



The Standard[®]

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

Deferred Annuity Application

1 Purchase

Secured Rate Annuity	<input type="checkbox"/> SRA 1 <input type="checkbox"/> SRA 5 <input type="checkbox"/> SRA 6
First Rate Annuity	<input type="checkbox"/> FRA 7
Focused Growth Annuity	<input type="checkbox"/> FGA 5 <input type="checkbox"/> FGA 6 <input type="checkbox"/> FGA 7 <input type="checkbox"/> FGA 10
Principal Growth Annuity	<input type="checkbox"/> PGA 5 <input type="checkbox"/> PGA 7 <input type="checkbox"/> PGA 9
Flexible Premium Deferred Annuity	<input type="checkbox"/> FPDA
Advantage Growth Annuity	<input type="checkbox"/> AGA 5 <input type="checkbox"/> AGA 7
	<input type="checkbox"/> Other _____

2 Annuitant (Limit to one Annuitant.)

FULL LEGAL NAME		SSN OR TIN	BIRTH DATE	
ADDRESS		CITY	STATE	ZIP CODE
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	PHONE	EMAIL		

3 Owner (Only if other than Annuitant. Limit to one Owner except to facilitate a 1035 Exchange where a joint-ownership is in place.)

FULL LEGAL NAME		SSN OR TIN	BIRTH DATE	
TRUST NAME (IF APPLICABLE)		TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	
ADDRESS		CITY	STATE	ZIP CODE
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> NA	PHONE	EMAIL		

4 Premium

AMOUNT ATTACHED	ESTIMATED AMOUNT(S) FORTHCOMING	TOTAL AMOUNT EXPECTED
PLANNED ANNUAL PREMIUM (IF APPLICABLE)	PAYMENT MODE (IF APPLICABLE) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually	
LIST BILL <input type="checkbox"/> Yes <input type="checkbox"/> No	LIST BILL NUMBER (IF APPLICABLE)	LIST BILL EMPLOYER NAME (IF APPLICABLE)

5 Contract Type (Choose one.)

Non-Qualified Funds <input type="checkbox"/> New Investment <input type="checkbox"/> 1035 Exchange (Attach form 12213 .) <input type="checkbox"/> Transfer (Attach form 12213 .)
Traditional IRA <input type="checkbox"/> New Investment <input type="checkbox"/> Rollover (Attach form 12213 .) <input type="checkbox"/> Transfer (Attach form 12213 .)
Roth IRA <input type="checkbox"/> New Investment <input type="checkbox"/> Rollover (Attach form 12213 .) <input type="checkbox"/> Transfer (Attach form 12213 .)
Simplified Employee Pension (SEP) IRA <input type="checkbox"/> New Investment <input type="checkbox"/> Rollover (Attach form 12213 .) <input type="checkbox"/> Transfer (Attach form 12213 .)
Inherited IRA <input type="checkbox"/> Rollover (Attach form 12213 and 13668 .) <input type="checkbox"/> Transfer (Attach form 12213 and 13668 .)
Non-ERISA 403(b) Tax-Sheltered Annuity with Contributions from <input type="checkbox"/> Participant <input type="checkbox"/> Employer <input type="checkbox"/> New Investment <input type="checkbox"/> Rollover (Attach form 12213-TSA-A .) <input type="checkbox"/> Transfer (Attach form 12213-TSA-A .)
ERISA 403(b) Tax-Sheltered Annuity with Contributions from <input type="checkbox"/> Participant <input type="checkbox"/> Employer <input type="checkbox"/> New Investment <input type="checkbox"/> Rollover (Attach form 12213-TSA-A .) <input type="checkbox"/> Transfer (Attach form 12213-TSA-A .)
Qualified Pension for Plan Year _____, for Plan Type <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Defined Contribution <input type="checkbox"/> New Investment (Attach form 5835 .) <input type="checkbox"/> Transfer (Attach form 12213 and 5835 .)

6 Annuitant, Owner and Broker Remarks (If additional remarks are attached to this application, be sure to sign and date all papers.)

7 Interest Payments (Attach form **5031** substitute IRS forms W-9 and W-4P. For eft attach 11426.

INITIATE INTEREST PAYMENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	PAYMENT MODE <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually
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8 Beneficiary Designation (To designate more primary and/or contingent beneficiaries, attach your written instructions with your signature)

FULL LEGAL NAME	PERCENT	SSN OR TIN	BIRTH DATE	RELATIONSHIP
TRUST NAME (IF APPLICABLE)		TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	
ADDRESS		CITY	STATE	ZIP CODE

FULL LEGAL NAME	PERCENT	SSN OR TIN	BIRTH DATE	RELATIONSHIP
TRUST NAME (IF APPLICABLE)		TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	
ADDRESS		CITY	STATE	ZIP CODE

Contingent Beneficiary(ies)

FULL LEGAL NAME	PERCENT	SSN OR TIN	BIRTH DATE	RELATIONSHIP
TRUST NAME (IF APPLICABLE)		TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	
ADDRESS		CITY	STATE	ZIP CODE

FULL LEGAL NAME	PERCENT	SSN OR TIN	BIRTH DATE	RELATIONSHIP
TRUST NAME (IF APPLICABLE)		TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	
ADDRESS		CITY	STATE	ZIP CODE

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

State Fraud Notices

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

OK Residents WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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

ME Residents I further understand that failure to sign the authorization may: (a) impair the ability to evaluate my claim for benefits; and (b) be the basis for denying my claim for benefits.

