



The Standard[®]

Standard Insurance Company

Individual Annuities 800.247.6888 Tel 971.321.5742 Fax

Email: annuityservices@standard.com

1100 SW Sixth Avenue Portland OR 97204-1093 www.standard.com

Individual Deferred Annuity Application

Upon written request by the owner, Standard Insurance Company will provide reasonable factual information about the contract benefits and provisions within a reasonable time. The owner may cancel and return the contract for any reason within thirty (30) days after it is received.

1 Purchase

Focused Growth Annuity	<input type="checkbox"/> FGA 3	<input type="checkbox"/> FGA 5	<input type="checkbox"/> FGA 7	<input type="checkbox"/> FGA 10
Flexible Premium Deferred Annuity	<input type="checkbox"/> FPDA			
Advantage Growth Annuity	<input type="checkbox"/> AGA 5	<input type="checkbox"/> AGA 7		
Other	<input type="checkbox"/>			
Send the contract to	<input type="checkbox"/> Broker	<input type="checkbox"/> Applicant		

2 Owner(s) Please Print

PRIMARY FULL LEGAL NAME/TRUST NAME		
TRUSTEE NAME		
SSN OR TIN	BIRTH DATE/TRUST DATE	
BUSINESS/MAILING ADDRESS		
CITY	STATE	ZIP CODE
RESIDENCE ADDRESS		
CITY	STATE	ZIP CODE
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Applicable	PHONE	
E-MAIL ADDRESS		

Available for Non-Qualified Annuities only.

JOINT FULL LEGAL NAME		
SSN OR TIN	BIRTH DATE	
BUSINESS/MAILING ADDRESS		
CITY	STATE	ZIP CODE
RESIDENCE ADDRESS		
CITY	STATE	ZIP CODE
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	PHONE	
E-MAIL ADDRESS		

3 Annuitant(s) (Please Print)

PRIMARY FULL LEGAL NAME		
SSN OR TIN	BIRTH DATE	
BUSINESS/MAILING ADDRESS		
CITY	STATE	ZIP CODE
RESIDENCE ADDRESS		
CITY	STATE	ZIP CODE
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	PHONE	
E-MAIL ADDRESS		

JOINT FULL LEGAL NAME		
SSN OR TIN	BIRTH DATE	
BUSINESS/MAILING ADDRESS		
CITY	STATE	ZIP CODE
RESIDENCE ADDRESS		
CITY	STATE	ZIP CODE
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	PHONE	
E-MAIL ADDRESS		

4 Premium

AMOUNT ATTACHED (use only if a check is enclosed)	ESTIMATED AMOUNT(S) FORTHCOMING (use for exchanges, transfers, rollovers, and additional premium to be remitted)	TOTAL AMOUNT EXPECTED
PLANNED AMOUNT PREMIUM (IF APPLICABLE)		

5 Interest Payments (If Applicable) Include form 5031. For EFT include 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

6 Source of Funds (select as many that apply)

For Transfer, Rollover or 1035 Exchange, include form 12213			
<input type="checkbox"/> New Investment	<input type="checkbox"/> 1035 Exchange	<input type="checkbox"/> Transfer	<input type="checkbox"/> Rollover

7 Contract type (select one)

<input type="checkbox"/> Non-Qualified		
<input type="checkbox"/> Inherited IRA (Include form 13668)		
<input type="checkbox"/> Traditional IRA		
<input type="checkbox"/> Roth IRA		
<input type="checkbox"/> Simplified Employee Pension (SEP) IRA		
<input type="checkbox"/> Qualified Pension Plan type (select one)		
<input type="checkbox"/> Transfer	<input type="checkbox"/> Defined Contribution Plan	Plan Year End month/date
<input type="checkbox"/> Non-ERISA 403(b) Tax-Sheltered Annuity with Contributions from	<input type="checkbox"/> Participant	<input type="checkbox"/> Employer
<input type="checkbox"/> ERISA 403(b) Tax-Sheltered Annuity with Contributions from	<input type="checkbox"/> Participant	<input type="checkbox"/> Employer

