



The Standard[®]

Standard Insurance Company

Individual Annuities 800.247.6888 Tel

1100 SW Sixth Avenue Portland OR 97204-1093 www.standard.com

Deferred Annuity Application

1 Purchase

Secured Rate Annuity	<input type="checkbox"/> SRA 1 <input type="checkbox"/> SRA 3 <input type="checkbox"/> SRA 5 <input type="checkbox"/> SRA 6
First Rate Annuity	<input type="checkbox"/> FRA 7
Focused Growth Annuity	<input type="checkbox"/> FGA 5 <input type="checkbox"/> FGA 6 <input type="checkbox"/> FGA 7 <input type="checkbox"/> FGA 10
Principal Growth Annuity	<input type="checkbox"/> PGA 5 <input type="checkbox"/> PGA 7 <input type="checkbox"/> PGA 9
Flexible Premium Deferred Annuity	<input type="checkbox"/> FPDA
	<input type="checkbox"/> Other _____

2 Annuitant (Limit to one Annuitant.)

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

3 Owner (Only if other than Annuitant. Limit to one Owner except to facilitate a 1035 Exchange where a joint-ownership is in place.)

FULL LEGAL NAME		SSN OR TIN		BIRTH DATE	
TRUST NAME (IF APPLICABLE)		TRUSTEE NAME (IF APPLICABLE)		TRUST DATE (IF APPLICABLE)	
ADDRESS		CITY		STATE	ZIP CODE
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> NA	PHONE		EMAIL		

4 Premium

AMOUNT ATTACHED		ESTIMATED AMOUNT(S) FORTHCOMING		TOTAL AMOUNT EXPECTED	
PLANNED ANNUAL PREMIUM (IF APPLICABLE)		PAYMENT MODE (IF APPLICABLE) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually			
LIST BILL <input type="checkbox"/> Yes <input type="checkbox"/> No	LIST BILL NUMBER (IF APPLICABLE)		LIST BILL EMPLOYER NAME (IF APPLICABLE)		

5 Contract Type (Choose one.)

Non-Qualified Funds <input type="checkbox"/> New Investment <input type="checkbox"/> 1035 Exchange (Attach form 12213 .) <input type="checkbox"/> Transfer (Attach form 12213 .)
Traditional IRA <input type="checkbox"/> New Investment <input type="checkbox"/> Rollover (Attach form 12213 .) <input type="checkbox"/> Transfer (Attach form 12213 .)
Roth IRA <input type="checkbox"/> New Investment <input type="checkbox"/> Rollover (Attach form 12213 .) <input type="checkbox"/> Transfer (Attach form 12213 .)
Simplified Employee Pension (SEP) IRA <input type="checkbox"/> New Investment <input type="checkbox"/> Rollover (Attach form 12213 .) <input type="checkbox"/> Transfer (Attach form 12213 .)
Inherited IRA <input type="checkbox"/> Rollover (Attach form 12213 and 13668 .) <input type="checkbox"/> Transfer (Attach form 12213 and 13668 .)
Non-ERISA 403(b) Tax-Sheltered Annuity with Contributions from <input type="checkbox"/> Participant <input type="checkbox"/> Employer <input type="checkbox"/> New Investment <input type="checkbox"/> Rollover (Attach form 12213-TSA-A .) <input type="checkbox"/> Transfer (Attach form 12213-TSA-A .)
ERISA 403(b) Tax-Sheltered Annuity with Contributions from <input type="checkbox"/> Participant <input type="checkbox"/> Employer <input type="checkbox"/> New Investment <input type="checkbox"/> Rollover (Attach form 12213-TSA-A .) <input type="checkbox"/> Transfer (Attach form 12213-TSA-A .)
Qualified Pension for Plan Year _____, for Plan Type <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Defined Contribution <input type="checkbox"/> New Investment (Attach form 5835 .) <input type="checkbox"/> Transfer (Attach form 12213 and 5835 .)