I represent that all statements and information provided herein are true and complete to the best of my belief and knowledge. I understand that the application will be attached to and made a part of the annuity contract. Additionally, I declare the following:

- A** ☐ Yes ☐ No To the best of my knowledge, the owner has existing life insurance policies or annuity contracts. Regardless of answer, states that have adopted NAIC replacement model please attach 10443.
- B** ☐ Yes ☐ No To the best of my knowledge, the contract applied for will replace an existing life insurance or annuity contract. If so, the broker has left with me all materials used in this presentation.
- C** ☐ Yes ☐ No I have received the product disclosure statement and, in those states where required or upon request, a *Buyer's Guide To Fixed Deferred Annuities*.
- D** ☐ Yes ☐ No I am a full-time, active-duty member of the US Armed Forces (to include a reserve unit serving under published orders for training).
- E** ☐ Yes ☐ No I am purchasing an SRA 1, FRA 7, AGA 5 or AGA 7
- a** ☐ Yes ☐ No If Yes, I understand that The Standard guarantees that the additional interest will be credited only for the first contract year.
- F** ☐ Yes ☐ No I am purchasing an FGA 5, FGA 6, FGA 7, FGA 10, AGA 5 or AGA 7. If Yes:
- a** ☐ Yes ☐ No I understand that this annuity includes a market-value adjustment feature. During the market-value adjustment period, any amount surrendered or used to provide annuity benefits may be subject to the adjustment. It could increase or decrease the amounts payable under the contract. If interest rates rise after the contract effective date, the market-value adjustment will generally decrease the surrender value; if interest rates fall, the market-value adjustment will generally increase the surrender value.
- b** ☐ Yes ☐ No I have received and read the applicable product disclosure and understand the various product features, including but not limited to: (a) surrenders and withdrawals; (b) surrender charges; (c) surrender charge period; (d) early withdrawal tax penalty; and (e) annuitization.
- G** ☐ Yes ☐ No I am purchasing a PGA 5, PGA 7 or PGA 9.
- a** ☐ Yes ☐ No If Yes, I understand that The Standard guarantees that the additional interest will be credited only for one year from the date of receipt of each premium.
- H** ☐ 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 agree that the purchase of this annuity is appropriate to my particular legal, financial, tax, investment, estate-planning goals and other circumstances.

ANNUITANT SIGNATURE

DATE

SIGNED AT (CITY, STATE)

OWNER SIGNATURE (IF NOT ANNUITANT)

DATE

SIGNED AT (CITY, STATE)

Owner signing as ☐ Self ☐ Trustee
☐ Attorney in Fact (Attach certified Power of Attorney and form **14389**.)
☐ Other _____

11 Insurance Broker Declarations

FULL LEGAL NAME	E-MAIL		
BUSINESS OR INSTITUTION NAME	PHONE	PAYMENT OPTION <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
ADDRESS	CITY	STATE	ZIP CODE
INSURANCE LICENSE NUMBER	STANDARD INSURANCE COMPANY PRODUCER IDENTIFICATION		

I declare that the application was signed and dated by the annuitant and owner, if not the annuitant, after all answers were recorded herein; and I have truly and accurately recorded on this form all of the information provided by the annuitant and owner, if not the annuitant. Additionally, I certify:

A ☐ Yes ☐ No To the best of my knowledge, the owner has existing life insurance policies or annuity contracts. States using replacement form **10443**, always attach that form, if the answer is yes, even if not used as a replacement.

B ☐ Yes ☐ No To the best of my knowledge, the contract applied for will replace an existing life insurance or annuity contract. If Yes, an appropriate replacement form is attached.

C ☐ Yes ☐ No I have delivered an appropriate product disclosure statement and, in those states where required or upon request a *Buyer's Guide To Fixed Deferred Annuities* to the owner.

D ☐ Yes ☐ No To the best of my knowledge, the owner is a full-time, active-duty member of the US Armed Forces (to include a reserve unit serving under published orders for training). If Yes, form **13995** is attached.

E ☐ Yes ☐ No With respect to the suitability of this annuity sale, the requirements have been met. I have completed form **12216** or **15510**, as applicable, with the owner; with the owner; the original of that form is attached, a copy has been left with the owner and a copy is on file with me.

F ☐ Yes ☐ No I have verified the identity of the owner and annuitant, by reviewing a government- issued photo identification.

INSURANCE BROKER SIGNATURE

DATE

SIGNED AT (CITY, STATE)

STANDARD INSURANCE COMPANY HOME OFFICE USE

Any changes to the application as noted here must be signed in writing by the applicant.