



### 1 Plan Identification

PLAN NAME	TAX IDENTIFICATION NUMBER
PLAN FIDUCIARY	PHONE

### 2 Notice

Internal Revenue Service and Department of Labor regulations require that written disclosure of certain information be furnished to a fiduciary of an *employee benefit plan*, as defined by ERISA. The disclosure must accompany life insurance or annuity purchases made with plan assets after October 31, 1977. This disclosure statement must be signed by the broker and by an independent fiduciary of the plan.

The undersigned is referred to in this statement as "broker." Broker is not an "affiliate" of Standard Insurance Company within the meaning of the regulations, although Standard Insurance Company products are being proposed. Broker is an independent agent who is not limited to selling only Standard Insurance Company's products.

### 3 Commission (Attach the current commission schedule. Contact your Master General Agent or our sales team if need a current schedule.)

The broker will receive commission, as shown below, as a percentage of gross annual premium or total fund value on the product that will be used to provide benefits under the plan.

PRODUCT	COMMISSION PERCENTAGE	PRODUCT	COMMISSION PERCENTAGE
PRODUCT	COMMISSION PERCENTAGE	PRODUCT	COMMISSION PERCENTAGE
PRODUCT	COMMISSION PERCENTAGE	PRODUCT	COMMISSION PERCENTAGE

### 4 Contract Charges and Fees

This qualified plan may be funded by life insurance or annuity contracts. Each contract will provide full information regarding all charges, fees, discounts or adjustments that may be imposed in connection with the purchase, retention, exchange or termination of the contract.

### 5 Statement of Broker

NAME	STANDARD INSURANCE COMPANY PRODUCER IDENTIFICATION
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The broker hereby certifies that, to the best of his or her knowledge and belief, this information is a full and accurate disclosure as required by Prohibited Transaction Exemption 77-9.

\_\_\_\_\_  
BROKER SIGNATURE

\_\_\_\_\_  
DATE

### 6 Statement of Fiduciary

NAME	TITLE
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The undersigned independent fiduciary of the above employee benefit plan acknowledges that he or she understands and has received a copy of this disclosure and the current commission schedule.

The undersigned affirms that he or she is independent from and not connected in any way with the broker or with Standard Insurance Company, nor will the undersigned receive directly or indirectly any compensation or other consideration for his or her own personal account from any party dealing with the plan in connection with this transaction. The undersigned further affirms that he or she has the authority to approve the purchase of the insurance and annuity policies applied for concurrently and ratifies and approves such purchases.

\_\_\_\_\_  
PLAN FIDUCIARY SIGNATURE

\_\_\_\_\_  
DATE

Original to Standard Insurance Company • Copy to Fiduciary • Copy to Broker