



TheStandard®

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

Immediate Annuity Application

1 Purchase

<input type="checkbox"/> Tailored Income Annuity <input type="checkbox"/> Other _____
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2 Owner(s)

PRIMARY/TRUST/BUSINESS ENTITY NAME	SSN (or TIN)	BIRTH/TRUST DATE	
TRUSTEE/BUSINESS REPRESENTATIVE NAME(S)			
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Applicable	PHONE		
ADDRESS	CITY	STATE	ZIP CODE
JOINT/CONTINGENT NAME	SSN (or TIN)	BIRTH DATE	
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	PHONE		
ADDRESS	CITY	STATE	ZIP CODE

3 Annuitant(s) (Complete only if Annuitant(s) is not Owner(s).)

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

4 Beneficiary Designation (To designate multiple primary and/or contingent beneficiaries, instead attach form 6304.)

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

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
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Notices and Disclosures

Contract Return; Information Request

The owner(s) 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(s), less any prior partial withdrawals. Upon the written request of the owner(s), 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, 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.

AL, DC and RI Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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.

MD Residents: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

WA Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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, 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. 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 (such as 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 shown above; and (c) such revocation may be the basis for denying my application. 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 Standard Insurance Company's file; (b) I 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 Standard Insurance Company's information practices, I have been informed that I may request a copy of Standard Insurance Company's Notice of Information Practices by contacting the Annuity Department at the above address.

6 Premium

TOTAL AMOUNT	AMOUNT ATTACHED	ESTIMATED AMOUNT FORTHCOMING
MONEY SOURCE <input type="checkbox"/> New Investment <input type="checkbox"/> Rollover (Attach form 12213 .) <input type="checkbox"/> Transfer (Attach form 12213 .) <input type="checkbox"/> 1035 Exchange (Attach form 12213 .)		

7 Income Option Selection (Attach proof of age. Attach a signed copy of the contract illustration.)

<input type="checkbox"/> Life Income <input type="checkbox"/> Add Life Income Commutation feature. <input type="checkbox"/> Add Inflation Protection feature with an increasing benefit of <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 %
<input type="checkbox"/> Life Income with Installment Refund <input type="checkbox"/> Add Life Income Commutation feature.
<input type="checkbox"/> Life Income with Certain Period of <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> _____ years <input type="checkbox"/> Add Life Income Commutation feature. <input type="checkbox"/> Add Inflation Protection feature with an increasing benefit of <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 %
<input type="checkbox"/> Joint and Survivor Life Income with survivor payment of <input type="checkbox"/> 50% <input type="checkbox"/> 66⅔% <input type="checkbox"/> 75% <input type="checkbox"/> 100%
<input type="checkbox"/> Joint and Survivor Life Income with Installment Refund
<input type="checkbox"/> Joint and Survivor Life Income with Certain Period of <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> _____ years
<input type="checkbox"/> Joint and Contingent Survivor Life Income
<input type="checkbox"/> Certain Period of <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> _____ years <input type="checkbox"/> Add Inflation Protection feature with an increasing benefit of <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 %

8 Payments

(Attach form **5031** or IRS forms W-9 and W-4P. Routine payments can be made via direct deposit by attaching form **11426**.)

DATE OF FIRST PAYMENT	MODAL PERIOD <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually
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If no date is indicated or funds are not received by the date requested, the first payment will be made after one completed modal period (based on the mode selected) after Standard Insurance Company receives the full premium payment.

9 Remarks (For any additional remarks that are attached to this application, be sure to sign and date all papers.)

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STANDARD INSURANCE COMPANY HOME OFFICE USE (WV residents must consent in writing to any changes shown in this section.)

