



# TheStandard®

Standard Insurance Company

Individual Annuities 800.247.6888 Tel

1100 SW Sixth Avenue Portland OR 97204-1093 [www.standard.com](http://www.standard.com)

## Deferred Annuity Application

### 1 Purchase

Secured Rate Annuity	<input type="checkbox"/> SRA 1 <input type="checkbox"/> SRA 5 <input type="checkbox"/> SRA 6
First Rate Annuity	<input type="checkbox"/> FRA 7
Focused Growth Annuity	<input type="checkbox"/> FGA 5 <input type="checkbox"/> FGA 6 <input type="checkbox"/> FGA 7 <input type="checkbox"/> FGA 10
Principal Growth Annuity	<input type="checkbox"/> PGA 5 <input type="checkbox"/> PGA 7 <input type="checkbox"/> PGA 9
Flexible Premium Deferred Annuity	<input type="checkbox"/> FPDA
Advantage Growth Annuity	<input type="checkbox"/> AGA 5 <input type="checkbox"/> AGA 7
	<input type="checkbox"/> Other _____

### 2 Annuitant (Limit to one Annuitant.)

FULL LEGAL NAME		SSN OR TIN		BIRTH DATE	
ADDRESS		CITY		STATE	ZIP CODE
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	PHONE		EMAIL		

### 3 Owner (Only if other than Annuitant. Limit to one Owner except to facilitate a 1035 Exchange where a joint-ownership is in place.)

FULL LEGAL NAME		SSN OR TIN		BIRTH DATE	
TRUST NAME (IF APPLICABLE)		TRUSTEE NAME (IF APPLICABLE)		TRUST DATE (IF APPLICABLE)	
ADDRESS		CITY		STATE	ZIP CODE
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> NA	PHONE		EMAIL		

### 4 Premium

AMOUNT ATTACHED		ESTIMATED AMOUNT(S) FORTHCOMING		TOTAL AMOUNT EXPECTED	
PLANNED ANNUAL PREMIUM (IF APPLICABLE)		PAYMENT MODE (IF APPLICABLE) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually			
LIST BILL <input type="checkbox"/> Yes <input type="checkbox"/> No	LIST BILL NUMBER (IF APPLICABLE)		LIST BILL EMPLOYER NAME (IF APPLICABLE)		

### 5 Contract Type (Choose one.)

Non-Qualified Funds <input type="checkbox"/> New Investment <input type="checkbox"/> 1035 Exchange (Attach form <b>12213</b> .) <input type="checkbox"/> Transfer (Attach form <b>12213</b> .)	
Traditional IRA <input type="checkbox"/> New Investment <input type="checkbox"/> Rollover (Attach form <b>12213</b> .) <input type="checkbox"/> Transfer (Attach form <b>12213</b> .)	
Roth IRA <input type="checkbox"/> New Investment <input type="checkbox"/> Rollover (Attach form <b>12213</b> .) <input type="checkbox"/> Transfer (Attach form <b>12213</b> .)	
Simplified Employee Pension (SEP) IRA <input type="checkbox"/> New Investment <input type="checkbox"/> Rollover (Attach form <b>12213</b> .) <input type="checkbox"/> Transfer (Attach form <b>12213</b> .)	
Inherited IRA <input type="checkbox"/> Rollover (Attach form <b>12213</b> and <b>13668</b> .) <input type="checkbox"/> Transfer (Attach form <b>12213</b> and <b>13668</b> .)	
Non-ERISA 403(b) Tax-Sheltered Annuity with Contributions from <input type="checkbox"/> Participant <input type="checkbox"/> Employer <input type="checkbox"/> New Investment <input type="checkbox"/> Rollover (Attach form <b>12213-TSA-A</b> .) <input type="checkbox"/> Transfer (Attach form <b>12213-TSA-A</b> .)	
ERISA 403(b) Tax-Sheltered Annuity with Contributions from <input type="checkbox"/> Participant <input type="checkbox"/> Employer <input type="checkbox"/> New Investment <input type="checkbox"/> Rollover (Attach form <b>12213-TSA-A</b> .) <input type="checkbox"/> Transfer (Attach form <b>12213-TSA-A</b> .)	
Qualified Pension for Plan Year _____, for Plan Type <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Defined Contribution <input type="checkbox"/> New Investment (Attach form <b>5835</b> .) <input type="checkbox"/> Transfer (Attach form <b>12213</b> and <b>5835</b> .)	

