



1 Purchase

<input type="checkbox"/> Secured Rate Annuity	<input type="checkbox"/> SRA 1	<input type="checkbox"/> SRA 3	<input type="checkbox"/> SRA 5	<input type="checkbox"/> SRA 6
<input type="checkbox"/> First Rate Annuity	<input type="checkbox"/> FRA 7			
<input type="checkbox"/> Focused Growth Annuity	<input type="checkbox"/> FGA 5	<input type="checkbox"/> FGA 6		
<input type="checkbox"/> Principal Growth Annuity	<input type="checkbox"/> PGA 5	<input type="checkbox"/> PGA 7	<input type="checkbox"/> PGA 9	
<input type="checkbox"/> Flexible Premium Deferred Annuity				
<input type="checkbox"/> Other _____				

2 Annuitant (Limit to one Annuitant per contract.)

NAME	SSN (or TIN)	BIRTH DATE	
ADDRESS	CITY	STATE	ZIP CODE
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	PHONE		

3 Owner (Complete only if the Owner is not the Annuitant. Limit to one Owner per contract.)

NAME	SSN (or TIN)	BIRTH DATE	
ADDRESS	CITY	STATE	ZIP CODE
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Applicable	PHONE		
TRUST NAME (IF APPLICABLE)	TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	

4 Initial Premium

AMOUNT	PLANNED ANNUAL PREMIUM (IF APPLICABLE)	PAYMENT MODE (IF APPLICABLE) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually	
MONEY SOURCE <input type="checkbox"/> New Investment <input type="checkbox"/> Rollover (Attach form 12213.) <input type="checkbox"/> Transfer (Attach form 12213.) <input type="checkbox"/> Exchange (Attach form 12213.)			

5 Annuity Purpose

<input type="checkbox"/> Non-Qualified	
<input type="checkbox"/> IRA	<input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP
<input type="checkbox"/> 403(b) TSA	<input type="checkbox"/> Non-ERISA <input type="checkbox"/> ERISA with contributions from: <input type="checkbox"/> Participant <input type="checkbox"/> Employer
<input type="checkbox"/> Qualified Pension: _____ (Attach form 5835.) <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Defined Contribution PLAN YEAR	
<input type="checkbox"/> List Bill: _____ EMPLOYER PLAN NUMBER EMPLOYER NAME	

6 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 INTEREST PAYMENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	PAYMENT MODE <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually
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7 Beneficiary Designation (To name additional beneficiaries please use *Remarks* in section 8.)

PRIMARY	SSN (or TIN)	BIRTH/TRUST DATE	RELATIONSHIP
ADDRESS	CITY	STATE	ZIP CODE
CONTINGENT	SSN (or TIN)	BIRTH/TRUST DATE	RELATIONSHIP
ADDRESS	CITY	STATE	ZIP CODE

Notices and Disclosures

Contract Return; Information Request

The owner may return the contract for any reason within thirty (30) days after it is received. If the contract is returned, The Standard will: (a) cancel the contract from the beginning; and (b) promptly refund any premium paid by the owner, less any prior partial withdrawals. Upon the owner's written request, The Standard will provide factual information about the contract's benefits and provisions within a reasonable time.

Applies if the annuity is purchased through a bank or credit union.

The annuity is not a deposit. The annuity is not guaranteed by any bank or credit union. The annuity is not insured by the FDIC or by any other governmental agency. The purchase of an annuity is not a provision or condition of any bank or credit union activity. Some annuities are subject to investment risk and they may go down in value.

State Fraud Notices

AR, DC, KY, LA, ME, NM, OH, OK, PA and TN Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

CO Residents: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of any insurance company who knowingly provides false, incomplete, or misleading information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division Of Insurance of Regulatory Services.

FL Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any materially false, incomplete, or misleading information is guilty of a felony of the third degree.

NJ Residents: Any person who includes any misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Privacy Statement

I understand that, in the course of processing my application, Standard Insurance Company (The Standard) may collect personal information about: (a) me; and (b) others I have identified in this application; e.g. beneficiaries, policyowners and annuitants. I understand that the personal information may include information about my: (a) age; (b) occupation; (c) income; (d) finances; and (e) other insurance. The Standard may obtain personal information from: (a) this application; (b) other forms I submit to The Standard; (c) an employer; (d) an insurance sales representative; (e) other insurance companies; and (f) other sources, such as The Standard's Web sites. In the course of processing this transaction there may be circumstances in which The Standard discloses to other parties the information collected about me. I authorize The Standard to disclose personal information: (a) to an employer; (b) to organizations or persons, including insurance sales representatives, that perform services or functions necessary to process this transaction; and (c) to other insurance companies. No other disclosure may be made without my further authorization except: (a) to the extent necessary for the conduct of The Standard's business; or (b) as permitted or required by law. I understand that failure to sign the authorization: (a) may impair the ability to process my application or evaluate my claim for benefits; and (b) may be the basis for denying my application or my claim for benefits. I understand that this authorization: (a) will automatically expire 24 months after the date I sign this form; (b) may be revoked by me at any time by sending a written request for revocation to The Standard at the address shown at the top of this form; and (c) such revocation may be the basis for denying my application or my claim for benefits. I also understand that: (a) I or my authorized representative has the right to request a copy of my authorization and to learn the nature and substance of any personal information about me in The Standard's file; (b) I have the right to ask The Standard to correct or amend such information, if necessary; and (c) The Standard will carefully review my request and, where appropriate, make the necessary change. To obtain further information about these rights and The Standard's information practices, I have been informed that I may request a copy of The Standard's Notice of Information Practices from the Annuity Department at the address shown at the top of this form.

- 8 Remarks (WV residents must consent in writing to any changes shown in this section.)
(For any additional remarks that are attached to this application, be sure to sign and date all papers.)

