



The Standard[®]

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

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 5835 .) <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Defined Contribution PLAN YEAR
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Notices and Disclosures

Contract Return; Information Request

The owner(s) may return the contract for any reason within thirty (30) days after it is received. If the contract is returned, The Standard will: (a) cancel the contract from the beginning; and (b) promptly refund any premium paid by the owner(s), less any prior partial withdrawals. Upon the written request of the owner(s), The Standard will provide factual information about the contract's benefits and provisions within a reasonable time.

Applies if the annuity is purchased through a bank or credit union.

The annuity is not a deposit. The annuity is not guaranteed by any bank or credit union. The annuity is not insured by the FDIC or by any other governmental agency. The purchase of an annuity is not a provision or condition of any bank or credit union activity. Some annuities are subject to investment risk and they may go down in value.

State Fraud Notices

AR, KY, LA, ME, NM, OH, OK, PA and TN Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

CO Residents: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of any insurance company who knowingly provides false, incomplete, or misleading information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division Of Insurance of Regulatory Services.

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 12213 .) <input type="checkbox"/> Transfer (Attach form 12213 .) <input type="checkbox"/> 1035 Exchange (Attach form 12213 .)		

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

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

8 Payments

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

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

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

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

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Declarations and Signatures

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

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

11 Insurance Broker

NAME		E-MAIL		PHONE	
BUSINESS OR INSTITUTION NAME					
ADDRESS		CITY		STATE	ZIP CODE
LICENSE NUMBER		STANDARD INSURANCE COMPANY PRODUCER IDENTIFICATION			
<p>I declare that: (a) the application was signed and dated by the owner(s) and by the annuitant(s), if not the owners(s), after all answers and information were recorded herein; and (b) I have truly and accurately recorded on this form all of the information provided by the owner(s) and the annuitant(s), if not the owner(s).</p>					
A	<input type="checkbox"/> Yes <input type="checkbox"/> No	The owner(s) has(have) existing life or annuity policies. (For states using replacement form 10443 , attach that form.)			
B	<input type="checkbox"/> Yes <input type="checkbox"/> No	To the best of my knowledge, the contract applied for will replace an existing life insurance or annuity contract. (If Yes , include a state replacement form where required.)			
C	<input type="checkbox"/> Yes <input type="checkbox"/> No	I certify that a copy of the product disclosure and a signed contract illustration was presented to and left with the applicant.			
D	<input type="checkbox"/> Yes <input type="checkbox"/> No	I certify that (a) the suitability requirements applicable to this annuity have been met; (b) I have completed the suitability section of the disclosure statement with the applicant(s); (c) a copy of that form has been left with the applicant(s); and (d) a copy of the form is enclosed with this application.			
E	<input type="checkbox"/> Yes <input type="checkbox"/> No	I certify that I have verified the identity of each owner and annuitant by reviewing a government-issued photo identification.			
_____ INSURANCE BROKER SIGNATURE		_____ DATE		_____ SIGNED AT (CITY, STATE)	



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 do not want any 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 periodic 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)

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), and
2	I am not subject to backup withholding because: (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. and
3	I am a U.S. person (including a U.S. resident alien).
Important Note: You must STRIKE OUT the language in section (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.	

6 Authorization

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PAYMENT OPTIONS *What are my payment option choices?*

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

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

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

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

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

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

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

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

DEATH BENEFITS *What happens if I die?*

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

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

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

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

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

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

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

OWNER ACKNOWLEDGMENT

I affirm that I am purchasing a Tailored Income Annuity from The Standard. I understand the TIA product features. I understand and acknowledge that The Standard does not offer legal, financial, tax, investment, estate or Medicaid planning advice. I affirm that I have sought such advice from the proper sources before purchasing this contract. I acknowledge and represent that the purchase of this annuity is suitable given my particular legal, financial, tax, investment, estate planning or other goals or circumstances. I further understand that annuities are not: (a) insured by the FDIC or any federal government agency; (b) deposits of or guaranteed by any bank or credit union; or (c) provisions or conditions of any bank or credit union activity. Some annuities are subject to investment risk and may lose value. I certify that: (a) I have read and fully understand the TIA product brochure, the application and this disclosure statement; (b) I have retained a copy of all solicitation materials and this disclosure statement used during the course of the sale; and (c) I understand that this disclosure is a summary and not part of the contract.

