



The purpose of this profile is to help your insurance broker determine if the annuity product you are purchasing from The Standard is suitable based on your financial situation and goals. You must complete this profile in its entirety and submit it with your application for The Standard to proceed with your purchase.

CHECK HERE IF A MEDICAID SPIA ☐

A. OWNER INFORMATION

Full Legal Name _____	Birth Date _____
Are you actively employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated Retirement Age _____

JOINT OWNER INFORMATION

Full Legal Name _____	Birth Date _____
Are you actively employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated Retirement Age _____

B. FINANCIAL GOALS AND OBJECTIVES ****IMPORTANT**** ALL QUESTIONS MUST BE ANSWERED

- Why are you considering purchasing this annuity?
(check all that apply)

<input type="checkbox"/> Immediate Income	<input type="checkbox"/> Long-Term or Lifetime Income
<input type="checkbox"/> Tax Deferral	<input type="checkbox"/> Assets for Beneficiaries
<input type="checkbox"/> Estate Planning	<input type="checkbox"/> Retirement
<input type="checkbox"/> Safety of Funds	<input type="checkbox"/> Other _____
- What is your financial time horizon for achieving this annuity's goals?

<input type="checkbox"/> Less than one year	<input type="checkbox"/> 1-5 years	<input type="checkbox"/> 6-10 years
<input type="checkbox"/> Longer than 10 years		
- How long do you plan to keep this annuity? _____ years
- Which financial products do you own or have you previously owned? (check all that apply)

<input type="checkbox"/> Deferred Annuities	<input type="checkbox"/> Immediate Annuities
<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Certificates of Deposit
<input type="checkbox"/> Stocks/Bonds/Mutual Funds	
<input type="checkbox"/> Other _____	
- What sources of funds will be used for the purchase of this annuity? (check all that apply)

<input type="checkbox"/> Other Annuities	<input type="checkbox"/> Life Insurance
<input type="checkbox"/> Savings/Checking	<input type="checkbox"/> Certificates of Deposit
<input type="checkbox"/> Money Market	<input type="checkbox"/> Stocks/Bonds/Mutual Funds
<input type="checkbox"/> Loan	<input type="checkbox"/> IRA or Retirement Plan
<input type="checkbox"/> Reverse Mortgage	<input type="checkbox"/> Other _____
- Is the source of funds a life insurance policy or annuity contract? ☐ Yes ☐ No

If yes, please answer questions a–f, otherwise proceed to Section C.

 - Will you incur a surrender charge by exchanging your old policy? ☐ Yes ☐ No

If yes, what is the surrender charge (including, if applicable, MVA or other adjustments) on each policy being replaced?

Policy 1: _____%	Policy 2: _____%
Policy 3: _____%	Policy 4: _____%

If surrender charge exceeds 2%, please explain why this is suitable in Section E.
 - Will a market value adjustment reduce the value of the replaced contract? ☐ Yes ☐ No

Submit original with application. Leave copy with applicant. Keep copy in producer file.

Incomplete without all pages and signatures

B. FINANCIAL GOALS AND OBJECTIVES **IMPORTANT ALL QUESTIONS MUST BE ANSWERED**

- c. Will you lose existing benefits by surrendering your existing policy? (check all that apply) ☐ Yes ☐ No
☐ Death Benefit ☐ Living Benefit
☐ Interest Bonus ☐ Persistency Bonus
☐ Higher Guaranteed Interest Rate
☐ Other _____
- d. By proceeding with the proposed exchange or replacement, will you be subject to increased fees, investment advisory fees, or charges for riders and similar product enhancement? ☐ Yes ☐ No
- e. Have you had another policy exchange or replacement within the past 36 months? ☐ Yes ☐ No
- f. How does this annuity better meet your financial goals? _____

C. FINANCIAL INFORMATION **IMPORTANT ALL QUESTIONS MUST BE ANSWERED**

1. What is your federal income tax bracket? ☐ 10% ☐ 15% ☐ 25% ☐ 28% ☐ 33% ☐ 35%
2. What will be your annual household gross income after this proposed annuity purchase? \$ _____
3. What are your annual household living expenses, including annual debt payments? \$ _____
4. After the purchase of this annuity, will you have sufficient income to meet your expenses? ☐ Yes ☐ No
5. Do you anticipate significantly higher expenses during the proposed annuity surrender period including medical expenses? ☐ Yes ☐ No
 If yes, what is the highest level of reoccurring annual expenses expected during the surrender charge period? \$ _____
6. Do you anticipate significantly lower income during the proposed annuity surrender period? ☐ Yes ☐ No
 If yes, what is the lowest level of reoccurring annual income expected during the surrender charge period? \$ _____
7. What are your total liquid assets before the proposed annuity purchase? \$ _____
 Liquid assets may be:
☐ Savings/Checking/CDs ☐ Stocks/Bonds/Mutual Funds
☐ Retirement Plan Funds ☐ Life Insurance
☐ Cash Value of Annuities
8. What percentage of your liquid assets will the proposed annuity purchase be? (Annuity purchase amount ÷ Line 7) %
9. Do you anticipate changes in your out-of-pocket medical expenses during the proposed annuity's surrender period? ☐ Yes ☐ No
10. Is your income sufficient to cover future changes in your household or medical expenses during the proposed annuity's surrender period? ☐ Yes ☐ No