8 Beneficiary Designation

<input type="checkbox"/> Primary			<input type="checkbox"/> Contingent			<input type="checkbox"/> Revocable			<input type="checkbox"/> Irrevocable		
FULL LEGAL NAME/TRUST NAME											
TRUSTEE NAME											
SSN OR TIN						BIRTH DATE/TRUST DATE					
RELATIONSHIP						PERCENTAGE					
BUSINESS/MAILING ADDRESS											
CITY						STATE			ZIP CODE		
PHONE						E-MAIL ADDRESS					

<input type="checkbox"/> Primary			<input type="checkbox"/> Contingent			<input type="checkbox"/> Revocable			<input type="checkbox"/> Irrevocable		
FULL LEGAL NAME/TRUST NAME											
TRUSTEE NAME											
SSN OR TIN						BIRTH DATE/TRUST DATE					
RELATIONSHIP						PERCENTAGE					
BUSINESS/MAILING ADDRESS											
CITY						STATE			ZIP CODE		
PHONE						E-MAIL ADDRESS					

<input type="checkbox"/> Primary			<input type="checkbox"/> Contingent			<input type="checkbox"/> Revocable			<input type="checkbox"/> Irrevocable		
FULL LEGAL NAME/TRUST NAME											
TRUSTEE NAME											
SSN OR TIN						BIRTH DATE/TRUST DATE					
RELATIONSHIP						PERCENTAGE					
BUSINESS/MAILING ADDRESS											
CITY						STATE			ZIP CODE		
PHONE						E-MAIL ADDRESS					

<input type="checkbox"/> Primary			<input type="checkbox"/> Contingent			<input type="checkbox"/> Revocable			<input type="checkbox"/> Irrevocable		
FULL LEGAL NAME/TRUST NAME											
TRUSTEE NAME											
SSN OR TIN						BIRTH DATE/TRUST DATE					
RELATIONSHIP						PERCENTAGE					
BUSINESS/MAILING ADDRESS											
CITY						STATE			ZIP CODE		
PHONE						E-MAIL ADDRESS					

9 Owner, Annuitant and Broker Remarks (If additional remarks are attached to this application, be sure to sign and date.)

10 Notices and Disclosures

Contract Return

If the contract is returned during the free look period, Standard Insurance Company will: (a) cancel the contract form from the beginning; and (b) promptly refund any premium paid by the owner, less any prior partial withdrawals.

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 bank or credit union activity. Some annuities are subject to investment risk and may go down in value.

Fraud Notice

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Privacy Statement

I understand that, in the course of processing my application, Standard Insurance Company may collect personal information about: (a) me; and (b) others I have identified in this application, e.g. beneficiaries, policy owners 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. Standard Insurance Company may obtain personal information from: (a) this application; (b) other forms I submit to Standard Insurance Company; (c) an employer; (d) an insurance sales representative; (e) other insurance companies; (f) Standard Insurance Company's web sites; and (g) any other person, organization or institution having records or knowledge of me that are necessary to process this transaction. In the course of processing this transaction there may be circumstances in which Standard Insurance Company discloses to other parties the information collected about me. I authorize Standard Insurance Company to disclose personal information to: (a) an employer (e.g. name, employment status and Social Security number); (b) organizations or persons, including insurance sales representatives that perform services or functions necessary to process this transaction; and (c) other insurance companies. No other disclosure may be made without my further authorization except: (a) to the extent necessary for the conduct of Standard Insurance Company's business; or (b) as permitted or required by law. I understand that failure to sign the authorization may: (a) impair the ability to process my application; and (b) be the basis for denying my application. I understand that this authorization: (a) will automatically expire 24 months following the date of my signature below; (b) may be revoked by me at any time by sending a written request for revocation to Standard Insurance Company at the address above; and (c) such revocation may be the basis for denying my application. I also understand that: (a) I (or my authorized representative) have the right to request a copy of my authorization and to learn the nature and substance of any personal information about me in Standard Insurance Company's file; (b) I (or my authorized representative) have the right to ask Standard Insurance Company to correct or amend such information, if necessary; and (c) Standard Insurance Company will carefully review my request and, where appropriate, make the necessary change. To obtain further information about these rights and information practices, I have been informed that I may request a copy of the Privacy Notice by contacting Standard Insurance Company at the address above.