[illegible]

INITIATE INTEREST PAYMENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	PAYMENT MODE <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually
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FULL LEGAL NAME	PERCENT	SSN OR TIN	BIRTH DATE	RELATIONSHIP
TRUST NAME (IF APPLICABLE)		TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	
ADDRESS		CITY	STATE	ZIP CODE

FULL LEGAL NAME	PERCENT	SSN OR TIN	BIRTH DATE	RELATIONSHIP
TRUST NAME (IF APPLICABLE)		TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	
ADDRESS		CITY	STATE	ZIP CODE

FULL LEGAL NAME	PERCENT	SSN OR TIN	BIRTH DATE	RELATIONSHIP
TRUST NAME (IF APPLICABLE)		TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	
ADDRESS		CITY	STATE	ZIP CODE

FULL LEGAL NAME	PERCENT	SSN OR TIN	BIRTH DATE	RELATIONSHIP
TRUST NAME (IF APPLICABLE)		TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	
ADDRESS		CITY	STATE	ZIP CODE

**Contract Return; Information Request**

The owner may cancel and return the contract for any reason within thirty (30) days after it is received. If the contract is returned, Standard Insurance Company will: (a) cancel the contract from the beginning; and (b) promptly refund any premium paid by the owner, less any prior partial withdrawals, after receiving: (1) a written notice of cancellation; (2) the original contract document; and (3) a completed form **5031** or IRS forms W-9 and W-4P from the owner. Upon written request of the owner, Standard Insurance Company will provide factual information about the contract 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 bank or credit union activity. Some annuities are subject to investment risk and may go down in value.

**State Fraud Notices**

**AR, KY, LA, ME, NM, OH, 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, 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.

**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.

**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 false, incomplete, or misleading information is guilty of a felony of the third degree.

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

**OK Residents** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**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 (e.g. name, employment status and Social Security number); (b) organizations or persons, including insurance sales representatives, that perform services or functions necessary to process this transaction; and (c) other insurance companies. No other disclosure may be made without my further authorization except: (a) to the extent necessary for the conduct of Standard Insurance Company's business; or (b) as permitted or required by law. I understand that failure to sign the authorization may: (a) impair the ability to process my application; and (b) be the basis for denying my application. I understand that this authorization: (a) will automatically expire 24 months following the date of my signature below; (b) may be revoked by me at any time by sending a written request for revocation to Standard Insurance Company at the address above; and (c) such revocation may be the basis for denying my application. I also understand that: (a) I (or my authorized representative) have the right to request a copy of my authorization and to learn the nature and substance of any personal information about me in Standard Insurance Company's file; (b) I (or my authorized representative) have the right to ask Standard Insurance Company to correct or amend such information, if necessary; and (c) Standard Insurance Company will carefully review my request and, where appropriate, make the necessary change. To obtain further information about these rights and information practices, I have been informed that I may request a copy of the *Privacy Notice* by contacting Standard Insurance Company at the address above.

**ME Residents** I further understand that failure to sign the authorization may: (a) impair the ability to evaluate my claim for benefits; and (b) be the basis for denying my claim for benefits.

I represent that all statements and information provided herein are true and complete to the best of my belief and knowledge. I understand that the application will be attached to and made a part of the annuity contract. Additionally, I declare the following:

- A** ☐ Yes ☐ No To the best of my knowledge, the owner has existing life insurance policies or annuity contracts. Regardless of answer, states that have adopted NAIC replacement model please attach 10443.
- B** ☐ Yes ☐ No To the best of my knowledge, the contract applied for will replace an existing life insurance or annuity contract. If so, the producer has left with me all materials used in this presentation.
- C** ☐ Yes ☐ No I have received the product disclosure statement and, in those states where required or upon request, a *Buyer's Guide To Fixed Deferred Annuities*.
- D** ☐ Yes ☐ No I am a full-time, active-duty member of the US Armed Forces (to include a reserve unit serving under published orders for training).
- E** ☐ Yes ☐ No I am purchasing an SRA 1, FRA 7, AGA 5 or AGA 7.
- a** ☐ Yes ☐ No If Yes, I understand that The Standard guarantees that the additional interest will be credited only for the first contract year.
- F** ☐ Yes ☐ No I am purchasing an FGA 5, FGA 6, FGA 7, FGA 10, AGA 5 or AGA 7. If yes:
- a** ☐ Yes ☐ No I understand that this annuity includes a market-value adjustment feature. During the market-value adjustment period, any amount surrendered or used to provide annuity benefits may be subject to the adjustment. It could increase or decrease the amounts payable under the contract. If interest rates rise after the contract effective date, the market-value adjustment will generally decrease the surrender value; if interest rates fall, the market-value adjustment will generally increase the surrender value.
- b** ☐ Yes ☐ No I have received and read the applicable product disclosure and understand the various product features, including but not limited to: (a) surrenders and withdrawals; (b) surrender charges; (c) surrender charge period; (d) early withdrawal tax penalty; and (e) annuitization.
- G** ☐ Yes ☐ No I am purchasing a PGA 5, PGA 7 or PGA 9.
- a** ☐ Yes ☐ No If Yes, I understand that The Standard guarantees that the additional interest will be credited only for one year from the date of receipt of each premium.
- H** ☐ Yes ☐ No I understand and acknowledge that The Standard does 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 agree that the purchase of this annuity is appropriate to my particular legal, financial, tax, investment, estate-planning goals and other circumstances.