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C. FINANCIAL INFORMATION **IMPORTANT ALL QUESTIONS MUST BE ANSWERED**

11. Do you have an emergency fund for unexpected expenses? ☐ Yes ☐ No
12. If you answered yes to questions 5, 6 or 9, or no to questions 4, 10 or 11, please explain. _____
13. Do you intend to apply for means-tested government benefits, including but not limited to, Medi-Cal or the veterans' aid and attendance benefit? ☐ Yes ☐ No

D. OTHER CONSIDERATIONS **IMPORTANT ALL QUESTIONS MUST BE ANSWERED**

1. Do you anticipate a need to withdraw more than a penalty-free amount from this annuity during the surrender period? ☐ Yes ☐ No
2. Do you understand that if you withdraw more than a penalty-free amount from this annuity during the surrender period, you will incur a surrender charge? ☐ Yes ☐ No
3. What distributions do you anticipate from this annuity?
(check all that apply) ☐ Annuitization ☐ Immediate income
☐ Substantially Equal Periodic Payments
☐ Required minimum distributions ☐ Full surrender
☐ Partial withdrawals ☐ Interest-only payments
☐ No distributions anticipated
4. When do you anticipate taking your first distribution from this annuity? (choose one) ☐ 1 year ☐ 2-5 years ☐ 6-7 years
☐ 8-10 years ☐ Longer than 10 years
5. Do you understand that you may incur a 10% federal tax penalty for withdrawals before age 59½? ☐ Yes ☐ No
6. Does the owner currently reside in a nursing home or assisted living facility? ☐ Yes ☐ No
7. Describe your risk tolerance:
- ☐ Conservative: I want to preserve my initial principal with minimal risk, even if that means the account does not generate significant income or returns and may not keep pace with inflation.
- ☐ Moderate: I am willing to accept some risk to my initial principal and tolerate some volatility to seek higher returns, and understand I could lose a portion of money invested.
- ☐ Aggressive: I am willing to accept maximum risk to my initial principal to aggressively seek maximum returns, and I understand I could lose most, or all, of the money invested.
8. Which of the following best describes your financial experience?
- ☐ Very experienced: Good understanding of financial products, own a broad range of financial products, confident about financial decisions.
- ☐ Moderate experience: General understanding of some financial products, own some financial products, willing to make some financial decisions.
- ☐ Limited experience: Primary savings in certificates of deposit, savings/checking, money market funds; nervous about financial decisions.
9. What additional information should your insurance producer know before making a final annuity purchase recommendation?
(Examples: expected major life changes, beneficiary needs, etc.)
- _____
- _____

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E. INSURANCE BROKER DECLARATIONS AND ACKNOWLEDGMENT

**** IMPORTANT **** THE FOLLOWING SECTION MUST BE COMPLETED BY THE AGENT, INSURER OR MANAGING GENERAL AGENT PROPOSING THIS PURCHASE. **IT MAY NOT BE LEFT BLANK OR CONTAIN A RESPONSE CONSISTING OF "NONE" OR "N/A". AN INCOMPLETE RESPONSE WILL RESULT IN A DELAY IN ISSUANCE.**

I have recommended the purchase of this annuity. The basis for my recommendation is:

I declare that I have truly and accurately recorded on this form all of the information provided by the Purchaser(s). I have verified the identity of the Purchaser(s) with government-issued photo identification and I believe the identity information provided to me is true and accurate. I have informed the Purchaser(s) of the various features of the annuity including tax penalties and fees. I believe that the Purchaser(s) will benefit from the annuity's features. Based on the facts disclosed to me by the Purchaser(s) and based on all circumstances known to me at the time the recommendation was made, I declare that this annuity purchase as a whole is suitable to the insurance needs and financial objectives of the Purchaser(s).

Insurance Broker Signature: _____ Date: _____

Insurance License Number: _____

Standard Insurance Company Producer Identification Number: _____

F. OWNER(S) DECLARATIONS AND ACKNOWLEDGMENT

I/we hereby acknowledge:

- ☐ Yes ☐ No I/we represent that all statements and information provided herein are true and complete to the best of my belief and knowledge.
- ☐ Yes ☐ No I/we understand that should I provide incomplete or inaccurate information, I will limit protection afforded to me by law regarding the suitability of this purchase.
- ☐ Yes ☐ No I/we have reviewed the product-specific disclosure with my insurance broker and I understand the costs and features of the annuity I am purchasing.
- ☐ Yes ☐ No I/we understand and acknowledge that The Standard and its representative do 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.
- ☐ Yes ☐ No I/we believe that the purchase of this annuity is appropriate to my particular legal, financial, tax, investment and estate-planning goals and other insurance needs.

Owner Signature: _____ Date: _____

Signed In (City/State): _____

Joint Owner (if applicable): _____ Date: _____

Signed In (City/State): _____

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