid under this rider from the index interest account(s) will be credited with its pro-rata share of interest, subject to any applicable Participation Rate or Index Rate Cap.

3. **Rider Termination.** This rider and the benefits under it automatically terminate on the earliest of the following dates:
- The date the Contract is surrendered.
 - The date the Contract is Annuitized.
 - The date the Contract is terminated.

Termination of this rider will not prejudice your right to waiver of surrender charges under this rider while the rider is in force.

PART OF CONTRACT -- This rider is part of the Contract to which it is attached. All Contract terms will apply to this rider unless they: (a) have been changed by this rider; or (b) conflict with this rider.

Standard Insurance Company

By



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Waiver of Surrender Charge Rider for Home Care,
Community-Based Services, Nursing Care Facility Confinement
or Residential Care Facility Confinement

The waiver of surrender charges under this rider may be taxable and may affect your eligibility for Medicaid or other government benefits or entitlements. You should consult your personal tax and/or legal advisor before you request a waiver of surrender charges under this rider.

Owner(s):	MALE ME 1992
Contract Number:	00AA903260
Annuitant(s):	MALE ME 1992
Rider Effective Date:	May 14, 2017
Benefit Eligibility Date:	May 14, 2018

The Contract is amended as follows:

1. The **Definitions** section of the policy is amended to add the following definitions:

Home Care Or Community-Based Services.

Home Health Care; Adult Day Care; Personal Care; Homemaker Services; Hospice Services; and Respite Care.

Home Health Care.

Skilled nursing or other professional services in the residence, including but not limited to: (a) part-time and intermittent skilled nursing services; (b) home health aide services; (c) physical therapy; (d) occupational therapy; (e) speech therapy and audiology services; and (f) medical social services by a social worker.

Adult Day Care.

Medical or nonmedical care on a less than 24-hour per day basis, provided in a licensed facility outside the residence, due to your need of personal services, supervision, protection, or assistance in sustaining daily needs, including: (a) eating; (b) bathing; (c) dressing; (d) ambulating; (e) transferring; (f) toileting; and (g) taking medications.

Personal Care.

Assistance with activities of daily living, including the Instrumental Activities Of Daily Living, provided by a skilled or unskilled person under a plan of care developed by a Physician or a multidisciplinary team under medical direction.

Instrumental Activities Of Daily Living.

Includes: (a) using the telephone; (b) managing medications; (c) moving about outside; (d) shopping for essentials; (e) preparing meals; (f) laundry; and (g) light housekeeping.

Homemaker Services.

Assistance with activities necessary to or consistent with your ability to remain in your residence that is provided by a skilled or unskilled person under a plan of care developed by a Physician or a multidisciplinary team under medical direction.

Hospice Services.

Outpatient services not paid by Medicare, that are designed to provide palliative care, alleviate your physical, emotional, social, and spiritual discomforts while you are experiencing the last phases of your life due to the existence of a terminal condition, and to provide supportive care to the primary care giver and the family. Care may be provided by a skilled or unskilled person under a plan of care developed by a Physician or multidisciplinary team under medical direction.

Respite Care.

Short-term care provided in an institution, in the home, or in a community-based program, that is designed to relieve a primary care giver in the home.

Nursing Care Facility.

Any of the following facilities, as defined and recognized under Medicare: (a) a skilled nursing facility; (b) a convalescent nursing home; or (c) an extended care facility.

Residential Care Facility.

Either of the following facilities, as defined and recognized under the California Health and Safety Code: (a) a residential care facility; or (b) a residential care facility for the elderly. Outside of California a Residential Care Facility is a facility that: (1) is licensed, as required, and engaged primarily in providing ongoing care and related services sufficient to support needs resulting from impairment in activities of daily living or impairment of cognitive ability; (2) provides care and services on a 24-hour basis; (3) has a trained and ready-to-respond employee on duty in the facility at all times to provide care and services; (4) provides three meals a day and accommodates special dietary needs; (5) has an agreement to ensure that residents receive the medical care services of a Physician or Nurse in case of emergency; and (6) has appropriate methods and procedures to provide necessary assistance to residents in the management of prescribed medications.