11. Applicant and Insurance Broker Declarations

The signatories of this application represent that all statements and information contained herein are true and complete to the best of their belief and knowledge. The insurance broker declares that all answers and information in this application have been truly and accurately recorded as provided by the applicant. The insurance broker declares that the identity of the applicant has been verified by reviewing a government-issued photo identification. The insurance broker also declares that with respect to the suitability of this sales recommendation, the applicable state requirements have been met. The signatories of this application also declare that this application was signed by the applicant after all answers and information were recorded herein. Additionally, the signatories of this application declare and certify the following:

- A.** The applicant has existing life insurance policies or annuity contracts.
Insurance Broker: ☐ Yes ☐ No **Applicant:** ☐ Yes ☐ No
- B.** The contract applied for will replace an existing life insurance policy or annuity contract.
If yes, the insurance broker has left all materials used in the sales presentation with the applicant. The insurance broker has gone through the applicable replacement form with the applicant and it has been completed and enclosed with this application.
Insurance Broker: ☐ Yes ☐ No **Applicant:** ☐ Yes ☐ No
- C.** The insurance broker has delivered and the applicant has received *The Buyer's Guide to Deferred Annuities*.
Insurance Broker: ☐ Yes ☐ No **Applicant:** ☐ Yes ☐ No
- D.** The signatories to this application have read through the applicable product disclosure, and the insurance broker has explained and the applicant understands the various product features, including but not limited to: (a) surrenders and withdrawals; (b) surrender charges; (c) surrender charge period; (d) early withdrawal tax penalty; and (e) annuitization. A signed product disclosure is enclosed with this application.
Insurance Broker: ☐ Yes ☐ No **Applicant:** ☐ Yes ☐ No
- E.** The applicant is a full-time, active-duty member of the US Armed Forces (includes a reserve unit serving under published orders for training).
If yes, the applicable form has been completed, signed, and enclosed with this application.
Insurance Broker: ☐ Yes ☐ No **Applicant:** ☐ Yes ☐ No
- F.** The applicant is purchasing an annuity that includes a market value adjustment feature.
If yes, the insurance broker has explained and the applicant understands that during the market value adjustment period: (a) any amount surrendered or used to provide annuity benefit payments may be subject to a market value adjustment; and (b) the adjustment may increase or decrease amounts payable under the contract. The insurance broker has explained and the applicant understands that: (a) if interest rates rise after the contract effective date, the market value adjustment will generally decrease the surrender value; and (b) if interest rates fall after the contract effective date, the market value adjustment will generally increase the surrender value.
Insurance Broker: ☐ Yes ☐ No **Applicant:** ☐ Yes ☐ No
- G.** The insurance broker has explained and the applicant understands that The Standard does not offer legal, financial, tax, investment or estate-planning advice. The applicant has had the opportunity to seek such advice from the proper sources before purchasing this annuity.
Insurance Broker: ☐ Yes ☐ No **Applicant:** ☐ Yes ☐ No
- H.** The insurance broker and the applicant agree that the purchase of this annuity is appropriate to the applicant's particular legal, financial, tax, investment, estate-planning goals and other circumstances.
The insurance broker and the applicant have gone through and completed suitability forms, as applicable. The completed and signed original of that form is enclosed with this application, a copy has been left with the applicant, and a copy has been retained and is on file with the insurance broker.
Insurance Broker: ☐ Yes ☐ No **Applicant:** ☐ Yes ☐ No