Declarations and Signatures

9 Annuitant and Owner

A	<input type="checkbox"/> Yes <input type="checkbox"/> No	The owner has existing life or annuity policies. (For states using replacement form 10443 , always attach that completed form.)
B	<input type="checkbox"/> Yes <input type="checkbox"/> No	To the best of my knowledge, the contract applied for will replace an existing life insurance or annuity contract. In the event of replacement, I understand that the agent must leave the original or a copy of all written or printed communications used for presentation to me. I represent that all statements and information herein are true and complete to the best of my belief and knowledge. I understand that the application will be attached to and made part of the annuity contract. (If Yes, include a state replacement form where required.)
C	<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand that The Standard guarantees additional interest to be credited to the Annuity Fund only: (a) for the first contract year on an SRA 1 and an FRA; and (b) for one year from the date of premium receipt on a PGA.
D	<input type="checkbox"/> Yes <input type="checkbox"/> No	I am buying an FGA and I have received the Focused Growth Annuity Disclosure (form 11937). I understand that the FGA includes a Market Value Adjustment feature. During the MVA period, any amount surrendered or used to provide annuity benefits is subject to an MVA. The MVA may increase or decrease the amounts payable under the contract. If interest rates rise after the contract effective date, the MVA will generally decrease the surrender value; if interest rates fall, the MVA will generally increase the surrender value.
_____ ANNUITANT SIGNATURE		_____ DATE
_____ OWNER SIGNATURE (IF NOT ANNUITANT) , TITLE (IF APPLICABLE)		_____ DATE
		_____ SIGNED AT (CITY, STATE)

10 Insurance Broker

NAME		E-MAIL		PHONE							
BUSINESS OR INSTITUTION NAME											
ADDRESS		CITY		STATE	ZIP CODE						
LICENSE NUMBER		STANDARD INSURANCE COMPANY PRODUCER IDENTIFICATION									
<p>I declare that: (a) the application was signed and dated by the annuitant, and by the owner (if not the annuitant) after all answers and information were recorded herein; and (b) I have truly and accurately recorded on this form all of the information provided by the annuitant and the owner (if not the annuitant).</p> <p>A <input type="checkbox"/> Yes <input type="checkbox"/> No The owner has existing life or annuity policies. (For states using replacement form 10443, always attach that completed form.)</p> <p>B <input type="checkbox"/> Yes <input type="checkbox"/> No To the best of my knowledge, the contract applied for will replace an existing life insurance or annuity contract. (If Yes, include a state replacement form where required.)</p> <p>C <input type="checkbox"/> Yes <input type="checkbox"/> No I certify that an appropriate product disclosure form and a <i>Buyer's Guide To Fixed Deferred Annuities</i> (form 10427) have been delivered.</p> <tr><td colspan="2">_____ INSURANCE BROKER SIGNATURE</td><td colspan="2">_____ DATE</td><td colspan="2">_____ SIGNED AT (CITY, STATE)</td></tr>						_____ INSURANCE BROKER SIGNATURE		_____ DATE		_____ SIGNED AT (CITY, STATE)	
_____ INSURANCE BROKER SIGNATURE		_____ DATE		_____ SIGNED AT (CITY, STATE)							

10040 (01/05)

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Policy: SRA, SRA-B, SPDA, FPDA

If premium is received detach and leave with purchaser.

Standard Insurance Company • Deferred Annuity Premium Receipt (Make checks payable to Standard Insurance Company.)

Received from _____ the sum of \$ _____ to be applied
PURCHASER NAME AMOUNT
to the purchase of a Standard Insurance Company _____ annuity for _____
PRODUCT ANNUITANT NAME

INSURANCE BROKER SIGNATURE

DATE





If you or your spouse are considering purchasing a financial product based on its treatment under the Medi-Cal program, read this important message!

You or your spouse do not have to use up all of your savings before applying for Medi-Cal.

Recovery

An annuity purchased on or after September 1, 2004 shall be subject to recovery by the state upon the annuitant's death under the regulations of the Medi-Cal Recovery Program. Income derived from the annuity must be used to meet the annuitant's share of costs and, if the annuitant is married, the income derived from the annuity may impact the minimum monthly maintenance needs of the annuitant's community spouse. An annuity purchased by a community spouse on or after September 1, 2004 may also be subject to recovery if that spouse is the recipient of past or future Medi-Cal benefits.

Unmarried Resident

An unmarried resident may be eligible for Medi-Cal benefits if he/she has less than \$2,000 in countable resources.

The Medi-Cal recipient is allowed to keep from his/her monthly income a personal allowance of \$35 plus the amount of any health insurance premiums paid. The remainder of the monthly income is paid to the nursing facility as a monthly share-of-cost.

Married Resident

Community Spouse Resource Allowance: If one spouse lives in a nursing facility and the other spouse does not live in a facility, the Medi-Cal program will pay some or all of the nursing facility costs as long as the couple together does not have more than \$109,560 in countable resources.

Minimum Monthly Maintenance Needs Allowance: If a spouse is eligible for Medi-Cal payment of nursing facility costs, the spouse living at home is allowed to keep a monthly income of at least his/her individual monthly income, or \$2,739 in monthly income, whichever is greater.

Fair Hearings and Court Orders

Under certain circumstances, an at-home spouse can obtain an order from an administrative law judge or court that will allow the at-home spouse to retain additional resources or income. The order may allow the couple to retain more than \$109,560 in countable resources. The order also may allow the at-home spouse to retain more than \$2,739 in monthly income.

Real and Personal Property Exemptions

Many of your assets may already be exempt. Exempt means that the assets are not counted when determining eligibility for Medi-Cal.

Real Property Exemptions

- One principal residence. One property used as a home is exempt. The home will remain exempt in determining eligibility if the applicant intends to return home someday.

The home also continues to be exempt if the applicant's spouse or dependent relative continues to live in it.

Money received from the sale of a home can be exempt for up to six months if the money is going to be used for the purchase of another home.

- Real property used in a business or trade. Real estate used in a trade or business is exempt regardless of its equity value and whether it produces income.

Personal Property and Other Exempt Assets

- IRAs, KEOGHs, and other work-related pension plans. These funds are exempt if the family member whose name it is in does not want Medi-Cal. If held in the name of a person who wants Medi-Cal, and payments of principal and interest are being received, the balance is considered unavailable and is not counted. It is not necessary to annuitize, convert to an annuity, or otherwise change the form of the assets in order for them to be unavailable.
- Personal property used in a trade or business.
- One motor vehicle.
- Irrevocable burial trusts or irrevocable prepaid burial contracts.

There may be other assets that may be exempt.

This is only a brief description of the Medi-Cal eligibility rules. For more detailed information, you should call your county welfare department. Also, you are advised to contact a legal services program for seniors or an attorney that is not connected with the sale of this product.

Please note: If you seek Medi-Cal payment for nursing facility services, you may be ineligible for those services if payments from your annuity extend beyond your life expectancy based upon life expectancy tables adopted by the Department of Health Care Services for this purpose. To find out about these tables, you may contact your local county welfare department.