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

BROKER ACKNOWLEDGMENT

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

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

**Return the signed original of this disclosure together with the application and leave a copy with the applicant.
Keep a copy for your records.**



The purpose of this profile is to help your insurance broker determine if the annuity product you are purchasing from The Standard is suitable based on your financial situation and goals. You must complete this profile in its entirety and submit it with your application for The Standard to proceed with your purchase.

A. OWNER INFORMATION

Full Legal Name _____ Birth Date _____
Are you actively employed? ☐ Yes ☐ No Anticipated Retirement Age _____

B. FINANCIAL GOALS AND OBJECTIVES

1. Why are you considering purchasing this annuity?
(check all that apply).....

<input type="checkbox"/> Immediate Income	<input type="checkbox"/> Long-Term or Lifetime Income
<input type="checkbox"/> Tax Deferral	<input type="checkbox"/> Assets for Beneficiaries
<input type="checkbox"/> Estate Planning	<input type="checkbox"/> Retirement
<input type="checkbox"/> Safety of Principal	<input type="checkbox"/> Other _____
2. What is your financial time horizon for achieving this annuity's goals?

<input type="checkbox"/> Less than one year	<input type="checkbox"/> 1-5 years	<input type="checkbox"/> 6-10 years
<input type="checkbox"/> Longer than 10 years		
3. How long do you plan to keep this annuity?
_____ years
4. Which financial products do you own or have you previously owned? (check all that apply)

<input type="checkbox"/> Deferred Annuities	<input type="checkbox"/> Immediate Annuities
<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Certificates of Deposit
<input type="checkbox"/> Stocks/Bonds/Mutual Funds	
<input type="checkbox"/> Other _____	
5. What sources of funds will be used for the purchase of this annuity? (check all that apply)

<input type="checkbox"/> Other Annuities	<input type="checkbox"/> Life Insurance
<input type="checkbox"/> Savings/Checking	<input type="checkbox"/> Certificates of Deposit
<input type="checkbox"/> Money Market	<input type="checkbox"/> Stocks/Bonds/Mutual Funds
<input type="checkbox"/> Loan	<input type="checkbox"/> IRA or Retirement Plan
<input type="checkbox"/> Other _____	
6. Is the source of funds a life insurance policy or annuity contract? ☐ Yes ☐ No
If yes:
 - a. Will you incur a surrender charge by exchanging your old policy? ☐ Yes ☐ No
If so, what is the surrender charge (including, if applicable, MVA or other adjustments) on each policy being replaced?

Policy 1: _____%	Policy 2: _____%
Policy 3: _____%	Policy 4: _____%
 - b. Will a market value adjustment reduce the value of the replaced contract? ☐ Yes ☐ No
 - c. Will you lose existing benefits by surrendering your existing policy? (check all that apply)..... ☐ Yes ☐ No

<input type="checkbox"/> Death Benefit	<input type="checkbox"/> Living Benefit
<input type="checkbox"/> Interest Bonus	<input type="checkbox"/> Persistency Bonus
<input type="checkbox"/> Higher Guaranteed Interest Rate	
<input type="checkbox"/> Other _____	

Submit original with application. Leave copy with applicant. Keep copy in producer file.

Incomplete without all pages and signatures

B. FINANCIAL GOALS AND OBJECTIVES (cont.)

- d. By proceeding with the proposed exchange or replacement, will you be subject to increased fees, investment advisory fees, or charges for riders and similar product enhancement?..... ☐ Yes ☐ No
- e. Have you had another policy exchange or replacement within the past 36 months? ☐ Yes ☐ No
- f. How does this annuity better meet your financial goals? _____