The following information was obtained from the review of the records:

INITIATE INTEREST PAYMENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	PAYMENT MODE <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually
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FULL LEGAL NAME	PERCENT	SSN OR TIN	BIRTH DATE	RELATIONSHIP
TRUST NAME (IF APPLICABLE)		TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	
ADDRESS		CITY	STATE	ZIP CODE

Contingent Beneficiary(ies)

FULL LEGAL NAME	PERCENT	SSN OR TIN	BIRTH DATE	RELATIONSHIP
TRUST NAME (IF APPLICABLE)		TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	
ADDRESS		CITY	STATE	ZIP CODE

Contract Return; Information Request

The owner may cancel and return the contract for any reason within thirty (30) days after it is received. If the contract is returned, Standard Insurance Company will: (a) cancel the contract from the beginning; and (b) promptly refund any premium paid by the owner, less any prior partial withdrawals, after receiving: (1) a written notice of cancellation; (2) the original contract document; and (3) a completed form **5031** or IRS forms W-9 and W-4P from the owner. Upon written request of the owner, Standard Insurance Company will provide factual information about the contract 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 bank or credit union activity. Some annuities are subject to investment risk and 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.

DC, 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 and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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.

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 (e.g. 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; and (b) be the basis for denying my application. 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 above; and (c) such revocation may be the basis for denying my application. I also understand that: (a) I (or my authorized representative) have 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 (or my authorized representative) 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 information practices, I have been informed that I may request a copy of the *Privacy Notice* by contacting Standard Insurance Company at the address above.

ME Residents I further understand that failure to sign the authorization may: (a) impair the ability to evaluate my claim for benefits; and (b) be the basis for denying my claim for benefits.

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 To the best of my knowledge, the owner has existing life insurance policies or annuity contracts. Regardless of answer, states that have adopted NAIC replacement model please attach 10443.
- B** ☐ Yes ☐ No To the best of my knowledge, the contract applied for will replace an existing life insurance or annuity contract. If so, the producer has left with me all materials used in this presentation.
- C** ☐ Yes ☐ No I have received the product disclosure statement and, in those states where required or upon request, a *Buyer's Guide To Fixed Deferred Annuities*.
- D** ☐ Yes ☐ No I am a full-time, active-duty member of the US Armed Forces (to include a reserve unit serving under published orders for training).
- E** ☐ Yes ☐ No I am purchasing an SRA 1 or FRA 7.
- a** ☐ Yes ☐ No If Yes, I understand that The Standard guarantees that the additional interest will be credited only for the first contract year.
- F** ☐ Yes ☐ No I am purchasing an FGA 5, FGA 6, FGA 7 or FGA 10. If yes:
- a** ☐ Yes ☐ No I understand that this annuity includes a market-value adjustment feature. During the market-value adjustment period, any amount surrendered or used to provide annuity benefits may be subject to the adjustment. It could increase or decrease the amounts payable under the contract. If interest rates rise after the contract effective date, the market-value adjustment will generally decrease the surrender value; if interest rates fall, the market-value adjustment will generally increase the surrender value.
- b** ☐ Yes ☐ No I have received and read the applicable product disclosure and understand the various product features, including but not limited to: (a) surrenders and withdrawals; (b) surrender charges; (c) surrender charge period; (d) early withdrawal tax penalty; and (e) annuitization.
- G** ☐ Yes ☐ No I am purchasing a PGA 5, PGA 7 or PGA 9.
- a** ☐ Yes ☐ No If Yes, I understand that The Standard guarantees that the additional interest will be credited only for one year from the date of receipt of each premium.
- H** ☐ 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 agree that the purchase of this annuity is appropriate to my particular legal, financial, tax, investment, estate-planning goals and other circumstances.

ANNUITANT SIGNATURE

DATE

SIGNED AT (CITY, STATE)

OWNER SIGNATURE (IF NOT ANNUITANT)

DATE

SIGNED AT (CITY, STATE)

Owner signing as ☐ Self ☐ Trustee

☐ Attorney in Fact (Attach certified Power of Attorney and form **14389**.)

