



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 **Primary 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

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.



This Disclosure summarizes important points for you to consider before you purchase Standard Insurance Company's (The Standard's) Focused Growth Annuity.

The Focused Growth Annuity (FGA) is a single-premium deferred annuity. You purchase the annuity with one premium payment, but premiums are accepted during the first 90 contract days to accommodate multiple roll-overs, transfers and exchanges. The FGA is a fixed deferred annuity which means interest is earned during the accumulation phase and annuity payments are deferred until the annuity date or upon annuitization. The FGA's principal and earnings are not subject to income taxes until funds are withdrawn or distributed. A 10% IRS early-withdrawal penalty may apply to withdrawals or distributions prior to age 59½.

The main purpose of a deferred annuity is to save money for retirement and to receive retirement income for life. It is not meant for short-term financial goals.

If you have any questions about the FGA, please ask your broker or financial advisor. You may also contact us at the phone number shown above.

THE ANNUITY CONTRACT *How do I get an annuity started and how will the value of my annuity grow?*

Please check the appropriate box ☐ qualified annuity ☐ non-qualified annuity

Annuity An annuity allows you to pay a premium for the contract and interest will be earned on a tax-deferred basis. The premium and interest earnings are not subject to income taxes until the funds are withdrawn or distributed.

Issue Age An FGA 5, 6 or 7 will be issued to owners age 18-90 and annuitants age 0-90. An FGA10 will be issued to owners 18-80 for annuitants age 0-80.

Annuitant The annuitant is the person on whose life the amount and duration of annuity benefits are based.

Owner The owner is the person or entity who has purchased the contract and to whom the contract is issued.

Contract Effective Date The FGA's effective date is the date premium is received in The Standard's home office. The effective date is shown on the contract cover and in the contract's data pages.

Premium An FGA may be established with an initial premium of \$15,000 to \$1,000,000 (or more with prior home-office approval). Additional premium payments may be made during the first 90 days of the contract. This generally allows for multiple roll-overs, transfers and exchanges.

Interest Rates The initial premium will receive the interest rate in effect as of the date the application and premium are received in the home office. Additional premium received during the first 90 days of the contract will be credited with the interest rate in effect at the time they are received in the home office.

Premium payments are credited with a guaranteed interest rate for five years for the FGA5, six years for the FGA6, seven years for the FGA7, and ten years for the FGA10. Thereafter, the annuity fund will be credited with a renewal rate based on the current economic and interest rate environment.

Interest compounds daily.

Annuity Fund The annuity fund is the amount available to provide annuity benefits, surrender benefits and death benefits. The value of the annuity fund equals: (a) premium plus credited interest; minus (b) amounts surrendered, surrender charges and associated market value adjustments, and premium tax (if any).

Expense Charges There are no expense charges under the contract, other than surrender charges, market value adjustments, and premium tax in those states that require premium tax.

Safety and Guarantees During the market value adjustment period, The Standard guarantees that the owner will never receive less than 87½% of the total premium payments, net of any withdrawals or loans¹ taken. After the market value adjustment period, The Standard guarantees that the owner or beneficiary will never receive less than 100% of the total premium payments, net of any withdrawals or loans¹ taken.

SURRENDER BENEFITS
May I take money out of my annuity and, if so, how?

You may take money out of your annuity any time before annuity payments begin. You may take out all of your annuity’s fund value (**full surrender**) or part of it (**partial surrender**).

Withdrawals must be \$500 or more. At least \$2000 must remain in the account for the contract to remain in force.

A 10% IRS penalty may apply to withdrawals made before age 59½.

A Surrender Fee will be assessed on amounts you withdraw before the end of the Surrender Fee Period, as follows:

FGA5	Year	1	2	3	4	5			
	Charge	8%	7%	6%	5%	4%			

FGA6	Year	1	2	3	4	5	6		
	Charge	8%	7%	6%	5%	4%	3%		

FGA7	Year	1	2	3	4	5	6	7	
	Charge	8%	7%	6%	5%	4%	3%	2%	

FGA10	Year	1	2	3	4	5	6	7	8	9
	Charge	8%	7%	6%	5%	4%	3%	2%	1%	0.9%

Example: If you withdrew \$5,000 during the first contract year, an 8% surrender charge would apply. \$5,000 x .08 = \$400. The withdrawal amount paid would be \$5,000 - \$400 = \$4,600 plus the market value adjustment.

Market Value Adjustment During the first 5 contract years for the FGA5, the first 6 contract years for the FGA6, first 7 contract years for the FGA7, and first 10 contract years for the FGA10 a market value adjustment will be applied to withdrawals or surrenders. Generally, if interest rates have risen since the purchase, the adjustment will decrease the surrender value. If interest rates have fallen since the purchase, the adjustment will increase the surrender value.

Note: The market value adjustment is waived whenever surrender fees are waived.

ANNUITY BENEFITS *How do I get income (payouts) from my annuity?*

Annuity Date The annuity date is the contract anniversary nearest the annuitant's 95th birthday or the 10th contract anniversary, whichever is later. The contract will automatically annuitize and begin its payout phase, unless otherwise directed.

