



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

Application for Settlement Option

I(We) agree to surrender this deferred annuity contract for the annuity income option selected.

1 Contract Identification

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

2 Policy Statement

The annuitant(s), participant or owner(s) certifies that:	
<input type="checkbox"/> The policy is attached.	
<input type="checkbox"/> The policy is lost or has been destroyed. If found, it will promptly be returned to Standard Insurance Company.	

3 Owner(s)

PRIMARY/TRUST/BUSINESS ENTITY NAME	SSN (or TIN)	BIRTH/TRUST DATE	
TRUSTEE/BUSINESS REPRESENTATIVE NAME(S)			
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Applicable	PHONE		
ADDRESS	CITY	STATE	ZIP CODE
JOINT/CONTINGENT NAME	SSN (or TIN)	BIRTH DATE	
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	PHONE		
ADDRESS	CITY	STATE	ZIP CODE

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

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

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

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

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

Notices and Disclosures

Contract Return; Information Request

The owner(s) may return the contract for any reason within thirty (30) days after it is received. If the contract is returned, The Standard will: (a) cancel the contract from the beginning; and (b) promptly refund any premium paid by the owner(s), less any prior partial withdrawals. Upon the written request of the owner(s), The Standard will provide factual information about the contract's benefits and provisions within a reasonable time.

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 any bank or credit union activity. Some annuities are subject to investment risk and they may go down in value.

State Fraud Notices

AR, KY, LA, ME, NM, OH, OK, 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 materially false, incomplete, or misleading information is guilty of a felony of the third degree.

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

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.

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 (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 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 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 Standard Insurance Company 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 Standard Insurance Company's file; (b) I 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 Standard Insurance Company's information practices, I have been informed that I may request a copy of Standard Insurance Company's Notice of Information Practices by contacting the Annuity Department at the above address.

6 Product Choice

- ☐ Tailored Income Annuity
☐ Other _____

7 Income Option Selection (Attach proof of age.)

- ☐ **Life Income**
☐ Add **Life Income Commutation** feature.
☐ Add **Inflation Protection** feature with an increasing benefit of ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 %
- ☐ **Life Income with Installment Refund**
☐ Add **Life Income Commutation** feature.
- ☐ **Life Income with Certain Period**
of ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ _____ years
☐ Add **Life Income Commutation** feature.
☐ Add **Inflation Protection** feature with an increasing benefit of ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 %
- ☐ **Joint and Survivor Life Income**
with survivor payment of ☐ 50% ☐ 66⅔% ☐ 75% ☐ 100%
- ☐ **Joint and Survivor Life Income with Installment Refund**
- ☐ **Joint and Survivor Life Income with Certain Period**
of ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ _____ years
- ☐ **Joint and Contingent Survivor Life Income**
- ☐ **Certain Period**
of ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ _____ years
☐ Add **Inflation Protection** feature with an increasing benefit of ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 %

8 Payments

(Attach form **5031** or IRS forms W-9 and W-4P. Routine payments can be made via direct deposit by attaching form **11426**.)

DATE OF FIRST PAYMENT	MODAL PERIOD <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually
-----------------------	---

If no date is indicated, the first payment will be made after one completed modal period (based on the mode selected).

9 Remarks (For any additional remarks that are attached to this application, be sure to sign and date all papers.)

Declarations and Signatures

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

A ☐ Yes ☐ No I(We): (1) understand and acknowledge that Standard Insurance Company does not offer legal, financial, tax, investment or estate-planning advice; and (2) have had the opportunity to seek such advice from the proper sources before purchasing this contract. I(We) have determined that the purchase of this annuity is suitable given my(our) legal, financial, tax, investment, estate-planning or other goals or circumstances.

B ☐ Yes ☐ No I(We) have received, signed and attached a copy of the contract illustration.

I(We) represent that all statements and answers to questions herein are true and complete to the best of my(our) belief and knowledge. I(We) understand that the application will be attached to and made part of the annuity contract.

PRIMARY OWNER SIGNATURE

DATE

SIGNED AT (CITY, STATE)

JOINT/CONTINGENT OWNER SIGNATURE

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

NAME		E-MAIL		PHONE	
BUSINESS OR INSTITUTION NAME					
ADDRESS		CITY		STATE	ZIP CODE
LICENSE NUMBER		STANDARD INSURANCE COMPANY PRODUCER IDENTIFICATION			
<p>I declare that: (a) the application was signed and dated by the owner(s) and by the annuitant(s), if not the owners(s), after all answers and information were recorded herein; and (b) I have truly and accurately recorded on this form all of the information provided by the owner(s) and the annuitant(s), if not the owner(s).</p> <p>A <input type="checkbox"/> Yes <input type="checkbox"/> No I certify that the contract illustration was signed by the applicant and is attached to this application.</p> <p>B <input type="checkbox"/> Yes <input type="checkbox"/> No I certify that (a) the suitability requirements applicable to this annuity have been met; (b) I have completed the suitability section of the disclosure statement with the applicant(s); (c) a copy of that form has been left with the applicant(s); and (d) a copy of the form is enclosed with this application.</p> <p>C <input type="checkbox"/> Yes <input type="checkbox"/> No I certify that I have verified the identity of each owner and annuitant by reviewing a government-issued photo identification.</p> <p>_____ INSURANCE BROKER SIGNATURE</p> <p>_____ DATE</p> <p>_____ SIGNED AT (CITY, STATE)</p>					

STANDARD INSURANCE COMPANY HOME OFFICE USE (WV residents must consent in writing to any changes shown in this section.)



1. Identification

Taxpayer Name	
Primary State of Residence for Tax Reporting	Contract Number(s)

2. Taxpayer Identification Number (Social Security number or EIN)

--

Withholding Certificate for Pension or Annuity Payments — Substitute IRS Form W-4P

3. Federal and State Income Tax Withholding

(If nothing below is checked we will withhold at Federal and State minimums.)

A ☐ Check here if you **do not want any** Federal or State income tax withholding from your pension or annuity.
(Do not complete line B)

B ☐ I want **Federal withholding** from the taxable portion of my annuity payment.

Withhold: _____ (% or **Dollar** amount) **Federal** (10% minimum)

☐ I do not want State withholding Unless required.

☐ I want State withholding

Withhold: _____ (% or **Dollar** amount) **State if required or applicable.**

Marital status and total number of allowances you are claiming for above withholding requests section B.

☐ Single ☐ Married ☐ Married, but withhold at higher "Single" rate. Number of Allowances _____

Request for Taxpayer Identification Number and Certification — Substitute IRS Form W-9

This form is required. If the form is not on file, Standard Insurance Company will be required to withhold income taxes according to Internal Revenue Service guidelines. You (as payee) are required by law to provide Standard Insurance Company (as payor) with your correct taxpayer identification number (generally your Social Security number). Failure to do so may result in a \$50 penalty imposed by the Internal Revenue Service. In addition, in the event of such failure, we are required to withhold from your taxable distribution according to current regulation, regardless of your withholding election above.

4. Certification

Under penalties of perjury, I certify that:

- 1 The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
- 2 I am not subject to backup withholding because: (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and**
- 3 I am a U.S. person (including a U.S. resident alien).

Important Note: You must **STRIKE OUT** the language in section (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

5. Authorization

I have completed appropriate sections of this form and represent that all information is true and accurate. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Taxpayer Signature

Date