Finally, the Department of Health Care Services is currently refining its policy regarding the treatment of annuities when determining eligibility for nursing facility services. Any regulatory changes will only impact annuities that are purchased after the effective date of any regulatory amendments.

Different rules apply to annuities that are qualified retirement arrangements established pursuant to Title 26, Internal Revenue Code, Subtitle A, Chapter 1, Subchapter D, Part 1. In some circumstances, Medi-Cal does not count funds held in an IRA, Keogh, or other work-related retirement arrangement. To find out if Medi-Cal would count your IRA, Keogh, or work-related retirement arrangements, you may contact your local county welfare department.

Acknowledgement

I have read the above notice and have received a copy.

PURCHASER SIGNATURE

DATE

SPOUSE SIGNATURE (IF APPLICABLE)

DATE

LEGAL REPRESENTATIVE SIGNATURE (IF APPLICABLE)

DATE

Notice of Asset Sale or Liquidation

The sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity or other asset to fund the purchase of life insurance or an annuity may result in (a) tax consequences, (b) early withdrawal penalties or (c) other costs or penalties. You or your agent may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale or sold.



1 Notice

1. During the visit scheduled to occur in your home on _____, DATE
or during a follow-up visit, you will be given a sales presentation on the following
(indicate all that apply):

☐ Life insurance, including annuities

☐ Other insurance products: _____

SPECIFY OTHER INSURANCE PRODUCTS TO BE PRESENTED

2. You have the right to have other persons present at the meeting, including family members, financial advisors or attorneys.
3. You have the right to end the meeting at any time.
4. You have the right to contact the California Department of Insurance for information or to file a complaint. The California Department of Insurance consumer assistance telephone number is (800) 927-4357.
5. The following individual(s) will be coming to your home:

PRESENTER NAME

INSURANCE LICENSE NUMBER

PRESENTER NAME

INSURANCE LICENSE NUMBER

PRESENTER NAME

INSURANCE LICENSE NUMBER

6. If you are considering the purchase of an annuity, is your purpose to affect your eligibility or your spouse's eligibility for Medi-Cal? ☐ Yes ☐ No

2 Acknowledgement

PRESENTEE NAME

I acknowledge that I answered item 6 above and that I received this notice on _____.

DATE

PRESENTEE SIGNATURE

3 Broker Instructions

This notice must be presented no less than 24 hours prior to the initial sales presentation if it is to be held in the proposed applicant's home. If you schedule a meeting on the same day it is to occur, this notice must be delivered to the proposed applicant prior to the home meeting.



The Focused Growth Annuity is a single premium deferred annuity in which (a) premiums are accepted in the first 90 contract days; (b) interest is earned during the accumulation phase; and (c) the annuity payments are deferred until the maturity date or upon annuitization. The Focused Growth Annuity's principal and earnings are not subject to income taxes until funds are withdrawn or distributed. A 10% IRS early-withdrawal penalty may apply to withdrawals or distributions prior to age 59½.

Issue Age

A Focused Growth Annuity 5 or 6 will be issued for annuitants and owners ages 0 – 90.

Contract Effective Date

A Focused Growth Annuity's effective date is the date the premium is received in the home office of The Standard. This date is indicated on the policy cover and in the contract's data pages.

Premium

A Focused Growth Annuity may be established with an initial premium ranging from \$15,000 to \$1,000,000 (or more with prior home-office approval). That premium will receive the interest rate in effect as of the date the application and premium are received in the home office.

Additional premium payments may be made during the first 90 days of the contract. Additional premiums will be credited with the rate in effect at the time they are received in the home office.

Some states assess a premium tax, which will be deducted from the Annuity Fund by The Standard.

Safety And Guarantees

After the surrender-charge period, The Standard guarantees that the owner or beneficiary will never receive less than 100% of the total premium payments, net of any withdrawals or loans^① that may have been taken.

Interest Rates

The premium payment is credited a guaranteed interest rate for five or six years, depending on the option selected. Thereafter the contract will receive renewal rates based on the current economic and interest-rate environment.

Maturity Date

The maturity date is the later of the anniversary nearest the date the annuitant reaches age 95 and the tenth contract anniversary. At this time the contract will annuitize and begin its payout phase, unless otherwise directed.

Surrender Schedules

The surrender charges below represent a percentage of the annuity balance and may apply to withdrawals made during the contract's surrender-charge period. Withdrawals must be \$500 or more and \$2,000 must remain in the account for the contract to remain in force. A 10% IRS penalty may apply to withdrawals made before age 59½.

FGA 5	Year	1	2	3	4	5	
	Charge	8%	7%	6%	5%	4%	
FGA 6	Year	1	2	3	4	5	6
	Charge	8%	7%	6%	5%	4%	3%

Accessing Funds

The Focused Growth Annuity offers many ways to access funds without incurring a surrender charge. There are no surrender charges associated with the following options, but an IRS penalty may apply before age 59½. See the marketing information for more details.

- Regularly scheduled payments of interest earnings
- Nursing home and terminal condition waivers^{②③}
- IRS Required Minimum Distributions
- Out-of-surrender-charge-period withdrawals

Annuitization

A Focused Growth Annuity may be converted into an income annuity with The Standard at any time to begin receiving regular payments without surrender charge. A life income option or an income option with a payout period of five years or more must be chosen.

Death Benefit

The annuity's value is paid to the beneficiary upon the death of the annuitant. If the annuitant is not the owner and the owner dies, the annuity's value is paid to the beneficiary. Such death benefit must begin within one year of the date of death, may not extend beyond the beneficiary's life expectancy and must be paid within 5 years of the date of death unless the beneficiary is the spouse, in which case the spouse may continue to contract as though the spouse were the original owner.

Guarantees are based on the claims-paying ability of Standard Insurance Company.
Policy SPDA (9/03); Rider R-EIO (9/03), R-NHB (9/03), R-TCB (9/03), R-MVA (9/03), R-DB (7/04), SWO-DEF (9/01), R-ERTSA (11/08), R-NERTSA (11/08), IRA (7/02), Roth IRA (7/02), R-QPP (9/03)

① 403(b) Tax-Sheltered Annuity loans are not available during the surrender-charge period.

② Available after the first contract year.

③ The nursing home waiver is not available in Massachusetts. State-specific conditions apply to the terminal condition waiver.

