



TheStandard®

Standard Insurance Company

Individual Annuities 800.247.6888 Tel

1100 SW Sixth Avenue Portland OR 97204-1093 www.standard.com

Index Annuity Application

Upon written request by the owner, Standard Insurance Company will provide reasonable factual information about the contract benefits and provisions within a reasonable time. The owner may cancel and return the contract for any reason within thirty (30) days after it is received.

1 Purchase

Index Select Annuity	<input checked="" type="checkbox"/> ISA5	<input type="checkbox"/> ISA7 (Attach form SI 16493 or SI 15910, as applicable.)
Other	<input type="checkbox"/>	

2 Owner(s)

PRIMARY FULL LEGAL NAME John T. Smith	SSN OR TIN 111-11-1111	BIRTH DATE 01/01/1941	EMAIL jtsmith@email.com
TRUST NAME (IF APPLICABLE)	TRUSTEE NAME (IF APPLICABLE)		TRUST DATE (IF APPLICABLE)
ADDRESS 123 S Main Street	CITY Anywhere	STATE SC	ZIP CODE 55555
GENDER <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male <input type="checkbox"/> Not Applicable	PHONE 555-555-5555		
JOINT FULL LEGAL NAME (AVAILABLE ONLY FOR NON-QUALIFIED ANNUITIES)	SSN OR TIN	BIRTH DATE	EMAIL
ADDRESS	CITY	STATE	ZIP CODE
GENDER <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	PHONE		

3 Annuitant (Only if other than Owner(s). Limit to living Annuitant(s).)

PRIMARY FULL LEGAL NAME	SSN OR TIN	BIRTH DATE	EMAIL
ADDRESS	CITY	STATE	ZIP CODE
GENDER <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	PHONE		
JOINT FULL LEGAL NAME (AVAILABLE ONLY FOR NON-QUALIFIED ANNUITIES)	SSN OR TIN	BIRTH DATE	EMAIL
ADDRESS	CITY	STATE	ZIP CODE
GENDER <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	PHONE		

4 Premium

AMOUNT ATTACHED 50,000.00	ESTIMATED AMOUNT(S) FORTHCOMING	TOTAL AMOUNT EXPECTED 50,000.00
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5 Allocation Direction

INDEX INTEREST ACCOUNT 100 %	FIXED INTEREST ACCOUNT 0 %	TOTAL = 100%
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6 Owner, Annuitant and Broker Remarks (If additional remarks are attached to this application, be sure to sign and date all papers.)

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7 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 checked="" 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.)

8 Beneficiary Designation (To designate more primary and/or contingent beneficiaries, attach your written instructions with your signature
Primary Beneficiary(ies)

PRIMARY FULL LEGAL NAME Mary S. Smith	SSN OR TIN 222-22-2222	BIRTH DATE 02/02/1942	RELATIONSHIP Spouse
TRUST NAME (IF APPLICABLE)	TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	
ADDRESS 123 S. Main Street	CITY Anywhere	STATE SC	ZIP CODE 55555
PRIMARY FULL LEGAL NAME	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)

CONTINGENT FULL LEGAL NAME Meghan K Smith	SSN OR TIN 333-33-3333	BIRTH DATE 03/03/1963	RELATIONSHIP Daughter
TRUST NAME (IF APPLICABLE) Only required to input name and relationship. The rest is	TRUSTEE NAME (IF APPLICABLE) great to have for ID purposes	TRUST DATE (IF APPLICABLE)	
ADDRESS 321 Bond Street	CITY Anywhere	STATE GA	ZIP CODE 55555
CONTINGENT FULL LEGAL NAME Tyler J Smith	SSN OR TIN 444-44-4444	BIRTH DATE 04/04/1964	RELATIONSHIP Son
TRUST NAME (IF APPLICABLE)	TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	
ADDRESS 147 Broadway	CITY Anywhere	STATE SC	ZIP CODE 55555

9 Notices and Disclosures

Contract Return:

If the contract is returned, Standard Insurance Company will: (a) cancel the contract form from the beginning; and (b) promptly refund any premium paid by the owner, less any prior partial withdrawals, within 10 days 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.

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.

Fraud Notice

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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.

10 Owner(s) and Annuitant(s) Declarations

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.
- B Yes No To the best of my knowledge, the contract applied for will replace an existing life insurance policy or annuity contract. If so, the broker has left with me all materials used in this presentation.
- C Yes No I have received a *Buyer's Guide To Fixed Deferred Annuities*.
- D 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.
- E 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).
- F Yes No I understand that I am purchasing an index annuity. I also understand that although the annuity values may be affected by the external index, the contract does not directly participate in any stock or equity investments. In the event of index gain, no interest will be credited to the Index Interest Account until the end of an Index Term, except as shown in the contract.
- G Yes No I am purchasing an ISA5, ISA7. If yes:
 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 a market value adjustment. The adjustment may increase or decrease the amounts payable under the contract. I understand that: (a) if interest rates rise after the contract effective date, the market value adjustment will generally decrease the surrender value; and (b) if interest rates fall after the contract effective date, the market value adjustment will generally increase the surrender value.
- 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.

