



# The Standard<sup>®</sup>

Standard Insurance Company  
Individual Annuities 800.247.6888 Tel 800.378.4570 Fax  
1100 SW Sixth Avenue Portland OR 97204-1093 [www.standard.com](http://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
CONTINGENT NAME	SSN (or TIN)	BIRTH/TRUST DATE	
ADDRESS	CITY	STATE	ZIP CODE

### 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 <b>5835</b> .) <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.

**DC 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 and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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 or evaluate my claim for benefits; and (b) be the basis for denying my application or my claim for benefits. 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 or my claim for benefits. I also understand that: (a) I or my authorized representative has the right to request a copy of my authorization and to learn the nature and substance of any personal information about me in 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 <b>12213</b> .) <input type="checkbox"/> Transfer (Attach form <b>12213</b> .) <input type="checkbox"/> 1035 Exchange (Attach form <b>12213</b> .)		

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

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

<b>A</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	The owner(s) has(have) existing life or annuity policies. (For states using replacement form <b>10443</b> , attach that form.)
<b>B</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 <b>Yes</b> , include a state replacement form where required.)
<b>C</b>	<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.
<b>D</b>	<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>					
<b>A</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	The owner(s) has(have) existing life or annuity policies. (For states using replacement form <b>10443</b> , attach that form.)			
<b>B</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 <b>Yes</b> , include a state replacement form where required.)			
<b>C</b>	<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.			
<b>D</b>	<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.			
<b>E</b>	<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)	



Qualified Joint and Survivor Annuity Notice (Applicable only if a plan is subject to ERISA provisions.)

## Qualified Joint and Survivor Annuity

### Married Participants

The law requires that benefits from this plan be paid in the form of a Qualified Joint and Survivor Annuity ("QJSA"), unless you elect another benefit option offered by the plan. If you decide to elect a benefit option other than a QJSA, then your spouse must consent in writing to your election. Your spouse's signature must be witnessed by a Plan Representative or a Notary Public. Your election must be made no more than 90 days prior to the date distributions commence (however, at least seven days must elapse from the time you receive this QJSA explanation to the time of the distribution). The election (or spousal consent to the election) may be revoked at any time within those 90 days. If you decide to change the benefit option before distributions commence, then you must again obtain your spouse's written consent as described above.

For married participants, a QJSA benefit is a Joint and Survivor Annuity. Monthly payments are made for your life. After your death, monthly payments, usually of 50 percent of the amount you received, are made to your spouse for life. The total amount payable as a QJSA must be the actuarial equivalent of the amount that would be payable to you in a Life annuity. The monthly payment amount paid during your life will be less than it would be in a Life Annuity based on a single life.

The law also requires that any and all survivor benefits from this plan be paid to your spouse, unless you designate a different beneficiary. If you decide to designate a beneficiary other than your spouse, then your spouse must consent in writing to your beneficiary designation. Your spouse's signature must be witnessed by a Plan Representative or a Notary Public.

### Unmarried Participants

The law requires that, unless you elect otherwise, benefits from this plan be paid in the form of a Single Life Annuity: you will receive monthly payments for your life, and then no payments are made after your death. If you decide to elect another benefit option offered by the plan, your election must be made no more than 90 days prior to the date distributions commence (however, at least seven days must elapse from the time you receive this QJSA explanation to the time of the distribution). You may revoke your election at any time within those 90 days.

If any survivor benefits are payable through the benefit payment option you have chosen, then you may designate a beneficiary to receive those survivor benefits.

1 Spousal Consent (Applicable only if a plan is subject to ERISA provisions.)

I am ☐ Married ☐ Not Married ☐ Married, but cannot locate my spouse

**Important:** This section must be completed if this 403(b) TSA is subject to the provisions of the Employee Retirement Income Security Act (ERISA). If you are not sure whether or not this 403(b) TSA plan is administered under ERISA, please contact one of our annuity specialists at (800) 247-6888. Your spouse must complete this section if your account balance has ever been greater than \$5,000. Your spouse's signature must be witnessed by an Authorized Plan Representative or a Notary Public.

SPOUSE NAME

I understand that by signing below I give my consent to this distribution. Furthermore, I acknowledge that this transaction/policy change may result in the reduction of benefits that might otherwise have become distributable under this plan. I have read and understand the explanation of the Qualified Joint and Survivor Annuity. If my spouse did not select a QJSA, I consent to payment in the form selected.

SPOUSE SIGNATURE

DATE

WITNESS NAME AND TITLE

WITNESS SIGNATURE

DATE

State of \_\_\_\_\_ County of \_\_\_\_\_

STAMP

Subscribed and sworn/affirmed before me this \_\_\_\_\_ day on

\_\_\_\_\_, by \_\_\_\_\_

NOTARY PUBLIC SIGNATURE

DATE

Notary Public for \_\_\_\_\_ state. My commission expires \_\_\_\_\_.