☐ Other _____

11 Insurance Producer Declarations

FULL LEGAL NAME		E-MAIL	
BUSINESS OR INSTITUTION NAME		PHONE	PAYMENT OPTION <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
ADDRESS	CITY	STATE	ZIP CODE
INSURANCE 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 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 To the best of my knowledge, the owner has existing life insurance policies or annuity contracts. States using replacement form **10443**, always attach that form.

B ☐ Yes ☐ No To the best of my knowledge, the contract applied for will replace an existing life insurance or annuity contract. If Yes, an appropriate replacement form is attached.

C ☐ Yes ☐ No I have delivered an appropriate product disclosure statement and, in those states where required or upon request a *Buyer's Guide To Fixed Deferred Annuities* to the owner.

D ☐ Yes ☐ No To the best of my knowledge, the owner is a full-time, active-duty member of the US Armed Forces (to include a reserve unit serving under published orders for training). If Yes, form **13995** is attached.

E ☐ Yes ☐ No With respect to the suitability of this annuity sale, the requirements have been met. I have completed form **12216** with the owner; the original of that form is attached, a copy has been left with the owner and a copy is on file with me.

F ☐ Yes ☐ No I have verified the identity of the annuitant and owner, if not the annuitant, by reviewing a government-issued photo identification.

INSURANCE PRODUCER SIGNATURE

DATE

SIGNED AT (CITY, STATE)

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



This Disclosure summarizes important points for you to consider before you purchase Standard Insurance Company's (The Standard's) Focused Growth Annuity.

The Focused Growth Annuity (FGA) is a single-premium deferred annuity. You purchase the annuity with one premium payment, but premiums are accepted during the first 90 contract days to accommodate multiple roll-overs, transfers and exchanges. The FGA is a fixed deferred annuity which means interest is earned during the accumulation phase and annuity payments are deferred until the annuity date or upon annuitization. The FGA's principal and earnings are not subject to income taxes until funds are withdrawn or distributed. A 10% IRS early-withdrawal penalty may apply to withdrawals or distributions prior to age 59½.

The main purpose of a deferred annuity is to save money for retirement and to receive retirement income for life. It is not meant for short-term financial goals.

If you have any questions about the FGA, please ask your broker or financial advisor. You may also contact us at the phone number shown above.

THE ANNUITY CONTRACT *How do I get an annuity started and how will the value of my annuity grow?*

Please check the appropriate box ☐ qualified annuity ☐ non-qualified annuity

Annuity An annuity allows you to pay a premium for the contract and interest will be earned on a tax-deferred basis. The premium and interest earnings are not subject to income taxes until the funds are withdrawn or distributed.

Issue Age An FGA 5, 6 or 7 will be issued to owners age 18-90 and annuitants age 0-90. An FGA10 will be issued to owners 18-80 for annuitants age 0-80.

Annuitant The annuitant is the person on whose life the amount and duration of annuity benefits are based.

Owner The owner is the person or entity who has purchased the contract and to whom the contract is issued.

Contract Effective Date The FGA's effective date is the date premium is received in The Standard's home office. The effective date is shown on the contract cover and in the contract's data pages.

Premium An FGA may be established with an initial premium of \$15,000 to \$1,000,000 (or more with prior home-office approval). Additional premium payments may be made during the first 90 days of the contract. This generally allows for multiple roll-overs, transfers and exchanges.

Interest Rates The initial premium will receive the interest rate in effect as of the date the application and premium are received in the home office. Additional premium received during the first 90 days of the contract will be credited with the interest rate in effect at the time they are received in the home office.

Premium payments are credited with a guaranteed interest rate for five years for the FGA5, six years for the FGA6, seven years for the FGA7, and ten years for the FGA10. Thereafter, the annuity fund will be credited with a renewal rate based on the current economic and interest rate environment.

Interest compounds daily.