Licensed Social Worker.

A social worker licensed in the state in which the care or services are being provided. Licensed Social Worker does not include: (a) you or your spouse; or (b) the brother, sister, parent, or child of either you or your spouse.

Physician.

A licensed M.D. or D.O. acting within the scope of the license. Physician does not include: (a) you or your spouse; or (b) the brother, sister, parent, or child of either you or your spouse.

Registered Nurse.

A registered nurse (RN) licensed in the state in which the care or services are being provided. Registered Nurse does not include: (a) you or your spouse; or (b) the brother, sister, parent, or child of either you or your spouse.

2. The **Benefit Provisions** section is amended to add the following provision:

Waiver of Surrender Charge for Home Care, Community-Based Services, or Nursing Care Facility Confinement, or Residential Care Facility Confinement

Surrender Charge Waiver.

After the first Contract Year and while the Contract is in force, you may request a partial or total surrender of the value of the annuity fund without surrender charges if, as prescribed by a Physician, Registered Nurse or Licensed Social Worker, you meet the following requirements:

1. You are receiving Home Care Or Community-Based Services; or
2. You are confined in a Nursing Care Facility; or
3. You are confined in a Residential Care Facility;

And such Home Care Or Community-Based Services, Nursing Care Facility Confinement, Residential Care Facility Confinement, or any combination thereof:

1. Has been continuously provided for at least 30 consecutive dates prior to your request; and
2. Began after the Rider Effective Date.

Claims.

Notice of Claim. Notice of your claim for waiver of surrender charges under this rider must be provided: (a) within 20 days of your meeting a requirement for such surrender charge waiver; or (b) as soon as reasonably possible thereafter. Notice provided by you or on your behalf to us at our address or telephone number or to any authorized agent of ours, with sufficient information to identify the claimant, is deemed Notice of Claim.

Claim Forms. Claims for waiver of surrender charges under this rider should be submitted on our forms. If we do not provide our forms within 15 days after we receive your Notice of Claim, the claimant will comply with the Proof of Loss submission requirements if the claimant sends a letter to us at our home office within 90 days of meeting a requirement for waiver of surrender charges which provides written proof that the claimant has met the requirements for waiver of surrender charges under this rider. The letter should include a description of the character and extent of the event or condition that qualifies for waiver of surrender charges under this rider.

Proof Of Loss. Proof Of Loss must be provided to us at our home office. Proof Of Loss means your written proof that you are entitled to waiver of surrender charges under this rider, including: (a) completed claims statements; and (b) a signed authorization for us to obtain information necessary to administer the claim. Proof Of Loss must be provided at your expense. Proof Of Loss must be provided to us within 90 days of your meeting a requirement for waiver of surrender charges under this rider. If it is not reasonably possible to provide us with Proof Of Loss within that 90-day period, we will not reduce or deny your claim for this reason if Proof Of Loss is provided to us: (a) as soon as is reasonably possible; and (b) unless the claimant does not have the legal capacity to provide Proof Of Loss, no later than one year after date of your meeting a requirement for waiver of surrender charges under this rider.

Investigation of Claim. We may investigate a claim at any time. At our expense we may have the claimant examined when and as often as reasonably required by specialists of our choice during the pendency of a claim. We may require an autopsy except where prohibited by law.

Incontestability. This rider is incontestable after the rider has been in force for two years during your lifetime, and the waiver of surrender charge feature of this rider may be only be contested based on a statement made in the application provided: (a) such application is attached to and made a part of the Contract; and (b) the statement is material to the risk accepted or the hazard assumed by us.

Payment of Benefits. If we do not approve your request for a partial or total surrender without surrender charges, we will not pay the surrender benefit until: (a) you are notified of our decision; and (b) you decide to proceed with payment of surrender benefits.

