



# 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](http://www.standard.com)

## Statement of Beneficiary Claim to Benefits

### For Your Information

- Funds due to you as a beneficiary may represent taxable income. You must provide The Standard with instructions for the withholding of taxes by completing IRS form W-4P (or form **5031**).
- Where required, be sure to include IRS form W-9 (or form **5031**). Payment cannot be made without a correct Social Security number or tax identification number.
- Sign your name exactly as it is indicated on the beneficiary designation of the policy. If it has changed, sign a second time using your current name.

### Common Scenarios

- Estate Named as Beneficiary:** When the proceeds are payable to an estate, this statement must be completed and signed by the personal representative (executor or administrator) of the estate. A certified copy of Letters of Testamentary or Letters of Administration must be attached and submitted with this statement. Proceeds must be distributed to the estate in a single, lump-sum payment.
- Minor Named as Beneficiary:** When the proceeds are payable to a minor, this statement must be signed by the minor's guardian or the parent having custody and care of the minor. The Standard will indicate if guardianship papers or an affidavit is required.
- Deceased Beneficiary:** The beneficiary must survive the decedent by at least 15 days in order to be entitled to receive proceeds. If a deceased beneficiary is entitled to the proceeds (e.g. survived the decedent by at least 15 days), then a copy of the death certificate for that beneficiary must be attached and submitted with this statement.
- Inter Vivos Trust:** When the proceeds are payable to the trustees of an inter vivos trust, this statement must be signed by the trustee. A certified copy of the trust must be attached and submitted with this statement.
- Testamentary Trust:** When the proceeds are payable to the trustee named in the annuitant's will, this statement must be signed by the trustee. A certified copy of the will (or other instrument creating the trust) must be attached and submitted with this statement.

### 1 Contract Identification

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

### 2 Contract Beneficiary Identification

FULL LEGAL NAME	SSN (or TIN)	BIRTH DATE	
ADDRESS	CITY	STATE	ZIP CODE
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Applicable	PHONE		
TRUST NAME (IF APPLICABLE)	TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	

### 3 Lost Policy Statement

The undersigned certifies that: <input type="checkbox"/> The policy or contract is attached. <input type="checkbox"/> The policy or contract is lost or has been destroyed. To the best of my knowledge it is not in anyone's possession.
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### 4 Beneficiary Claim Selection (Attach form **5031** or IRS forms W-9 and W-4P.)

Not all options are available to all beneficiaries. Consult your tax advisor about this choice.

- ☐ Initiate a settlement option as directed. (Attach form **5393**.)
- ☐ Distribute the full amount in a lump-sum payment to me.
- ☐ Leave funds at The Standard at Interest. (Funds must be fully disbursed within five calendar years of the date of death.)
- ☐ Begin an Inherited IRA at The Standard with annual Required Minimum Distributions.
- ☐ Rollover/Transfer proceeds to Inherited IRA at another carrier (Letter of Acceptance from other carrier is required).

Additional options available only to a spousal beneficiary:

- ☐ Continue the Non-Qualified Annuity contract with me as the new owner and annuitant.
- ☐ Endorse the Qualified Plan or existing IRA contract to an IRA with me as the new owner and annuitant.

5 Beneficiary Designation (If applicable. To designate multiple primary and/or contingent beneficiaries, attach form **6304**.)

PRIMARY FULL LEGAL NAME	SSN (or TIN)	BIRTH/TRUST DATE	RELATIONSHIP
ADDRESS	CITY	STATE	ZIP CODE
PHONE	EMAIL		

  

CONTINGENT FULL LEGAL NAME	SSN (or TIN)	BIRTH/TRUST DATE	RELATIONSHIP
ADDRESS	CITY	STATE	ZIP CODE
PHONE	EMAIL		

6 Notices and Disclosures

State Fraud Notices

**AR, KY, LA, ME, NM, OH, PA and TN Residents** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**CO Residents** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of any insurance company who knowingly provides false, incomplete, or misleading information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division Of Insurance of Regulatory Services.

**AL, DC and RI Residents** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MD Residents** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FL Residents** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any 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.

7 Beneficiary Declaration

I am claiming my benefits as beneficiary available under the Standard Insurance Company contract listed above. I agree that this beneficiary statement, a certified copy of the annuitant's death certificate and all other documents required by The Standard in regard to my claim shall serve as proof of death of the annuitant. I also agree that by providing this form, The Standard does not waive any of its rights or defenses in regard to the payment of my claim.

Your signature must be notarized by a Notary Public. I have completed appropriate sections of this form and represent that all information is true and accurate.

\_\_\_\_\_  
Beneficiary Signature

Signed this \_\_\_\_\_ day of \_\_\_\_\_

State of \_\_\_\_\_ )  
 ) ss.  
County of \_\_\_\_\_ )

The above named \_\_\_\_\_, being first duly sworn, appeared before me and signed the above instrument as their free and voluntary act this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month)

Notary Public  
My commission expires: \_\_\_\_\_