\_\_\_\_\_  
ANNUITANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNED AT (CITY, STATE)

\_\_\_\_\_  
OWNER SIGNATURE (IF NOT ANNUITANT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNED AT (CITY, STATE)

Owner signing as ☐ Self ☐ Trustee  
☐ Attorney in Fact (Attach certified Power of Attorney and form **14389**.)  
☐ Other \_\_\_\_\_

## 11 Insurance Producer Declarations

FULL LEGAL NAME		E-MAIL	
BUSINESS OR INSTITUTION NAME		PHONE	PAYMENT OPTION <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
ADDRESS	CITY	STATE	ZIP CODE
INSURANCE LICENSE NUMBER		STANDARD INSURANCE COMPANY PRODUCER IDENTIFICATION	

I declare that the application was signed and dated by the annuitant and owner, if not the annuitant, after all answers were recorded herein; and I have truly and accurately recorded on this form all of the information provided by the annuitant and owner, if not the annuitant. Additionally, I certify:

**A** ☐ Yes ☐ No To the best of my knowledge, the owner has existing life insurance policies or annuity contracts. States using replacement form **10443**, always attach that form.

**B** ☐ Yes ☐ No To the best of my knowledge, the contract applied for will replace an existing life insurance or annuity contract. If Yes, an appropriate replacement form is attached.

**C** ☐ Yes ☐ No I have delivered an appropriate product disclosure statement and, in those states where required or upon request a *Buyer's Guide To Fixed Deferred Annuities* to the owner.

**D** ☐ Yes ☐ No To the best of my knowledge, the owner is a full-time, active-duty member of the US Armed Forces (to include a reserve unit serving under published orders for training). If Yes, form **13995** is attached.

**E** ☐ Yes ☐ No With respect to the suitability of this annuity sale, the requirements have been met. I have completed form **12216** with the owner; the original of that form is attached, a copy has been left with the owner and a copy is on file with me.

**F** ☐ Yes ☐ No I have verified the identity of the annuitant and owner, if not the annuitant, by reviewing a government-issued photo identification.

\_\_\_\_\_  
INSURANCE PRODUCER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNED AT (CITY, STATE)

<p>STANDARD INSURANCE COMPANY HOME OFFICE USE</p> <p>Any changes to the application as noted here must be signed in writing by the applicant.</p>
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This Disclosure summarizes important points for you to consider before you purchase Standard Insurance Company's (The Standard's) Focused Growth Annuity.

The Focused Growth Annuity (FGA) is a single-premium deferred annuity. You purchase the annuity with one premium payment, but premiums are accepted during the first 90 contract days to accommodate multiple roll-overs, transfers and exchanges. The FGA is a fixed deferred annuity which means interest is earned during the accumulation phase and annuity payments are deferred until the annuity date or upon annuitization. The FGA's principal and earnings are not subject to income taxes until funds are withdrawn or distributed. A 10% IRS early-withdrawal penalty may apply to withdrawals or distributions prior to age 59½.

The main purpose of a deferred annuity is to save money for retirement and to receive retirement income for life. It is not meant for short-term financial goals.

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

**THE ANNUITY CONTRACT** *How do I get an annuity started and how will the value of my annuity grow?*

**Please check the appropriate box** ☐ qualified annuity ☐ non-qualified annuity

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

**Issue Age** An FGA 5, 6 or 7 will be issued to owners age 18-90 and annuitants age 0-90. An FGA10 will be issued to owners 18-80 for annuitants age 0-80.

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

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

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

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

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

Premium payments are credited with a guaranteed interest rate for five years for the FGA5, six years for the FGA6, seven years for the FGA7, and ten years for the FGA10. Thereafter, the annuity fund will be credited with a renewal rate based on the current economic and interest rate environment.

Interest compounds daily.

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

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

**Safety and Guarantees** During the market value adjustment period, The Standard guarantees that the owner will never receive less than 87½% of the total premium payments, net of any withdrawals or loans<sup>1</sup> taken. After the market value adjustment period, The Standard guarantees that the owner or beneficiary will never receive less than 100% of the total premium payments, net of any withdrawals or loans<sup>1</sup> taken.

**SURRENDER BENEFITS**
*May I take money out of my annuity and, if so, how?*

You may take money out of your annuity any time before annuity payments begin. You may take out all of your annuity’s fund value (**full surrender**) or part of it (**partial surrender**).

Withdrawals must be \$500 or more. At least \$2000 must remain in the account for the contract to remain in force.

A 10% IRS penalty may apply to withdrawals made before age 59½.

