



1 Contract Identification

POLICY NUMBER(S)	
ANNUITANT NAME(S)	OWNER NAME(S)

2 Change Address

CHANGE FOR <input type="checkbox"/> Owner <input type="checkbox"/> Annuitant <input type="checkbox"/> Payor <input type="checkbox"/> Other: _____		EFFECTIVE DATE	
ADDRESS	CITY	STATE	ZIP CODE
E-MAIL	PHONE		

3 Change Name (Sign the section 6 Authorization with prior name. For owner or annuitant changes, attach a copy of court documents for an individual, or corporate resolutions or equivalent with state seal for an institution.)

CHANGE FOR <input type="checkbox"/> Owner <input type="checkbox"/> Annuitant	NEW NAME
_____ NEW SIGNATURE	

4 Change Payor (Do not use for a change of ownership. Use section 2 to note payor's address.)

NEW PAYOR NAME

5 Change Servicing Agent (For agent-correspondence purposes only.)

NEW SERVICING AGENT NAME	STANDARD INSURANCE COMPANY PRODUCER IDENTIFICATION
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6 Authorization

I(We) agree that all requests shall be subject to provisions and conditions of the contract and to Standard Insurance Company's usual procedures governing any actions taken based on this request.	
_____ OWNER SIGNATURE	_____ DATE
_____ OWNER SIGNATURE	_____ DATE
_____ COLLATERAL ASSIGNEE SIGNATURE (IF APPLICABLE)	_____ DATE

7 Broker

NAME	STANDARD INSURANCE COMPANY PRODUCER IDENTIFICATION
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