



TheStandard®

Authorization to Accept
403(b) Tax-Sheltered Annuity Rollover, Transfer or Exchange

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

1 Transferring Institution

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

2 Existing Policy or Account

PARTICIPANT	SSN (or TIN)		
ADDRESS	CITY	STATE	ZIP CODE
INVESTMENT VEHICLE <input type="checkbox"/> Annuity <input type="checkbox"/> Custodial Account <input type="checkbox"/> Other _____	ACCOUNT, POLICY OR CONTRACT NUMBER(S)		

3 Transaction (For rollover, transfer or exchange into other than a 403(b) Tax-Sheltered Annuity, use form 12113.)

Funds From	Funds To
<input type="checkbox"/> ERISA TSA <input type="checkbox"/> Non-ERISA TSA <input type="checkbox"/> Traditional IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Qualified Pension or Profit Sharing <input type="checkbox"/> Other: _____	<input type="checkbox"/> ERISA TSA <input type="checkbox"/> Non-ERISA TSA

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

The participant certifies that: <input type="checkbox"/> The policy or contract is attached. <input type="checkbox"/> 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 Authorization

The undersigned participant is a (<input type="checkbox"/> current <input type="checkbox"/> former) employee of the plan accepting funds.	
The undersigned participant authorizes the transferring institution to liquidate and transfer _____% or \$_____ as cash from the policy or account to Standard Insurance Company:	
<input type="checkbox"/> Transfer Immediately (default action if no selection is made) <input type="checkbox"/> Transfer on Maturity or Anniversary Date <input type="checkbox"/> Transfer on _____	
I authorize disclosure of information to Standard Insurance Company as necessary to complete the requested transaction. I understand that the rollover or transfer will be effective on the date the check(s) is(are) received.	
_____ PARTICIPANT SIGNATURE	_____ DATE
_____ GUARANTEE SIGNATURE (IF APPLICABLE)	_____ DATE

6 Plan Sponsor Accepting Funds

ORGANIZATION NAME	ORGANIZATION TIN		
ADDRESS	CITY	STATE	ZIP CODE
PLAN NAME	PLAN TIN	PLAN EFFECTIVE DATE	
AUTHORIZED REPRESENTATIVE	PHONE	FAX	

7 Plan Administrator Authorization (The representative of the plan into which these funds will be accepted must authorize this transaction.)

The above requestor is a:

- ☐ Current employee of the plan sponsor accepting these funds.
☐ Former employee of the plan sponsor accepting these funds.
☐ Other _____

The transaction requested in this document by the plan participant is hereby authorized by the plan.

AUTHORIZED PLAN REPRESENTATIVE SIGNATURE

DATE

8 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. 403(b) tax-sheltered annuities issued by Standard Insurance Company include withdrawal restrictions and minimum distribution provisions as required by IRC § 403(b).

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: _____

P.O. Box 684

Portland, OR 97207-0684

PARTICIPANT NAME

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

CONTRACT NUMBER

☐ The requested action is an exchange or transfer of 403(b) Tax-Sheltered Annuity contracts, therefore please provide the 12/31/1986 and 12/31/1988 balances.

AUTHORIZED STANDARD INSURANCE COMPANY HOME OFFICE EMPLOYEE

DATE