Market-Value Adjustment

During the surrender-charge period, a market-value adjustment will be applied to withdrawals or surrenders that are subject to surrender charges. This adjustment would be based on changes in the yields on U.S. Treasuries and may increase or decrease the annuity's surrender value. The contract details how the calculation is made. Generally, if interest rates have risen since the purchase, the adjustment will decrease the surrender value. If interest rates have fallen since the purchase, the adjustment will increase the surrender value. During the surrender-charge period, an owner or beneficiary will never receive less than 90% of the total premium payments (91% in some states), less any withdrawals.

Illustrated Effect Of Possible Market-Value Adjustment

Consider the combined charges for early surrender when Treasury rates increase or decrease. The sample calculation below assumes the Five-Year Treasury Index Rate is 3.00% at issue and then either rises to 5.00% or drops to 1.00%. The percentages represent a percent of total account value and are for illustrative purposes only; results may vary.

Combined Surrender Charge and Market-Value Adjustment						
End of Contract Year	FGA 5			FGA 6		
	Unchanged at 3.00%	Increased to 5.00%	Decreased to 1.00%	Unchanged at 3.00%	Increased to 5.00%	Decreased to 1.00%
1	8.0%	11.6%	0.5%	8.0%	11.9%	-1.5%
2	7.0%	12.2%	1.4%	7.0%	13.7%	-0.6%
3	6.0%	9.5%	2.2%	6.0%	11.3%	0.3%
4	5.0%	6.8%	3.1%	5.0%	8.6%	1.2%
5	4.0%	4.0%	4.0%	4.0%	5.8%	2.1%
6	0.0%	0.0%	0.0%	3.0%	3.0%	3.0%
7	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%



The purpose of this profile is to help your insurance broker determine if the annuity product you are purchasing from The Standard is suitable based on your financial situation and goals. You must complete this profile in its entirety and submit it with your application for The Standard to proceed with your purchase.

A. OWNER INFORMATION

Full Legal Name _____ Birth Date _____
Are you actively employed? ☐ Yes ☐ No Anticipated Retirement Age _____

B. FINANCIAL GOALS AND OBJECTIVES

1. Why are you considering purchasing this annuity?
(check all that apply).....

<input type="checkbox"/> Immediate Income	<input type="checkbox"/> Long-Term or Lifetime Income
<input type="checkbox"/> Tax Deferral	<input type="checkbox"/> Assets for Beneficiaries
<input type="checkbox"/> Estate Planning	<input type="checkbox"/> Retirement
<input type="checkbox"/> Safety of Principal	<input type="checkbox"/> Other _____
2. What is your financial time horizon for achieving this annuity's goals?

<input type="checkbox"/> Less than one year	<input type="checkbox"/> 1-5 years	<input type="checkbox"/> 6-10 years
<input type="checkbox"/> Longer than 10 years		
3. How long do you plan to keep this annuity?
_____ years
4. Which financial products do you own or have you previously owned? (check all that apply)

<input type="checkbox"/> Deferred Annuities	<input type="checkbox"/> Immediate Annuities
<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Certificates of Deposit
<input type="checkbox"/> Stocks/Bonds/Mutual Funds	
<input type="checkbox"/> Other _____	
5. What sources of funds will be used for the purchase of this annuity? (check all that apply)

<input type="checkbox"/> Other Annuities	<input type="checkbox"/> Life Insurance
<input type="checkbox"/> Savings/Checking	<input type="checkbox"/> Certificates of Deposit
<input type="checkbox"/> Money Market	<input type="checkbox"/> Stocks/Bonds/Mutual Funds
<input type="checkbox"/> Loan	<input type="checkbox"/> IRA or Retirement Plan
<input type="checkbox"/> Other _____	
6. Is the source of funds a life insurance policy or annuity contract? ☐ Yes ☐ No
If yes:
 - a. Will you incur a surrender charge by exchanging your old policy? ☐ Yes ☐ No
If so, what is the surrender charge (including, if applicable, MVA or other adjustments) on each policy being replaced?

Policy 1: _____%	Policy 2: _____%
Policy 3: _____%	Policy 4: _____%
 - b. Will a market value adjustment reduce the value of the replaced contract? ☐ Yes ☐ No
 - c. Will you lose existing benefits by surrendering your existing policy? (check all that apply)..... ☐ Yes ☐ No

<input type="checkbox"/> Death Benefit	<input type="checkbox"/> Living Benefit
<input type="checkbox"/> Interest Bonus	<input type="checkbox"/> Persistency Bonus
<input type="checkbox"/> Higher Guaranteed Interest Rate	
<input type="checkbox"/> Other _____	

Submit original with application. Leave copy with applicant. Keep copy in producer file.

Incomplete without all pages and signatures

B. FINANCIAL GOALS AND OBJECTIVES (cont.)

- d. By proceeding with the proposed exchange or replacement, will you be subject to increased fees, investment advisory fees, or charges for riders and similar product enhancement?..... ☐ Yes ☐ No
- e. Have you had another policy exchange or replacement within the past 36 months? ☐ Yes ☐ No
- f. How does this annuity better meet your financial goals? _____

C. FINANCIAL INFORMATION

1. What is your federal income tax bracket?..... ☐ 10% ☐ 15% ☐ 25% ☐ 28% ☐ 33% ☐ 35%
2. What will be your annual gross income after this proposed annuity purchase? \$ _____
3. What are your annual living expenses, including annual debt payments? \$ _____
4. After the purchase of this annuity, will you have sufficient income to meet your expenses?..... ☐ Yes ☐ No
5. Do you anticipate significantly higher expenses during the proposed annuity surrender period including medical expenses?..... ☐ Yes ☐ No
6. Do you anticipate significantly lower income during the proposed annuity surrender period?..... ☐ Yes ☐ No
7. What are your total liquid assets before the proposed annuity purchase? \$ _____
Liquid assets may be:
• Savings/Checking/CDs • Stocks/Bonds/Mutual Funds
• Retirement Plan Funds • Life Insurance
• Cash Value of Annuities
8. What percentage of your liquid assets will the proposed annuity purchase be? (*Annuity purchase amount ÷ Line 7*)..... _____ %
9. Do you anticipate changes in your out-of-pocket medical expenses during the proposed annuity's surrender period?..... ☐ Yes ☐ No
10. Is your income sufficient to cover future changes in your household or medical expenses during the proposed annuity's surrender period?..... ☐ Yes ☐ No
11. Do you have an emergency fund for unexpected expenses?..... ☐ Yes ☐ No
12. If you answered yes to questions 5, 6 or 9, or no to questions 4, 10 or 11, please explain. _____

Submit original with application. Leave copy with applicant. Keep copy in producer file.