Payout Options You may choose from the following payment options:

Life Income – A guaranteed income for as long as the annuitant lives.

Joint & Survivor Life Income – A guaranteed income for as long as both annuitants live.

Certain Period – A guaranteed income for your chosen time period (5, 10, 15 or 20 years).

Life Income with Certain Period – A guaranteed income for your minimum chosen time period. If the annuitant is still living at the end of that period, payments continue as long as the annuitant lives.

Lump Sum – One lump-sum payment of the annuity fund.

If a payment option is not chosen, we will automatically pay under a 10-year certain and life payment option.

Annuitization An FGA may be converted into an income annuity with The Standard at any time. No surrender fees will apply if you choose a Life Income or at least a 5-year Certain Period payout option. If your state imposes a premium tax, it will be deducted from your annuitized payments.

Annuity Benefits The contract may not be surrendered once payment of annuity benefits has begun.

ACCESSING FUNDS *Are there ways to access funds without incurring a surrender fee?*

The FGA offers many ways to access funds without incurring a surrender fee. There are no surrender fees associated with the following options, but an IRS early withdrawal penalty may apply to withdrawals before you reach age 59½.

- Regularly scheduled payments of interest earnings.
- Nursing home confinement.^{2,3}
- Terminal condition.^{2,3}
- IRS Required Minimum Distributions.
- Out-of-surrender-fee-period withdrawals.

DEATH BENEFITS *What happens if I die?*

The annuity's value is paid to the beneficiary if the owner or the annuitant dies before the Annuity date, with a choice of payment options. However, death benefits must begin within one year of the date of death and may not extend beyond the beneficiary's life expectancy. Under federal law, if the beneficiary is the spouse as defined under federal law, that spouse does not need to have death benefits paid; rather, that spouse may continue the contract as though that spouse were the original owner.

ADVANTAGES OF TAX DEFERRAL *How will payouts and withdrawals from my annuity be taxed?*

The annuity fund under the FGA grows tax-deferred. Taxes will be due only when withdrawals or distributions are paid from the annuity. As a result, interest accumulates on the principal, earnings and on money that otherwise would be paid in income taxes (often referred to as triple-compounding). An IRS early withdrawal penalty may also apply to payouts and withdrawals paid before you reach age 59½. A tax-deferred annuity may be exchanged for another tax-deferred annuity without being assessed income tax on the earnings. There are no additional tax advantages to purchasing an annuity as part of a qualified plan, other than those provided by the qualified plan itself. Please consult your broker or financial advisor.

Contract SPDA; Riders R-EIO, R-NHB, R-TCB, R-MVAR, R-DB, SWO-DEF, R-ERTSA, R-NERTSA, IRA, Roth IRA, R-QPP

²Available after the first contract year.

³The nursing home confinement waiver is not available in Massachusetts. State-specific conditions apply to the terminal condition waiver.

OTHER INFORMATION *What else do I need to know?*

- You have 30 days to look over the annuity contract. You may return the contract to the agent who sold it or our home office within that 30 days. Any premium paid, including any contract fees or other charges, will be refunded, less any benefits paid, and the contract will be void and considered never in force.
- We pay a commission to the agent, broker or firm for selling you the annuity.

Market Value Adjustment During the market value adjustment period, a market value adjustment will be applied to withdrawals or surrenders. The market value adjustment is waived whenever surrender charges are waived. The adjustment is based on changes in the yields of the market value adjustment index and may increase or decrease the annuity's surrender value. Generally, if interest rates have risen since the purchase, the adjustment will decrease the surrender value. If interest rates have fallen since the purchase, the adjustment will increase the surrender value.

Illustrated Effect of Possible Market Value Adjustment Consider the combined charges for an early surrender when market value adjustment index rates increase or decrease. The sample calculation below assumes the index is 3.00% at issue then either rises to 5.00% or drops to 1.00%. The percentages are for illustrative purposes only. Actual results may vary.

COMBINED SURRENDER CHARGE AND MARKET VALUE ADJUSTMENT

End of Contract Year	FGA5			FGA 6		
	Unchanged at 3.00%	Increased to 5.00%	Decreased to 1.00%	Unchanged at 3.00%	Increased to 5.00%	Decreased to 1.00%
1	8.00%	13.82%	2.18%	8.00%	13.90%	2.10%
2	7.00%	12.35%	1.20%	7.00%	14.02%	-0.75%
3	6.00%	9.69%	2.08%	6.00%	11.41%	0.14%
4	5.00%	6.96%	2.96%	5.00%	8.73%	1.04%
5	4.00%	4.15%	3.84%	4.00%	5.98%	1.94%
6	0.00%	0.00%	0.00%	3.00%	3.16%	2.84%
7	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