A Surrender Fee will be assessed on amounts you withdraw before the end of the Surrender Fee Period, as follows:

FGA5	Year	1	2	3	4	5			
	Charge	8%	7%	6%	5%	4%			

FGA6	Year	1	2	3	4	5	6		
	Charge	8%	7%	6%	5%	4%	3%		

FGA7	Year	1	2	3	4	5	6	7	
	Charge	8%	7%	6%	5%	4%	3%	2%	

FGA10	Year	1	2	3	4	5	6	7	8	9
	Charge	8%	7%	6%	5%	4%	3%	2%	1%	0.9%

Example: If you withdrew \$5,000 during the first contract year, an 8% surrender charge would apply. \$5,000 x .08 = \$400. The withdrawal amount paid would be \$5,000 - \$400 = \$4,600 plus the market value adjustment.



**Market Value Adjustment** During the first 5 contract years for the FGA5, the first 6 contract years for the FGA6, first 7 contract years for the FGA7, and first 10 contract years for the FGA10 a market value adjustment will be applied to withdrawals or surrenders. Generally, if interest rates have risen since the purchase, the adjustment will decrease the surrender value. If interest rates have fallen since the purchase, the adjustment will increase the surrender value.

**Note:** The market value adjustment is waived whenever surrender fees are waived.

#### **ANNUITY BENEFITS** *How do I get income (payouts) from my annuity?*

**Annuity Date** The annuity date is the contract anniversary nearest the annuitant's 95th birthday or the 10th contract anniversary, whichever is later. The contract will automatically annuitize and begin its payout phase, unless otherwise directed.

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

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

Joint & Survivor Life Income – A guaranteed income for as long as both annuitants live.

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

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

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

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

**Annuitization** An FGA may be converted into an income annuity with The Standard at any time. No surrender fees will apply if you choose a Life Income or at least a 5-year Certain Period payout option. If your state imposes a premium tax, it will be deducted from your annuitized payments.

**Annuity Benefits** The contract may not be surrendered once payment of annuity benefits has begun.

#### **ACCESSING FUNDS** *Are there ways to access funds without incurring a surrender fee?*

The FGA offers many ways to access funds without incurring a surrender fee. There are no surrender fees associated with the following options, but an IRS early withdrawal penalty may apply to withdrawals before you reach age 59½.

- Regularly scheduled payments of interest earnings.
- Nursing home confinement.<sup>2 3</sup>
- Terminal condition.<sup>2 3</sup>
- IRS Required Minimum Distributions.
- Out-of-surrender-fee-period withdrawals.

#### **DEATH BENEFITS** *What happens if I die?*

The annuity's value is paid to the beneficiary if the owner or the annuitant dies before the Annuity date, with a choice of payment options. However, death benefits must begin within one year of the date of death and may not extend beyond the beneficiary's life expectancy. Under federal law, if the beneficiary is the spouse as defined under federal law, that spouse does not need to have death benefits paid; rather, that spouse may continue the contract as though that spouse were the original owner.

#### **ADVANTAGES OF TAX DEFERRAL** *How will payouts and withdrawals from my annuity be taxed?*

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

Contract SPDA; Riders R-EIO, R-NHB, R-TCB, R-MVAR, R-DB, SWO-DEF, R-ERTSA, R-NERTSA, IRA, Roth IRA, R-QPP

<sup>2</sup>Available after the first contract year.

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



**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.

**Market Value Adjustment** During the market value adjustment period, a market value adjustment will be applied to withdrawals or surrenders. The market value adjustment is waived whenever surrender charges are waived. The adjustment is based on changes in the yields of the market value adjustment index and may increase or decrease the annuity's surrender value. Generally, if interest rates have risen since the purchase, the adjustment will decrease the surrender value. If interest rates have fallen since the purchase, the adjustment will increase the surrender value.

**Illustrated Effect of Possible Market Value Adjustment** Consider the combined charges for an early surrender when market value adjustment index rates increase or decrease. The sample calculation below assumes the index is 3.00% at issue then either rises to 5.00% or drops to 1.00%. The percentages are for illustrative purposes only. Actual results may vary.

**COMBINED SURRENDER CHARGE AND MARKET VALUE ADJUSTMENT**

End of Contract Year	FGA5			FGA 6		
	Unchanged at 3.00%	Increased to 5.00%	Decreased to 1.00%	Unchanged at 3.00%	Increased to 5.00%	Decreased to 1.00%
1	8.00%	13.82%	2.18%	8.00%	13.90%	2.10%
2	7.00%	12.35%	1.20%	7.00%	14.02%	-0.75%
3	6.00%	9.69%	2.08%	6.00%	11.41%	0.14%
4	5.00%	6.96%	2.96%	5.00%	8.73%	1.04%
5	4.00%	4.15%	3.84%	4.00%	5.98%	1.94%
6	0.00%	0.00%	0.00%	3.00%	3.16%	2.84%
7	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

  