Credited Index Interest. The amount(s) of any surrender paid under this rider from the index interest account(s) will be credited with its pro-rata share of interest, subject to any applicable Participation Rate or Index Rate Cap.

3. **Rider Termination.** This rider and the benefits under it automatically terminate on the earliest of the following dates:
- The date the Contract is surrendered.
 - The date the Contract is Annuitized.
 - The date the Contract is terminated.

Termination of this rider will not prejudice your right to waiver of surrender charges under this rider while the rider is in force.

PART OF CONTRACT -- This rider is part of the Contract to which it is attached. All Contract terms will apply to this rider unless they: (a) have been changed by this rider; or (b) conflict with this rider.

Standard Insurance Company

By



J. Greg Ness
Chairman, President and CEO



Holley Y. Franklin
Corporate Secretary

Standard Insurance Company

A Stock Life Insurance Company
1100 SW Sixth Avenue
Portland OR 97204
(800) 247-6888

Annuity Benefit Waiver of Surrender Charge Rider

Owner(s):	MALE ME 1992
Contract Number:	00AA903260
Annuitant(s):	MALE ME 1992
Rider Effective Date:	May 14, 2017

The Contract is amended as follows:

1. The **Surrender Charge** provision of the **Surrender Benefits** section is amended to provide:

There will be no surrender charge on a surrender for which you have chosen one of the following payment options with us:

1. A lifetime payment option; or
2. A period certain of at least five years.

Note: Any other payment option will result in a surrender charge, as applicable.

If we do not approve your request for a partial or total surrender without surrender charges under this rider, we will not pay the surrender benefit until: (a) you are notified of our decision; and (b) you decide to proceed with payment of annuity benefits.

2. **Credited Index Interest.** The amount(s) of any surrender paid from the index interest account(s) that meets the requirements under item 1 above will be credited with its pro-rata share of interest, subject to any applicable Participation Rate or Index Rate Cap.

3. **Rider Termination.** This rider and the benefits under it automatically terminate on the earliest of the following dates:

- a. The date the Contract is surrendered.
- b. The date the Contract is Annuitized.
- c. The date the Contract is terminated.

Termination of this rider will not prejudice your right to waiver of surrender charges under this rider while the rider is in force.

PART OF CONTRACT -- This rider is part of the Contract to which it is attached. All Contract terms will apply to this rider unless they: (a) have been changed by this rider; or (b) conflict with this rider.

Standard Insurance Company

By



J. Greg Ness
Chairman, President and CEO



Holley Y. Franklin
Corporate Secretary

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1100 SW Sixth Avenue
Portland OR 97204
(800) 247-6888

Death Benefit Waiver of Surrender Charge Rider

Owner(s):	MALE ME 1992
Contract Number:	00AA903260
Annuitant(s):	MALE ME 1992
Rider Effective Date:	May 14, 2017

The Contract is amended as follows:

1. The **Surrender Benefits** section and the **Death Benefits** section are amended to provide that there will be no surrender charge for payment of a death benefit under the Contract.
2. **Credited Index Interest.** The amount(s) of any death benefit paid under this rider from the index interest account(s) will be credited with its pro-rata share of interest, subject to any applicable Participation Rate or Index Rate Cap.
3. **Rider Termination.** This rider and the benefits under it automatically terminate on the earliest of the following dates:
 - a. The date the Contract is surrendered.
 - b. The date the Contract is Annuitized.
 - c. The date the Contract is terminated.

PART OF CONTRACT -- This rider is part of the Contract to which it is attached. All Contract terms will apply to this rider unless they: (a) have been changed by this rider; or (b) conflict with this rider.