End of Contract Year	FGA 7			FGA 10		
	Unchanged at 3.00%	Increased to 5.00%	Decreased to 1.00%	Unchanged at 3.00%	Increased to 5.00%	Decreased to 1.00%
1	8.00%	14.07%	1.93%	8.00%	14.11%	1.89%
2	7.00%	15.61%	-1.61%	7.00%	15.69%	-1.69%
3	6.00%	13.10%	-1.84%	6.00%	17.24%	-5.24%
4	5.00%	10.47%	-0.92%	5.00%	15.49%	-7.04%
5	4.00%	7.77%	0.00%	4.00%	12.94%	-6.06%
6	3.00%	5.00%	0.92%	3.00%	10.33%	-5.09%
7	2.00%	2.16%	1.84%	2.00%	7.64%	-4.11%
8	0.00%	0.00%	0.00%	1.00%	4.89%	-3.13%
9	0.00%	0.00%	0.00%	0.90%	2.94%	-1.23%
10	0.00%	0.00%	0.00%	0.00%	0.16%	-0.16%
11	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

OWNER ACKNOWLEDGMENT

I affirm that I am purchasing a Focused Growth Annuity from Standard Insurance Company. I understand the FGA product features, including that: (a) the contract includes a market value adjustment feature; (b) during the market value adjustment period a market value adjustment will be applied to withdrawals or surrenders; and (c) the market value adjustment is waived whenever surrender charges are waived. I understand that the contract is intended as a long-term savings vehicle and, as such, may have substantial penalties for early surrenders. I understand and acknowledge that The Standard does not offer legal, financial, tax, investment or estate planning advice. I affirm that I have sought such advice from the proper sources before purchasing this contract. I acknowledge and represent that the purchase of this annuity is suitable given my particular legal, financial, tax, investment, estate planning or other goals or circumstances. I further understand that annuities are not: (a) insured by the FDIC or any federal government agency; (b) deposits of or guaranteed by any bank or credit union; or (c) provisions or conditions of any bank or credit union activity. Some annuities are subject to investment risk and may lose value. I certify that: (a) I have read and fully understand the FGA product brochure, the application and this disclosure statement; (b) I have retained a copy of all solicitation materials and this disclosure statement used during the course of the sale; and (c) I understand that this disclosure is a summary and not part of the contract.

Owner Name	Annuitant Name If Other Than Owner
Owner Signature	Date
Annuitant Signature If Other Than Owner	Date

BROKER ACKNOWLEDGMENT

I certify that I have read and fully understand the Focused Growth Annuity Broker Sales Guide and all consumer materials for The Standard's Focused Growth Annuity. Additionally, I have provided the Owner with the consumer materials used during the course of the sales presentation, the application and the FGA disclosure document. I have informed the Owner of the various features of the FGA and believe the Owner has been reasonably informed of those features. I further certify that I have made no statements, representations or promises about product features or future rate performance that are in any way inconsistent with those materials.

Insurance Broker Name	Standard Insurance Company Identification Number
Insurance Broker Signature	Date

**Return the signed original of this disclosure together with the application and leave a copy with the applicant.
Keep a copy for your records.**



1 Important Notice: Replacement of Life Insurance or Annuities

(This notice must be signed by the applicant(s) and broker, with the original sent to Standard Insurance Company and a copy left with the applicant(s).)

Replacing your life insurance policy or annuity?

If you are thinking about **discontinuing** or **changing** an existing life insurance policy or annuity contract and **buying** a replacement, your decision could be a good one — or possibly a mistake. Make sure that you understand the facts. You should:

- Make a careful comparison of your existing policy and the proposed policy.
- Ask the company or agent that sold you your existing policy to provide you with complete information about it.
- Consider both sides before you decide.
- Determine what you want your insurance program to do.
- Consider your present health. You may have had a change that could affect your insurability, so make sure to continue your present policy until a new policy is delivered to you and accepted by you.

This form **must** be completed in triplicate and the original given to you by the agent proposing replacement no later than at the time you apply for the new policy. (This form must be completed and given to you even though the proposed replacement policy is with the same company that sold you your existing policy.)

2 Existing Policy (If more policies are involved, use additional forms.)

INSURED NAME(S)

COMPANY	POLICY TYPE*	POLICY NUMBER	ISSUE DATE	BASIC POLICY FACE/ANNUITY AMOUNT	TYPE OF OPTIONAL BENEFITS
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____

* As shown on the face of the policy.

3 Proposed Policy

INSURED NAME(S)

COMPANY	POLICY TYPE*	BASIC POLICY FACE/ANNUITY AMOUNT	TYPE OF OPTIONAL BENEFITS
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

* As shown on the face of the policy.

Indiana Department of Insurance Regulation 760 I AC 1-16.1 requires that the company making the replacement notify your existing insurance company that you may be replacing your existing policy. (You have the right, within twenty (20) days after delivery of a replacement policy, to return it to the company and to claim an unconditional refund of all premiums paid on it.)

4 Acknowledgement

_____	OWNER SIGNATURE	_____	DATE
_____	OWNER SIGNATURE	_____	DATE

5 Replacing Broker

BROKER NAME	PHONE	INDIANA LICENSE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

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

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

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

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

☐ 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