



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.

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

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** 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 annuitant and owner, if not the annuitant, by reviewing a government-issued photo identification.

INSURANCE BROKER SIGNATURE

DATE

SIGNED AT (CITY, STATE)

STANDARD INSURANCE COMPANY HOME OFFICE USE

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



1 Identification

TAXPAYER NAME	POLICY NUMBER(S)		
ADDRESS	CITY	STATE	ZIP CODE

Withholding Certificate for Pension or Annuity Payments — Substitute IRS Form W-4P

2 Federal Income Tax Withholding

1	Check here if you do not want any Federal income tax withheld from your pension or annuity. (Do not complete lines 2 or 3).	<input type="checkbox"/>
2	Total number of allowances and marital status you are claiming for withholding from each periodic pension or annuity payment. (You may also designate an additional dollar amount on line 3.)	ALLOWANCES
	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher "Single" rate	
3	Additional amount, if any, you want withheld from each pension or annuity payment (Note: For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.)	\$ AMOUNT

3 State Income Tax Withholding

1	State for income tax withholding _____ STATE	<input type="checkbox"/> Withhold <input type="checkbox"/> Do Not Withhold (unless required)
2	Additional amount, if any, you want withheld from each pension or annuity payment	\$ AMOUNT

Request for Taxpayer Identification Number and Certification — Substitute IRS Form W-9

This form is required. If the form is not on file, Standard Insurance Company will be required to withhold income taxes according to Internal Revenue Service guidelines. You (as payee) are required by law to provide Standard Insurance Company (as payor) with your correct taxpayer identification number (generally your Social Security number). Failure to do so may result in a \$50 penalty imposed by the Internal Revenue Service. In addition, in the event of such failure, we are required to withhold from your taxable distribution according to current regulation, regardless of your withholding election above.

4 Taxpayer Identification Number (TIN)

TAX IDENTIFICATION NUMBER (E.G. SOCIAL SECURITY NUMBER)

5 Certification

Under penalties of perjury, I certify that:	
1	The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2	I am not subject to backup withholding because: (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. and
3	I am a U.S. person (including a U.S. resident alien).
Important Note: You must STRIKE OUT the language in section (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.	

6 Authorization

I have completed appropriate sections of this form and represent that all information is true and accurate. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.	
TAXPAYER SIGNATURE	DATE



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.**



TheStandard®
Positively different.

Privacy Notice

The notice applies to:

StanCorp Financial Group, Inc.
Standard Insurance Company
Standard Retirement Services, Inc.
The Standard Life Insurance
Company of New York
StanCorp Mortgage Investors, LLC
StanCorp Real Estate, LLC
StanCorp Investment Advisers, Inc.
Standard Management, Inc.
StanCorp Equities, Inc.
StanCorp Trust Company

Please direct inquiries to:

Privacy Notice (P7E)
PO Box 711
Portland, OR 97207-0711

To get more information
about StanCorp Financial
Group, Inc. and its subsidiaries
and/or view this notice online,
visit www.stancorpfinc.com.

The privacy of your personal information is important to us. To help you understand how we protect the information we receive about you, this notice describes our current privacy policy and practices.

We want you to know that:

- We do not sell or rent the information we have about you to anyone;
- We do not share your information with outside companies for the purpose of selling their products or services to you; and
- We do not offer a right to opt out since we only share information about you with others as permitted or required by law.

Information We May Collect and From Whom

We collect your personal information to offer you insurance and financial products and services. The type of information we collect and the extent to which it is used depends on the products and services we provide to you. For example, we may obtain information such as:

- Your name, address, date of birth, telephone number, Social Security number, employment, occupation, assets and income from applications and other forms from you, your employer and others;
- Your policy coverage, claims, premiums and payment history from your dealings with us;
- Your financial and medical history from other insurance companies, the Medical Information Bureau ("MIB") or consumer reporting agencies, if you apply for life or disability insurance;
- Your current and past health condition from medical providers or facilities, with your authorization, if you apply for life or disability insurance; and
- Your use of the services offered on our Web sites from online information collection devices.