Standard Insurance Company

By



J. Greg Ness
Chairman, President and CEO



Holley Y. Franklin
Corporate Secretary

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A Stock Life Insurance Company
1100 SW Sixth Avenue
Portland OR 97204
(800) 247-6888

Death of Annuitant Waiver of Surrender Charge Rider

Owner(s):	MALE ME 1992
Contract Number:	00AA903260
Annuitant(s):	MALE ME 1992
Rider Effective Date:	May 14, 2017

The Contract is amended as follows:

1. **Waiver of Surrender Charge Upon Annuitant Death.** The **Surrender Benefits** section is amended to provide that you may request a partial or total surrender without surrender charges if:
 1. An Annuitant dies before the Annuity Date;
 2. The Owner(s) is still living; and
 3. You apply for the partial or total surrender within 180 days of the Annuitant's date of death.

Note: If: (a) an Annuitant dies before the Annuity Date; and (b) the Owner is a non-natural person; then death benefits are payable under **Death of Owner**.

If we do not approve your request for a partial or total surrender without surrender charges under this rider, we will not pay the surrender benefit until: (a) you are notified of our decision; and (b) you decide to proceed with payment of surrender benefits.

2. **Rider Termination.** This rider and the benefits under it automatically terminate on the earliest of the following dates:
 - a. The date the Contract is surrendered.
 - b. The date the Contract is Annuitized.
 - c. The date the Contract is terminated.

Termination of this rider will not prejudice your right to waiver of surrender charges under this rider while the rider is in force.

PART OF CONTRACT -- This rider is part of the Contract to which it is attached. All Contract terms will apply to this rider unless they: (a) have been changed by this rider; or (b) conflict with this rider.

Standard Insurance Company

By



J. Greg Ness
Chairman, President and CEO



Holley Y. Franklin
Corporate Secretary



Standard Insurance Company
Individual Annuities 800.247.6888 Tel 971.321.5742 Fax
Email: annuityservices@standard.com
1100 SW Sixth Avenue Portland OR 97204-1093 www.standard.com

Individual Deferred Annuity Application

Upon written request by the owner, Standard Insurance Company will provide reasonable factual information about the contract benefits and provisions within a reasonable time. The owner may cancel and return the contract for any reason within thirty (30) days after it is received.

1. Purchase

☐ Focused Growth Annuity ☐ FGA 5 ☐ FGA 6 ☐ FGA 7 ☐ FGA 10
☐ Flexible Premium Deferred Annuity ☐ FPDA
☐ Advantage Growth Annuity ☐ AGA 5 ☐ AGA 7
☐ Other

2. Owner(s) {Please Print}

PRIMARY FULL LEGAL NAME/TRUST NAME
 TRUSTEE NAME
 SSN OR TIN BIRTH DATE/TRUST DATE
 BUSINESS/ MAILING ADDRESS
 CITY STATE ZIP CODE
 RESIDENCE ADDRESS
 CITY STATE ZIP CODE
 GENDER ☐ Female ☐ Male ☐ Not Applicable PHONE
 E-MAIL ADDRESS
 Available for Non-Qualified Annuities only.
 JOINT FULL LEGAL NAME
 SSN OR TIN BIRTH DATE
 BUSINESS/ MAILING ADDRESS
 CITY STATE ZIP CODE
 RESIDENCE ADDRESS
 CITY STATE ZIP CODE
 GENDER ☐ Female ☐ Male PHONE
 E-MAIL ADDRESS

3. Annuitant(s) {Please Print}

PRIMARY FULL LEGAL NAME
 SSN OR TIN BIRTH DATE
 BUSINESS/ MAILING ADDRESS
 CITY STATE ZIP CODE
 RESIDENCE ADDRESS
 CITY STATE ZIP CODE
 GENDER ☐ Female ☐ Male PHONE
 E-MAIL ADDRESS

JOINT FULL LEGAL NAME			
SSN OR TIN		BIRTH DATE	
BUSINESS/ MAILING ADDRESS			
CITY		STATE	ZIP CODE
RESIDENCE ADDRESS			
CITY		STATE	ZIP CODE
GENDER	<input type="checkbox"/> Female <input type="checkbox"/> Male	PHONE	
E-MAIL ADDRESS			