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Declarations and Signatures

10 Owner(s) and Annuitant(s) (For a tax-qualified plan, attach form **13018** for spousal consent, if applicable.)

A	<input type="checkbox"/> Yes <input type="checkbox"/> No	The owner(s) has(have) existing life or annuity policies. (For states using replacement form 10443 , attach that form.)
B	<input type="checkbox"/> Yes <input type="checkbox"/> No	To the best of my(our) knowledge, the contract applied for will replace an existing life insurance or annuity contract. In the event of replacement, I(we) understand that the agent must leave the original or a copy of all written or printed communications used for presentation to me (us). (If Yes , include a state replacement form where required.)
C	<input type="checkbox"/> Yes <input type="checkbox"/> No	I(We): (1) understand and acknowledge that Standard Insurance Company does not offer legal, financial, tax, investment or estate-planning advice; and (2) have had the opportunity to seek such advice from the proper sources before purchasing this contract. I(We) have determined that the purchase of this annuity is suitable given my(our) legal, financial, tax, investment, estate-planning or other goals or circumstances.
D	<input type="checkbox"/> Yes <input type="checkbox"/> No	I(We): (1) have received a copy of the product disclosure; and (2) have signed and attached a copy of the contract illustration.
<p>I(We) represent that all statements and answers to questions herein are true and complete to the best of my(our) belief and knowledge. I(We) understand that the application will be attached to and made part of the annuity contract.</p>		
_____ PRIMARY OWNER SIGNATURE		_____ DATE
_____ JOINT/CONTINGENT OWNER SIGNATURE		_____ DATE
_____ PRIMARY ANNUITANT SIGNATURE (IF NOT OWNER)		_____ DATE
_____ JOINT/CONTINGENT ANNUITANT SIGNATURE (IF NOT OWNER)		_____ DATE
		SIGNED AT (CITY, STATE)

11 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 owner(s) and by the annuitant(s), if not the owners(s), 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 owner(s) and the annuitant(s), if not the owner(s).</p>					
A	<input type="checkbox"/> Yes <input type="checkbox"/> No	The owner(s) has(have) existing life or annuity policies. (For states using replacement form 10443 , attach that 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. (If Yes , include a state replacement form where required.)			
C	<input type="checkbox"/> Yes <input type="checkbox"/> No	I certify that a copy of the product disclosure and a signed contract illustration was presented to and left with the applicant.			
D	<input type="checkbox"/> Yes <input type="checkbox"/> No	I certify that (a) the suitability requirements applicable to this annuity have been met; (b) I have completed the suitability section of the disclosure statement with the applicant(s); (c) a copy of that form has been left with the applicant(s); and (d) a copy of the form is enclosed with this application.			
E	<input type="checkbox"/> Yes <input type="checkbox"/> No	I certify that I have verified the identity of each owner and annuitant by reviewing a government-issued photo identification.			
_____ INSURANCE BROKER SIGNATURE		_____ DATE		_____ SIGNED AT (CITY, STATE)	



1. Identification

Taxpayer Name	
Primary State of Residence for Tax Reporting	Contract Number(s)

2. Taxpayer Identification Number (Social Security number or EIN)

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

3. Federal and State Income Tax Withholding

(If nothing below is checked we will withhold at Federal and State minimums.)

A ☐ Check here if you **do not want any** Federal or State income tax withholding from your pension or annuity.
(Do not complete line B)

B ☐ I want **Federal withholding** from the taxable portion of my annuity payment.

Withhold: _____ (% or **Dollar** amount) **Federal** (10% minimum)

☐ I do not want State withholding Unless required.

☐ I want State withholding

Withhold: _____ (% or **Dollar** amount) **State if required or applicable.**

Marital status and total number of allowances you are claiming for above withholding requests section B.

☐ Single ☐ Married ☐ Married, but withhold at higher "Single" rate. Number of Allowances _____

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

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

4. Certification

Under penalties of perjury, I certify that:

- 1 The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
- 2 I am not subject to backup withholding because: (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and**
- 3 I am a U.S. person (including a U.S. resident alien).