X

PRIMARY OWNER SIGNATURE

DATE

SIGNED AT (CITY, STATE)

Signing as Owner Trustee

Attorney in Fact (Attach certified Power of Attorney and form **14389**.)
 Other _____

JOINT OWNER SIGNATURE

DATE

SIGNED AT (CITY, STATE)

PRIMARY ANNUITANT SIGNATURE (IF NOT OWNER)

DATE

SIGNED AT (CITY, STATE)

JOINT ANNUITANT SIGNATURE (IF NOT OWNER)

DATE

SIGNED AT (CITY, STATE)

11 Insurance Broker Declarations

FULL LEGAL NAME Joe Broker	E-MAIL jbroker@email.com	PHONE 555-555-5555
BUSINESS OR INSTITUTION NAME First Citizens Securities Corp	PAYMENT OPTION <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
ADDRESS 321 Howard Ave	CITY Anywhere	STATE SC
INSURANCE LICENSE NUMBER not required	STANDARD INSURANCE COMPANY PRODUCER IDENTIFICATION Standard Agent # required	

I declare that the application was signed and dated by the annuitant and owner, if not the annuitant, after all answers and information 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. In those states using replacement form **10443**, that form is attached, 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 policy or annuity contract. If Yes, an appropriate replacement form is attached.
- C** Yes No I have delivered a *Buyer's Guide To Fixed Deferred Annuities* to the owner.
- D** Yes No I have delivered an appropriate product disclosure to the owner and have explained the information contained therein. I believe the applicant understands 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.
- E** 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.
- F** 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; the original of that form is attached, a copy has been left with the owner and a copy is on file with me.
- G** Yes No I have verified the identity of the owner and annuitant, if not the annuitant, by reviewing a government-issued photo identification.

X

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.

* Above in Section II question F answer the question with a "yes" even though you did not have the Client complete their suitability forms. You are making sure it is suitable when you complete the Brokerage Application.



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

The Index Select Annuity (ISA) is a single-premium deferred indexed 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 ISA 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 ISA is an indexed annuity that offers separate annuity account allocation options: (1) the Fixed Interest Account; and (2) the Index Interest Account. You may allocate premium between the two accounts. The ISA'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. Please see your financial or tax professional for any exceptions to this early-withdrawal penalty. 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 ISA, 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 *(checkmark)*

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.

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.

Issue Age An ISA 5 or 7 will be issued to owners age 18-90 and annuitants age 0-90. An ISA 10 will be issued to owners age 18-80 and annuitants age 0-80.

Contract Effective Date The ISA'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 ISA 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. Premium is allocated between the Fixed Interest Account and the Index Interest Account as you have indicated on the application.

Interest Rates

Fixed Interest Account. That portion of the premium placed in the Fixed Interest Account will receive the interest rate in effect as of the date the application and premium are received in the home office. It will be credited with interest daily. The initial interest rate is guaranteed for one year. After the initial one-year guarantee period, the premium in the Fixed Interest Account will receive a renewal rate based on the current economic and interest-rate environment.

Index Interest Account. Interest is credited at the end of an annual index term for that portion of premium placed in the Index Interest Account. The interest credited equals: (a) the growth of the S&P 500®¹ index over the annual index term; multiplied by (b) the amount of premium in the Index Interest Account at the end of the annual index term; subject to (c) the participation rate and the index rate cap.

The growth in the S&P 500® index equals: (a) the value of the index as of the end of the annual index term; minus (b) the value of the index as of the beginning of the annual index term; divided by (c) the value of the index as of the beginning of the annual index term.

No interest will be credited if there is no growth in the S&P 500® index. No interest will be deducted if there is a loss in the S&P 500® index.

Participation Rate The participation rate is the maximum percentage of the index change that will be used to calculate the interest to be credited to the funds in the Index Interest Account at the end of each annual index term. The participation rate is guaranteed for the life of the contract.

*make sure
this is checked*

¹ "Standard & Poor's 500" and "S&P 500®" are trademarks of The McGraw-Hill Companies, Inc. and have been licensed for use by Standard Insurance Company. The product is not sponsored, endorsed, sold or promoted by Standard & Poor's and Standard & Poor's makes no representation regarding the advisability of purchasing the product. The S&P 500® index does not reflect dividends paid on the underlying stocks.

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

Index Rate Cap The index rate cap is the maximum index change used in determining the interest rate to be credited to funds in the Index Interest Account at the end of each annual index term. The initial index rate cap is guaranteed for the first annual index term. After the initial annual index term, a renewal index rate cap will be declared annually, based on the current economic and interest-rate environment. The index rate cap is guaranteed for each annual index term for which it is declared.

