

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's Application for Settlement Option

1 Contract Identification				
POLICY NUMBER				
ANNUITANT OR PARTICIPANT NAME(S)	OWNER NAME(S)			
2 Purchase				
Tailored Income Annuity ☐ TIA Stable Income Annuity ☐ SIA ☐ Other				
3 Contract Beneficiary Identification (New Owner)				
FULL LEGAL NAME	SSN (or TIN)	BIRTH DATE		
ADDRESS	CITY	STATE	ZIP CODE	
GENDER ☐ Female ☐ Male ☐ Not Applicable	PHONE			
TRUST NAME (IF APPLICABLE)	TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF A	.PPLICABLE)	
4 Annuitant(s) (Complete only if Annuitant(s) is not Owner.)				
PRIMARY FULL LEGAL NAME	SSN (or TIN)	BIRTH DATE		
ADDRESS	CITY	STATE	ZIP CODE	
GENDER ☐ Female ☐ Male	PHONE			
JOINT/CONTINGENT FULL LEGAL NAME	SSN (or TIN)	BIRTH DATE		
ADDRESS	CITY	STATE	ZIP CODE	
GENDER □ Female □ Male	PHONE			
5 Income Option (Attach proof of age. Attach a signed copy of t	he contract illustration.)			
☐ Life Income ☐ Add Life Income Commutation feature (Not available in O ☐ Add Inflation Protection feature with an increasing ben ☐ Life Income with Installment Refund ☐ Add Life Income Commutation feature (Not available in O	R, PA, TX or WA.) efit of \Box 1 \Box 2 \Box 3 \Box 4 \Box	□ 5 %		
☐ Life Income with Certain Period of ☐ 5 ☐ 10 ☐ 15 ☐ Add Life Income Commutation feature (Not available in O ☐ Add Inflation Protection feature with an increasing ben	□ 20 □ years R, PA, TX or WA.)	□ 5 %		
☐ Joint and Survivor Life Income with survivor payment of ☐ 50% ☐ 66¾% ☐ 75% ☐ 100%				
☐ Joint and Survivor Life Income with Installment Refund				
☐ Joint and Survivor Life Income with Certain Period of ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ years				
☐ Joint and Contingent Survivor Life Income				
☐ Certain Period of ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ years ☐ Add Inflation Protection feature with an increasing benefit of ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 %				

6 Payments (Attach form 5031 or IRS forms W-9 and W-4P. For direct deposit, attach form 11426 .) If no date is indicated or funds are not received by the date requested, the first payment will be made after one completed modal period (based on the selection) after The Standard receives the full premium payment.					
DATE OF FIRST PAYMENT	MODAL PERIOD Monthly	Quarterly	☐ Semiannually	☐ Annually	
7 Beneficiary Designation (If applicable. To designate multiple primary and/or contingent beneficiaries, attach form 6304 .)					
PRIMARY FULL LEGAL NAME			SSN (or TIN)	BIRTH/TRUST DATE	RELATIONSHIP
ADDRESS			CITY	STATE	ZIP CODE
PHONE		EMAIL			
CONTINGENT FULL LEGAL NAME			SSN (or TIN)	BIRTH/TRUST DATE	RELATIONSHIP
ADDRESS			CITY	STATE	ZIP CODE
PHONE			EMAIL		1
8 Owner, Annuitant and Broker	Remarks (For any additional	l remarks	that are attached to this applic	cation, be sure to sign and	date all papers.)

9 Notices and Disclosures

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, The Standard will: (a) cancel the contract form from the beginning; and (b) promptly refund any premium paid by the owner, less any prior partial withdrawals, within 10 days 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's 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 any bank or credit union activity. Some annuities are subject to investment risk and they may go down in value.

State Fraud Notices

AR, KY, LA, ME, NM, OH, OK, 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.

AL, DC and 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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 materially 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.

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, The Standard 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. The Standard may obtain personal information from: (a) this application; (b) other forms I submit to The Standard; (c) an employer; (d) an insurance sales representative; (e) other insurance companies; (f) web sites of The Standard; 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 The Standard discloses to other parties the information collected about me. I authorize The Standard to disclose personal information to: (a) an employer (such as 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 business by The Standard; 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 or evaluate my claim for benefits; and (b) be the basis for denying my application or my claim for benefits. 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 The Standard at the address shown above; and (c) such revocation may be the basis for denying my application or my claim for benefits. I also understand that: (a) I or my authorized representative has the right to request a copy of my authorization and to learn the nature and substance of any personal information about me in the file of The Standard; (b) I have the right to ask The Standard to correct or amend such information, if necessary; and (c) The Standard will carefully review my request and, where appropriate, make the necessary change. To obtain further information about these rights and information practices of The Standard, I have been informed that I may request a copy of the Notice of Information Practices of The Standard by contacting the Individual Annuities service team at the above address.