Important Note: You must **STRIKE OUT** the language in section (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

5. Authorization

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

Taxpayer Signature

Date



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

The Tailored Income Annuity (TIA) is a single-premium immediate annuity. You purchase the annuity with one premium payment or with annuitization of your annuity funds under a deferred annuity. You select the payment option that best suits your needs, and you select the payment frequency for which you would like payments to be made.

The main purpose of an immediate annuity is to receive annuity payments over a period of time. A payment option that provides for payments for a person's lifetime is often elected in order to ensure that the person does not outlive that person's income or assets. Payments received prior to age 59½ are subject to a 10% IRS penalty unless an exception applies.

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

THE ANNUITY CONTRACT *How do I get an immediate annuity started?*

Annuity An immediate annuity allows you to pay a premium for the contract, select a payment option and payment mode, and begin to receive payments immediately after the end of the first payment mode has passed. The maximum payment frequency for an immediate annuity is annually.

Annuitant The annuitant is the person on whose life any life-contingent payment options are based.

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

Issue Age A TIA may be issued for owners age 18-90 and for annuitants age 0-90.

Contract Effective Date The TIA's effective date is the date premium is received in The Standard's home office. The effective date is shown in the contract's data page.

Premium A TIA may be established with premium of \$15,000 to \$1,000,000 (or more with prior home-office approval).

ANNUITY BENEFITS *How are my annuity benefits paid from my immediate annuity?*

Payment Option You have numerous payment options from which to select how you will be paid annuity benefits. The payment option you have elected is described in the contract's data page.

Payment Mode You select how often you would like to be paid the annuity benefit. Examples: monthly, quarterly, semi-annually, annually. The payment mode you have selected is shown in the contract's data page.

Annuity Benefit The Standard determines your annuity benefit amount based on the premium you have paid, and the payment option and payment mode you have elected. The annuity benefit is shown in the contract's data page.

Annuity Benefit Commencement Date Typically, the date annuity benefits begin is after the end of the first payment mode. For example, if you choose a monthly payment mode, the first annuity benefit is paid one month after the contract effective date. Payment of annuity benefits must begin no later than 13 months after the contract effective date. The annuity benefit commencement date is shown in the contract's data page.

PAYMENT OPTIONS *What are my payment option choices?*

Life Income We will pay benefit payments while the annuitant is living. Benefit payments will automatically cease upon the death of the Annuitant.

Certain Period We will pay benefit payments for the certain period you selected on the application for the contract. If the annuitant dies before the certain period ends, we will continue the benefit payments to the beneficiary. Benefit payments will automatically cease as of the end of the certain period. Benefit payments during the certain period may be commuted to a lump-sum payment.

Life Income with Certain Period We will pay benefit payments while the annuitant is living. If the annuitant dies prior to the end of the certain period selected on the application for the contract, (a) benefit payments will continue to the beneficiary until the certain period ends; and (b) benefit payments to the beneficiary may be commuted to a lump-sum payment. If the annuitant is still living at the end of the certain period, payments will continue until the annuitant dies.

Life Income with Installment Refund We will pay benefit payments while the annuitant is living. If the annuitant dies before the total of all paid benefit payments equals the amount of premium paid for the contract, we will pay benefit payments to the beneficiary until the total of all paid benefit payments equals the amount of premium paid for the contract. Benefit payments to the beneficiary may be commuted to a lump-sum payment.

Joint and Survivor Life Income We will pay benefit payments while either annuitant is living. Upon the death of either annuitant, we will continue the benefit payments at 100%, 75%, 66 2/3% or 50% (according to your election on the application for the contract) for the life of the surviving annuitant. Benefit payments will automatically cease upon the death of the last annuitant.

Joint and Survivor Life Income with Certain Period We will pay benefit payments while either annuitant is living. If both annuitants die prior to the end of the certain period selected on the application for the contract, (a) benefit payments will continue to the beneficiary until the certain period ends; and (b) benefit payments to the beneficiary may be commuted to a lump-sum payment. If either annuitant is still living at the end of the certain period, benefit payments will continue until the last annuitant dies.