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 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 taken.

Guaranteed Minimum Accumulation Benefit After the end of the market value adjustment period, the annuity fund is guaranteed to include a minimum amount of growth. The annuity fund's guaranteed minimum accumulation value equals: (a) premium paid; minus (b) total amounts withdrawn (including surrender charges); multiplied by (c) a specified percentage. If the annuity fund value is less than the guaranteed minimum accumulation value after the end of the market value adjustment period, we will credit the contract with a one-time payment equal to the difference between the guaranteed minimum accumulation value and the annuity fund value. If the annuity fund value is equal to or greater than the guaranteed minimum accumulation value, no extra credit will be added.

INDEX INTEREST ACCOUNT GROWTH *How is the growth of funds in the Index Interest Account determined?*

Interest is credited at the end of the annual index term for funds in the Index Interest Account. For example purposes, assume:

- The participation rate guaranteed for the life of the contract is 100%
- As of the beginning of the annual index term –
 - A premium of \$20,000 is fully allocated to the Index Interest Account
 - The index rate cap for the annual index term is 7.00%
 - The S&P 500® index is 1103.29
- As of the end of the annual index term, the S&P 500® index is 1186.57

The interest rate used for the annual index term will be: (a) the growth in the S&P 500® index; or (b) the index rate cap; whichever is less.

The growth in the S&P 500® equals: (a) the S&P 500® index at the end of the index term; minus (b) the S&P 500® index at the beginning of the index term; divided by (c) the S&P 500® index at the beginning of the index term.

$$(1186.57 - 1103.29) / 1103.29 = 7.5483\%$$

The index rate cap is 7.00%. Therefore, the index rate cap of 7.00% is less than the growth in the S&P 500® of 7.5483%.

The \$20,000 premium is credited with interest at a rate of 7.00% (the index rate cap).

$$$20,000 \times 7.00\% = \$1,400.$$

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

ISA5	Year	1	2	3	4	5					
	Charge	7%	6%	5%	4%	2%					
ISA7	Year	1	2	3	4	5	6	7			
	Charge	7%	6%	5%	4%	3%	2%	1%			
ISA10	Year	1	2	3	4	5	6	7	8	9	10
	Charge	8%	7%	6%	5%	4%	3%	2%	1%	0.9%	0%

Example: If you withdrew \$5,000 for an ISA5 during the first contract year, a 7% surrender charge would apply. $\$5,000 \times .07 = \350 . The withdrawal amount paid would be $\$5,000 - \$350 = \$4,650$.

MARKET VALUE ADJUSTMENT How does the market value adjustment work?

Market Value Adjustment During the first 5 contract years for the ISA5, the first 7 contract years for the ISA7, and the first 10 contract years for the ISA10, 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 during the market value adjustment period for any surrender for which surrender charges are waived during the surrender charge period.

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	ISA 5			ISA 7			ISA 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%	Unchanged at 3.00%	Increased to 5.00%	Decreased to 1.00%
1	7.00%	12.93%	1.07%	7.00%	12.93%	1.07%	8.00%	12.93%	3.07%
2	6.00%	11.41%	0.14%	6.00%	14.75%	-2.84%	7.00%	14.84%	-0.84%
3	5.00%	8.73%	1.04%	5.00%	12.17%	-2.92%	6.00%	15.32%	-3.32%
4	4.00%	5.98%	1.94%	4.00%	9.53%	-1.98%	5.00%	15.49%	-5.79%
5	2.00%	2.16%	1.84%	3.00%	6.81%	-1.04%	4.00%	12.94%	-6.06%
6	0.00%	0.00%	0.00%	2.00%	4.02%	-0.10%	3.00%	10.33%	-5.09%
7	0.00%	0.00%	0.00%	1.00%	1.16%	0.84%	2.00%	7.64%	-4.11%
8	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.00%	4.89%	-3.13%
9	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.90%	2.94%	-1.23%
10	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.16%	-0.16%

VALUES Annuity fund values, surrender values, minimum surrender values – how do these all work together?

