

I hereby:

- [1] Apply for appointment by Standard Insurance Company to solicit applications for individual annuity products on behalf of my employer in the state(s) indicated below; and
- [2] Attach a copy of my state license for *each* of the named states.

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| FINANCIAL INSTITUTION with whom you are an employee or registered representative | STATE(S) where you will solicit applications |
|--|--|

| | | | | |
|--|------------------|------------|-------------------------------|----------------|
| YOUR NAME (as it appears on your resident state license) | | | SOCIAL SECURITY NUMBER | |
| DATE OF BIRTH | OFFICE TELEPHONE | FAX NUMBER | E-MAIL ADDRESS | HOME TELEPHONE |
| BRANCH NAME & INTERNAL ROUTING CODE (if applicable) | | | YOUR RESIDENCE STREET ADDRESS | |
| MAILING ADDRESS (If PO Box, also include street address) | | | | |
| | | | | |
| CITY STATE ZIP | | | CITY STATE ZIP | |

IMPORTANT: Unless otherwise instructed, please **FAX** this completed form

along with a **copy of your state license(s)**

to Standard Insurance Company's home office at: **877-247-5473**

OFFICE USE ONLY

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