AUTHORIZED PLAN REPRESENTATIVE NAME (Required only if there is no spouse signature and the vested account balance was ever more than \$5,000.)

I, as authorized plan representative, hereby state that it is established to my satisfaction that spousal consent to the above choice cannot be obtained because the participant is unmarried, or the participant's spouse is unavailable for consent, or because of other legitimate circumstances that prevent obtaining spousal signature.

AUTHORIZED PLAN REPRESENTATIVE SIGNATURE

DATE

2 Authorization

I have read and understand the explanation of the Qualified Joint and Survivor Annuity. As required by regulations, I certify that at least seven (7) days have elapsed since I received the QJSA explanation. If I did not select a QJSA, I elect to waive payment of my benefits in the form of a QJSA and to receive payment in the form selected. If I designated a joint annuitant or beneficiary other than my spouse, I elect to waive payment of any survivor benefits to my spouse. I have the right to revoke either election at any time prior to the date my benefit payments begin. I understand that after payments begin, my election is irrevocable.

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

OWNER OR PARTICIPANT SIGNATURE

DATE

OWNER SIGNATURE

DATE



### 1 Identification

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

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

### 2 Federal Income Tax Withholding

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

### 3 State Income Tax Withholding

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

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

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

### 4 Taxpayer Identification Number (TIN)

TAX IDENTIFICATION NUMBER (E.G. SOCIAL SECURITY NUMBER)
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### 5 Certification

Under penalties of perjury, I certify that:	
1	The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), <b>and</b>
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, <b>and</b>
3	I am a U.S. person (including a U.S. resident alien).
Important Note: You must STRIKE OUT the language in section (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.	

### 6 Authorization

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





1 Disclosure

**A. Consequences of this Benefit**

Receipt of early withdrawals of annuity proceeds MAY AFFECT MEDICAID and SUPPLEMENTAL SECURITY INCOME (SSI) ELIGIBILITY. The mere fact that you own a contract with an option to make an early withdrawal of annuity proceeds without a surrender charge may affect your eligibility for these government programs. In addition, exercising the option to make an early withdrawal of annuity proceeds and receiving those benefits before you apply for these programs, or while you are receiving government benefits, may affect your initial or continued eligibility. Contact the Medicaid Unit of your local Division of Medical Assistance and the Social Security Administration for more information.

**B. Medical Conditions or Events Enabling Waiver of Surrender Charge for Early Withdrawals**

*Terminal Condition* which means a condition that a Physician certifies will reasonably be expected to result in death in 24 months or less.

**C. Options**

You may request a total surrender or partial surrender of the value of the annuity fund as a LUMP SUM (ALWAYS AVAILABLE) or under any of the following payment options:

1. Installment Option – Payment of equal regularly-scheduled payments for a period selected by you.
2. Life Only With No Period Certain – Payment of equal regularly-scheduled payments while you are living.
3. Period Certain And Life – Payment of equal regularly-scheduled payments for a specified period selected by you. If you are still living at the end of that specified period, payment will continue during your lifetime.
4. Joint And Survivor Option – Payment of equal regularly-scheduled payments to you and a joint payee while both are living. Upon the death of the first payee, payment will continue for the life of the surviving payee, and payment will be either: (a) the same as the initial regularly-scheduled payments; or (b) two-thirds of the amount of the initial regularly-scheduled payments; as elected.

**D. Premium for Waiver of Surrender Charges for Early Withdrawals of Annuity Proceeds**

There is no additional premium charge for waiver of surrender charges for early withdrawals of annuity proceeds.

**E. Administrative Expense Charge**

There is no administrative expense charge associated with application of partial or total surrender of annuity proceeds relative to terminal condition.

2 Acknowledgement

OWNER NAME	PHONE		
ADDRESS	CITY	STATE	ZIP CODE
OWNER SIGNATURE		DATE	

3 Broker

BROKER NAME	STANDARD INSURANCE COMPANY IDENTIFICATION NUMBER		
ADDRESS	CITY	STATE	ZIP CODE
BROKER SIGNATURE		DATE	

Return original with application, leave copy with applicant.





The Tailored Income Annuity is a single premium immediate annuity. Regularly scheduled benefit payments will be paid according to the payment option and payment mode selected. The first payment occurs at the beginning of the payment mode next following the contract effective date and in no event more than one year following the contract effective date. Benefit payments are generally taxable in the year in which they are received. Commutation<sup>①</sup> and inflation protection benefits are available on some payment options.

### Issue Age

A Tailored Income Annuity will be issued for annuitants and owners ages 0 – 90.

### Contract Effective Date

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

### Premium

A Tailored Income Annuity may be established with a premium ranging from \$15,000 to \$1,000,000 (or more with prior home-office approval).