Annuity Fund The annuity fund is the amount available to provide annuity benefits, surrender benefits and death benefits. The value of the annuity fund equals: (a) premium plus credited interest; minus (b) amounts surrendered, surrender charges and associated market value adjustments, and premium tax (if any).

Expense Charges There are no expense charges under the contract, other than surrender charges, market value adjustments, and premium tax in those states that require premium tax.

Safety and Guarantees During the market value adjustment period, The Standard guarantees that the owner will never receive less than 87½% of the total premium payments, net of any withdrawals or loans¹ taken. After the market value adjustment period, The Standard guarantees that the owner or beneficiary will never receive less than 100% of the total premium payments, net of any withdrawals or loans¹ taken.

Contract SPDA; Riders R-EIO, R-NHB, R-TCB, R-MVAR, R-DB, SWO-DEF, R-ERTSA, R-NERTSA, IRA, Roth IRA, R-QPP

¹403(b) Tax-Sheltered Annuity loans are not available during the market value adjustment period.

²Available after the first contract year.

³The nursing home confinement waiver is not available in Massachusetts. State-specific conditions apply to the terminal condition waiver.

SURRENDER BENEFITS
May I take money out of my annuity and, if so, how?

You may take money out of your annuity any time before annuity payments begin. You may take out all of your annuity's fund value (**full surrender**) or part of it (**partial surrender**).

Withdrawals must be \$500 or more. At least \$2000 must remain in the account for the contract to remain in force.

A 10% IRS penalty may apply to withdrawals made before age 59½.

A Surrender Fee will be assessed on amounts you withdraw before the end of the Surrender Fee Period, as follows:

FGA5	Year	1	2	3	4	5			
	Charge	8%	7%	6%	5%	4%			

FGA6	Year	1	2	3	4	5	6		
	Charge	8%	7%	6%	5%	4%	3%		

FGA7	Year	1	2	3	4	5	6	7	
	Charge	8%	7%	6%	5%	4%	3%	2%	

FGA10	Year	1	2	3	4	5	6	7	8	9
	Charge	8%	7%	6%	5%	4%	3%	2%	1%	0.9%

Example: The withdrawal amount paid would be \$5,000 - \$400 = \$4,600 plus the market value adjustment.

Contract SPDA; Riders R-EIO, R-NHB, R-TCB, R-MVAR, R-DB, SWO-DEF, R-ERTSA, R-NERTSA, IRA, Roth IRA, R-QPP

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²Available after the first contract year.

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Market Value Adjustment During the first 5 contract years for the FGA5, the first 6 contract years for the FGA6, first 7 contract years for the FGA7, and first 10 contract years for the FGA10 a market value adjustment will be applied to withdrawals or surrenders. Generally, if interest rates have risen since the purchase, the adjustment will decrease the surrender value. If interest rates have fallen since the purchase, the adjustment will increase the surrender value.

Note: The market value adjustment is waived whenever surrender fees are waived.

ANNUITY BENEFITS *How do I get income (payouts) from my annuity?*

Annuity Date The annuity date is the contract anniversary nearest the annuitant's 95th birthday or the 10th contract anniversary, whichever is later. The contract will automatically annuitize and begin its payout phase, unless otherwise directed.

Payout Options You may choose from the following payment options:

Life Income – A guaranteed income for as long as the annuitant lives.

Joint & Survivor Life Income – A guaranteed income for as long as both annuitants live.

Certain Period – A guaranteed income for your chosen time period (5, 10, 15 or 20 years).

Life Income with Certain Period – A guaranteed income for your minimum chosen time period. If the annuitant is still living at the end of that period, payments continue as long as the annuitant lives.

Lump Sum – One lump-sum payment of the annuity fund.

If a payment option is not chosen, we will automatically pay under a 10-year certain and life payment option.

Annuitization An FGA may be converted into an income annuity with The Standard at any time. No surrender fees will apply if you choose a Life Income or at least a 5-year Certain Period payout option. If your state imposes a premium tax, it will be deducted from your annuitized payments.

Annuity Benefits The contract may not be surrendered once payment of annuity benefits has begun.

