



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

Beneficiary's Application for Settlement Option

1 Contract Identification

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

2 Purchase

Tailored Income Annuity	<input type="checkbox"/> TIA
Stable Income Annuity	<input type="checkbox"/> SIA
	<input type="checkbox"/> Other _____

3 Contract Beneficiary Identification (New Owner)

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)	

4 Annuitant(s) (Complete only if Annuitant(s) is not Owner.)

PRIMARY FULL LEGAL NAME	SSN (or TIN)	BIRTH DATE	
ADDRESS	CITY	STATE	ZIP CODE
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	PHONE		

JOINT/CONTINGENT FULL LEGAL NAME	SSN (or TIN)	BIRTH DATE	
ADDRESS	CITY	STATE	ZIP CODE
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	PHONE		

5 Income Option (Attach proof of age. Attach a signed copy of the contract illustration.)

<input type="checkbox"/> Life Income <input type="checkbox"/> Add Life Income Commutation feature (Not available in OR, PA, TX or WA.) <input type="checkbox"/> Add Inflation Protection feature with an increasing benefit of <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 %
<input type="checkbox"/> Life Income with Installment Refund <input type="checkbox"/> Add Life Income Commutation feature (Not available in OR, PA, TX or WA.)
<input type="checkbox"/> Life Income with Certain Period of <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> _____ years <input type="checkbox"/> Add Life Income Commutation feature (Not available in OR, PA, TX or WA.) <input type="checkbox"/> Add Inflation Protection feature with an increasing benefit of <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 %
<input type="checkbox"/> Joint and Survivor Life Income with survivor payment of <input type="checkbox"/> 50% <input type="checkbox"/> 66⅔% <input type="checkbox"/> 75% <input type="checkbox"/> 100%
<input type="checkbox"/> Joint and Survivor Life Income with Installment Refund
<input type="checkbox"/> Joint and Survivor Life Income with Certain Period of <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> _____ years
<input type="checkbox"/> Joint and Contingent Survivor Life Income
<input type="checkbox"/> Certain Period of <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> _____ years <input type="checkbox"/> Add Inflation Protection feature with an increasing benefit of <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 %

If no date is indicated or funds are not received by the date requested, the first payment will be made after one completed modal period (based on the selection) after The Standard receives the full premium payment.

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

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

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Contract Return; Information Request

Applies if the annuity is purchased through a bank or credit union.

State Fraud Notices

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.

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.

NJ Residents: Any person who includes any misleading information on an application for an insurance policy is subject to criminal and civil penalties.

(3/17) Policy: SPIA

Privacy Statement

I understand that, in the course of processing my application, The Standard 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. The Standard may obtain personal information from: (a) this application; (b) other forms I submit to The Standard; (c) an employer; (d) an insurance sales representative; (e) other insurance companies; (f) web sites of The Standard; 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 The Standard discloses to other parties the information collected about me. I authorize The Standard to disclose personal information to: (a) an employer (such as 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 business by The Standard; 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 or evaluate my claim for benefits; and (b) be the basis for denying my application or my claim for benefits. 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 The Standard at the address shown above; and (c) such revocation may be the basis for denying my application or my claim for benefits. I also understand that: (a) I or my authorized representative has the right to request a copy of my authorization and to learn the nature and substance of any personal information about me in the file of The Standard; (b) I have the right to ask The Standard to correct or amend such information, if necessary; and (c) The Standard will carefully review my request and, where appropriate, make the necessary change. To obtain further information about these rights and information practices of The Standard, I have been informed that I may request a copy of the Notice of Information Practices of The Standard by contacting the Individual Annuities service team at the above address.

10 Owner(s) and Annuitant(s) Declarations (For a tax-qualified plan, attach form 13018 for spousal consent, if applicable.)

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 I have received the appropriate product disclosure and have attached a signed copy of the contract illustration presented to me.

B ☐ 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 have determined that the purchase of this annuity is appropriate to my particular legal, financial, tax, investment, estate-planning goals and other circumstances.

OWNER SIGNATURE
Signing as ☐ Owner ☐ Trustee ☐ Power of Attorney ☐ Other _____

DATE

SIGNED AT (CITY, STATE)

PRIMARY ANNUITANT SIGNATURE (IF NOT OWNER)

DATE

SIGNED AT (CITY, STATE)

JOINT/CONTINGENT ANNUITANT SIGNATURE (IF NOT OWNER)

DATE

SIGNED AT (CITY, STATE)

11 Insurance Broker Declarations

FULL LEGAL NAME	E-MAIL	PHONE	
BUSINESS OR INSTITUTION NAME	PAYMENT OPTION <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		
ADDRESS	CITY	STATE	ZIP CODE
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 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 I have delivered an appropriate product disclosure and have attached a signed copy of the contract illustration presented; a copy of that illustration has been left with the owner.

B ☐ Yes ☐ No With respect to the suitability of this annuity sale, the requirements have been met. I have completed form **12216**, *Acknowledgement of Suitability in an Annuity Purchase*, with the owner; a copy of that form has been left with the owner and a copy of the form is on file with me.

C ☐ Yes ☐ No I have verified the identity of the annuitant and owner 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.)
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