Incomplete without all pages and signatures

D. OTHER CONSIDERATIONS

1. Do you anticipate a need to withdraw more than a penalty-free amount from this annuity during the surrender period? ☐ Yes ☐ No
2. Do you understand that if you withdraw more than a penalty-free amount from this annuity during the surrender period, you will incur a surrender charge? ☐ Yes ☐ No
3. What distributions do you anticipate from this annuity?
(check all that apply) ☐ Annuitization ☐ Immediate income
☐ Substantially Equal Periodic Payments
☐ Required minimum distributions ☐ Full surrender
☐ Partial withdrawals ☐ Interest-only payments
4. When do you anticipate taking your first distribution from this annuity? (choose one) ☐ 1 year ☐ 2-5 years ☐ 6-7 years
☐ 8-10 years ☐ Longer than 10 years
5. Do you understand that you may incur a 10% federal tax penalty for withdrawals before age 59½? ☐ Yes ☐ No
6. Does the owner currently reside in a nursing home or assisted living facility? ☐ Yes ☐ No
7. Describe your risk tolerance:
- ☐ Conservative: I want to preserve my initial principal with minimal risk, even if that means the account does not generate significant income or returns and may not keep pace with inflation.
- ☐ Moderate: I am willing to accept some risk to my initial principal and tolerate some volatility to seek higher returns, and understand I could lose a portion of money invested.
- ☐ Aggressive: I am willing to accept maximum risk to my initial principal to aggressively seek maximum returns, and I understand I could lose most, or all, of the money invested.
8. Which of the following best describes your financial experience?
- ☐ Very experienced: Good understanding of financial products, own a broad range of financial products, confident about financial decisions.
- ☐ Moderate experience: General understanding of some financial products, own some financial products, willing to make some financial decisions.
- ☐ Limited experience: Primary savings in certificates of deposit, savings/checking, money market funds; nervous about financial decisions.
9. What additional information should your insurance producer know before making a final annuity purchase recommendation?
(Examples: expected major life changes, beneficiary needs, etc.)
- _____
- _____

Submit original with application. Leave copy with applicant. Keep copy in producer file.

Incomplete without all pages and signatures

E. OWNER DECLARATIONS AND ACKNOWLEDGMENT

Please initial each statement if it is true:

- _____ I represent that all statements and information provided herein are true and complete to the best of my belief and knowledge.
- _____ I understand that should I provide incomplete or inaccurate information, I will limit the protection afforded to me by state law regarding the suitability of this purchase.
- _____ I have reviewed the product-specific disclosure with my insurance broker, and I understand the costs and features of the annuity I am purchasing.
- _____ I understand and acknowledge that The Standard and its representative do not offer legal, financial, tax, investment or estate-planning advice and I have had the opportunity to seek such advice from the proper sources before purchasing this annuity.
- _____ I believe that the purchase of this annuity is appropriate to my particular legal, financial, tax, investment, and estate-planning goals, and other insurance needs.

Owner Signature: _____ Date: _____

Signed In (city/state): _____

F. INSURANCE BROKER DECLARATIONS AND ACKNOWLEDGMENT

The basis for my recommendation to purchase this annuity and, if applicable, to replace or exchange existing annuities is:

I declare that I have truly and accurately recorded on this form all of the information provided by the Purchaser(s). I have verified the identity of the Purchaser(s) with government-issued photo identification, and I believe the identity information provided to me is true and accurate. I have informed the Purchaser(s) of the various features of the annuity including tax penalties and fees. I believe that the Purchaser(s) will benefit from the annuity's features. Based on the facts disclosed to me by the Purchaser(s), and based on all circumstances known to me at the time the recommendation was made, I declare that this annuity purchase as a whole is suitable to the insurance needs and financial objectives of the Purchaser(s).

Insurance Broker Signature: _____ Date: _____

Insurance License Number: _____

Standard Insurance Company Producer Identification No: _____

Submit original with application. Leave copy with applicant. Keep copy in producer file.

Incomplete without all pages and signatures

Focused Growth Annuity 5 and 6

A Rewarding Combination Of Safety, Tax Deferral And Choice



Standard Insurance Company
Focused Growth Annuity 5 and 6





A Deferred Annuity Is An Insurance Contract

A deferred annuity grows, tax deferred, until the contract is surrendered (paid out as a lump-sum) or annuitized (put into a payment stream).

A deferred annuity contract is chiefly a vehicle for accumulating savings and eventually distributing the value – either as a payment stream or as a one-time, lump-sum payment. All varieties of deferred annuities have one thing in common: the increase in account value is not taxed until those gains are withdrawn (or paid out). This is also known as tax-deferred growth.

Annuity contracts in the U.S. are defined by the Internal Revenue Code. They have features of both life insurance and investment products, but are only allowed to be sold by insurance companies. And because insurance companies are regulated by individual states, some contracts, features and options may not be available or may not be exactly the same in all states.

Optimize Growth With This Annuity

The Focused Growth Annuity offers a robust set of features, including a market-value adjustment, to optimize growth potential. This annuity is an ideal choice for a long-term saver who can appreciate the benefits of tax-deferred growth, protection and limited access to funds. Few taxable investments provide this blend of safety, growth and flexibility.

Rate Guarantees

The annuity will be credited an interest rate that is guaranteed for five or six years, depending on the option selected. After that guarantee period, the contract will receive subsequent renewal rates based on the current economic and interest-rate environment. The annuity contract is assigned a guaranteed minimum rate; the renewal rate will never be set below this rate. Interest is calculated and credited daily.

Tax-Qualification Options

This annuity may be established as an Individual Retirement Annuity, 403(b) Tax-Sheltered Annuity or Simplified Employee Pension to initiate or continue a qualified retirement savings account.

Lump-sum deposits and complete or partial exchanges of non-qualified funds may also be accepted into this annuity.

Eligibility

A Focused Growth Annuity may be established for an owner and annuitant age 90 or younger. The minimum premium amount is \$15,000 and the maximum is \$1,000,000. Greater amounts may be considered, but must receive home-office approval prior to application.