ACCESSING FUNDS *Are there ways to access funds without incurring a surrender fee?*

The FGA offers many ways to access funds without incurring a surrender fee. There are no surrender fees associated with the following options, but an IRS early withdrawal penalty may apply to withdrawals before you reach age 59½.

- Regularly scheduled payments of interest earnings.
- Nursing home confinement.^{2 3}
- Terminal condition.^{2 3}
- IRS Required Minimum Distributions.
- Out-of-surrender-fee-period withdrawals.

DEATH BENEFITS *What happens if I die?*

The annuity's value is paid to the beneficiary if the owner or the annuitant dies before the Annuity date, with a choice of payment options. However, death benefits must begin within one year of the date of death and may not extend beyond the beneficiary's life expectancy. Under federal law, if the beneficiary is the spouse as defined under federal law, that spouse does not need to have death benefits paid; rather, that spouse may continue the contract as though that spouse were the original owner.

ADVANTAGES OF TAX DEFERRAL *How will payouts and withdrawals from my annuity be taxed?*

The annuity fund under the FGA grows tax-deferred. Taxes will be due only when withdrawals or distributions are paid from the annuity. As a result, interest accumulates on the principal, earnings and on money that otherwise would be paid in income taxes (often referred to as triple-compounding). An IRS early withdrawal penalty may also apply to payouts and withdrawals paid before you reach age 59½. A tax-deferred annuity may be exchanged for another tax-deferred annuity without being assessed income tax on the earnings. There are no additional tax advantages to purchasing an annuity as part of a qualified plan, other than those provided by the qualified plan itself. Please consult your broker or financial advisor.

Contract SPDA; Riders R-EIO, R-NHB, R-TCB, R-MVAR, R-DB, SWO-DEF, R-ERTSA, R-NERTSA, IRA, Roth IRA, R-QPP

¹403(b) Tax-Sheltered Annuity loans are not available during the market value adjustment period.

²Available after the first contract year.

³The nursing home confinement waiver is not available in Massachusetts. State-specific conditions apply to the terminal condition waiver.

OTHER INFORMATION *What else do I need to know?*

- You have 30 days to look over the annuity contract. You may return the contract to the agent who sold it or our home office within that 30 days. Any premium paid, including any contract fees or other charges, will be refunded, less any benefits paid, and the contract will be void and considered never in force.
- We pay a commission to the agent, broker or firm for selling you the annuity.

Market Value Adjustment During the market value adjustment period, a market value adjustment will be applied to withdrawals or surrenders. The market value adjustment is waived whenever surrender charges are waived. The adjustment is based on changes in the yields of the market value adjustment index and may increase or decrease the annuity's surrender value. Generally, if interest rates have risen since the purchase, the adjustment will decrease the surrender value. If interest rates have fallen since the purchase, the adjustment will increase the surrender value.

Illustrated Effect of Possible Market Value Adjustment Consider the combined charges for an early surrender when market value adjustment index rates increase or decrease. The sample calculation below assumes the index is 3.00% at issue then either rises to 5.00% or drops to 1.00%. The percentages represent a percent of the total account value and are for illustrative purposes only. Actual results may vary.

COMBINED SURRENDER CHARGE AND MARKET VALUE ADJUSTMENT

End of Contract Year	FGA5			FGA 6		
	Unchanged at 3.00%	Increased to 5.00%	Decreased to 1.00%	Unchanged at 3.00%	Increased to 5.00%	Decreased to 1.00%
1	8.00%	13.82%	2.18%	8.00%	13.90%	2.10%
2	7.00%	12.35%	1.20%	7.00%	14.02%	-0.75%
3	6.00%	9.69%	2.08%	6.00%	11.41%	0.14%
4	5.00%	6.96%	2.96%	5.00%	8.73%	1.04%
5	4.00%	4.15%	3.84%	4.00%	5.98%	1.94%
6	0.00%	0.00%	0.00%	3.00%	3.16%	2.84%
7	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

