



TheStandard®

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

## Annuity Application Affidavit and Indemnity Agreement

I, the undersigned, being first duly sworn, on my oath state the following:

1. \_\_\_\_\_, Attorney-in-fact under a Power of Attorney executed by \_\_\_\_\_  
\_\_\_\_\_, (hereinafter Applicant) on (date) \_\_\_\_\_

I am authorized to handle certain affairs of the applicant pursuant to authority granted to me in the Power of Attorney.

2. A certified true copy or the original Power of Attorney is attached.
3. The Applicant named above was competent at the time the Power of Attorney was executed, and is still living as of the date this affidavit is signed. No conservator or guardian has been appointed for the applicant, and it is not anticipated that one will be appointed and
- A. ☐ The applicant remains competent  
B. ☐ The applicant is presently disabled or incapacitated
4. I make this affidavit pursuant to the powers granted to me in the Power of Attorney for the purpose of inducing STANDARD INSURANCE COMPANY to process, with the intent of issuing, the attached application for an individual annuity.
5. I agree, on behalf of the Applicant and the Applicant's heirs, successors and assigns, to completely release STANDARD INSURANCE COMPANY, and hold it harmless from any and all claims, of any nature, related to the action taken in paragraph 4 above. Additionally, I agree to indemnify STANDARD INSURANCE COMPANY for any claims or loss suffered by STANDARD INSURANCE COMPANY as a result the action as provided for herein.
6. The information contained in this Affidavit regarding the condition of the Owner and the effectiveness of the Power of Attorney was supplied by me, and I have not relied on any information supplied by STANDARD INSURANCE COMPANY in executing this Affidavit.

Signed this \_\_\_\_ day of \_\_\_\_\_  
(mo/yr)

\_\_\_\_\_  
\_\_\_\_\_, Attorney-in-fact (signature)

State of \_\_\_\_\_ )  
\_\_\_\_\_) ss.  
County of \_\_\_\_\_ )

The above named \_\_\_\_\_, being first duly sworn, appeared before me and signed the above instrument as his free and voluntary act this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_  
(month)

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_