



1 Contract Identification

POLICY NUMBER	
ANNUITANT OR PARTICIPANT NAME(S)	OWNER NAME(S)

2 Change Direction

Initiate the following change effective _____ DATE

☐ Alter the Contract (An option only available within the first 90 days of the effective date. Attach original contract.)

☐ Change Product to ☐ SRA 1 ☐ SRA 3 ☐ SRA 5 ☐ SRA 6
☐ FRA 7
☐ FGA 5 ☐ FGA 6
☐ PGA 5 ☐ PGA 7 ☐ PGA 9
☐ Other: _____

☐ Correct ☐ Birth Date: _____ (Attach proof of age.)
☐ Spelling of Name: _____
☐ Other: _____

☐ Reinstate the Contract (Attach original check that was issued at the time of termination.)

☐ Interest Paid As Earned (Attach form 5031 or IRS forms W-9 and W-4P. Minimum payment is \$100. No additional premium will be accepted. Not available on FPDA. For payments via direct deposit, attach form 11426.)

☐ Initiate payments to pay ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually
☐ Change payments to pay ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

☐ Change Name (To change your beneficiary, attach form 6304.)

New Name _____
NEW NAME (USE THIS NAME TO SIGN THIS FORM)

Reason for Change _____
REASON (CANNOT BE USED FOR CHANGE OF OWNERSHIP)

3 Authorization

1. All changes are subject to the terms of the contract and to Standard Insurance Company's consent.

2. To make a change to the contract application, Standard Insurance Company may require (a) receipt of the contract and (b) any other information we believe necessary.

3. Any change(s) made to the contract application will take effect **only** upon Standard Insurance Company's approval. Once approved, the change(s) shall be effective beginning on the effective date indicated above.

4. This contract application amendment and all changes herein shall become a part of the annuity contract.

5. If the annuity contract is changed on the basis of this contract application amendment, any corrections or additions under *Home Office Use* shall be ratified when the contract and/or this contract application amendment is accepted.

6. I(We) hereby represent that all information provided is true to the best of my(our) knowledge and belief. I(We) understand that Standard Insurance Company will rely on this information for determining the benefit under the annuity contract. I(We) agree that this application supplement shall become part of any annuity contract based on such application or change because of the contract change requested.

OWNER SIGNATURE

OWNER SIGNATURE

BROKER SIGNATURE

DATE

DATE

DATE

4 Completed and Approved

NAME	PROCESS DATE	EXTENSION
<div>STANDARD INSURANCE COMPANY HOME OFFICE USE</div>		