



Standard Insurance Company
Individual Annuities 800.247.6888 Tel 800.378.4570 Fax
1100 SW Sixth Avenue Portland OR 97204-1093 **www.standard.com**

POLICY NUMBER			
ANNUITANT NAME(S)		OWNER NAME(S)	
ADDRESS CHANGE <input type="checkbox"/> No <input type="checkbox"/> Yes		PHONE	
ADDRESS	CITY	STATE	ZIP CODE

Distribute ☐ Partial Amount of \$_____ or _____% (The contract remains in force.)
☐ Maximum Amount Available (The contract remains in force.)
☐ Full Amount (The contract is surrendered. Complete section 4.)

Surrender ☐ At next anniversary date ☐ On receipt of this request

☐ Scheduled Withdrawal of \$_____ or _____% (\$100 minimum. The contract remains in force.)

Pay ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

☐ Interest Paid as Earned (\$100 minimum. The contract remains in force.)

Pay ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

If applicable, surrender charges will be assessed according to contract provisions.

MAKE CHECK PAYABLE TO			
ADDRESS	CITY	STATE	ZIP CODE

The owner(s) certifies that:

☐ The policy is attached.

☐ The policy is lost or has been destroyed. If found, it will promptly be returned to Standard Insurance Company.

I have completed appropriate sections of this form and represent that all information is true and accurate.

_____	_____
OWNER SIGNATURE	DATE
_____	_____
OWNER SIGNATURE	DATE



1 Identification

TAXPAYER NAME	POLICY NUMBER(S)		
ADDRESS	CITY	STATE	ZIP CODE

Withholding Certificate for Pension or Annuity Payments — Substitute IRS Form W-4P

2 Federal Income Tax Withholding

1	Check here if you do not want any Federal income tax withheld from your pension or annuity. (Do not complete lines 2 or 3).	<input type="checkbox"/>
2	Total number of allowances and marital status you are claiming for withholding from each periodic pension or annuity payment. (You may also designate an additional dollar amount on line 3.)	ALLOWANCES
	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher "Single" rate	
3	Additional amount, if any, you want withheld from each pension or annuity payment (Note: For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.)	\$ AMOUNT

3 State Income Tax Withholding

1	State for income tax withholding _____ STATE	<input type="checkbox"/> Withhold <input type="checkbox"/> Do Not Withhold (unless required)
2	Additional amount, if any, you want withheld from each pension or annuity payment	\$ AMOUNT

Request for Taxpayer Identification Number and Certification — Substitute IRS Form W-9

This form is required. If the form is not on file, Standard Insurance Company will be required to withhold income taxes according to Internal Revenue Service guidelines. You (as payee) are required by law to provide Standard Insurance Company (as payor) with your correct taxpayer identification number (generally your Social Security number). Failure to do so may result in a \$50 penalty imposed by the Internal Revenue Service. In addition, in the event of such failure, we are required to withhold from your taxable distribution according to current regulation, regardless of your withholding election above.

4 Taxpayer Identification Number (TIN)

TAX IDENTIFICATION NUMBER (E.G. SOCIAL SECURITY NUMBER)

5 Certification

Under penalties of perjury, I certify that:	
1	The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2	I am not subject to backup withholding because: (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3	I am a U.S. person (including a U.S. resident alien).
Important Note: You must STRIKE OUT the language in section (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.	

6 Authorization

I have completed appropriate sections of this form and represent that all information is true and accurate. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.	
TAXPAYER SIGNATURE	DATE