4. Premium

AMOUNT ATTACHED	
ESTIMATED AMOUNT(S) FORTHCOMING	
TOTAL AMOUNT EXPECTED	
PLANNED ANNUAL PREMIUM (IF APPLICABLE)	
PAYMENT MODE (IF APPLICABLE) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually	
LIST BILL <input type="checkbox"/> Yes <input type="checkbox"/> No	LIST BILL NUMBER (IF APPLICABLE)
LIST BILL EMPLOYER NAME (IF APPLICABLE)	

5. Interest Payments{If Applicable} Include form [5031]. For EFT include form [11426]}

INITIATE INTEREST PAYMENTS	<input type="checkbox"/> Yes <input type="checkbox"/> No
PAYMENT MODE	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually

6. Source of Funds (select as many that may apply)

{For Transfer, Rollover or 1035 Exchange, include form [12213]}

<input type="checkbox"/> New Investment	<input type="checkbox"/> 1035 Exchange
<input type="checkbox"/> Transfer	<input type="checkbox"/> Rollover

7. Contract type (select one)

<input type="checkbox"/> Non-Qualified	
<input type="checkbox"/> Inherited IRA{(Include form [13668])}	
<input type="checkbox"/> Traditional IRA	
<input type="checkbox"/> Roth IRA	
<input type="checkbox"/> Simplified Employee Pension (SEP) IRA	
<input type="checkbox"/> Non-ERISA 403(b) Tax-Sheltered Annuity with Contributions from	<input type="checkbox"/> Participant <input type="checkbox"/> Employer
<input type="checkbox"/> ERISA 403(b) Tax-Sheltered Annuity with Contributions from	<input type="checkbox"/> Participant <input type="checkbox"/> Employer
<input type="checkbox"/> Qualified Pension Plan type (select one)	
<input type="checkbox"/> Defined Benefit Plan	<input type="checkbox"/> Defined Contribution Plan
Plan Year End month/date	

8. Beneficiary Designation

<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent
<input type="checkbox"/> Revocable	<input type="checkbox"/> Irrevocable
FULL LEGAL NAME/TRUST NAME	
TRUSTEE NAME	
SSN OR TIN	BIRTH DATE/TRUST DATE
RELATIONSHIP	PERCENTAGE
BUSINESS/ MAILING ADDRESS	
CITY	STATE
PHONE	ZIP CODE
E-MAIL ADDRESS	

<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent		
<input type="checkbox"/> Revocable	<input type="checkbox"/> Irrevocable		
FULL LEGAL NAME/TRUST NAME			
TRUSTEE NAME			
SSN OR TIN		BIRTH DATE/TRUST DATE	
RELATIONSHIP		PERCENTAGE	
BUSINESS/ MAILING ADDRESS			
CITY		STATE	ZIP CODE
PHONE		E-MAIL ADDRESS	
<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent		
<input type="checkbox"/> Revocable	<input type="checkbox"/> Irrevocable		
FULL LEGAL NAME/TRUST NAME			
TRUSTEE NAME			
SSN OR TIN		BIRTH DATE/TRUST DATE	
RELATIONSHIP		PERCENTAGE	
BUSINESS/ MAILING ADDRESS			
CITY		STATE	ZIP CODE
PHONE		E-MAIL ADDRESS	
<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent		
<input type="checkbox"/> Revocable	<input type="checkbox"/> Irrevocable		
FULL LEGAL NAME/TRUST NAME			
TRUSTEE NAME			
SSN OR TIN		BIRTH DATE/TRUST DATE	
RELATIONSHIP		PERCENTAGE	
BUSINESS/ MAILING ADDRESS			
CITY		STATE	ZIP CODE
PHONE		E-MAIL ADDRESS	

9. Owner, Annuitant and Broker Remarks (If additional remarks are attached to this application, be sure to sign and date.)

Notices and Disclosures

Contract Return

If the contract is returned during the free look period, Standard Insurance Company will: (a) cancel the contract form from the beginning; and (b) promptly refund any premium paid by the owner, less any prior partial withdrawals.

