



# The Standard<sup>®</sup>

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 3 <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  |
|                                   | <input type="checkbox"/> Other _____   |

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

|   |       |            |       |            |          |
|---|-------|------------|-------|------------|----------|
| FULL LEGAL NAME   |       | SSN OR TIN |       | BIRTH DATE |          |
| ADDRESS   |       | CITY       |       | STATE      | ZIP CODE |
| GENDER<br><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<br><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)<br><input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually |   |                       |  |
| LIST BILL<br><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<br><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<br><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<br><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<br><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<br><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<br><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<br><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<br><input type="checkbox"/> New Investment (Attach form <b>5835</b> .) <input type="checkbox"/> Transfer (Attach form <b>12213</b> and <b>5835</b> .)                          |  |

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

7 Interest Payments (Attach form **5031** substitute IRS forms W-9 and W-4P. For eft attach 11426.

|  |   |
|--|---|
| INITIATE INTEREST PAYMENTS<br><input type="checkbox"/> Yes <input type="checkbox"/> No | PAYMENT MODE<br><input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually |
|--|---|

8 Beneficiary Designation (To designate more primary and/or contingent beneficiaries, attach your written instructions with your signature.)  
**Primary Beneficiary(ies)**

|                            |         |                              |                            |              |
|----------------------------|---------|------------------------------|----------------------------|--------------|
| 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     |

**Contingent Beneficiary(ies)**

|                            |         |                              |                            |              |
|----------------------------|---------|------------------------------|----------------------------|--------------|
| 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 broker 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 or FRA 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 or FGA 10. 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 Broker Declarations

|                              |  |  |          |
|------------------------------|--|--|----------|
| FULL LEGAL NAME              | E-MAIL   |  |          |
| BUSINESS OR INSTITUTION NAME | PHONE  | PAYMENT OPTION<br><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 BROKER SIGNATURE

\_\_\_\_\_  
DATE

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

STANDARD INSURANCE COMPANY HOME OFFICE USE

(WV residents must consent in writing to any changes shown in this section.)



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.

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>1</sup>403(b) Tax-Sheltered Annuity loans are not available.

<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.

**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: The withdrawal amount paid would be \$5,000 - \$400 = \$4,600 plus the market value adjustment.

Contract SPDA; Riders R-EIO, R-NHB, R-TCB, R-MVAR, R-DB, SWO-DEF, R-ERTSA, R-NERTSA, IRA, Roth IRA, R-QPP
1403(b) Tax-Sheltered Annuity loans are not available.
2Available after the first contract year.
3The nursing home confinement waiver is not available in Massachusetts. State-specific conditions apply to the terminal condition waiver.

**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>1</sup>403(b) Tax-Sheltered Annuity loans are not available.

<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%              |

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>1</sup>403(b) Tax-Sheltered Annuity loans are not available.

<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.

**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 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.**

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>1</sup>403(b) Tax-Sheltered Annuity loans are not available.

<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.



1 Notice

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

2 Topics for Determination of Suitability

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

3 Acknowledgement

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

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

PURCHASER NAME(S)

DATE OF BIRTH

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

APPLICATION DATE

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

INSURANCE BROKER NAME

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

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

\_\_\_\_\_  
DATE



### 1 Important Notice: Replacement of Life Insurance or Annuities

(This notice must be signed by the applicant(s) and broker, with the original sent to Standard Insurance Company and a copy left with the applicant(s).)

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

It is in your best interest to get all the facts before making a decision. Make sure you fully understand both the proposed new policy and your existing policy. New policies may contain provisions which limit benefits during the initial period of the policy, in particular, the suicide and incontestable clauses.

To assist you in evaluating the proposed and the existing insurance, Delaware Insurance Regulation 30 requires that the insurer advising or recommending replacement:

- provide the consumer with a concise summary of the policy it proposes to issue;
- allow at least a twenty day period following the delivery of the policy during which time the consumer may surrender the new policy for a full refund; and
- advise the present insurance company(ies) of the pending replacement.

This same regulation requires your present insurer to provide, on your request, a similar summary describing your present insurance. This information will be provided if you request it.

☐ Check this box if you wish a policy summary statement from your existing insurer(s).

**It is seldom wise to terminate your existing policy until your new policy has been issued and you have examined it and found it to be acceptable.**

### 2 Policy Information for Existing Insurance

| INSURER NAME | INSURED OR ANNUITANT NAME | POLICY NUMBER* | GENERIC NAME | FACE/ANNUITY AMOUNT |
|--------------|---------------------------|----------------|--------------|---------------------|
| _____        | _____                     | _____          | _____        | \$ _____            |
| _____        | _____                     | _____          | _____        | \$ _____            |
| _____        | _____                     | _____          | _____        | \$ _____            |

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

The proposed policy is: \_\_\_\_\_ \$ \_\_\_\_\_  
TYPE OF POLICY — GENERIC NAME FACE/ANNUITY AMOUNT

### 3 Acknowledgement

|               |       |               |          |
|---------------|-------|---------------|----------|
| 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 |

  

|                 |       |
|-----------------|-------|
| _____           | _____ |
| OWNER SIGNATURE | DATE  |
| _____           | _____ |
| OWNER SIGNATURE | DATE  |

### 4 Broker

|             |       |                |          |
|-------------|-------|----------------|----------|
| BROKER NAME | PHONE | LICENSE NUMBER |          |
| ADDRESS     | CITY  | STATE          | ZIP CODE |

  

|                  |       |
|------------------|-------|
| _____            | _____ |
| BROKER SIGNATURE | DATE  |



# 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<br><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<br><input type="checkbox"/> Inherited IRA<br><input type="checkbox"/> Roth IRA<br><input type="checkbox"/> SEP IRA<br><input type="checkbox"/> 403(b) TSA<br><input type="checkbox"/> Qualified Pension<br>or Profit Sharing Plan<br><input type="checkbox"/> Other: _____ | Initiated by Participant<br><input type="checkbox"/> Traditional IRA<br><input type="checkbox"/> Roth IRA<br><input type="checkbox"/> SEP IRA<br><input type="checkbox"/> Qualified Pension<br>or Profit Sharing Plan<br><input type="checkbox"/> Other: _____ | Initiated by Beneficiary<br><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