We may request an insurance support organization to collect information that we need about you. If we do, they will submit a report to us. They may keep a copy of the report and share its contents with others. They will do this only with appropriate authorization from you.

Information We May Disclose

We may share the types of information described above with others. These disclosures are only made as authorized by you or as

permitted or required by law. These may include disclosures:

- To others that perform business services or functions on our behalf or to serve you;
- To employers and their representatives, to reinsurers, to other insurance companies, and to the MIB for purposes related to insurance you may have or apply for;
- To others that may have a joint marketing agreement with us, unless state law restricts such use;
- To insurance departments in connection with the regulation of our business;
- To law enforcement agencies to help prevent fraud or illegal activities;
- To government agencies to comply with the law;
- To authorized persons to respond to a subpoena, warrant or other court order; and
- To our affiliates who may provide insurance or financial products and services to you.

When information about you is disclosed to others, we expect them to protect your information. We expect them to use the information only for the limited purpose for which it was shared. We do not share medical information except with your authorization or as permitted or required by law.

Your Rights

We want to make sure that we have accurate information about you. In general, you have the right to review your personal information that we have. If you believe that any of the information about you is not accurate, you may inform us in writing of any changes you believe should be made. We will review your request and respond to it accordingly.

Confidentiality and Security

We restrict access to information about you to those employees who need to know that information to provide products or services to you. We safeguard your information through written privacy policies and physical, electronic and procedural protections.

Further Information

We will advise you of our privacy policy at least once a year. We may change our privacy policy at any time. As long as you remain a customer, we will inform you of any changes. If your relationship with us ends, we will continue to limit disclosures of your information in accordance with our stated privacy policy.



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.

A. OWNER INFORMATION

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

B. FINANCIAL GOALS AND OBJECTIVES

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 Principal ☐ 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
 - ☐ Other _____
6. Is the source of funds a life insurance policy or annuity contract? ☐ Yes ☐ No
If yes:
 - a. Will you incur a surrender charge by exchanging your old policy? ☐ Yes ☐ No
If so, 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: _____%
 - b. Will a market value adjustment reduce the value of the replaced contract? ☐ Yes ☐ No
 - 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 _____

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

Incomplete without all pages and signatures

B. FINANCIAL GOALS AND OBJECTIVES (cont.)

- 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

1. What is your federal income tax bracket?..... ☐ 10% ☐ 15% ☐ 25% ☐ 28% ☐ 33% ☐ 35%
2. What will be your annual gross income after this proposed annuity purchase? \$ _____
3. What are your annual 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
6. Do you anticipate significantly lower income during the proposed annuity surrender period?..... ☐ Yes ☐ No
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
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. _____

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

Incomplete without all pages and signatures

D. OTHER CONSIDERATIONS

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
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.)

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

Incomplete without all pages and signatures

E. OWNER DECLARATIONS AND ACKNOWLEDGMENT

Please initial each statement if it is true:

- _____ I represent that all statements and information provided herein are true and complete to the best of my belief and knowledge.
- _____ I understand that should I provide incomplete or inaccurate information, I will limit the protection afforded to me by state law regarding the suitability of this purchase.
- _____ I have reviewed the product-specific disclosure with my insurance broker, and I understand the costs and features of the annuity I am purchasing.
- _____ I 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.
- _____ I 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): _____

F. INSURANCE BROKER DECLARATIONS AND ACKNOWLEDGMENT

The basis for my recommendation to purchase this annuity and, if applicable, to replace or exchange existing annuities 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 No: _____

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

Incomplete without all pages and signatures

Focused Growth Annuity 5, 6, 7 And 10

A Rewarding Combination Of Safety, Tax Deferral And Choice



Standard Insurance Company

Focused Growth Annuity 5, 6, 7 And 10





A Deferred Annuity Is An Insurance Contract

A deferred annuity contract is chiefly a vehicle for accumulating savings and eventually distributing the value – either as a payment stream or as a one-time, lump-sum payment. All varieties of deferred annuities have one thing in common: the increase in account value is not taxed until those gains are withdrawn (or paid out). This is also known as tax-deferred growth.