End of Contract Year	FGA 7			FGA 10		
	Unchanged at 3.00%	Increased to 5.00%	Decreased to 1.00%	Unchanged at 3.00%	Increased to 5.00%	Decreased to 1.00%
1	8.00%	14.07%	1.93%	8.00%	14.11%	1.89%
2	7.00%	15.61%	-1.61%	7.00%	15.69%	-1.69%
3	6.00%	13.10%	-1.84%	6.00%	17.24%	-5.24%
4	5.00%	10.47%	-0.92%	5.00%	15.49%	-7.04%
5	4.00%	7.77%	0.00%	4.00%	12.94%	-6.06%
6	3.00%	5.00%	0.92%	3.00%	10.33%	-5.09%
7	2.00%	2.16%	1.84%	2.00%	7.64%	-4.11%
8	0.00%	0.00%	0.00%	1.00%	4.89%	-3.13%
9	0.00%	0.00%	0.00%	0.90%	2.94%	-1.23%
10	0.00%	0.00%	0.00%	0.00%	0.16%	-0.16%
11	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

**OWNER ACKNOWLEDGMENT**

I affirm that I am purchasing a Focused Growth Annuity from Standard Insurance Company. I understand the FGA product features, including that: (a) the contract includes a market value adjustment feature; (b) during the market value adjustment period a market value adjustment will be applied to withdrawals or surrenders; and (c) the market value adjustment is waived whenever surrender charges are waived. I understand that the contract is intended as a long-term savings vehicle and, as such, may have substantial penalties for early surrenders. I understand and acknowledge that The Standard does not offer legal, financial, tax, investment or estate planning advice. I affirm that I have sought such advice from the proper sources before purchasing 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 FGA 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 Focused Growth Annuity Broker Sales Guide and all consumer materials for The Standard's Focused Growth Annuity. Additionally, I have provided the Owner with the consumer materials used during the course of the sales presentation, the application and the FGA disclosure document. I have informed the Owner of the various features of the FGA 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.**



# TheStandard®

Standard Insurance Company  
Individual Annuities 800.247.6888 Tel  
1100 SW Sixth Avenue Portland OR 97204-1093 [www.standard.com](http://www.standard.com)

## Acknowledgment of Suitability in an Annuity Purchase

### ANNUITY SUITABILITY QUESTIONNAIRE

#### 1 Notice

Determining the suitability of an annuity contract for a purchaser is the responsibility of your insurance agent. Florida law, as well as sound investment practices, require that an annuity agent who recommends the purchase or exchange of an annuity must have an objectively reasonable basis for believing that the recommendation is suitable for the consumer based on the facts disclosed by the consumer as to his or her investments and other insurance products and as to his or her financial situation and needs.

As part of this process, you and your agent should engage in a thoughtful, thorough interview in order to understand your financial background and current and future needs.

Prior to the execution of an annuity purchase, your agent must:

- Make reasonable efforts to obtain information from you
- Analyze the information you provide and the features of the recommended annuity
- Determine whether the recommended annuity is suitable for you
- Complete this form and retain it along with any supporting material
- Submit a copy of this form to The Standard within 10 days of its execution
- Give a copy of this form to you no later than the date of contract delivery

#### 2 Topics for Determination of Suitability

Before you execute a purchase or exchange of an annuity, the agent who recommended the transaction must make reasonable efforts to obtain information from you. The collection and discussion of this information is for your benefit. It will help your agent determine if an annuity is a suitable investment for you. This information will not be used for any other purpose and will remain confidential.

Discuss the following topics with your insurance agent and complete the Annuity Suitability Questionnaire on this form.

- Personal information, including age, sex, and dependents
- Tax status
- Investment objectives
- Source of the funds used for purchasing the annuity
- Annual income
- Intended use of the annuity
- Existing assets, including investment holdings
- Liquid net worth and liquidity needs
- Financial situation and needs
- Risk tolerance
- Other information used or considered to be relevant by the insurance agent

The purchase or exchange being recommended to you may have tax consequences. Contact your tax advisor for more information.

Owner's Signature

Date Signed

## ANNUITY SUITABILITY QUESTIONNAIRE

### 3 Annuity Suitability Questionnaire

Owner: Last	First	Middle
Date of Birth	Age	Sex
Entity		
Tax Status	Relationship to Annuitant(s)	
Form of Ownership		
Supporting Documents (list):		

Annual Income:	
Source of Income:	
Annual Household Income:	
Existing Assets:	
Existing Liquid Net Worth:	
Do you currently own any annuities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list:	
Do you currently own life insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list:	

Owner's Signature

Date Signed

# ANNUITY SUITABILITY QUESTIONNAIRE

Does your income cover all your living expenses including medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect changes to your living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you anticipate changes in your out-of-pocket medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an emergency fund for unexpected expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Why are you purchasing this annuity? \_\_\_\_\_

What are your financial objectives for this purchase? (Check all that apply)