C. FINANCIAL INFORMATION

1. What is your federal income tax bracket?..... ☐ 10% ☐ 15% ☐ 25% ☐ 28% ☐ 33% ☐ 35%
2. What will be your annual gross income after this proposed annuity purchase? \$ _____
3. What are your annual living expenses, including annual debt payments? \$ _____
4. After the purchase of this annuity, will you have sufficient income to meet your expenses?..... ☐ Yes ☐ No
5. Do you anticipate significantly higher expenses during the proposed annuity surrender period including medical expenses?..... ☐ Yes ☐ No
6. Do you anticipate significantly lower income during the proposed annuity surrender period?..... ☐ Yes ☐ No
7. What are your total liquid assets before the proposed annuity purchase? \$ _____
Liquid assets may be:
• Savings/Checking/CDs • Stocks/Bonds/Mutual Funds
• Retirement Plan Funds • Life Insurance
• Cash Value of Annuities
8. What percentage of your liquid assets will the proposed annuity purchase be? (*Annuity purchase amount ÷ Line 7*)..... _____ %
9. Do you anticipate changes in your out-of-pocket medical expenses during the proposed annuity's surrender period?..... ☐ Yes ☐ No
10. Is your income sufficient to cover future changes in your household or medical expenses during the proposed annuity's surrender period?..... ☐ Yes ☐ No
11. Do you have an emergency fund for unexpected expenses?..... ☐ Yes ☐ No
12. If you answered yes to questions 5, 6 or 9, or no to questions 4, 10 or 11, please explain. _____

Submit original with application. Leave copy with applicant. Keep copy in producer file.

Incomplete without all pages and signatures

D. OTHER CONSIDERATIONS

1. Do you anticipate a need to withdraw more than a penalty-free amount from this annuity during the surrender period? ☐ Yes ☐ No
2. Do you understand that if you withdraw more than a penalty-free amount from this annuity during the surrender period, you will incur a surrender charge? ☐ Yes ☐ No
3. What distributions do you anticipate from this annuity?
(check all that apply) ☐ Annuitization ☐ Immediate income
☐ Substantially Equal Periodic Payments
☐ Required minimum distributions ☐ Full surrender
☐ Partial withdrawals ☐ Interest-only payments
4. When do you anticipate taking your first distribution from this annuity? (choose one) ☐ 1 year ☐ 2-5 years ☐ 6-7 years
☐ 8-10 years ☐ Longer than 10 years
5. Do you understand that you may incur a 10% federal tax penalty for withdrawals before age 59½? ☐ Yes ☐ No
6. Does the owner currently reside in a nursing home or assisted living facility? ☐ Yes ☐ No
7. Describe your risk tolerance:
☐ Conservative: I want to preserve my initial principal with minimal risk, even if that means the account does not generate significant income or returns and may not keep pace with inflation.
☐ Moderate: I am willing to accept some risk to my initial principal and tolerate some volatility to seek higher returns, and understand I could lose a portion of money invested.
☐ Aggressive: I am willing to accept maximum risk to my initial principal to aggressively seek maximum returns, and I understand I could lose most, or all, of the money invested.
8. Which of the following best describes your financial experience?
☐ Very experienced: Good understanding of financial products, own a broad range of financial products, confident about financial decisions.
☐ Moderate experience: General understanding of some financial products, own some financial products, willing to make some financial decisions.
☐ Limited experience: Primary savings in certificates of deposit, savings/checking, money market funds; nervous about financial decisions.
9. What additional information should your insurance producer know before making a final annuity purchase recommendation?
(Examples: expected major life changes, beneficiary needs, etc.)

Submit original with application. Leave copy with applicant. Keep copy in producer file.

Incomplete without all pages and signatures

E. OWNER DECLARATIONS AND ACKNOWLEDGMENT

Please initial each statement if it is true:

- _____ I represent that all statements and information provided herein are true and complete to the best of my belief and knowledge.
- _____ I understand that should I provide incomplete or inaccurate information, I will limit the protection afforded to me by state law regarding the suitability of this purchase.
- _____ I have reviewed the product-specific disclosure with my insurance broker, and I understand the costs and features of the annuity I am purchasing.
- _____ I understand and acknowledge that The Standard and its representative do not offer legal, financial, tax, investment or estate-planning advice and I have had the opportunity to seek such advice from the proper sources before purchasing this annuity.
- _____ I believe that the purchase of this annuity is appropriate to my particular legal, financial, tax, investment, and estate-planning goals, and other insurance needs.

Owner Signature: _____ Date: _____

Signed In (city/state): _____

F. INSURANCE BROKER DECLARATIONS AND ACKNOWLEDGMENT

The basis for my recommendation to purchase this annuity and, if applicable, to replace or exchange existing annuities is:

I declare that I have truly and accurately recorded on this form all of the information provided by the Purchaser(s). I have verified the identity of the Purchaser(s) with government-issued photo identification, and I believe the identity information provided to me is true and accurate. I have informed the Purchaser(s) of the various features of the annuity including tax penalties and fees. I believe that the Purchaser(s) will benefit from the annuity's features. Based on the facts disclosed to me by the Purchaser(s), and based on all circumstances known to me at the time the recommendation was made, I declare that this annuity purchase as a whole is suitable to the insurance needs and financial objectives of the Purchaser(s).

