

Insurance Producer Signature

Standard Insurance Company Producer Services 800.766.9737 Tel 877.247.5473 Fax 900 SW Fifth Avenue Portland OR 97204

Insurance Producer Acknowledgment of Annuity Training

Please complete and sign this acknowledgment, attach a certificate of completion for each course taken, and return these documents to Standard Insurance Company (The Standard).

1. Insurance Producer				
Name	E-mail		Phone	
Street Address	City	State	Zip Code	
State Insurance License No	Standard Insurance Compan	Standard Insurance Company Producer Identification		
2. Annuity Course(s) Successfully C	Completed (Attach certificate or other pro	oof of completion.)		
Course Title				
Course Provider Name				
Number of Credit Hours Earned	Date Completed	Date Completed		
Course Approved By: State(s)				
Course Title				
Course Provider Name				
Number of Credit Hours Earned	Date Completed			
Course Approved By: State(s)				
3. Producer Acknowledgment				
I hereby affirm that I have successfully co	mpleted the above course(s) and thereby	y met the annuity train	ing requirements for:	
State(s)				

SI 15297 (9/10)

Date