Annuity contracts in the U.S. are defined by the Internal Revenue Code. They have features of both life insurance and investment products, but are only allowed to be sold by insurance companies. And because insurance companies are regulated by individual states, some contracts, features and options may not be available or may not be exactly the same in all states.

Optimize Growth With This Annuity

The Focused Growth Annuity offers a robust set of features to optimize growth potential. This annuity is an ideal choice for a long-term saver who can appreciate the benefits of tax-deferred growth, protection and limited access to funds. Few taxable investments provide this blend of safety, growth and flexibility.

Rate Guarantees

The annuity will be credited an interest rate that is guaranteed for five, six, seven or 10 years, depending on the option selected. After that guarantee period, the contract will receive subsequent renewal rates based on the current economic and interest-rate environment. The annuity contract is assigned a guaranteed minimum rate; the renewal rate will never be set below this rate. Interest is calculated and credited daily.

Tax-Qualification Options

This annuity may be established as an Individual Retirement Annuity, 403(b) Tax-Sheltered Annuity or Simplified Employee Pension to initiate or continue a qualified retirement savings account.

Lump-sum deposits and complete or partial exchanges of nonqualified funds may also be accepted into this annuity.

Eligibility

A Focused Growth Annuity 5, 6 or 7 may be established for owners age 18–90 and for annuitants age 0–90. A Focused Growth Annuity 10 may be established for owners age 18–80 and for annuitants age 0–80. The Focused Growth Annuity requires a minimum premium amount of \$15,000 and a maximum of \$1,000,000. Greater amounts may be considered, but must receive home-office approval prior to application. Additional premium payments may be made during the first 90 days of the contract.

Advantages Of Tax Deferral

Taxes will be due only when withdrawals or distributions are made from the annuity. This will generally be during retirement, when most people find themselves in a lower tax bracket. As a result, interest accumulates on principal, earnings and on money otherwise paid in income taxes.



Tax-deferred annuities benefit from the effect of “triple-compounding,” meaning that an annuity earns interest on the **principal** (initial premium payment), on the **interest** itself (amount credited as account growth based on the contract interest rate) and on the amount that would have been paid as **income taxes**.

Annuities are intended as long-term savings vehicles.

The Focused Growth Annuity is a product of Standard Insurance Company. It may not be available in some states. The annuity is not guaranteed by any bank or credit union and is not insured by the FDIC or any other governmental agency. The purchase of an annuity is not a provision or condition of any bank or credit union activity. Some annuities may go down in value.

The guarantees of the annuity are based on the financial strength and claims-paying ability of Standard Insurance Company. An annuity should not be purchased as a short-term investment.

Policy SPDA (9/03)

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

Surrender-Charge Period

Unlike short-term savings products, deferred annuities are designed and priced for long-term retirement savings. Part of this design relies on the fact that the advantages of tax deferral work best when the annuity's growth is allowed to compound over time. Although all or a portion of the funds may be withdrawn at any time, early withdrawals are discouraged and are subject to surrender charges.

Expressed as a percentage of the annuity's total value, these charges diminish to zero over time. This schedule is in effect for only one period during the life of the contract and will not reset.

Please note that the surrender charges are not a part of or associated with any state or federal taxes imposed on a distribution or with the IRS pre-age-59½ tax penalty that may apply to a withdrawal. Surrender charges are in addition to any applicable state or federal taxes or penalties.

Focused Growth Annuity 5

A withdrawal in...	results in a...
year 1	8% surrender charge
year 2	7% surrender charge
year 3	6% surrender charge
year 4	5% surrender charge
year 5	4% surrender charge
year 6+	0% surrender charge

Focused Growth Annuity 6

A withdrawal in...	results in a...
year 1	8% surrender charge
year 2	7% surrender charge
year 3	6% surrender charge
year 4	5% surrender charge
year 5	4% surrender charge
year 6	3% surrender charge
year 7+	0% surrender charge

Market Value Adjustment

During the market value adjustment period (the first five, six or seven contract years for the Focused Growth Annuity 5, 6 and 7 and the first 10 contract years for the Focused Growth Annuity 10), a market value adjustment will be applied to withdrawals or surrenders. This adjustment is based on changes in corporate bond yields and may increase or decrease the annuity's surrender value.