INSURANCE BROKER FULL LEGAL NAME		
BROKERAGE	PHONE	
BUSINESS OR INSTITUTION NAME		
COMMISSION PAYMENT OPTION <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		
BUSINESS/MAILING ADDRESS		
CITY	STATE	ZIP CODE
E-MAIL ADDRESS		

Owner Signature

Date (MM/DD/YYYY)
Signed at (City, State)

Owner Signing as:

☐ Self ☐ Trustee
☐ Attorney in Fact
(Include certified Power of Attorney and form 14389)
☐ Other

Joint Owner Signature

Date (MM/DD/YYYY)
Signed at (City, State)

Joint Owner Signing as:

☐ Self ☐ Trustee
☐ Attorney in Fact
(Include certified Power of Attorney and form 14389)
☐ Other

Annuitant Signature

Date (MM/DD/YYYY)
Signed at (City, State)

Annuitant Signing as:

☐ Self
☐ Attorney in Fact
(Include certified Power of Attorney and form 14389)
☐ Other

Joint Annuitant Signature

Date (MM/DD/YYYY)
Signed at (City, State)

Joint Annuitant Signing as:

☐ Self
☐ Attorney in Fact
(Include certified Power of Attorney and form 14389)
☐ Other

Insurance Broker Signature

The Standard Broker No.

Date (MM/DD/YYYY)
Signed at (City, State)



Please check the appropriate box:

☐ Qualified Annuity

☐ Non-qualified Annuity

This Disclosure summarizes important points for you to consider before you purchase Standard Insurance Company's (The Standard's) Focused Growth Annuity.

The Focused Growth Annuity (FGA) is a single-premium deferred annuity. You purchase the annuity with one premium payment, but premiums are accepted during the first 90 contract days to accommodate multiple roll-overs, transfers and exchanges. The FGA is an individual fixed deferred annuity which means interest is earned during the accumulation phase and annuity benefit payments are deferred until the annuity date or upon annuitization. Under current tax law: (a) the principal and earnings are not subject to income taxes until funds are withdrawn or distributed; and (b) a 10% IRS early-withdrawal penalty may apply to withdrawals or distributions prior to age 59½. Tax law is subject to change. Please see your financial or tax professional for any exceptions to the early-withdrawal penalty.

The main purposes of a deferred annuity are: (a) to save money for retirement; and (b) to receive retirement income for life. It is not meant for short-term financial goals.

If you have any questions about the FGA, please ask your broker or financial advisor. You may also contact us at the phone number shown above.

THE ANNUITY CONTRACT. *How will the value of my annuity grow?*

Annuity. An annuity allows you to pay a premium for the contract and interest will be earned on a tax-deferred basis. The premium and interest earnings are not subject to income taxes until the funds are withdrawn or distributed.

Owner. The owner is the person or entity who has purchased the contract and to whom the contract is issued.

Annuitant. The annuitant is the person on whose life the amount and duration of annuity benefit payments are based.

Issue Age. An FGA3 and 5 will be issued to owners age 18-93 and annuitants age 0-93. (Note: Ages 91-93 must be for transfer of wealth or estate-planning purposes.) An FGA7 will be issued to owners age 18-90 and annuitants age 0-90. An FGA10 will be issued to owners age 18-80 and annuitants age 0-80.

Contract Effective Date. The contract effective date is the date premium is received in The Standard's home office. The effective date is shown on the contract cover.

Premium. An FGA may be established with an initial premium of \$15,000 to \$1,000,000 (or more with prior home-office approval). Additional premium payments may be made during the first 90 days of the contract. This generally allows for multiple roll-overs, transfers and exchanges.

Interest Rates. The initial premium will receive the interest rate in effect as of the date the application and premium are received in the home office. Additional premium received during the first 90 days of the contract will receive the interest rate in effect at the time it is received in the home office.