Insurance Broker Signature: _____ Date: _____

Insurance License Number: _____

Standard Insurance Company Producer Identification No: _____

Submit original with application. Leave copy with applicant. Keep copy in producer file.

Incomplete without all pages and signatures

Tailored Income Annuity

Retirement income to suit your needs



Standard Insurance Company
Tailored Income Annuities





Are you prepared?

According to a study by the Centers for Disease Control and Prevention, the life expectancy of someone who retires at age 65 averages more than 18 years. To fully enjoy all those years of quality retirement, many are finding that they're in need of a financial option that can:

- Supplement income from Social Security, a pension plan or investments;
- Provide financial stability in the event of a long-term illness or nursing home stay; and
- Ensure against outliving savings.

An Income Guaranteed

The Tailored Income Annuity is designed precisely to insure against outliving an income. It provides regular, guaranteed income payments for life (or a chosen period). This annuity is an excellent way to maintain an income stream matched to personal financial needs while adding the flexibility of lump-sum payment options.

Eligibility

A Tailored Income Annuity may be established for an owner and annuitant age 90 or younger. The minimum premium amount is \$15,000 and the maximum is \$1,000,000. Greater amounts may be considered, but must receive home-office approval prior to application.

Tax-Qualification Options

This annuity may be established as an Individual Retirement Annuity, 403(b) Tax-Sheltered Annuity or Simplified Employee Pension to initiate or continue a qualified retirement savings account.

Lump-sum deposits and complete or partial exchanges of non-qualified funds may also be accepted into this annuity.

Tax Consequences

The payments generated from the purchase of this annuity will generally be taxable in the year in which they are received. The good news is that often people move to a lower tax bracket during this time of their lives and will likely pay less in taxes than they would have just a few years earlier. The amount of the payment that is deemed taxable will be based on the tax status of the funds under IRS guidelines.

Time to Reflect on the Purchase

From the date the annuity contract is delivered, an owner has 30 days to consider the purchase. If the transaction is terminated during those 30 days, Standard Insurance Company will return all premium, net of any withdrawals taken.

Tailor Your Annuity

Life Income Commutation

A special, optional feature available in the Tailored Income Annuity allows the addition of a commutation feature to many of the life income payment options.¹

If this feature is added at the time of application, in any contract year (after an initial two years) up to 10 percent 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 percent 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 percent, 2 percent, 3 percent, 4 percent or 5 percent. 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.



¹ This feature is not available in Washington.

Income Options

Life Income

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

Tailor this Option by Adding

- Life Income Commutation²
- Inflation Protection

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 to the beneficiary until the full amount is repaid (or may be commuted to a lump-sum payment).

Tailor this Option by Adding

- Life Income Commutation²

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 to the beneficiary until the end of the period (or may be commuted to a lump-sum payment).

Tailor this Option by Adding

- Life Income Commutation²
- Inflation Protection

Joint and Survivor Life Income

A guaranteed income for as long as both annuitants live. When either annuitant dies, payments will continue at 50 percent, 66^{2/3} percent, 75 percent or 100 percent 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 to the beneficiary 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 percent 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 to the beneficiary 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 percent of the payments received when both were living. If the contingent annuitant dies first, payments will continue at 100 percent 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).

Tailor this Option by Adding

- Inflation Protection

² This feature is not available in Washington.

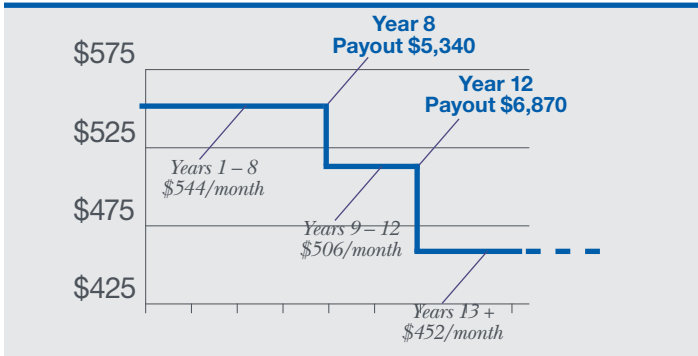
Illustrations of Life Income Commutation

Commutation is a substitution or exchange of one kind of payment for another. With the Tailored Income Annuity some routine, ongoing payment streams may be “commuted” to a lump-sum payout.