The contract details how this adjustment is calculated, but generally if interest rates have risen since the annuity purchase, the adjustment will decrease the surrender value; if interest rates have fallen, the adjustment will increase the surrender value.

In a withdrawal scenario where the surrender charge is waived, the market value adjustment also will be waived.

Focused Growth Annuity 7

A withdrawal in...	results in a...
year 1	8% surrender charge
year 2	7% surrender charge
year 3	6% surrender charge
year 4	5% surrender charge
year 5	4% surrender charge
year 6	3% surrender charge
year 7	2% surrender charge
year 8+	0% surrender charge

Focused Growth Annuity 10

A withdrawal in...	results in a...
year 1	8% surrender charge
year 2	7% surrender charge
year 3	6% surrender charge
year 4	5% surrender charge
year 5	4% surrender charge
year 6	3% surrender charge
year 7	2% surrender charge
year 8	1% surrender charge
year 9	0.9% surrender charge
year 10+	0% surrender charge

Withdrawals must be at least \$500, and a minimum balance of \$2,000 must be maintained. An additional 10 percent IRS penalty may apply to withdrawals before age 59½.

Accessing Funds

While withdrawals are discouraged until the annuity has completed its surrender-charge period, some are permitted under certain circumstances. There are no surrender charges associated with the following options, but an IRS penalty may apply before age 59½.

Interest Payments

After 30 days, regularly scheduled withdrawals of interest earnings may be made on a monthly, quarterly, semiannual or annual basis.

Required Minimum Distributions

If the contract is held as a tax-qualified plan, IRS Required Minimum Distributions may be made on the schedule requested.

Life-Changing Scenarios

After the first contract year, if the owner becomes a nursing-home resident for 30 or more consecutive days or is diagnosed with a terminal condition, withdrawals may be made.¹

Annuitization

At any time the annuity may be converted to a payout annuity with The Standard. Annuitization must be either a lifetime income payment option or a certain period of at least five years.

Death Benefits

Upon the death of the owner or annuitant, the full annuity value is immediately payable as death benefits to the named beneficiary.



Taxes will be due only when withdrawals or distributions are made from the annuity. This will generally be during retirement, when most people find themselves in a lower tax bracket. As a result, interest accumulates on principal, earnings and on money otherwise paid in income taxes.

Time To Reflect On The Purchase

From the date the annuity contract is delivered, an owner has 30 days to consider the purchase. If the transaction is terminated during those 30 days, Standard Insurance Company will return all premium, net of any withdrawals taken.

¹ An applicant currently confined to a nursing home will not be eligible for the nursing-home waiver. The nursing-home waiver is not available in Massachusetts and state-specific conditions may apply to the terminal-condition waiver.

A Guaranteed Income for Life

Annuitization is precisely why many people buy an annuity — to insure against outliving an income. By annuitizing a deferred annuity, a change is made from accumulating savings to generating a guaranteed income stream.

While annuitization may occur at any time, most will consider this option in the transition from the accumulation to the income stage of retirement. It's an option that:

- Provides a guaranteed income stream;
- Can set payments to meet the IRS Required Minimum Distribution; and
- Allows payment of taxes on smaller, regular payments instead of a lump sum.

Income Options

Life Income

A guaranteed income for as long as the annuitant lives. Payments will cease upon the death of the annuitant.

Life Income With Installment Refund

A guaranteed income for as long as the annuitant lives. The total payments will never be less than the total of the funds paid to purchase this option. If the annuitant dies before receiving at least that amount, payments continue to the beneficiary until the full amount is repaid (or may be commuted to a lump-sum payment).