Advantages Of Tax Deferral

Taxes will be due only when withdrawals or distributions are made from the annuity. This will generally be during retirement, when most people find themselves in a lower tax bracket. As a result, interest accumulates on principal, earnings and on money otherwise paid in income taxes.



Tax-deferred annuities benefit from the effect of “triple-compounding,” meaning that an annuity earns interest on the **principal** (initial premium payment); on the **interest** itself (amount credited as account growth based on the contract interest rate); and on the amount that would have been paid as income **taxes**.

Surrender-Charge Period

Unlike short-term savings products, deferred annuities are designed and priced for long-term retirement savings. Part of this design relies on the fact that the advantages of tax deferral work best when the annuity's growth is allowed to compound over time. So, though all or a portion of the funds may be withdrawn at any time, early withdrawals are discouraged and are subject to surrender charges.

Expressed as a percentage of the annuity's total value, these charges diminish to zero over time. This schedule is in effect for only one period during the life of the contract and will not reset.

Please note that the surrender charges are not a part of or associated with the IRS tax imposed on a distribution or with the IRS pre-age-59½ tax penalty that may apply to a withdrawal. Surrender charges are in addition to any IRS liabilities.

Focused Growth Annuity 5

A withdrawal in...	results in a...
year 1	8% surrender charge
year 2	7% surrender charge
year 3	6% surrender charge
year 4	5% surrender charge
year 5	4% surrender charge
year 6+	0% surrender charge

Focused Growth Annuity 6

A withdrawal in...	results in a...
year 1	8% surrender charge
year 2	7% surrender charge
year 3	6% surrender charge
year 4	5% surrender charge
year 5	4% surrender charge
year 6	3% surrender charge
year 7+	0% surrender charge

Withdrawals must be at least \$500, and a minimum balance of \$2,000 must be maintained. An additional IRS 10% penalty may apply to withdrawals before age 59½.

Accessing Funds

While withdrawals are discouraged until the annuity has completed its surrender-charge period, some are permitted under certain circumstances. There are no surrender charges associated with the following options, but an IRS penalty may apply before age 59½.

Interest Payments

After 30 days, regular withdrawals of interest earnings may be made on a monthly, quarterly, semi-annual or annual basis.

403(b) Tax-Sheltered Annuity Loans

If the annuity contract is held as a 403(b) Tax-Sheltered Annuity, loans may be available from the contract.

Required Minimum Distributions

If the contract is held as a tax-qualified plan, IRS Required Minimum Distributions may be made on the schedule requested.

Life-Changing Scenarios

After the first contract year, if the owner becomes a nursing-home resident for 30 or more consecutive days or is diagnosed with a terminal condition, withdrawals may be made.¹

Annuitization

At any time the annuity may be converted to a payout annuity with The Standard.

Death Benefits

Beginning immediately, upon the death of the owner the full annuity value is payable as death benefits to the named beneficiary.

¹ An applicant currently confined to a nursing home will not be eligible for the nursing-home waiver. The nursing-home waiver is not available in Massachusetts and state-specific conditions may apply to the terminal-condition waiver.

Market Value Adjustment

During the surrender-charge period, a market-value adjustment will be applied to withdrawals or surrenders that are subject to surrender charges. This adjustment is based on changes in the yields on U.S. Treasuries and may increase or decrease the annuity's surrender value.

The contract details how this adjustment is calculated, but generally if interest rates have risen since the annuity purchase, the adjustment will decrease the surrender value; if interest rates have fallen, the adjustment will increase the surrender value. During the surrender-charge period, an owner will never receive less than 90% (may be higher in some states) of the total premium payments, less any withdrawals.

In a withdrawal scenario where the surrender charge is waived, the market value adjustment will also be waived.

Advantages Of Tax Deferral

Taxes will be due only when withdrawals or distributions are made from the annuity. This will generally be during retirement, when most people find themselves in a lower tax bracket. As a result, interest accumulates on principal, earnings and on money otherwise paid in income taxes.

Time To Reflect On The Purchase

From the date the annuity contract is delivered, an owner has 30 days to consider the purchase. If the transaction is terminated during those 30 days, Standard Insurance Company will return all premium, net of any withdrawals taken.



A Guaranteed Income For Life

Annuitization is precisely why many people buy an annuity — to insure against outliving an income. By annuitizing a deferred annuity, a change is made from accumulating savings to generating a guaranteed income stream.

While annuitization may occur at any time, most will consider this option in the transition from the accumulation to the income stage of retirement. It's an option that:

- Provides a guaranteed income stream;
- Can set payments to meet the IRS Required Minimum Distribution; and
- Allows payment of taxes on smaller, regular payments instead of a lump sum.

Income Options

Life Income

A guaranteed income for as long as the annuitant lives. Payments will cease upon the death of the annuitant.

Life Income With Installment Refund

A guaranteed income for as long as the annuitant lives. The total payments will never be less than the total of the funds paid to purchase this option. If the annuitant dies before receiving at least that amount, payments continue to the beneficiary until the full amount is repaid (or may be commuted to a lump-sum payment).

Life Income With Certain Period

A guaranteed income for as long as the annuitant lives. If the annuitant dies prior to the end of the period specified (5, 10, 15 or 20 years), payments continue to the beneficiary until the end of the period (or may be commuted to a lump-sum payment).

Joint And Survivor Life Income

A guaranteed income for as long as both annuitants live. When either annuitant dies, payments will continue at 50 percent, 66²/₃ percent, 75 percent or 100 percent of the payments received when both were living. Payments will cease upon death of both annuitants.

Joint and Survivor Life Income With Installment Refund

A guaranteed income for as long as both annuitants live. The total payments will never be less than the total of the funds paid to purchase this option. If both annuitants die before receiving at least that amount, payments continue to the beneficiary until the full amount is repaid (or may be commuted to a lump-sum payment).

Joint and Survivor Life Income With Certain Period

A guaranteed income for as long as both annuitants live. When either annuitant dies, payments will continue at 100 percent of the payments received when both were living. If both annuitants die prior to the end of the period specified (5, 10, 15 or 20 years), payments continue to the beneficiary until the end of the period (or may be commuted to a lump-sum payment).

Joint And Contingent Survivor Life Income

A guaranteed income for as long as both annuitants live. If the primary annuitant dies first, payments will continue at 50 percent of the payments received when both were living. If the contingent annuitant dies first, payments will continue at 100 percent of the payments received when both were living. Payments will cease upon death of both annuitants.