We have prepared an example illustration for you that pulls all of the various values together into one table. The following illustrates product performance based on historical S&P 500® index results. For these illustrative purposes, assume:

- The annuity is the ISA5
- The index rate cap is 2.50%
- \$25,000 premium
- Contract effective date is April 18, 2000
- Participation rate is 100%
- All premium has been allocated to the Index Interest Account
- No withdrawals have been made
- The rate used to calculate the guaranteed minimum accumulation value is 105%

Date	MVA Index	S&P 500 Index	Change in S&P 500	Index Rate Cap	Equity Index Credit	GMAB Credit	Account Value	Surrender Charge	Surrender Value Before MVA	MVA	Surrender Value After MVA	Guaranteed Minimum Surrender Value
4/18/2000	7.52%	1441.61				N/A	\$25,000.00					
4/18/2001	6.06%	1238.16	-14.11%	2.50%	0.00%	N/A	\$25,000.00	7%	\$23,388.24	\$856.99	\$24,245.23	\$22,531.25
4/18/2002	5.59%	1124.47	-9.18%	2.50%	0.00%	N/A	\$25,000.00	6%	\$23,991.66	\$784.47	\$24,776.13	\$23,207.19
4/18/2003	3.58%	893.58	-20.53%	2.50%	0.00%	N/A	\$25,000.00	5%	\$24,610.64	\$707.24	\$25,317.88	\$23,903.40
4/18/2004	3.41%	1134.61	26.97%	2.50%	2.50%	N/A	\$25,625.00	4%	\$25,245.60	\$625.09	\$25,870.69	\$24,620.51
4/18/2005	4.56%	1145.98	1.00%	2.50%	1.00%	1.44%	\$26,250.00	2%	\$25,896.93	\$54.20	\$25,951.13	\$25,359.12

Policy: ICC11-SPDA-IA2, SPDA-IA2. Riders: ICC11-R-PTP, ICC11-R-MVA, ICC11-R-DB, ICC11-R-ANN, ICC11-R-TCB, ICC11-R-NHB, ICC11-R-ANNDW, ICC10-R-POF, ICC13-R-GMAB, ICC10-R-ERTSA, ICC10-R-NERTSA, ICC10-R-QPP, ICC11-R-IRA, ICC11-R-Roth IRA, ICC11-R-SEPP, R-ANN, R-DB, R-MVA, R-POF, R-PTP, R-TCB-IA, R-NHB-IA, R-ANNDW, R-GMAB, R-ERTSA, R-NERTSA, R-QPP, R-IRA, R-Roth IRA, R-SEPP-IA

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 ISA may be converted into an income annuity with The Standard at any time. No surrender charges 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 charge?*

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

- Annual withdrawals of up to 10% of the annuity fund (inclusive of all other partial withdrawals)²
- Nursing home confinement.^{2, 3}
- Terminal condition.^{2, 3}
- IRS Required Minimum Distributions.
- Out-of-surrender-charge-period withdrawals.

DEATH BENEFITS *What happens if I die?*

The annuity's value is paid to the beneficiary if the owner 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 ISA 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.

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.
- No additional optional benefit riders are available.
- We pay a commission to the agent, broker or firm for selling you the annuity.

²Waiver of surrender charges available after the first contract year.

³Not available in Connecticut.

OWNER ACKNOWLEDGMENT

I affirm that I am purchasing a Index Select Annuity from Standard Insurance Company. I understand the ISA product features, to the extent summarized in this disclosure. 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 understand the ISA 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

John T. Smith

Owner Signature

Date

 Annuitant Signature If Other Than Owner

Date

BROKER ACKNOWLEDGMENT

I certify that I have read and fully understand the Index Select Annuity Broker Sales Guide and all consumer materials for The Standard's Index Select Annuity. Additionally, I have provided the Owner with the consumer materials used during the course of the sales presentation, the application and the ISA disclosure document. I have informed the Owner of the various features of the ISA 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

Joe Broker**Standard Agent # required**

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®

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)

John T. Smith

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

X

OWNER SIGNATURE

DATE

OWNER SIGNATURE

DATE

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

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.

Premiums

- Are they affordable?
- Could they change?
- You're older -- are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old policy?

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	<i>Joe Broker</i>
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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):

Index Select Annuities 5,7,& 10 Client Brochure SI 13846

Standard Client Approved Rate Flyer SI 10260

Standard ISA Illustration IL ISA

X

BROKER SIGNATURE

DATE



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 First Citizens Bank		PHONE 555-555-5555	
STREET ADDRESS (NOT A POST OFFICE BOX) 456 Henderson Way		CITY Anywhere	STATE SC
		ZIP CODE 55555	

2 Existing Policy or Account

OWNER(S) John T. Smith	OWNER SSNs (or TINs) 111-11-1111		
ADDRESS 123 S. Main Street	CITY Anywhere	STATE SC	ZIP CODE 55555
ANNUITANT(S), INSURED(S) OR PARTICIPANT John T. Smith	ANNUITANT, INSURED(S) OR PARTICIPANT SSNs (or TINs) 111-11-1111		
BENEFICIARY (IF PARTICIPANT IS DECEASED)	BENEFICIARY SSN (or TIN)		
INVESTMENT VEHICLE <input checked="" 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) 123654789		

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 checked="" 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 checked="" 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

100 % 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.

X

OWNER OR BENEFICIARY SIGNATURE

DATE

OWNER SIGNATURE

DATE

Only if required from surrendering carrier

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