Premium payments are credited with a guaranteed interest rate for 3 years for the FGA 3, for 5 years for the FGA 5, for 7 years for the FGA 7, and for 10 years for the FGA 10. Thereafter, the annuity fund will be credited with renewal interest rates based on the then current economic and interest rate environment.

Interest compounds daily.

Annuity Fund. The annuity fund is the amount available to provide annuity benefit payments, surrender benefits and death benefits. The value of the annuity fund is: (a) premium plus credited interest; minus (b) net amounts surrendered, surrender charges and associated market value adjustments; minus (c) premium tax, if any.

Expense Charges. There are no expense charges under the contract. There are surrender charges, market value adjustments and premium tax in those states that require premium tax.

Safety and Guarantees. The Standard guarantees that the owner will never receive less than: (a) 87½% of the total premium payments, net of any withdrawals taken; accumulated at (b) an annual interest rate no less than 1.00%.

SURRENDER BENEFITS. *May I take money out of my annuity?*

You may take money out of your annuity any time before annuity benefit payments begin. You may take out all of your annuity's fund value (**full surrender**) or part of it (**partial surrender**). Withdrawals must be \$500 or more. At least \$2,000 must remain in the annuity fund for the contract to remain in force. A 10% IRS penalty may apply to withdrawals made before you reach age 59½.

Initial Surrender Charge Period. A surrender charge will be assessed on amounts you withdraw during the surrender charge period, as follows:

FGA 10

Contract Year	1	2	3	4	5	6	7	8	9	10
Surrender Charge	9.4%	8.5%	7.5%	6.5%	5.5%	4.5%	3.5%	2.5%	1.5%	0.5%

FGA 7

Contract Year	1	2	3	4	5	6	7
Surrender Charge	9.4%	8.5%	7.5%	6.5%	5.5%	4.5%	3.5%

FGA 5

Contract Year	1	2	3	4	5
Surrender Charge	9.4%	8.5%	7.5%	6.5%	5.5%

FGA 3

Contract Year	1	2	3
Surrender Charge	9.4%	8.5%	7.5%

Subsequent Surrender Charge Period(s). There are no surrender charges during the first 30 days of each subsequent surrender charge period. The FGA includes subsequent surrender charge periods for the life of the contract. During those 30 days, you may choose one of the following options:

1. Continue your contract and apply the current value of the annuity fund to the subsequent surrender charge period.
2. Begin payment of the value of the annuity fund under a payment option without a surrender charge.
3. Make a partial surrender without a surrender charge and apply the remaining value of your annuity fund to the subsequent surrender charge period.
4. Surrender your contract without a surrender charge.

If you do not make a choice during that 30-day period, option 1 above automatically becomes effective. We will provide you with written notice of your options at least 30 days before each subsequent surrender charge period.

The surrender charges for each contract year of each subsequent surrender charge period are as follows:

FGA 10

Contract Year of the Subsequent Surrender Charge Period	1	2	3	4	5	6	7	8	9	10
Surrender Charge	9.4%	8.5%	7.5%	6.5%	5.5%	4.5%	3.5%	2.5%	1.5%	0.5%

FGA 7

Contract Year of the Subsequent Surrender Charge Period	1	2	3	4	5	6	7
Surrender Charge	9.4%	8.5%	7.5%	6.5%	5.5%	4.5%	3.5%

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Focused Growth Annuity Disclosure

FGA 5

Contract Year of the Subsequent					
Surrender Charge Period	1	2	3	4	5
Surrender Charge	9.4%	8.5%	7.5%	6.5%	5.5%

FGA 3

Contract Year of the Subsequent			
Surrender Charge Period	1	2	3
Surrender Charge	9.4%	8.5%	7.5%

Example: If you withdrew \$5,000 during the first contract year, a 9.4% surrender charge would apply. $\$5,000 \times .094 = \470 . A \$470 surrender charge would be deducted from the \$5,000 withdrawal amount, i.e. $\$5,000 - \$470 = \$4,530$. The resulting \$4,530 is then subject to a market value adjustment.