Life Income With Certain Period

A guaranteed income for as long as the annuitant lives. If the annuitant dies prior to the end of the period specified (five, 10, 15 or 20 years), payments continue to the beneficiary until the end of the period (or may be commuted to a lump-sum payment).

Joint And Survivor Life Income

A guaranteed income for as long as both annuitants live. When either annuitant dies, payments will continue at 50 percent, 66²/₃ percent, 75 percent or 100 percent of the payments received when both were living. Payments will cease upon death of both annuitants.

Joint And Survivor Life Income With Installment Refund

A guaranteed income for as long as both annuitants live. The total payments will never be less than the total of the funds paid to purchase this option. If both annuitants die before receiving at least that amount, payments continue to the beneficiary until the full amount is repaid (or may be commuted to a lump-sum payment).

Joint And Survivor Life Income With Certain Period

A guaranteed income for as long as both annuitants live. When either annuitant dies, payments will continue at 100 percent of the payments received when both were living. If both annuitants die prior to the end of the period specified (5, 10, 15 or 20 years), payments continue to the beneficiary until the end of the period (or may be commuted to a lump-sum payment).

Joint And Contingent Survivor Life Income

A guaranteed income for as long as both annuitants live. If the primary annuitant dies first, payments will continue at 50 percent of the payments received when both were living. If the contingent annuitant dies first, payments will continue at 100 percent of the payments received when both were living. Payments will cease upon death of both annuitants.

Certain Period

A guaranteed income for a time period chosen (five, 10, 15 or 20 years). At any time, benefits may be commuted to a lump-sum payment. If the annuitant dies prior to the end of the period specified, payments continue to the beneficiary until the end of the period (or may be commuted to a lump-sum payment).



J. Greg Ness
President and Chief Executive Officer

Standard Insurance Company Financial Strength Ratings

AA- (Very Strong) by Standard & Poor's
4th of 20 rankings
A1 (Good) by Moody's
5th of 21 rankings
A (Excellent) by A.M. Best*
3rd of 13 rankings

As of February 2011

* Rating includes The Standard Life Insurance
Company of New York.

StanCorp Financial Group Long Term Senior Debt Ratings

Standard & Poor's: A-
Moody's: Baa1
A.M. Best: bbb+

As of February 2011

Balance Sheet As Of December 31, 2010	
Assets	\$ 17.84 billion
Fixed Maturity Securities	57.6%
	of invested assets
A or Higher	71.5%
BBB/Baa	23.3%
BB/Ba	3.4%
B or Lower	1.8%
Commercial Mortgage Loans	40.5%
	of invested assets
60-Day Delinquencies	0.43%
Other	1.9%
	of invested assets
Portfolio Yields	
Fixed Maturity Securities	5.31%
Commercial Mortgage Loans	6.45%
2010 Segment Data (Dollars In Millions)	
Revenues	
Insurance Services	\$ 2,404.7
Asset Management	414.0
Other	(53.6)
Total	\$ 2,765.1
Income before income taxes	
Insurance Services	\$ 313.8
Asset Management	56.8
Other	(87.8)
Total	\$ 282.8

Our Financial Strength

For an insurance and asset management company, there is nothing more important than financial strength. Our customers and shareholders alike must be confident that we will be there regardless of the current economic environment. We take this responsibility very seriously and back it up with our disciplined business practices, sound investment strategies and unique industry expertise. While various other financial institutions have struggled with their business mix and capital levels, at The Standard, we have maintained our focus on providing excellent customer service while still seeking attractive business opportunities. By approaching our commitments with a long-term perspective, we are able to invest for our customers and build value for our shareholders.

Our balance sheet is the cornerstone of our financial strength and has provided us with a foundation for profitability through a wide range of economic cycles.

Bond Portfolio

Our bond portfolio is strong. Our strategy is to maintain a diversified portfolio of high quality fixed-maturity securities to keep us well protected if any industry experiences difficulties.