### Income Options

#### Life Income

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

#### Life Income with Installment Refund

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

#### Life Income with Certain Period

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

#### Joint and Survivor Life Income

A guaranteed income for as long as both annuitants live. When either annuitant dies, payments will continue at 50%, 66⅔%, 75% or 100% of the payments received when both were living. Payments will cease upon death of both annuitants.

#### Joint and Survivor Life Income with Installment Refund

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

#### Joint and Survivor Life Income with Certain Period

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

#### Joint and Contingent Survivor Life Income

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

#### Certain Period

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

### Optional Features

#### Life Income Commutation<sup>①</sup>

If this feature is added at the time of application, in any contract year (after an initial two years) up to 10% of future benefits may be commuted to a lump-sum payment. After exercising this feature the remaining payments will be reduced by the percentage commuted. A maximum of 20% of future payments can be commuted over the lifetime of a contract.

#### Inflation Protection

On many of the income options, an election may be made to guard against the effects of inflation with an annually increasing payment of 1%, 2%, 3%, 4% or 5%. If this option is selected at the time of application, the increased payments would begin one year after the first payment and would increase annually thereafter.

Guarantees are based on the claims-paying ability of Standard Insurance Company.  
Policy SPIA (09/06); Rider R-IPA (09/06), R-COMM-DB1 (09/06), R-COMM-L1 (09/06), R-COMM-CP1 (09/06), R-COMM-LCP3 (09/06), R-COMM-IR2 (09/06), R-ERTSA (11/08), R-NERTSA (11/08), R-IRA-IMM (09/06), R-Roth IRA-IMM (09/06), R-QPP-IMM (09/06)

① Life Income Commutation is not available in Washington.



1 Notice

Sound investment practices, as well as state regulations, dictate that annuity brokers who recommend the purchase or exchange of an annuity must have grounds to believe that the transaction is in the purchaser's interest and is appropriate for the purchaser's financial needs and goals. As part of this process, you and your broker should engage in a thoughtful, thorough interview in order to understand your financial background, and current and future needs. Below is a list of suggested topics for discussion. The collection and discussion of this information is for your benefit. It will be used to help your broker determine if an annuity is a suitable investment for you. This information will not be used for any other purpose and will remain confidential.

2 Topics for Determination of Suitability

- Financial status, net worth and current assets, including any existing annuity or life insurance
- Annual income
- Tax status
- Risk tolerance
- Investment objectives
- Current and future monthly financial needs
- Anticipated need to access cash values in the near future (versus the annuity's surrender charge schedule and IRS pre-age 59½ tax penalty, if applicable)
- Any other information relevant to determining whether the annuity is suitable

3 Acknowledgement

Determining the suitability of an annuity contract for a purchaser is the responsibility of the insurance broker, not of the insurance company. In recommending the purchase of an annuity (or the exchange of an annuity that results in another insurance transaction or series of transactions), an insurance broker shall have reasonable grounds for believing that the recommendation is suitable for the purchaser. This determination is made on the basis of facts, disclosed by the purchaser, as to his/her investments and other insurance products, and current financial situation and future financial needs.

Before executing the purchase (or exchange) of an annuity that is the result of the broker's recommendation, an insurance broker shall make reasonable efforts to obtain information about the purchaser's age, financial status, tax status, investment objectives and any other relevant information used or considered to be reasonable by the insurance broker in making the recommendation.

PURCHASER NAME(S)

DATE OF BIRTH

By signing below, I(we) hereby certify that the above requirements have been met in regard to the Standard Insurance Company annuity application that was signed and dated \_\_\_\_\_. I(We) believe this annuity is suitable based on my(our) insurance needs and financial objectives.

APPLICATION DATE

\_\_\_\_\_  
PURCHASER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PURCHASER SIGNATURE

\_\_\_\_\_  
DATE

INSURANCE BROKER NAME

By signing below, I acknowledge that based on the information the Purchaser(s) provided and based on all circumstances known to me at the time the recommendation was made, this annuity purchase is suitable to the insurance needs and financial objectives of the Purchaser(s). In addition, I have verified the identity of the Purchaser(s) with government-issued photo identification and believe the identity information provided to me is true and accurate.

\_\_\_\_\_  
INSURANCE BROKER SIGNATURE

\_\_\_\_\_  
DATE



1 Important Notice Required by the Commissioner of Insurance: 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).)

**Read Carefully Before Proceeding**

This notice is required by the Commissioner of Insurance because you have indicated that you are buying a new life insurance policy or annuity and discontinuing or changing an existing one. Such a decision could be a good one, or a mistake. You will not know for sure until you make a careful comparison of your existing policy and the proposed replacement policy. Premiums alone are not determinative of low cost. Take the time to obtain and understand the facts.

We are required by law to notify your existing company that you may be replacing their policy. Consider both sides before you decide. This way you can be sure you are making a decision that is in your best interest.