Market Value Adjustment. The Focused Growth Annuity includes a market value adjustment feature. During each market value adjustment period, any amount surrendered is subject to a market value adjustment (MVA). The MVA may increase or decrease the amounts payable. Generally, if interest rates rise after the beginning of the current market value adjustment period, the MVA will decrease the surrender value; and, if interest rates fall, the MVA will increase the surrender value. The MVA is waived for any surrender or benefit payment for which surrender charges are waived.

Market Value Adjustment Period. The Market Value Adjustment Period begins on the date each Surrender Charge Period begins and runs concurrently with each Surrender Charge Period.

Example. Consider the combined charges for an early surrender when the MVA index rates increase or decrease. The example below assumes the index is 3.00% as of the contract effective date, then either rises to 5.00% or drops to 1.00%. This is for example purposes only. Actual results may vary.

FGA 10

End of MVA Period Year	1	2	3	4	5	6	7	8	9	10
Unchanged at 3.00%	9.4%	8.5%	7.5%	6.5%	5.5%	4.5%	3.5%	2.5%	1.5%	0.5%
Increased to 5.00%	13.9%	15.3%	16.7%	16.8%	14.3%	11.7%	9.1%	6.3%	3.5%	0.7%
Decreased to 1.00%	4.9%	1.7%	-1.7%	-5.0%	-4.4%	-3.5%	-2.5%	-1.6%	-0.6%	0.3%

FGA 7

End of MVA Period Year	1	2	3	4	5	6	7
Unchanged at 3.00%	9.4%	8.5%	7.5%	6.5%	5.5%	4.5%	3.5%
Increased to 5.00%	13.9%	15.2%	14.5%	11.9%	9.2%	6.5%	3.7%
Decreased to 1.00%	4.9%	1.8%	-0.2%	0.7%	1.6%	2.4%	3.3%

FGA 5

End of MVA Period Year	1	2	3	4	5
Unchanged at 3.00%	9.4%	8.5%	7.5%	6.5%	5.5%
Increased to 5.00%	13.8%	13.8%	11.1%	8.4%	5.7%
Decreased to 1.00%	5.0%	2.8%	3.6%	4.5%	5.3%

FGA 3

End of MVA Period Year	1	2	3
Unchanged at 3.00%	9.4%	8.5%	7.5%
Increased to 5.00%	13.0%	10.4%	7.6%
Decreased to 1.00%	5.6%	6.5%	7.3%

ANNUITY BENEFITS. *What payment options are available under my annuity?*

Annuity Date. The annuity date is: (a) the contract anniversary coinciding with or next following the date the (older) annuitant's 115th birthday; or (b) the 10th contract year; whichever is later. The contract will automatically annuitize and begin its payout phase, unless otherwise directed.

Payout Options. You may choose from the following payment options:

Life Income – A guaranteed income for as long as the annuitant lives.

Joint & Survivor Life Income – A guaranteed income for as long as one of the annuitants lives.

Certain Period – A guaranteed income for your chosen time period, e.g. 5, 10, 15 or 20 years.

Life Income with Certain Period – A guaranteed income for your minimum chosen time period. If the annuitant is still living at the end of that period, payments continue as long as the annuitant lives.

Lump Sum – One lump-sum payment of the annuity fund.

If a payment option is not chosen, we will automatically pay under the 10-year certain and life payment option.

Annuitization. The annuity may be converted into an income annuity with The Standard at any time. No surrender charges will apply if you choose a life income or at least a 5-year certain period payment option. If your state imposes a premium tax, it will be deducted from your annuitized payments.

Annuity Benefit Payments. The contract may not be surrendered once annuity benefit payments have begun.

ACCESSING FUNDS. *Are there ways to access funds without incurring a surrender charge?*

Your annuity offers a number of ways to access funds without incurring a surrender charge. There are no surrender fees associated with the following options, but an IRS early-withdrawal penalty may apply to withdrawals before you reach age 59½.