☐ Income    ☐ Growth (long term)    ☐ Safety of Principal and Income

☐ Safety of Principal and Growth    ☐ Pass assets to a beneficiary or beneficiaries at death

☐ Other : \_\_\_\_\_

Describe your risk tolerance: (Check all that apply)

☐ Conservative    ☐ Moderately conservative    ☐ Moderate    ☐ Moderately aggressive

☐ Aggressive    ☐ Other: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your investment experience by type and length of time: \_\_\_\_\_

\_\_\_\_\_

What is the source of the funds for the purchase of the proposed annuity? \_\_\_\_\_

\_\_\_\_\_

How many years from today will you need access to your funds without a penalty? \_\_\_\_\_

Will the proposed annuity replace any product? ☐ Yes ☐ No

If yes, will you pay a penalty or other charge to obtain these funds? ☐ Yes ☐ No

If yes, the amount of the charge or penalty \$ \_\_\_\_\_

Owner's Signature

Date Signed

## ANNUITY SUITABILITY QUESTIONNAIRE

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note:** The following three sections to be completed by the agent, insurer, or Managing General Agent proposing purchase; each section requires a response; no section may be left blank or contain a response consisting of “None” or “N/A”.

**Advantages of purchasing the proposed annuity:**\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Disadvantages of purchasing the proposed annuity:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity (ies):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date Signed

**Note:** No questions or response areas are to be left blank when offered to the Owner for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date Signed

## ANNUITY SUITABILITY QUESTIONNAIRE

### 4 Acknowledgments and Signatures

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- ☐ I REFUSE to provide this information at this time.
- ☐ I have chosen to provide LIMITED information at this time.
- ☐ My annuity purchase IS NOT BASED on the recommendation of this agent or the insurer.
- ☐ My annuity purchase IS BASED on the recommendation of this agent or the insurer.

**APPLICANT:**

**DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.**

**THE OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.**

PURCHASER NAME

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 being purchased. I (we) signed the application for this annuity on this date: \_\_\_\_\_

\_\_\_\_\_  
Application Date

I (we) believe that, based on my (our) financial situation and needs, the annuity being purchased meets my (our) insurance needs and financial objectives.

\_\_\_\_\_  
Applicant or Owner Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Joint Applicant or Owner Signature

\_\_\_\_\_  
Date Signed

**INSURANCE AGENT NAME**

By signing below I acknowledge that, based on the information the Purchaser(s) provided and on all circumstances known to me at the time I made the recommendation, this annuity 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. I will retain a copy of this signed form, along with the supporting material used or collected in making the determination of suitability, for the later of 10 years or the life of the contract. I will provide a copy of this form to The Standard within 10 days of its execution and a copy to the Purchaser(s) no later than the date of contract delivery.

\_\_\_\_\_  
Insurance Agent Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date Signed



## ANNUITY SUITABILITY QUESTIONNAIRE

### EXPLANATION OF TERMS

**Age** is the natural person's attained age on the day the form is completed.

**Tax Status** is the owner's Federal Income Tax filing status such as "single" or "married filing jointly"; if "Exempt", so state.

**Form of Ownership** is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

**Supporting documents** are the documents that provide a basis for the relationship between the Proposed Annuitant, and the Owner as it may exist.

**Annual income** is income received during a calendar year, whether earned or unearned.

**Source of annual income** is the income-generating source, such as pension income, dividends, or earned income etc.

**Annual household income** is the combined annual income received by all household members each calendar year.

**Existing Assets** are financial assets including life insurance and annuities.

**Existing Liquid Net Worth** is applicable to those net assets that can readily be converted into their cash equivalent, without loss of principal after all surrender charges or other deductions have been taken.

**Financial Objectives** are the owner's stated goals as described to the insurance agent or insurer, if no insurance agent is involved. These may include but are not limited to the following: (1) Income, (2) Growth (long term capital appreciation), (3) Safety of Principal and Income, (4) Safety of Principal and Growth, (5) To pass the investment to a beneficiary or beneficiaries at death.

**Risk Tolerance** means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) Conservative (prefer little or no risk), (2) Moderately conservative (some risk, reduced safety of principal), (3) Moderate (average risk with potential losses and potentially higher returns), (4) Moderately aggressive (above average risk with potential losses, risk of principal and potentially higher returns), (5) Aggressive (willing to sustain losses or loss of principal in pursuit of higher returns).

**Source of the funds** to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to; (1) An existing annuity or life insurance contract, (2) Liquid Assets, including but not limited to, cash in banks, maturing certificates of deposit, and money market accounts, (3) Personal Loans, (4) Equity Loans, (5) Mortgages, Reverse Mortgages, (6) Death Benefit Proceeds, (7) Funds received upon retirement from employment, including but not limited to, 401(k) accounts, pensions, and other tax-sheltered funds, (8) Equities, mutual funds, or bonds, (9) Proceeds from real estate transactions.