Certain Period

A guaranteed income for a time period chosen (5, 10, 15 or 20 years). At any time, benefits may be commuted to a lump-sum payment. If the annuitant dies prior to the end of the period specified, payments continue to the beneficiary until the end of the period (or may be commuted to a lump-sum payment).



J. Greg Ness
President and Chief Executive Officer

Standard Insurance Company Financial Strength Ratings

AA- (Very Strong) by Standard & Poor's
4th of 20 rankings

A1 (Good) by Moody's
5th of 21 rankings

A (Excellent) by A.M. Best*
3rd of 13 rankings

As of February 2010

* Rating includes The Standard Life Insurance Company of New York.

StanCorp Financial Group Long Term Senior Debt Ratings

Standard & Poor's: A-

Moody's: Baa1

A.M. Best: bbb+

As of February 2010

Balance sheet as of December 31, 2009

Assets	\$16.57 billion
Fixed Maturity Securities	58.3%
	of invested assets
A or Higher	69.8%
BBB/Baa	24.8%
BB/Ba	3.5%
B or Lower	1.9%
Commercial Mortgage Loans	40.5%
	of invested assets
60-Day Delinquencies	0.40%
Other	1.2%
	of invested assets
Portfolio Yields	
Fixed Maturity Securities	5.46%
Commercial Mortgage Loans	6.46%

2009 segment data (\$ in millions)

Revenues	
Insurance Services	\$ 2,410.6
Asset Management	382.8
Other	(23.4)
Total	\$ 2,770.0
Income before income taxes	
Insurance Services	\$ 356.3
Asset Management	37.3
Other	(77.9)
Total	\$ 315.7

Our Financial Strength

For an insurance and asset management company, there is nothing more important than financial strength. Our customers and shareholders alike must be confident that we will be there regardless of the current economic environment. We take this responsibility very seriously and back it up with our disciplined business practices, sound investment strategies and unique industry expertise. While various other financial institutions have struggled with their business mix and capital levels, at The Standard, we have maintained our focus on providing excellent customer service while still seeking attractive business opportunities. By approaching our commitments with a long-term perspective, we are able to invest for our customers and build value for our shareholders.

Our balance sheet is the cornerstone of our financial strength and has provided us with a foundation for profitability through a wide range of economic cycles.

Bond Portfolio

Our bond portfolio is strong. Our strategy is to maintain a diversified portfolio of high quality fixed-maturity securities to keep us well protected if any industry experiences difficulties.

- Average portfolio rating of "A" as measured by Standard & Poor's
- No preferred or common equities
- No direct exposure to sub-prime or alt-A mortgages
- No credit default swaps, collateralized debt obligations or commercial paper
- No mortgage-backed securities of any kind

Commercial Mortgage Loan Portfolio

Our commercial mortgage loans have consistently provided a superior balance of risk and return. We offer small commercial mortgage loans to borrowers who want a fixed rate over time, and we rigorously underwrite every commercial mortgage loan we make. The quality of our commercial mortgage loans is excellent, and our delinquency rates are very low.

- The average loan-to-value ratio on new loans was 66 percent in 2009
- As of December 31, 2009, the average loan-to-value ratio in our overall commercial mortgage portfolio was 66 percent

The Standard Stands The Test Of Time

In the July 2009 issue of Best's Review, Standard Insurance Company was recognized for maintaining an "A" rating or higher from A.M. Best Company since 1928. The Standard was honored to be among one of only 14 life/health insurers to consistently achieve an "A" rating (or higher) for more than 75 years. Given the rapidly evolving markets, changing customer needs and challenging economic times, this is a significant accomplishment. We are proud of this longstanding track record of financial strength.

Corporate Profile

StanCorp Financial Group, Inc., through its subsidiaries marketed as The Standard – Standard Insurance Company, The Standard Life Insurance Company of New York, Standard Retirement Services, StanCorp Mortgage Investors, StanCorp Investment Advisors, StanCorp Real Estate and StanCorp Equities – is a leading provider of financial products and services. StanCorp's subsidiaries serve approximately 8.1 million customers nationwide as of December 31, 2009, with group and individual Disability insurance, group Life, AD&D, Dental and Vision insurance, retirement plans products and services, individual annuities and investment advice.



Annuities are intended as long-term savings vehicles.

The Focused Growth Annuity is a product of Standard Insurance Company. It may not be available in some states. The annuity is not guaranteed by any bank or credit union and is not insured by the FDIC or any other governmental agency. The purchase of an annuity is not a provision or condition of any bank or credit union activity. Some annuities may go down in value.

The guarantees of the annuity are based on the financial strength and claims-paying ability of Standard Insurance Company. An annuity should not be purchased as a short-term investment.

Policy SPDA (9/03)

Riders R-EIO (9/03), R-NHB (9/03), R-TCB (9/03),
R-MVA (9/03), R-DB (7/04), SWO-DEF (9/01),
R-ERTSA (11/08), R-NERTSA (11/08), IRA (7/02),
Roth IRA (7/02), R-QPP (9/03)

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York, where insurance products are offered by The Standard Life Insurance Company of New York of White Plains, New York. Product features and availability vary by state and company, and are solely the responsibility of each subsidiary. Except where indicated, data represents consolidated results for StanCorp Financial Group, a separate entity which is not responsible for the financial condition or obligations of the insurance subsidiaries.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com



1 Important Notice: Replacement of Life Insurance or Annuities

(This notice must be signed by the applicant(s) and broker, with the original sent to Standard Insurance Company and a copy left with the applicant(s).)

Replacing your life insurance policy or annuity?

Are you thinking about buying a new life insurance policy or annuity and discontinuing or changing an existing one? If you are, your decision could be a good one — or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed benefits.

Make sure you understand the facts. You should ask the company or agent that sold you your existing policy to give you information about it and its replacement.

There may be disadvantages to dropping your existing life insurance or annuities. Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest.

We are required by law to notify your existing company that you may be replacing your policy.

You are urged not to take action to terminate, assign or alter your existing policy until your new policy has been issued and you have examined it and found it acceptable.

2 Policy Information for Existing Insurance

INSURER NAME	INSURED OR ANNUITANT NAME	POLICY NUMBER*	GENERIC NAME	FACE/ANNUITY AMOUNT
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

* If a number has not been assigned by the existing insurer, indicate alternative identification such as an application or receipt number.

