



Standard Insurance Company maintains a strict policy concerning the confidentiality of the information we hold in connection with your annuity contract. Our policies and procedures comply with state and federal requirements and our own sound business practices. You may view our full *Privacy Policy* in form **9542**.

If you wish for The Standard to release information to another party (a spouse, attorney, accountant or the like), complete and return this form. We will honor this authorization for six months or until it is otherwise revoked.

1 Contract Identification

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

2 Person Authorized to Receive Information

NAME	RELATIONSHIP TO OWNER(S)		
ADDRESS	CITY	STATE	ZIP CODE

3 Information The Standard Is Authorized to Share

<input type="checkbox"/> Fund Balance
<input type="checkbox"/> Surrender Value
<input type="checkbox"/> Premium Payment
<input type="checkbox"/> Withdrawal or Surrender
<input type="checkbox"/> Interest Rate
<input type="checkbox"/> Loan

4 Authorization

I authorize Standard Insurance Company to provide the information selected in Section 3 to the person indicated in Section 2. This authorization is valid for six months from this date or until I notify Standard Insurance Company's home office in writing that the authorization has been revoked.	
_____ OWNER SIGNATURE	_____ DATE
_____ OWNER SIGNATURE	_____ DATE