- Average portfolio rating of "A" as measured by Standard & Poor's
- No preferred or common equities
- No direct exposure to sub-prime or alt-A mortgages
- No credit default swaps, collateralized debt obligations or commercial paper
- No mortgage-backed securities of any kind

Commercial Mortgage Loan Portfolio

Our commercial mortgage loans have consistently provided a superior balance of risk and return. We offer small commercial mortgage loans to borrowers who want a fixed rate over time, and we rigorously underwrite every commercial mortgage loan we make. The quality of our commercial mortgage loans is excellent, and our delinquency rates are very low.

- The average loan-to-value ratio on new loans was 67 percent as of December 31, 2010
- As of December 31, 2010, the average loan-to-value ratio in our overall commercial mortgage portfolio was 68 percent

The Standard Stands The Test Of Time

In the July 2010 issue of Best's Review, Standard Insurance Company was recognized for maintaining an "A" rating or higher from A.M. Best Company since 1928. The Standard was honored to be among one of only 14 life/health insurers to consistently achieve an "A" rating (or higher) for more than 75 years. Given the rapidly evolving markets, changing customer needs and challenging economic times, this is a significant accomplishment. We are proud of this longstanding track record of financial strength.

Corporate Profile

StanCorp Financial Group, Inc., through its subsidiaries marketed as The Standard – Standard Insurance Company, The Standard Life Insurance Company of New York, Standard Retirement Services, StanCorp Mortgage Investors, StanCorp Investment Advisers, StanCorp Real Estate and StanCorp Equities – is a leading provider of financial products and services. StanCorp's subsidiaries serve approximately 7.6 million customers nationwide as of December 31, 2010, with group and individual Disability insurance, group Life, AD&D, Dental and Vision insurance, absence management services, retirement plans products and services, individual annuities and investment advice.



The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York, where insurance products are offered by The Standard Life Insurance Company of New York of White Plains, New York. Product features and availability vary by state and company, and are solely the responsibility of each subsidiary. Except where indicated, data represents consolidated results for StanCorp Financial Group, a separate entity which is not responsible for the financial condition or obligations of the insurance subsidiaries.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SPDA (9/03)

Focused Growth Annuity 5, 6, 7 And 10
SI **15488** (4/11)



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

Notice of Replacement of Life Insurance or Annuities

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).)

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financial purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy or contract to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured individual.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on page 2 of this form.

- A. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer or otherwise terminating your existing policy or contract? ☐ Yes ☐ No
- B. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? ☐ Yes ☐ No
- C. If you answered "Yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number, if available) and whether each policy or contract will be replaced or used as a source of financing:

INSURER NAME	CONTRACT/POLICY NUMBER	NAME OF INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

- D. The existing policy or contract is being replaced because _____
REASON FOR REPLACEMENT

2 Acknowledgement

OWNER NAME(S)

I(We) certify that the responses herein are, to the best of my(our) knowledge, accurate.

OWNER SIGNATURE

DATE

OWNER SIGNATURE

DATE

I(We) do not want this notice read aloud to me(us): _____ (Applicants must initial only if they do *not* want the notice read aloud.)
INITIALS

3 Important Replacement Issues

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense.

Policy Value

- Acquisition costs for the old policy may have been paid, and you may incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

Insurability

- If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
- You may need a medical exam for a new policy.
- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

If you are keeping the old policy as well as the new policy

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

If you are surrendering an annuity or interest sensitive life product

- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

Other issues to consider for all transactions

- What are the tax consequences of buying the new policy?
- Is this a tax-free exchange? (See your tax advisor.)
- Is there a benefit from favorable “grandfathered” treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?

4 Broker

NAME

Copies of any and all “individualized” sales materials, including illustrations related to the specific annuity contract, used in the presentation must be provided to Standard Insurance Company.

I certify that: (a) the responses herein are, to the best of my knowledge, accurate; (b) I have left with the applicant(s) copies of all sales materials used in my presentation; and (c) the following preprinted or electronically presented carrier-approved materials were used in my presentation (please list by title and form number):

BROKER SIGNATURE

DATE



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