



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

Beneficiary Designation Restricted Payment of Death Benefit

I (We) hereby designate the following person(s) as beneficiary(ies) under the Contract noted below with Standard Insurance Company. I (We) understand that I (we) may subsequently change my (our) beneficiary designation(s), including any applicable payment options.

Check the applicable box: ☐ Initial Beneficiary Designation ☐ Change of Beneficiary Designation

1. Contract Identification

Contract Number			
Owner Full Legal Name		SSN (or TIN)	Birth Date
Address	City	State	ZIP Code
Joint Owner (if any) Full Legal Name		SSN (or TIN)	Birth Date
Address	City	State	ZIP Code
Annuitant Full Legal Name (if not the owner)		SSN (or TIN)	Birth Date
Address	City	State	ZIP Code
Joint Annuitant (if any) Full Legal Name		SSN (or TIN)	Birth Date
Address	City	State	ZIP Code

2. Primary Beneficiary(ies) Designation

Full Legal Name		Percent	SSN (or TIN)	Birth Date	Relationship
Full Legal Trust Name (if applicable)				TIN	Trust Date
Full Legal Trustee Name (if applicable)					
Address		City		State	ZIP Code
Phone		Email			
Fixed and predetermined death benefit payment option? <input type="checkbox"/> Yes <input type="checkbox"/> No Is any portion of the fixed and predetermined death benefit payment option to be paid as a lump sum? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____; Or _____ % of death benefit		Fixed and predetermined death benefit payment option <input type="checkbox"/> Life Income <input type="checkbox"/> Certain Period _____ (5-20) Years (see general provision 7) <input type="checkbox"/> Life Income with Certain Period _____ (5-20) Years (see general provision 7) <input type="checkbox"/> Other _____		Payment Mode <input type="checkbox"/> Monthly (default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually <input type="checkbox"/> Other _____	

Full Legal Name		Percent	SSN (or TIN)	Birth Date	Relationship
Address		City		State	ZIP Code
Phone		Email			
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Is any portion of the fixed and predetermined death benefit payment option to be paid as a lump sum? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____; Or _____ % of death benefit				

3. Contingent Beneficiary(ies) Designation

Full Legal Name	Percent	SSN (or TIN)	Birth Date	Relationship
Address		City	State	ZIP Code
Phone		Email		
Fixed and predetermined death benefit payment option? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fixed and predetermined death benefit payment option <input type="checkbox"/> Life Income <input type="checkbox"/> Certain Period _____ (5-20) Years (see general provision 7) <input type="checkbox"/> Life Income with Certain Period _____ (5-20) Years (see general provision 7) <input type="checkbox"/> Other _____		Payment Mode <input type="checkbox"/> Monthly (default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually <input type="checkbox"/> Other _____	
Is any portion of the fixed and predetermined death benefit payment option to be paid as a lump sum? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____; Or _____ % of death benefit				

Full Legal Name	Percent	SSN (or TIN)	Birth Date	Relationship
Address		City	State	ZIP Code
Phone		Email		
Fixed and predetermined death benefit payment option? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fixed and predetermined death benefit payment option <input type="checkbox"/> Life Income <input type="checkbox"/> Certain Period _____ (5-20) Years (see general provision 7) <input type="checkbox"/> Life Income with Certain Period _____ (5-20) Years (see general provision 7) <input type="checkbox"/> Other _____		Payment Mode <input type="checkbox"/> Monthly (default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually <input type="checkbox"/> Other _____	
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4. General Provisions

1. Relationship

The relationship of any beneficiary is to the owner(s) of the annuity contract unless otherwise noted. Standard Insurance Company may rely on an affidavit or other satisfactory evidence in determining the identity or the existence of a beneficiary not identified by name.

2. Change of Beneficiary

A beneficiary, including any applicable payment options, may be changed at any time while the annuity contract is in force as long as the owner(s) provides us with a signed, written notice of such change that we must accept and record in our home office to be effective.