Terminal condition of the owner.

Nursing home confinement of the owner.

Annuitization.

Death of Annuitant.

Earned interest withdrawals.

IRS Required Minimum Distributions.

Out-of-surrender-charge-period withdrawals.

DEATH BENEFITS. *What happens to my annuity if I die?*

The death benefit is paid to the beneficiary if the owner dies before the annuity date, with a choice of payment options. The death benefit is equal to: (a) the value of the annuity fund as of the date of death; or (b) the minimum nonforfeiture value as of the date of death (the regulatory guaranteed minimum); whichever is greater. Death benefits must begin within one year of the date of death and may not extend beyond the beneficiary's life expectancy. If the surviving beneficiary is the spouse as recognized under federal law, that spouse does not need to have death benefits paid. Rather, that spouse may continue the contract as though that spouse were the original owner.

ADVANTAGES OF TAX DEFERRAL UNDER CURRENT TAX LAW. *How will payouts and withdrawals from my annuity be taxed?*

Your annuity grows tax deferred. Taxes will be due only when withdrawals or distributions are paid from the annuity. As a result, interest accumulates on the principal, earnings and on money that otherwise would be paid in income taxes (often referred to as triple-compounding). An IRS early-withdrawal penalty may also apply to payouts and withdrawals paid before you reach age 59½. A tax-deferred annuity may be exchanged for another tax-deferred annuity without being assessed income tax on the earnings. There are no additional tax advantages to purchasing an annuity as part of a qualified plan other than those provided by the qualified plan itself. Please consult your broker or financial advisor.

OTHER INFORMATION. *What else do I need to know about my annuity?*

Free Look. You have 30 days to look over the annuity contract. You may return the contract to the agent who sold it or to our home office within that 30 days. Any premium paid, including any contract fees or other charges, will be refunded, less any benefits paid. The contract will be void and considered never in force.

Commission. We pay a commission to the agent, broker or firm selling you the annuity.

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Focused Growth Annuity Disclosure

OWNER ACKNOWLEDGEMENT

I affirm that I am purchasing a Focused Growth Annuity from Standard Insurance Company. I understand the FGA product features to the extent summarized in this disclosure. I understand that the contract is intended as a long-term savings vehicle and, as such, may have substantial penalties for early surrenders. I understand and acknowledge that The Standard does not offer legal, financial, tax, investment or estate planning advice. I affirm that I have sought such advice from the proper sources before purchasing the annuity contract. I acknowledge and represent that the purchase of this annuity is suitable given my particular legal, financial, tax, investment, estate planning or other goals or circumstances. I further understand that annuities are not: (a) insured by the FDIC or any federal government agency; (b) deposits of or guaranteed by any bank or credit union; (c) provision or conditions of any bank or credit union activity. Some annuities are subject to investment risk and may lose value. I certify that: (a) I have read and understand the FGA product brochure, the application and this disclosure statement; (b) I have retained a copy of all solicitation materials and this disclosure used during the course of the sale; and (c) I understand that this disclosure is not part of the contract.

(Owner Signature)

(Owner Printed Name)

Date:

Signed at City, State:

Email Address:

(Joint Owner Signature, if any)

(Joint Owner Printed Name, if any)

Date:

Signed at City, State:

Email Address:

(Annuitant Signature, if other than Owner)

(Annuitant Printed Name, if other than Owner)

Date:

Signed at City, State:

Email Address:

(Joint Annuitant Signature, if any)

(Joint Annuitant Printed Name, if any)

Date:

Signed at City, State:

Email Address:

BROKER ACKNOWLEDGEMENT

I certify that I have read and fully understand the Focused Growth Annuity Broker Sales Guide and all consumer materials for The Standard's Focused Growth Annuity. I have provided the applicant(s) with the consumer materials used during the course of the sales presentation, the application and the FGA disclosure document. I have informed the applicant(s) of the various features of the Focused Growth Annuity and believe the applicant(s) has been reasonably informed of those features. I further certify that I have made no statements, representations or promises about product features and future rate performance that are in any way inconsistent with those materials.