Frank is retiring early.

Age:	55
Premium:	\$100,000
Income Option:	Life Income
Optional Feature:	Life Income Commutation
Monthly Payment:	\$544



Today Frank is buying an immediate annuity. He is choosing the *Life Income* payment option and will receive \$544 every month as long as he lives. He is also adding the *Life Income Commutation* feature, as he knows there are many unplanned events that could happen during such a long retirement.

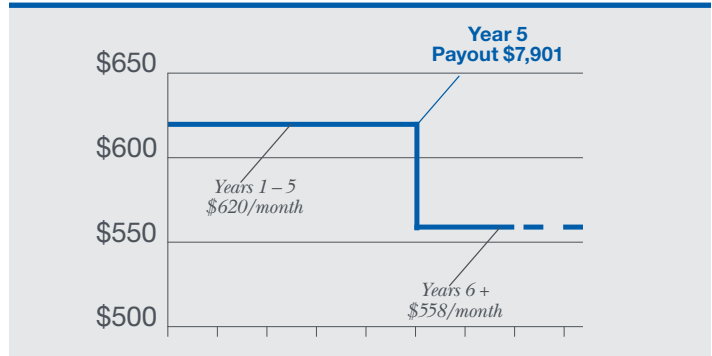
Eight years from now, Frank will find himself in need of a knee replacement. Realizing he can do with less than his current monthly income, he will choose to commute 7 percent of his future annuity payments and use the \$5,340 to help offset the costs. Exercising this feature will reduce his lifetime monthly payments to \$506.

Four years later, Frank will find that his daughter is in need of financial assistance after being laid off from her job. Frank this time will commute 10 percent of his future payments, the maximum available to him during any contract year. After the payout of \$6,870, he will find himself with a monthly income of \$452 for the duration of his life — and he still has the option to commute 3 percent more during any future contract year if he finds the need.



Betty is enjoying life.

Age:	65
Premium:	\$100,000
Income Option:	Life Income w/ 10-Year Certain Period
Optional Feature:	Life Income Commutation
Monthly Payment:	\$620



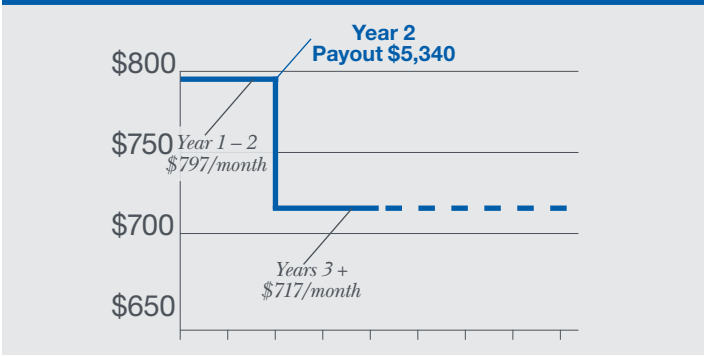
Today Betty is taking money from the pension plan to which she's been contributing for 30 years and buying an immediate annuity. She is choosing the *Life Income with 10-year Certain Period* payment option to ensure that she will receive a lifetime of monthly payments. She will receive \$620 every month during her lifetime and if she happens to die before 10 years, her beneficiary will receive the remaining payments. Betty is also adding the *Life Income Commutation* feature, as she likes the idea of retaining some flexibility with such a large investment.

In five years, Betty will be surprised with the opportunity to go on a once-in-a-lifetime family cruise on the Mediterranean. Knowing that she will be fine with a reduction in her payments, she will choose to commute 10 percent of her future payments for a payout of \$7,901. This commutation will reduce her lifetime monthly payments to \$558 and she will retain the option of commuting up to 10 percent more of her future payments during any future contract year.



Harold is ready to sit back.

Age:	75
Premium:	\$100,000
Income Option:	Life Income w/ Installment Refund
Optional Feature:	Life Income Commutation
Monthly Payment:	\$797



Today Harold is annuitizing his deferred annuity contract to begin receiving an income stream. He is choosing the *Life Income with Installment Refund* payment option and is adding the *Life Income Commutation* feature, just to keep his options open. He will receive \$797 every month during his lifetime and if he happens to die before his full premium is repaid, his beneficiary will receive the remaining payments.