Joint and Survivor Life Income with Installment Refund We will pay benefit payments while either annuitant is living. Upon the death of either annuitant, we will continue the benefit payments for the life of the surviving annuitant. If the last annuitant dies before the total of all paid benefit payments equals the amount of premium paid for the contract, we will pay benefit payments to the beneficiary until the total of all paid benefit payments equals the amount of premium paid for the contract. Benefit payments to the beneficiary may be commuted to a lump-sum payment.

Joint and Contingent Survivor Life Income We will pay benefit payments while both annuitants are living. If the primary annuitant dies first, we will continue the benefit payments at 50% to the surviving annuitant. If the contingent annuitant dies first, we will continue the benefit payments at 100% to the surviving annuitant. Benefit payments will automatically cease upon the death of the last annuitant.

DEATH BENEFITS *What happens if I die?*

If annuity benefits are payable after you die, annuity benefit payments will be paid to your beneficiary or to the surviving annuitant, according to your selected payment option. Benefit payments to a beneficiary may be commuted to a lump-sum payment.

LIFE INCOME COMMUTATION¹ *May I receive annuity benefits as a lump-sum while I am living?*

You may elect a life income commutation feature on the contract application. After the first two contract years, this feature allows you to receive up to 10% of future annuity benefits as a lump sum in any contract year. If you exercise this feature, remaining annuity benefit payments will be reduced by the percentage commuted. A maximum of 20% of future annuity benefits may be commuted over the lifetime of the contract.

OPTIONAL FEATURE *Are there any other optional features I should know about?*

Inflation Protection On many of our payment options we offer a feature that may guard against the effects of inflation while annuity benefits are paid. Our inflation protection feature allows you to select an annual increase of your annuity benefit by 1%, 2%, 3%, 4% or 5%, as elected by you on the application for the contract. If you elect this feature, the increased annuity benefits begin one year after the first payment is made and would increase annually thereafter.

OTHER INFORMATION *What else do I need to know?*

- You have 30 days to look over the annuity contract. You may return the contract to the agent who sold it or our home office within that 30 days. Any premium paid, including any contract fees or other charges, will be refunded, less any benefits paid, and the contract will be void and considered never in force.
- We pay a commission to the agent, broker or firm for selling you the annuity.

OWNER ACKNOWLEDGMENT

I affirm that I am purchasing a Tailored Income Annuity from The Standard. I understand the TIA product features. I understand and acknowledge that The Standard does not offer legal, financial, tax, investment, estate or Medicaid planning advice. I affirm that I have sought such advice from the proper sources before purchasing this 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; or (c) provisions 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 fully understand the TIA product brochure, the application and this disclosure statement; (b) I have retained a copy of all solicitation materials and this disclosure statement used during the course of the sale; and (c) I understand that this disclosure is a summary and not part of the contract.

Owner Name	Annuitant Name If Other Than Owner
Owner Signature	Date
Annuitant Signature If Other Than Owner	Date

BROKER ACKNOWLEDGMENT

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

Insurance Broker Name	Standard Insurance Company Identification Number
Insurance Broker Signature	Date

**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 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.

CHECK HERE IF A MEDICAID SPIA ☐

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 Funds	<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"/> Reverse Mortgage	<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
What is the highest level of reoccurring annual expenses expected during the surrender charge period? \$ _____
6. Do you anticipate significantly lower income during the proposed annuity surrender period?..... ☐ Yes ☐ No
What is the lowest level of reoccurring annual income expected during the surrender charge period? \$ _____
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. _____
- _____
13. Do you intend to apply for means-tested government benefits, including but not limited to, Medi-Cal or the veterans' aid and attendance benefit?..... ☐ Yes ☐ No

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

I have recommended the purchase of this annuity. (If applicable, I have also recommended replacing or exchanging existing annuities.)

The basis for my recommendation 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.



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: _____	
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: _____													

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