The proposed policy is: _____ \$ _____
TYPE OF POLICY — GENERIC NAME FACE/ANNUITY AMOUNT

3 Acknowledgement

OWNER NAME(S)	PHONE	BIRTH DATE(S)	
ADDRESS	CITY	STATE	ZIP CODE

PROPOSED INSURED OR ANNUITANT NAME(S) (IF DIFFERENT THAN OWNER)	PHONE	BIRTH DATE(S)	
ADDRESS	CITY	STATE	ZIP CODE

_____	OWNER SIGNATURE	_____	DATE
_____	OWNER SIGNATURE	_____	DATE

4 Broker

BROKER NAME	PHONE	LICENSE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

_____	BROKER SIGNATURE	_____	DATE
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The Standard[®]

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

Request for Rollover, Transfer or Exchange

1 Transferring Institution

COMPANY OR CUSTODIAN		PHONE	
STREET ADDRESS (NOT A POST OFFICE BOX)	CITY	STATE	ZIP CODE

2 Existing Policy or Account

OWNER(S)	OWNER SSNs (or TINs)		
ADDRESS	CITY	STATE	ZIP CODE
ANNUITANT(S), INSURED(S) OR PARTICIPANT	ANNUITANT, INSURED(S) OR PARTICIPANT SSNs (or TINs)		
BENEFICIARY (IF PARTICIPANT IS DECEASED)	BENEFICIARY SSN (or TIN)		
INVESTMENT VEHICLE <input type="checkbox"/> CD <input type="checkbox"/> Life Insurance <input type="checkbox"/> Annuity <input type="checkbox"/> Custodial Account <input type="checkbox"/> Other _____		ACCOUNT OR CONTRACT NUMBER(S)	

3 Transaction Type (Complete section A or B.)

A Qualified Funds

(For rollover, transfer or exchange into a 403(b) Tax-Sheltered Annuity, use form **12213-TSA-A.**)

Funds From	Funds To	
<input type="checkbox"/> Traditional IRA <input type="checkbox"/> Inherited IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> 403(b) TSA <input type="checkbox"/> Qualified Pension or Profit Sharing Plan <input type="checkbox"/> Other: _____	Initiated by Participant <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Qualified Pension or Profit Sharing Plan <input type="checkbox"/> Other: _____	Initiated by Beneficiary <input type="checkbox"/> Inherited IRA (Attach form 13668.)

Standard Insurance Company's Traditional IRA, Roth IRA, SEP and 403(b) contracts meet the requirements of Internal Revenue Code § 408(b), 408A, 408(k) and 403(b)(1) respectively.

B Non-Qualified Funds

Transaction Type: ☐ Direct Transfer
☐ 1035 Exchange

Additional Funds Forthcoming After This Transfer: ☐ No ☐ Yes: \$ _____

The undersigned owner(s) authorizes the transferring institution to liquidate and transfer the requested amount or percentage of the owner(s)'s rights, title and interest in the referenced account(s), without exception to Standard Insurance Company. This assignment is made to facilitate the exchange of all or a portion of the above-referenced policy for a new policy(ies) with Standard Insurance Company pursuant to Section 1035 of the Internal Revenue Code. The undersigned owner(s) understands and agrees that Standard Insurance Company is providing this form and participating in this exchange at the owner(s)'s request. The owner(s) acknowledges that Standard Insurance Company has not made, and will not make, any representations or warranties regarding the tax effects, if any, of this assignment, and any resulting taxes will be the sole responsibility of the owner(s). In consideration of Standard Insurance Company's willingness to participate in this exchange, the owner(s) accepts all responsibility for the validity of this assignment and releases Standard Insurance Company from any and all claims or liability resulting from this exchange. This Absolute Assignment shall be binding on the owner(s) and on the owner(s)'s personal representatives, heirs, successors and assignees. The owner(s) acknowledges and warrants that no other person has any interest in this policy, that no proceeding in bankruptcy is pending or has been filed affecting the policy, and that any collateral assignment of the policy has been properly released by the collateral assignee prior to the execution of this Absolute Assignment contract's benefits and provisions within a reasonable time.

4 Lost Policy Statement (Applicable only to a full surrender to effect the rollover, transfer or exchange.)

The undersigned certifies that:

- ☐ The policy or contract is attached.
☐ The policy or contract is lost or has been destroyed. To the best of my knowledge it is not in anyone's possession.

5 Participant/Beneficiary Declaration (Complete only for rollover of 403(b) Tax-Sheltered Annuity funds.)

The undersigned requestor is a:

- ☐ Participant, older than age 59½, severed from employment or with another distributable event.
☐ The beneficiary of a deceased participant of the plan sponsor releasing these funds.
☐ Neither of the above.

6 Authorization

The undersigned owner(s) or beneficiary authorizes the transferring institution to liquidate and transfer

_____ % or \$ _____ as cash from the policy or account to Standard Insurance Company:

- ☐ Transfer Immediately (default action if no selection is made)
☐ Transfer on Maturity or Anniversary Date
☐ Transfer on _____

DATE

I(We) authorize disclosure of information to Standard Insurance Company as necessary to complete the requested transaction.

I(We) understand that the rollover, transfer or exchange will be effective on the date the check(s) is(are) received.

OWNER OR BENEFICIARY SIGNATURE

DATE

OWNER SIGNATURE

DATE

GUARANTEE SIGNATURE (IF APPLICABLE)

DATE

7 Request for Funds Transfer (To be completed only by an authorized Standard Insurance Company home-office employee.)

Standard Insurance Company is prepared to accept the assets as indicated in this document and will transfer the assets into a new or existing policy with Standard Insurance Company.

Standard Insurance Company (TIN #93-0242990) hereby requests that the above-documented surrender or partial withdrawal be transacted immediately. All proceeds, including any premiums, shall be payable and forwarded to:

Standard Insurance Company

FBO: _____
OWNER(S), ANNUITANT(S) OR BENEFICIARY NAME

Unit 36
P.O. Box 5000
Portland, OR 97208-5000

☐ Please refer to the Standard Insurance Company annuity contract number: _____
CONTRACT NUMBER

☐ The requested action is a 1035 Exchange, therefore please:
• Provide Cost Basis (see the enclosed Request For Cost Basis And Balance form).

AUTHORIZED STANDARD INSURANCE COMPANY HOME OFFICE EMPLOYEE

DATE