End of Contract Year	FGA 7			FGA 10		
	Unchanged at 3.00%	Increased to 5.00%	Decreased to 1.00%	Unchanged at 3.00%	Increased to 5.00%	Decreased to 1.00%
1	8.00%	14.07%	1.93%	8.00%	14.11%	1.89%
2	7.00%	15.61%	-1.61%	7.00%	15.69%	-1.69%
3	6.00%	13.10%	-1.84%	6.00%	17.24%	-5.24%
4	5.00%	10.47%	-0.92%	5.00%	15.49%	-7.04%
5	4.00%	7.77%	0.00%	4.00%	12.94%	-6.06%
6	3.00%	5.00%	0.92%	3.00%	10.33%	-5.09%
7	2.00%	2.16%	1.84%	2.00%	7.64%	-4.11%
8	0.00%	0.00%	0.00%	1.00%	4.89%	-3.13%
9	0.00%	0.00%	0.00%	0.90%	2.94%	-1.23%
10	0.00%	0.00%	0.00%	0.00%	0.16%	-0.16%
11	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Contract SPDA; Riders R-EIO, R-NHB, R-TCB, R-MVAR, R-DB, SWO-DEF, R-ERTSA, R-NERTSA, IRA, Roth IRA, R-QPP

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²Available after the first contract year.

³The nursing home confinement waiver is not available in Massachusetts. State-specific conditions apply to the terminal condition waiver.

OWNER ACKNOWLEDGMENT

I affirm that I am purchasing a Focused Growth Annuity from Standard Insurance Company. I understand the FGA product features, to the extent described in this disclosure, including that: (a) the contract includes a market value adjustment feature; (b) during the market value adjustment period a market value adjustment will be applied to withdrawals or surrenders; and (c) the market value adjustment is waived whenever surrender charges are waived. I understand that the contract is intended as a long-term savings vehicle and, as such, may have substantial penalties for early surrenders. I further understand that annuities are not: (a) insured by the FDIC or any federal government agency; (b) deposits of or guaranteed by any bank or credit union; or (c) provisions or conditions of any bank or credit union activity. Some annuities are subject to investment risk and may lose value. I certify that: (a) I have read and fully understand the FGA product brochure, the application and this disclosure statement; (b) I have retained a copy of all solicitation materials and this disclosure statement used during the course of the sale; and (c) I understand that this disclosure is a summary and not part of the contract.

Owner Name	Annuitant Name If Other Than Owner
Owner Signature	Date
Annuitant Signature If Other Than Owner	Date

BROKER ACKNOWLEDGMENT

I certify that I have read and fully understand the Focused Growth Annuity Broker Sales Guide and all consumer materials for The Standard's Focused Growth Annuity. Additionally, I have provided the Owner with the consumer materials used during the course of the sales presentation, the application and the FGA disclosure document. I have informed the Owner of the various features of the FGA and believe the Owner has been reasonably informed of those features. I further certify that I have made no statements, representations or promises about product features or future rate performance that are in any way inconsistent with those materials.

Insurance Broker Name	Standard Insurance Company Identification Number
Insurance Broker Signature	Date

**Return the signed original of this disclosure together with the application and leave a copy with the applicant.
Keep a copy for your records.**

Contract SPDA; Riders R-EIO, R-NHB, R-TCB, R-MVAR, R-DB, SWO-DEF, R-ERTSA, R-NERTSA, IRA, Roth IRA, R-QPP

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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

Acknowledgment of Suitability in an Annuity Purchase

ANNUITY SUITABILITY QUESTIONNAIRE

1 Notice

Determining the suitability of an annuity contract for a purchaser is the responsibility of your insurance agent. Florida law, as well as sound investment practices, require that an annuity agent who recommends the purchase or exchange of an annuity must have an objectively reasonable basis for believing that the recommendation is suitable for the consumer based on the facts disclosed by the consumer as to his or her investments and other insurance products and as to his or her financial situation and needs.

As part of this process, you and your agent should engage in a thoughtful, thorough interview in order to understand your financial background and current and future needs.