(Insurance Broker Signature)

(Insurance Broker Printed Name)

Date:

Signed at City, State:

Email Address:

Return the signed original of this disclosure together with the application and leave a copy with the applicant.

Keep a copy for your records.



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

Notice of Replacement of Life Insurance or Annuities

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).)

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financial purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy or contract to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured individual.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on page 2 of this form.

- A. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer or otherwise terminating your existing policy or contract? ☐ Yes ☐ No
- B. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? ☐ Yes ☐ No
- C. If you answered "Yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number, if available) and whether each policy or contract will be replaced or used as a source of financing:

INSURER NAME	CONTRACT/POLICY NUMBER	NAME OF INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

- D. The existing policy or contract is being replaced because _____
REASON FOR REPLACEMENT

2 Acknowledgement

OWNER NAME(S)

I(We) certify that the responses herein are, to the best of my(our) knowledge, accurate.

_____	OWNER SIGNATURE	_____	DATE
_____	OWNER SIGNATURE	_____	DATE

I(We) do not want this notice read aloud to me(us): _____ (Applicants must initial only if they do *not* want the notice read aloud.)
INITIALS

3 Important Replacement Issues

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense.

Premiums

- Are they affordable?
- Could they change?
- You're older -- are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old policy?

Policy Value

- Acquisition costs for the old policy may have been paid, and you may incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

Insurability

- If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
- You may need a medical exam for a new policy.
- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

If you are keeping the old policy as well as the new policy

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

If you are surrendering an annuity or interest sensitive life product

- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

Other issues to consider for all transactions

- What are the tax consequences of buying the new policy?
- Is this a tax-free exchange? (See your tax advisor.)
- Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?

4 Broker

NAME

Copies of any and all "individualized" sales materials, including illustrations related to the specific annuity contract, used in the presentation must be provided to Standard Insurance Company.

I certify that: (a) the responses herein are, to the best of my knowledge, accurate; (b) I have left with the applicant(s) copies of all sales materials used in my presentation; and (c) the following preprinted or electronically presented carrier-approved materials were used in my presentation (please list by title and form number):

BROKER SIGNATURE

DATE



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: _____	<table border="0"><tr><td>Initiated by Participant</td><td>Initiated by Beneficiary</td></tr><tr><td><input type="checkbox"/> Traditional IRA</td><td><input type="checkbox"/> Inherited IRA (Attach form 13668.)</td></tr><tr><td><input type="checkbox"/> Roth IRA</td><td></td></tr><tr><td><input type="checkbox"/> SEP IRA</td><td></td></tr><tr><td><input type="checkbox"/> Qualified Pension or Profit Sharing Plan</td><td></td></tr><tr><td><input type="checkbox"/> Other: _____</td><td></td></tr></table>	Initiated by Participant	Initiated by Beneficiary	<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> Inherited IRA (Attach form 13668.)	<input type="checkbox"/> Roth IRA		<input type="checkbox"/> SEP IRA		<input type="checkbox"/> Qualified Pension or Profit Sharing Plan		<input type="checkbox"/> Other: _____	
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<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> Inherited IRA (Attach form 13668.)												
<input type="checkbox"/> Roth IRA													
<input type="checkbox"/> SEP IRA													
<input type="checkbox"/> Qualified Pension or Profit Sharing Plan													
<input type="checkbox"/> Other: _____													

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

- ☐ Please process RMD before transferring funds
☐ Do not process RMD - RMD being met elsewhere
Account balance as of 12/31 \$ _____

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:

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

OWNER(S), ANNUITANT(S) OR BENEFICIARY NAME

Overnight Mailing Address
Individual Annuities P6C
1100 SW Sixth Ave
Portland, OR 97204

☐ 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