

Request for Distribution from Non-Qualified Annuity

Standard Insurance Company Individual Annuities 800.247.6888 Tel 800.378.4570 Fax 1100 SW Sixth Avenue Portland OR 97204-1093 www.standard.com

The Standard®

1 Contract Identification					
POLICY NUMBER					
ANNUITANT NAME(S)	OWNER NAME(S)	OWNER NAME(S)			
ADDRESS CHANGE ☐ NO ☐ Yes	PHONE	PHONE			
ADDRESS	CITY	STATE	ZIP CODE		
Distribution Direction (Attach form 5031 or IRS form	ns W-9 and W-4P.)				
☐ Maximum Amount Available (☐ Full Amount (The contract is surre Surrender ☐ At next anniv ☐ Scheduled Withdrawal of \$ Pay ☐ Monthly ☐ Quarte ☐ Interest Paid as Earned (\$100 m	endered. Complete section 4.) versary date	request \$100 minimum. The contract r y	remains in force.)		
3 Payment(s) (Check(s) will be made to the owner iden Routine payments can also be made via direct deposit		ess an alternate is listed below.			
MAKE CHECK PAYABLE TO			,		
ADDRESS	CITY	STATE	ZIP CODE		
4 Policy Statement (Applicable only to a full surrender.	.)				
The owner(s) certifies that:					
☐ The policy is attached.☐ The policy is lost or has been destroy	red. If found, it will promptly be retu	urned to Standard Insura	nce Company.		
5 Remarks (For any additional remarks that are attache	ed to this request, be sure to sign and date	e all papers.)			
6 Authorization					
I have completed appropriate sections of th	is form and represent that all in	nformation is true and	l accurate.		
OWNE	R SIGNATURE		DATE		
OWNEI	R SIGNATURE		DATE		

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Substitute IRS Forms W-4P and W-9

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1	Identification
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TAXPAYER	NAME	POLICY NUMBER(S)			
ADDRESS		CITY	STATE	ZIP CODE	
	olding Certificate for Pension or Annuity Payneral Income Tax Withholding	nents — Substitut	e IRS Form W-4P		
1	Check here if you do not want any Federal income (Do not complete lines 2 or 3).	tax withheld from yo	ur pension or annuity.		
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.)				
	☐ Single ☐ Married ☐ Married, but withhole	d at higher "Single" ı	rate	ALLOWANCES	
3	Additional amount, if any, you want withheld from (Note: For periodic payments, you cannot enter an amount her of allowances on line 2.)	-	, , ,	AMOUNT	
3 State	e Income Tax Withholding				
1	State for income tax withholdingSTATE	Withhold	☐ Do Not Withhold (unle	ess required)	
2	Additional amount, if any, you want withheld from	each pension or ann	uity payment	AMOUNT	
4 Тахр	re, we are required to withhold from your taxable distribution accordance required to withhold from your taxable distribution accordance required to withhold from your taxable distribution accordance. FICATION NUMBER (E.G. SOCIAL SECURITY NUMBER)				
5 Cert	ification				
Under j 1 2 3 Im	penalties of perjury, I certify that: The number shown on this form is my correct taxp be issued to me), and I am not subject to backup withholding because: (a notified by the Internal Revenue Service (IRS) that to report all interest or dividends, or (c) the IRS ha withholding, and I am a U.S. person (including a U.S. resident alien) portant Note: You must STRIKE OUT the language in section (2) thus withholding because you have failed to report all interest and	a) I am exempt from t I am subject to back is notified me that I and above if you have been no	backup withholding, (b) I cup withholding as a result arm no longer subject to bachtified by the IRS that you are cu	have not been of a failure ckup	
6 Auth	orization				
Revenu	ompleted appropriate sections of this form and represe Service does not require your consent to any provisackup withholding.				
	TAXPAYER SIGNATURE			DATE	

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