Owner(s) and Annuitant(s) Declarations (For a tax-qualified plan, attach form 13018 for spousal consent, if applicable.)

I represent that all statements and information provided herein understand that the application will be attached to and made a				
$ \textbf{A} \Box \text{ Yes} \Box \text{ No} \qquad \text{I have received the appropriate product illustration presented to me.} $	I have received the appropriate product disclosure and have attached a signed copy of the contract illustration presented to me.			
B ☐ 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 have determined that the purchase of this annuity is appropriate to my particular legal, financial, tax, investment, estate-planning goals and other circumstances.				
OWNER SIGNATURE Signing as Owner Trustee Power of Attorney Other DATE OWNER SIGNED AT (CITY, STATE)				
PRIMARY ANNUITANT SIGNATURE (IF NOT OWNER)	DATE	SIGNED AT (CITY, STATE)		
JOINT/CONTINGENT ANNUITANT SIGNATURE (IF NOT OWNE	R) DATE	SIGNED AT (CITY, STATE)		

BUSINESS OR INSTITUTION NAME PAYMENT OPTION	FULL LEGAL NAME E-MAIL PHONE					
I declare that the application was signed and dated by the annuitant and owner, if not the annuitant, after all answers and informatic were recorded herein; and I have truly and accurately recorded on this form all of the information provided by the annuitant and ow if not the annuitant. Additionally, I certify: A □ Yes □ No I have delivered an appropriate product disclosure and have attached a signed copy of the contract illustration presented; a copy of that illustration has been left with the owner. B □ Yes □ No With respect to the suitability of this annuity sale, the requirements have been met. I have completed form 12216, Acknowledgement of Suitability in an Annuity Purchase, with the owner; a copy of that form has been left with the owner and a copy of the form is on file with me. C □ Yes □ No I have verified the identity of the annuitant and owner by reviewing a government-issued photo	BUSINESS OR INSTITUTION NAME					
I declare that the application was signed and dated by the annuitant and owner, if not the annuitant, after all answers and information were recorded herein; and I have truly and accurately recorded on this form all of the information provided by the annuitant and ow if not the annuitant. Additionally, I certify: A □ Yes □ No I have delivered an appropriate product disclosure and have attached a signed copy of the contract illustration presented; a copy of that illustration has been left with the owner. B □ Yes □ No With respect to the suitability of this annuity sale, the requirements have been met. I have completed form 12216, <i>Acknowledgement of Suitability in an Annuity Purchase</i> , with the owner; a copy of that form has been left with the owner and a copy of the form is on file with me. C □ Yes □ No I have verified the identity of the annuitant and owner by reviewing a government-issued photo	ADDRESS		CITY STATE ZIP CO		ZIP CODE	
were recorded herein; and I have truly and accurately recorded on this form all of the information provided by the annuitant and ow if not the annuitant. Additionally, I certify: A □ Yes □ No I have delivered an appropriate product disclosure and have attached a signed copy of the contract illustration presented; a copy of that illustration has been left with the owner. B □ Yes □ No With respect to the suitability of this annuity sale, the requirements have been met. I have completed form 12216, Acknowledgement of Suitability in an Annuity Purchase, with the owner; a copy of that form has been left with the owner and a copy of the form is on file with me. C □ Yes □ No I have verified the identity of the annuitant and owner by reviewing a government-issued photo	LICENSE NUMBER		STANDARD INSURANCE COMPANY PRODUCER IDENTIFICATION			
	were recorded herei if not the annuitant. A □ Yes □ No	n; and I have truly and accurately recorded of Additionally, I certify: I have delivered an appropriate product distillustration presented; a copy of that illustration with respect to the suitability of this annual form 12216, Acknowledgement of Suitability	sclosure and have attached a signation has been left with the own ity sale, the requirements have by in an Annuity Purchase, with	on provided by the a med copy of the corner. been met. I have co	annuitant and owner, ntract mpleted	
identification.						
INSURANCE BROKER SIGNATURE DATE SIGNED AT (CITY, STATE)		INSURANCE BROKER SIGNATURE	DATE	SIGI	NED AT (CITY, STATE)	

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

STANDARD INSURANCE COMPANY HOME OFFICE USE