Prior to the execution of an annuity purchase, your agent must:

- Make reasonable efforts to obtain information from you
- Analyze the information you provide and the features of the recommended annuity
- Determine whether the recommended annuity is suitable for you
- Complete this form and retain it along with any supporting material
- Submit a copy of this form to The Standard within 10 days of its execution
- Give a copy of this form to you no later than the date of contract delivery

2 Topics for Determination of Suitability

Before you execute a purchase or exchange of an annuity, the agent who recommended the transaction must make reasonable efforts to obtain information from you. The collection and discussion of this information is for your benefit. It will help your agent determine if an annuity is a suitable investment for you. This information will not be used for any other purpose and will remain confidential.

Discuss the following topics with your insurance agent and complete the Annuity Suitability Questionnaire on this form.

- Personal information, including age, sex, and dependents
- Tax status
- Investment objectives
- Source of the funds used for purchasing the annuity
- Annual income
- Intended use of the annuity
- Existing assets, including investment holdings
- Liquid net worth and liquidity needs
- Financial situation and needs
- Risk tolerance
- Other information used or considered to be relevant by the insurance agent

The purchase or exchange being recommended to you may have tax consequences. Contact your tax advisor for more information.

Applicant's Signature

Date

Joint Applicant's Signature

Date

ANNUITY SUITABILITY QUESTIONNAIRE

3 Annuity Suitability Questionnaire

PROPOSED ANNUITANT'S PERSONAL INFORMATION

Name: Last		First		Middle
Date of Birth	Age	Sex	Tax Status	
Number and Age of Dependents:				

JOINT ANNUITANT INFORMATION

Name: Last		First		Middle
Date of Birth	Age	Sex	Tax Status	
Number and Age of Dependents:				

APPLICANT/OWNER OTHER THAN ANNUITANT/JOINT ANNUITANT

Name: Last		First		Middle
Date of Birth		Age		Sex
Entity		Tax Status		
Relationship to Annuitant(s)		Form of Ownership		
Supporting Documents (list):				

	Applicant	Joint Annuitant
Annual Income:		
Source of Income:		
Annual Household Income:		
Net Worth:		
Liquid Assets:		

Do you currently own any annuities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list:		
Do you currently own life insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list:		

Applicant's Signature

Date

Joint Applicant's Signature

Date

ANNUITY SUITABILITY QUESTIONNAIRE

	Applicant	Joint Annuitant
Does your income cover all your living expenses including medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		
Do you expect changes to your living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		
Do you anticipate changes in your out-of-pocket medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		
Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:		
Do you have an emergency fund for unexpected expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain:		

Why are you purchasing this annuity? _____

What are your investment objectives? (Check all that apply)

☐ Income ☐ Growth (long term) ☐ Safety of Principal and Income

☐ Safety of Principal and Growth ☐ Pass assets to a beneficiary or beneficiaries at death

☐ Other : _____

Describe your risk tolerance: (Check all that apply)

☐ Conservative ☐ Moderately conservative ☐ Moderate ☐ Moderately aggressive

☐ Aggressive ☐ Other: _____

Comments: _____

Applicant's Signature	Date	Joint Applicant's Signature	Date
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ANNUITY SUITABILITY QUESTIONNAIRE

Describe your investment experience by type and length of time: _____

What is the source of the funds for the purchase of the proposed annuity? _____

How long do you plan to keep the proposed annuity? _____

Will the proposed annuity replace any product? ☐ Yes ☐ No

If yes, will you pay a penalty or other charge to obtain these funds? ☐ Yes ☐ No

If yes, the amount of the charge or penalty \$ _____

Note: This section to be completed by the agent, insurer, or Managing General Agent proposing purchase

Advantages of purchasing the proposed annuity: _____

Disadvantages of purchasing the proposed annuity: _____

The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity (ies):

Agent's Signature

Date Signed

Note: No questions or response areas are to be left blank when offered to the Annuitant and/or Applicant for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

Applicant's Signature

Date

Joint Applicant's Signature

Date

ANNUITY SUITABILITY QUESTIONNAIRE

4 Acknowledgments and Signatures

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

☐ I have chosen **NOT** to provide this information at this time.

