



# TheStandard®

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

## Beneficiary Designation

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).

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

### 1. Contract Identification

Contract Number (if already issued)			
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

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

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

**3. Contingent Beneficiary(ies) Designation**

Full Legal Name	Percent	SSN (or TIN)	Birth Date	Relationship
Address	City		State	ZIP Code

Full Legal Name	Percent	SSN (or TIN)	Birth Date	Relationship
Address	City		State	ZIP Code

Full Legal Name	Percent	SSN (or TIN)	Birth Date	Relationship
Address	City		State	ZIP Code

**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 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 minor's benefit will not be paid until such minor beneficiary attains the age of majority.

**7. 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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## Beneficiary Designation

### 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) are relying on my (our) own best judgment for designating beneficiaries.
5. 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).
6. 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