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Owner's Signature

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Date Signed



# The Standard®

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## 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 agent, with the original sent to Standard Insurance Company and a copy left with the applicant(s).)

#### Notice to Applicant(s) Regarding Replacement of the Life Insurance Policy and Annuities

A decision to buy a new policy and discontinue or change an existing policy may be a wise choice or a mistake.

Get all the facts. Make sure you fully understand both the proposed policy and your existing policy or policies. New policies may contain clauses which limit or exclude coverage of certain events in the initial period of the contract, such as the suicide and incontestable clauses which may have already been satisfied in your existing policy or policies.

Your best source for facts on the proposed policy is the proposed company and its agent. The best source on your existing policy is the existing company and its agent.

Hear from both before you make your decision. This way you can be sure your decision is in your best interest.

If you indicate that you intend to replace or change an existing policy, Florida regulations require notification to the company that issued the policy.

Florida regulations give you the right to receive a written Comparative Information Form which summarizes your policy values. Indicate whether or not you wish a Comparative Information Form from the proposed company and your existing insurer by placing your initials in the appropriate box:

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Note: Agents, if "Yes" is initialed, please submit form 10604 together with this form.**

**Do not take action to terminate your existing policy until your new policy has been issued and you have examined it and found it to be acceptable.**

### 2 Information on Policies That May Be Replaced

EXISTING INSURER NAME	INSURED OR ANNUITANT NAME	POLICY NUMBER*
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

### 3 Disclosure and Comparison of Annuity Contracts

Existing Annuity Contract	Proposed Annuity Contract
Owner/Annuitant(s) _____	Owner/Annuitant(s) _____
Insurer _____	Insurer _____
Contract # _____	Application # _____

**Note: No questions or response areas are to be left blank when offered to the Annuitant and/or Applicant for signature. If any information requested is unavailable, not applicable or unknown, the Insurance Agent or Insurer must indicate that.**

	Existing Annuity Contract	Replacement Annuity
Contract Issue Date	Mo____ Day____ Yr_____	Mo____ Day____ Yr_____ (Est)
Generic Contract Type		
Marketing Name		
Initial Premium		
Source of Initial Premium		N/A
Qualified Contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annuity Maturity Date		
Death Benefit Amount		
Change of Annuitant upon Death Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surrender Charge Period in Years		
First Year Surrender Charge Percentage Rate	%	%
Surrender Charge Schedule for Remaining Years		
Free Withdrawals Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Free Withdrawal Percentage Rate	%	%
Potential tax penalty for surrender/sale/exchange/annuitization (Describe)		
Investment/Insurance components (Describe)		
Waiver of Surrender Charge Benefit or Similar Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Riders, Features/Cost (Describe)		
Loss of Benefits or Enhancements if existing contract exchanged? (Describe)		
Living Benefits (Describe)		

**Note: No questions or response areas are to be left blank when offered to the Annuitant and/or Applicant for signature. If any information requested is unavailable, not applicable or unknown, the Insurance Agent or Insurer must indicate that.**

	Existing Annuity Contract	Replacement Annuity
Minimum Guaranteed Interest Rate	%	%
Limitations on interest returns (Describe)		
Interest Rate Cap/Term	/	/
Participation Rate/Term	/	/
Indexing Method/Term	/	/
Other Fees (Describe)		
Initial Bonus Percentage or Amount		
Potential Loss of Bonus if Exchanged?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limits and Exclusions for Bonuses that may be payable (Describe)		

Comments and continuation from above:

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Owner's Signature

Date Signed

**DISCLOSURE OF SURRENDER CHARGES IF EXISTING ANNUITY IS REPLACED OR EXCHANGED****Existing Annuity Contract No.** \_\_\_\_\_

Annuity Total Value  
(This amount represents the current value of  
the existing annuity, less any withdrawals or  
other deductions.)

\$

Annuity Surrender Value  
(This amount represents the surrender value of  
the existing annuity.)

\$

Surrender Charges Applicable at exchange  
(Surrender charges or fees that will be deducted  
from the Annuity Total Value if you exchange or  
otherwise terminate your existing annuity.)

\$\_\_\_\_\_ - this is the estimated  
amount that will be deducted from the existing  
annuity's total value if surrendered, replaced, or  
exchanged with an anticipated surrender date of  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Have you surrendered or exchanged an annuity contract in the last 36 months?

If yes, provide details:    ☐ Yes    ☐ No

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Owner's Signature

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Date Signed

#### 4 Acknowledgments and Signatures

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

I (We) have read this notice and received a copy of it for my (our) records. I (We) have also received a copy of the written comparison of the proposed annuity contract and my existing policy/contract.