Next year, unknown to Harold, he will begin to experience the early signs of Alzheimer’s disease and, with the help of his family, will decide to move to an assisted-living facility. The initial costs of this life change are substantial and he’s grateful to have the option of commuting 10 percent of his future payments for a \$8,396 payout. Exercising this feature will reduce his monthly payments to \$717 for the duration of his life and he will still have the option of commuting up to 10 percent more of his future payments during any future contract year.



J. Greg Ness
President and Chief Executive Officer

Standard Insurance Company Financial Strength Ratings

AA- (Very Strong) by Standard & Poor's
4th of 20 rankings

A1 (Good) by Moody's
5th of 21 rankings

A (Excellent) by A.M. Best*
3rd of 13 rankings

As of July 2009

*Rating includes The Standard Life Insurance Company of New York.

StanCorp Financial Group Long Term Senior Debt Ratings

Standard & Poor's: A-

Moody's: Baa1

A.M. Best: bbb+

As of July 2009

StanCorp Financial Group	
Assets	\$15.41 billion
Fixed Maturity Securities	56.6% of invested assets
A or Higher	67.4%
BBB/Baa	27.0%
BB/Ba	3.6%
B or Lower	2.0%
Commercial Mortgage Loans	42.5% of invested assets
60-Day Delinquencies	0.42%
Other	0.9% of invested assets
Portfolio Yields	
Fixed Maturity Securities	5.59%
Commercial Mortgage Loans	6.42%
As of June 30, 2009	

Our Financial Strength

The economic landscape is undeniably turbulent. While a number of financial institutions are reeling from these circumstances, The Standard continues to exceed expectations. That's because we know our most important promise is the one we make to our customers — to be there when you need us. Backing this up is the strength that stems from our disciplined financial practices and stability resulting from our long-term outlook. Fiscally conservative management allows us to weather economic uncertainty and ensures that we will keep our financial commitment to you.

Our balance sheet is the cornerstone of our financial strength and has provided us with a foundation for profitability through a wide range of economic cycles.

Bond Portfolio

Our bond portfolio is strong. Our strategy is to maintain a diversified portfolio of high quality fixed-maturity securities to keep us well protected if any industry experiences difficulties.

- Average portfolio rating of "A" as measured by Standard & Poor's
- No preferred or common equities
- No direct exposure to sub-prime or alt-A mortgages
- No credit default swaps, collateralized debt obligations or commercial paper
- No mortgage-backed securities of any kind

Commercial Mortgage Loan Portfolio

The profile of our commercial mortgage loan portfolio is entirely different from the mortgages that have been the subject of so much concern. We offer small commercial mortgage loans to borrowers who want a fixed rate over time, and we rigorously underwrite every commercial mortgage loan we make. The quality of our commercial mortgage loans is excellent, and our delinquency rates are very low.

- The average loan-to-value ratio on new loans was 64 percent in 2008
- No preferred or common equities

The Standard Stands the Test of Time

In the July 2008 issue of Best's Review, Standard Insurance Company was recognized for maintaining an "A" rating or higher from A.M. Best Company since 1928. The Standard was honored to be among one of only 15 life/health insurers to consistently achieve an "A" rating (or higher) for more than 75 years. Given the rapidly evolving markets, changing customer needs and challenging economic times, this is a significant accomplishment. We are proud of this longstanding track record of financial strength.



Annuities are intended as long-term savings vehicles.

The Tailored Income Annuity is a product of Standard Insurance Company. It may not be available in some states. The annuity is not guaranteed by any bank or credit union and is not insured by the FDIC or any other governmental agency. The Life Income Commutation feature is not available in Washington.

The guarantees of the annuity are based on the financial strength and 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)

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97024

www.standard.com



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



The Standard[®]

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

Request for Rollover, Transfer or Exchange

1 Transferring Institution

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

2 Existing Policy or Account

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

3 Transaction Type (Complete section A or B.)

A Qualified Funds

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

Funds From	Funds To	
<input type="checkbox"/> Traditional IRA <input type="checkbox"/> Inherited IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> 403(b) TSA <input type="checkbox"/> Qualified Pension or Profit Sharing Plan <input type="checkbox"/> Other: _____	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