



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.

CHECK HERE IF A MEDICAID SPIA ☐

A. OWNER INFORMATION

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

JOINT OWNER INFORMATION

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

B. FINANCIAL GOALS AND OBJECTIVES **IMPORTANT**** ALL QUESTIONS MUST BE ANSWERED**

1. Why are you considering purchasing this annuity?
(check all that apply)
 - ☐ Immediate Income ☐ Long-Term or Lifetime Income
 - ☐ Tax Deferral ☐ Assets for Beneficiaries
 - ☐ Estate Planning ☐ Retirement
 - ☐ Safety of Funds ☐ Other _____
2. What is your financial time horizon for achieving this annuity's goals?
 - ☐ Less than one year ☐ 1-5 years ☐ 6-10 years
 - ☐ 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)
 - ☐ Deferred Annuities ☐ Immediate Annuities
 - ☐ Life Insurance ☐ Certificates of Deposit
 - ☐ Stocks/Bonds/Mutual Funds
 - ☐ Other _____
5. What sources of funds will be used for the purchase of this annuity? (check all that apply)
 - ☐ Other Annuities ☐ Life Insurance
 - ☐ Savings/Checking ☐ Certificates of Deposit
 - ☐ Money Market ☐ Stocks/Bonds/Mutual Funds
 - ☐ Loan ☐ IRA or Retirement Plan
 - ☐ Reverse Mortgage ☐ Other _____
6. Is the source of funds a life insurance policy or annuity contract? ☐ Yes ☐ No
If yes, please answer questions a–f, otherwise proceed to Section C.
 - a. Will you incur a surrender charge by exchanging your old policy? ☐ Yes ☐ No
If yes, 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: _____%
If surrender charge exceeds 2%, please explain why this is suitable in Section E.
 - b. Will a market value adjustment reduce the value of the replaced contract? ☐ Yes ☐ No

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

Incomplete without all pages and signatures

B. FINANCIAL GOALS AND OBJECTIVES **IMPORTANT ALL QUESTIONS MUST BE ANSWERED**

- c. Will you lose existing benefits by surrendering your existing policy? (check all that apply) ☐ Yes ☐ No
☐ Death Benefit ☐ Living Benefit
☐ Interest Bonus ☐ Persistency Bonus
☐ Higher Guaranteed Interest Rate
☐ Other _____
- 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 **IMPORTANT ALL QUESTIONS MUST BE ANSWERED**

1. What is your federal income tax bracket? ☐ 10% ☐ 12% ☐ 22% ☐ 24% ☐ 32% ☐ 35% ☐ 37%
2. What will be your annual household gross income after this proposed annuity purchase? \$ _____
3. What are your annual household 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
 If yes, what is the highest level of reoccurring annual expenses expected during the surrender charge period? \$ _____
6. Do you anticipate significantly lower income during the proposed annuity surrender period? ☐ Yes ☐ No
 If yes, what is the lowest level of reoccurring annual income expected during the surrender charge period? \$ _____
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

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C. FINANCIAL INFORMATION **IMPORTANT ALL QUESTIONS MUST BE ANSWERED**

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. _____
13. Do you intend to apply for means-tested government benefits, including but not limited to, Medi-Cal or the veterans' aid and attendance benefit? ☐ Yes ☐ No

D. OTHER CONSIDERATIONS **IMPORTANT ALL QUESTIONS MUST BE ANSWERED**

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
☐ No distributions anticipated
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.)
- _____
- _____

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E. INSURANCE BROKER DECLARATIONS AND ACKNOWLEDGMENT

**** IMPORTANT **** THE FOLLOWING SECTION MUST BE COMPLETED BY THE AGENT, INSURER OR MANAGING GENERAL AGENT PROPOSING THIS PURCHASE. **IT MAY NOT BE LEFT BLANK OR CONTAIN A RESPONSE CONSISTING OF "NONE" OR "N/A". AN INCOMPLETE RESPONSE WILL RESULT IN A DELAY IN ISSUANCE.**

I have recommended the purchase of this annuity. The basis for my recommendation 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 Number: _____

F. OWNER(S) DECLARATIONS AND ACKNOWLEDGMENT

I/we hereby acknowledge:

- ☐ Yes ☐ No I/we represent that all statements and information provided herein are true and complete to the best of my belief and knowledge.
- ☐ Yes ☐ No I/we understand that should I provide incomplete or inaccurate information, I will limit protection afforded to me by law regarding the suitability of this purchase.
- ☐ Yes ☐ No I/we have reviewed the product-specific disclosure with my insurance broker and I understand the costs and features of the annuity I am purchasing.
- ☐ Yes ☐ No I/we 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.
- ☐ Yes ☐ No I/we 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): _____

Joint Owner (if applicable): _____ Date: _____

Signed In (City/State): _____

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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: _____	<div>Initiated by Participant</div> <div><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: _____</div> <div>Initiated by Beneficiary</div> <div><input type="checkbox"/> Inherited IRA (Attach form 13668.)</div>

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

- ☐ Please process RMD before transferring funds
☐ Do not process RMD - RMD being met elsewhere
Account balance as of 12/31 \$ _____

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:

Mailing Address
Unit 36
P.O. Box 5000
Portland, OR 97208-5000

OWNER(S), ANNUITANT(S) OR BENEFICIARY NAME

Overnight Mailing Address
Individual Annuities P6C
1100 SW Sixth Ave
Portland, OR 97204

☐ 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