3. Class of Beneficiary

Death benefits will be paid to the beneficiary(ies) named to receive them. When more than one class of beneficiary is named, payment will be made to those in the highest beneficiary class—the classes ranked in this order: primary, first contingent, second contingent, etc. Should one beneficiary class include more than one person, any benefit payable to that class will be paid in equal shares to the surviving beneficiaries of that class unless otherwise designated. If you provide for unequal shares in a class and two or more beneficiaries survive, we will pay each surviving beneficiary the applicable designated share. Unless you provide otherwise, we will pay shares otherwise due to any deceased beneficiary(ies) to the surviving beneficiary(ies) pro rata based on the relations: (a) the proportionate share of each surviving beneficiary; bears to (b) the total shares of all surviving beneficiaries in that class. If no beneficiary survives, the death benefit will be paid to the owner's estate (unless the annuity contract provides otherwise).

4. Simultaneous Death

If any beneficiary dies at the same time or within 15 days of the first to die for whom the death benefits is payable, the death benefit will be paid as if that beneficiary had died before the person upon whose death the death benefit is payable.

5. Benefit Reduced

If a designated beneficiary or class of beneficiaries is to be given a specific dollar amount but the actual death benefit is insufficient to pay such stated amount(s) in full, then the benefit payable to each beneficiary in that class will be reduced proportionately.

6. Minor Beneficiary

If any beneficiary is a minor, any payments due will be made in accordance with state law. If a payee is not appointed, as required by state law, the payment option will not commence and any lump sum payment will not be paid until such minor beneficiary attains the age of majority.

7. Qualified Contracts

Distribution requirements for qualified contracts require that the death benefit payments not extend beyond the life expectancy of the beneficiary. The number of guaranteed years will be reduced, if necessary, to meet this requirement. If death benefits become payable after the required beginning date, the option to take a life annuity or the number of guaranteed years, as applicable, may be restricted depending on the method of distribution in effect on the date of death.

8. Claims of Creditors

To the extent permitted by law, amounts payable to a beneficiary shall not be subject to the claims of any creditor or any representative of such creditor, or to any legal process against a beneficiary.

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5. Authorization

I (We) hereby acknowledge, understand and represent that:

1. Any change of beneficiary designation revokes any previous beneficiary designation.
2. This beneficiary designation must be approved by Standard Insurance Company. I (We) will not hold Standard Insurance Company legally responsible for any action taken or payment made before they have given approval. Once approved, the beneficiary designation will take effect on the date I (we) sign this form.
3. I (We) have had ample opportunity to consult legal counsel on these matters.
4. I (We) understand that no change in a fixed and predetermined death benefit payment option, as designated by me (us), may be made by the beneficiary(ies) unless such change is necessary to comply with Internal Revenue Code requirements.
5. I (We) are relying on my (our) own best judgment for designating beneficiaries and any applicable death benefit payment options.
6. I (We) agree to release and hold Standard Insurance Company harmless from any claims or damages due to the beneficiary designation(s) I (we) are making to the annuity contract(s).
7. Payment to any beneficiary designated with a fixed and predetermined death payment option will be made in accordance with: (a) my (our) beneficiary designation under the annuity contract as of the date of death; and (b) the terms of any death benefit restrictions endorsement, rider or amendment attached to and made part of the annuity contract.
8. In no event will Standard Insurance Company be responsible for the application or disposition of funds paid to the trustee or to any beneficiary. Payment by Standard Insurance Company shall be a full discharge of any and all liability of Standard Insurance Company for any amounts so paid.

_____ Owner Signature	_____ Date	_____ Signed at (city, state)
_____ Trustee Signature (if any)	_____ Date	_____ Signed at (city, state)
_____ Joint Owner Signature (if any)	_____ Date	_____ Signed at (city, state)
_____ Annuitant Signature (if not the owner)	_____ Date	_____ Signed at (city, state)
_____ Joint Annuitant Signature (if any)	_____ Date	_____ Signed at (city, state)

Owner signature as: ☐ Self ☐ Trustee
☐ Attorney in Fact (attach certified power of attorney and form no. **14389**.)
☐ Other _____

6. Acceptance

Standard Insurance Company accepts this beneficiary designation set forth above and has recorded it as of the following date.

_____ Authorized Standard Insurance Company Home Office Representative Signature	_____ Date
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