Applies if the annuity is purchased through a bank or credit union.

The annuity is not a deposit. The annuity is not guaranteed by any bank or credit union. The annuity is not insured by the FDIC or by any other governmental agency. The purchase of an annuity is not a provision or condition of bank or credit union activity. Some annuities are subject to investment risk and may go down in value.

Fraud Notice

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Privacy Statement

I understand that, in the course of processing my application, Standard Insurance Company may collect personal information about: (a) me; and (b) others I have identified in this application, e.g. beneficiaries, policy owners and annuitants. I understand that the personal information may include information about my: (a) age; (b) occupation; (c) income; (d) finances; and (e) other insurance. Standard Insurance Company may obtain personal information from: (a) this application; (b) other forms I submit to Standard Insurance Company; (c) an employer; (d) an insurance sales representative; (e) other insurance companies; (f) Standard Insurance Company's web sites; and (g) any other person, organization or institution having records or knowledge of me that are necessary to process this transaction. In the course of processing this transaction there may be circumstances in which Standard Insurance Company discloses to other parties the information collected about me. I authorize Standard Insurance Company to disclose personal information to: (a) an employer (e.g. name, employment status and Social Security number); (b) organizations or persons, including insurance sales representatives that perform services or functions necessary to process this transaction; and (c) other insurance companies. No other disclosure may be made without my further authorization except: (a) to the extent necessary for the conduct of Standard Insurance Company's business; or (b) as permitted or required by law. I understand that failure to sign the authorization may: (a) impair the ability to process my application; and (b) be the basis for denying my application. I understand that this authorization: (a) will automatically expire 24 months following the date of my signature below; (b) may be revoked by me at any time by sending a written request for revocation to Standard Insurance Company at the address above; and (c) such revocation may be the basis for denying my application. I also understand that: (a) I (or my authorized representative) have the right to request a copy of my authorization and to learn the nature and substance of any personal information about me in Standard Insurance Company's file; (b) I (or my authorized representative) have the right to ask Standard Insurance Company to correct or amend such information, if necessary; and (c) Standard Insurance Company will carefully review my request and, where appropriate, make the necessary change. To obtain further information about these rights and information practices, I have been informed that I may request a copy of the Privacy Notice by contacting Standard Insurance Company at the address above.

Applicant and Insurance Broker Declarations

The signatories of this application represent that all statements and information contained herein are true and complete to the best of their belief and knowledge. The insurance broker declares that all answers and information in this application have been truly and accurately recorded as provided by the applicant. The insurance broker declares that the identity of the applicant has been verified by reviewing a government-issued photo identification. The insurance broker also declares that with respect to the suitability of this sales recommendation, the applicable state requirements have been met. The signatories of this application also declare that this application was signed by the applicant after all answers and information were recorded herein. Additionally, the signatories of this application declare and certify the following:

- A.** The applicant has existing life insurance policies or annuity contracts.
Insurance Broker: ☐ Yes ☐ No Applicant: ☐ Yes ☐ No
- B.** The contract applied for will replace an existing life insurance policy or annuity contract.
If yes, the insurance broker has left all materials used in the sales presentation with the applicant. The insurance broker has gone through the applicable replacement form with the applicant and it has been completed and enclosed with this application.
Insurance Broker: ☐ Yes ☐ No Applicant: ☐ Yes ☐ No
- C.** The insurance broker has delivered and the applicant has received *The Buyer's Guide to Deferred Annuities*.
Insurance Broker: ☐ Yes ☐ No Applicant: ☐ Yes ☐ No
- D.** The signatories to this application have read through the applicable product disclosure, and the insurance broker has explained and the applicant understands the various product features, including but not limited to: (a) surrenders and withdrawals; (b) surrender charges; (c) surrender charge period; (d) early withdrawal tax penalty; and (e) annuitization. A signed product disclosure is enclosed with this application.
Insurance Broker: ☐ Yes ☐ No Applicant: ☐ Yes ☐ No
- E.** The applicant is a full-time, active-duty member of the US Armed Forces (includes a reserve unit serving under published orders for training).
If yes, the applicable form has been completed, signed, and enclosed with this application.
Insurance Broker: ☐ Yes ☐ No Applicant: ☐ Yes ☐ No
- F.** The applicant is purchasing an annuity that includes a market value adjustment feature.
If yes, the insurance broker has explained and the applicant understands that during the market value adjustment period: (a) any amount surrendered or used to provide annuity benefit payments may be subject to a market value adjustment; and (b) the adjustment may increase or decrease amounts payable under the contract. The insurance broker has explained and the applicant understands that: (a) if interest rates rise after the contract effective date, the market value adjustment will generally decrease the surrender value; and (b) if interest rates fall after the contract effective date, the market value adjustment will generally increase the surrender value.
Insurance Broker: ☐ Yes ☐ No Applicant: ☐ Yes ☐ No
- G.** The insurance broker has explained and the applicant understands that The Standard does not offer legal, financial, tax, investment or estate-planning advice. The applicant has had the opportunity to seek such advice from the proper sources before purchasing this annuity.
Insurance Broker: ☐ Yes ☐ No Applicant: ☐ Yes ☐ No
- H.** The insurance broker and the applicant agree that the purchase of this annuity is appropriate to the applicant's particular legal, financial, tax, investment, estate-planning goals and other circumstances.
The insurance broker and the applicant have gone through and completed suitability forms, as applicable. The completed and signed original of that form is enclosed with this application, a copy has been left with the applicant, and a copy has been retained and is on file with the insurance broker.
Insurance Broker: ☐ Yes ☐ No Applicant: ☐ Yes ☐ No

INSURANCE BROKER FULL LEGAL NAME

BROKERAGE

PHONE

BUSINESS OR INSTITUTION NAME

COMMISSION PAYMENT OPTION { ☐ A ☐ B ☐ C }

BUSINESS/ MAILING ADDRESS

CITY

STATE

ZIP CODE

E-MAIL ADDRESS

SIGNATURES

{[☐ Sign Here]}

Owner Signature

Date _____
MM/DD/YYYY

Owner Signing as: ☐ Self ☐ Trustee

☐ Attorney in Fact

(Include certified Power of Attorney and form [14389])

☐ Other

Signed at _____
City, State

{[☐ Sign Here]}

Joint Owner Signature

Date _____
MM/DD/YYYY

Joint Owner Signing as: ☐ Self ☐ Trustee

☐ Attorney in Fact

(Include certified Power of Attorney and form [14389])

☐ Other

Signed at _____
City, State

{[☐ Sign Here]}

Annuitant Signature

Date _____
MM/DD/YYYY

Annuitant Signing as: ☐ Self

☐ Attorney in Fact

(Include certified Power of Attorney and form [14389])

☐ Other

Signed at _____
City, State

{[☐ Sign Here]}

Joint Annuitant Signature

Date _____
MM/DD/YYYY

Joint Annuitant Signing as: ☐ Self

☐ Attorney in Fact

(Include certified Power of Attorney and form [14389])

☐ Other

Signed at _____
City, State

{[☐ Sign Here]}

Insurance Broker Signature

Date _____
MM/DD/YYYY

Signed at _____
City, State

Standard Insurance Company

A Stock Life Insurance Company
1100 SW Sixth Avenue
Portland OR 97204
(800) 247-6888

This is a Single Premium Deferred Index Annuity Contract

Important Information

The Contract is a valuable asset.
Read it carefully and file it with your other important papers.

When writing to us please give us: (a) the Annuity Contract Number; and (b) the Owner's full name and address. Contact our Customer Service Team at 1100 SW Sixth Avenue, Portland, OR 97204, (800) 247-6888, or one of our agents for the following services:

- Information about the Contract.
- Preparing claim forms, or other notices, elections or requests.
- Examining any proposal to surrender the Contract - this is for your protection.
- Additional annuity or insurance services.

PREVIEW