**Cash Value Insurance**

To make a comparison of cash value policies (policies with loan or surrender values in addition to death protection), considerations must be given to each policy's cash values, premiums, coverage amounts and dividends, if any, over the life of the policy.

To simplify this task, you may wish to request from your existing insurance company and the company issuing the replacement policy yield index figures for 5, 10 and 20 years. The yield index is a percentage that represents an estimate of the interest rate the insurer projects you will earn on the savings portion of the cash value policy. The policy with the higher yield index will generally be the better buy.

The Yield Index Committee of the National Association of Insurance Commissioners in 1986 devised a method for calculating a yield index. **In order to request this yield index information, merely check the box below and your request will be forwarded to both insurance companies.**

You can also compare the cash values and/or surrender values listed in the replacing company's policy summary for the first five policy years with those in your current policy for the next five years. Low cash values or surrender values in early policy years are often the result of high expenses associated with issuing a new policy. If the replacement policy has low values in its early years, it will usually take longer for it to provide you with benefits that equal or exceed the benefits of your existing policy. In some cases, the replacement policy may never provide benefits equal to those in your present policy.

**Term Insurance**

If you are replacing your present insurance policy with term insurance (policies that provide death protection only), it makes sense to shop for a low cost policy. Costs for term insurance vary widely and substantial savings may be realized by comparison shopping. Premiums alone are not always determinative of low cost since some policies pay dividends and others do not. You may wish to request interest-adjusted cost indices for 5, 10 and 20 years from several insurance companies including your exiting insurer to help you compare term insurance premiums. The policy with the lower index numbers is usually the better buy.

Please list below the identification of the policies which are involved in the replacement. Your existing insurer will be notified that you may be replacing their policy.

2 Existing Policy(ies)

INSURED OR ANNUITANT NAME	EXISTING INSURANCE COMPANY	POLICY NUMBER*	EFFECTIVE DATE	FACE/ANNUITY AMOUNT
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

☐ Check box to request yield indices for cash-value policies.

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

3 Acknowledgement

_____	OWNER SIGNATURE	_____	DATE
_____	OWNER SIGNATURE	_____	DATE
_____	BROKER SIGNATURE	_____	DATE



### 1 Contract Identification

POLICY NUMBER			
PAYOR NAME		PHONE	
ADDRESS	CITY	STATE	ZIP CODE

### 2 Financial Institution Account

FINANCIAL INSTITUTION NAME	FINANCIAL INSTITUTION TYPE <input type="checkbox"/> Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Savings and Loan
NAME ON ACCOUNT	ACCOUNT TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Attach Void Check or Account Statement

### 3 Authorization

I authorize and request that Standard Insurance Company electronically deposit payments into the designated account shown above. I authorize Standard Insurance Company to: (a) contact my financial institution to confirm the information above; and (b) resolve deposit problems. I understand that deposits will be delayed if I do not provide accurate and complete information on this form. This authorization will remain in full force and effect until I: (a) revoke it; or (b) it otherwise ends; as provided for below.

I agree to notify Standard Insurance Company as soon as reasonably possible of any changes to my account. I understand that if my account is closed or if the account number is changed: (a) this agreement will end; and (b) Standard Insurance Company will not be liable for any consequences of the failure to transfer to my account. If this agreement ends, I understand that any remaining payments will be made by check until a new designated account is set up.

I understand that I may continue to receive payment checks through the U.S. mail for one to two more payment cycles, until all necessary transactions have been completed between: (a) Standard Insurance Company; and (b) my financial institution. I further understand that my deposits may not be posted to my account until the evening of the due date.

I may end this authorization at any time. If I choose to do so, I will contact Standard Insurance Company at the address or telephone number shown above.

I am attaching: (a) an original void check (if I designated a checking account); or (b) a photocopy of that part of the statement that verifies my name and account number (if I designated a savings account). I understand that: (a) a photocopy of a check or a deposit slip is not sufficient; and (b) Standard Insurance Company will make deposits to only one account on my behalf.

\_\_\_\_\_  
PAYOR SIGNATURE

\_\_\_\_\_  
DATE



### 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 **12113-TSA-A.**)

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

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

#### B Non-Qualified Funds

Transaction Type: ☐ Direct Transfer  
☐ 1035 Exchange

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

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

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

The undersigned certifies that:

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

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

The undersigned requestor is a:

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

6 Authorization

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

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

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

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

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

\_\_\_\_\_  
OWNER OR BENEFICIARY SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OWNER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
GUARANTEE SIGNATURE (IF APPLICABLE)

\_\_\_\_\_  
DATE

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

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

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

Standard Insurance Company

FBO: \_\_\_\_\_  
OWNER(S), ANNUITANT(S) OR BENEFICIARY NAME

P.O. Box 684

Portland, OR 97207-0684

☐ 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