**APPLICANT: DO NOT SIGN THIS FORM IF (1) ANY ITEM HAS BEEN LEFT BLANK, (2) WITHOUT CAREFULLY REVIEWING THE INFORMATION RECORDED, OR (3) IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.**

**THE APPLICANT, JOINT APPLICANT AND/OR OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.**

_____ OWNER'S SIGNATURE	_____ DATE SIGNED
_____ PRINT OR TYPE OWNER'S NAME	
_____ JOINT OWNER'S SIGNATURE	_____ DATE SIGNED
_____ PRINT OR TYPE JOINT OWNER'S NAME	

#### 5 Agent

AGENT NAME	PHONE	FLORIDA LICENSE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

I acknowledge that I have provided the Applicant with a completed and signed copy of this form.

_____ AGENT SIGNATURE	_____ DATE SIGNED
--------------------------	----------------------

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date Signed

## EXPLANATION OF TERMS

**Generic Contract Type** is the generic name of the annuity contract form as approved by the Florida Office of Insurance Regulation. Examples of generic annuity contract names are Flexible Premium Equity Indexed Annuity (FPEIDA), Single Premium Immediate Annuity (SPIA), Flexible Premium Variable Deferred Annuity (FPVDA), and Single Premium Deferred Annuity (SPDA).

**Marketing Name** is the name adopted by the insurer to identify the contract form.

**Qualified Contract** means a product used to fund any type of pension plan approved by the Internal Revenue Service.

**Annuity Maturity Date** is the final date of termination of the contract at which time the proceeds of the contract must be paid out.

**Surrender Charge** is the amount deducted from annuity contract values upon surrender of an annuity, or for withdrawals exceeding any free withdrawal provision of the contract, regardless how this charge is titled in the policy, e.g., deferred sales charge.

**Surrender Charge Period** is the number of annuity contract years a surrender charge may be applicable.

**Initial Surrender Charge Percentage Rate** is the original percentage rate that is deducted from annuity values at the inception of the existing annuity contract, or that will be deducted from the recommended replacement contract at its inception if purchased.

**Surrender Charge Percentage Schedule for Remaining Years** the percentage rate that would be deducted from the existing annuity contract if surrendered, or for any withdrawals exceeding the “free withdrawal” limit.

**Minimum Guaranteed Interest Rate** is the minimum interest rate payable under the annuity contract as guaranteed by the insurer in the annuity contract.

**Initial Bonus Percentage or Amount** is a bonus paid by the insurer, generally, at inception of the annuity contract, and may be expressed as a percentage of the initial premium or other amount, or a dollar amount, and must be stated in the annuity contract.

**Potential Loss of Bonus if Exchanged** refers to whether any bonus would be lost if the annuity contract was exchanged or terminated for any reason.

**Interest Rate Cap** this is the maximum rate of interest the annuity will earn.

**Participation Rate** the participation rate decides how much of the increase in the index will be used to calculate index –linked interest.

**Indexing Method** means the approach used to measure the amount of change, if any, in the index and includes annual reset (ratcheting), high-water mark and point-to-point. The index term is the period over which index-linked interest is calculated. “Market Value Adjustment” is the increase or decrease in the surrender value of the contract that is adjusted to reflect market fluctuations.

**Administrative Fees or Margins** are charges that amount to the difference between the percentage gain in the index and the actual amount credited to the annuity contract.

**Asset Fees** are the fees the insurer charges that are a percentage of the value of the annuity contract.

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Owner's Signature

---

Date Signed



**Death Benefit Amount** is the net amount that would be paid to the annuitant's designated beneficiary or beneficiaries of an existing annuity, or the death benefit that the proposed replacement policy would pay as of the contract issue date.

**Free Withdrawals** are the withdrawals that may be taken from an annuity's values that are not subject to surrender or other charges and are a provision of the annuity contract.

**Annual Free Withdrawal Percentage Rate** is the percentage of available funds that may be withdrawn from an annuity contract, generally on an annual basis and is stated in the annuity contract.

**Change of Annuitant upon Death** is a provision that allows another person to become the annuitant upon the death of the original annuitant allowing the contract to remain in force.

**Waiver of Surrender Charge Benefit or Similar Benefit or Provision** is a benefit that is built into individual annuity contracts or added by rider, endorsement or amendment. The benefits are triggered by a qualifying event associated with either the annuitant or owner, as specified in the contract.

---

Owner's Signature

---

Date Signed



# 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)

## Request for Rollover, Transfer or Exchange

### 1 Transferring Institution

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

### 2 Existing Policy or Account

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

### 3 Transaction Type (Complete section A or B.)

#### A Qualified Funds

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

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

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

#### B Non-Qualified Funds

Transaction Type: ☐ Direct Transfer  
☐ 1035 Exchange

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

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

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

The undersigned certifies that:

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

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

The undersigned requestor is a:

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

6 Authorization

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

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

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

DATE

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

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

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

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

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

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

Standard Insurance Company

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

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

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

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

\_\_\_\_\_  
AUTHORIZED STANDARD INSURANCE COMPANY HOME OFFICE EMPLOYEE

\_\_\_\_\_  
DATE