☐ I have chosen to provide **LIMITED** information at this time.

APPLICANT:

DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

THE APPLICANT, JOINT APPLICANT AND/OR OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

PURCHASER NAME

DATE OF BIRTH

By signing below, I (we) hereby certify that the above requirements have been met in regard to the Standard Insurance Company annuity being purchased. I (we) signed the application for this annuity on this date: _____

Application Date

I (we) believe that, based on my (our) financial situation and needs, the annuity being purchased meets my (our) insurance needs and financial objectives.

Applicant or Owner Signature

Date Signed

Joint Applicant or Owner Signature

Date Signed

INSURANCE AGENT NAME

By signing below I acknowledge that, based on the information the Purchaser(s) provided and on all circumstances known to me at the time I made the recommendation, this annuity is suitable to the insurance needs and financial objectives of the Purchaser(s). In addition, I have verified the identity of the Purchaser(s) with government-issued photo identification and believe the identity information provided to me is true and accurate. I will retain a copy of this signed form, along with the supporting material used or collected in making the determination of suitability, for the later of 10 years or the life of the contract. I will provide a copy of this form to The Standard within 10 days of its execution and a copy to the Purchaser(s) no later than the date of contract delivery.

Insurance Agent Signature

Date Signed

Applicant's Signature

Date

Joint Applicant's Signature

Date

ANNUITY SUITABILITY QUESTIONNAIRE

EXPLANATION OF TERMS

“Age” is the natural person’s attained age on the day the form is completed.

“Annual household income” is the combined annual income received by all household members each calendar year.

“Annual income” is income received during a calendar year, whether earned or unearned.

“Form of Ownership” is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

“Intended use of the annuity” means the purpose for which the senior consumer is considering the recommended purchase or exchange. This may include the following: (1) Immediate income (within 60 days or less), (2) Tax Shelter (protection from taxation of all types while in force), (3) Interest earnings, (4) Income stream at a stated age, (5) Creditor Protection (a desire to protect assets from attachment by any legal process), (6) Other, as stated by the Senior Consumer.

“Investment Objectives” are the senior consumer’s stated goals as described to the insurance agent or insurer, if no insurance agent is involved. These may include but are not limited to the following: (1) Income, (2) Growth (long term capital appreciation), (3) Safety of Principal and Income, (4) Safety of Principal and Growth, (5) To pass the investment to a beneficiary or beneficiaries at death.

“Liquid Assets” are financial holdings that can readily be converted into their cash equivalent, without loss of principal.

“Risk Tolerance” means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) Conservative (prefer little or no risk), (2) Moderately conservative (some risk, reduced safety of principal), (3) Moderate (average risk with potential losses and potentially higher returns), (4) Moderately aggressive (above average risk with potential losses, risk of principal and potentially higher returns), (5) Aggressive (willing to sustain losses or loss of principal in pursuit of higher returns).

“Source of annual income” is the income-generating source, such as pension income, dividends, or earned income etc.

“Source of the funds” to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to; (1) An existing annuity or life insurance contract, (2) Liquid Assets, including but not limited to, cash in banks, maturing certificates of deposit, and money market accounts, (3) Personal Loans, (4) Equity Loans, (5) Mortgages, Reverse Mortgages, (6) Death Benefit Proceeds, (7) Funds received upon retirement from employment, including but not limited to, 401(k) accounts, pensions, and other tax-sheltered funds, (8) Equities, mutual funds, or bonds, (9) Proceeds from real estate transactions.

“Supporting documents” are the documents that provide a basis for the relationship between the Proposed Annuitant, Joint Annuitant if applicable, and the Applicant/Owner as it may exist.

“Tax Status” is the senior consumer’s Federal Income Tax filing status such as *single* or *married filing jointly*; if *Exempt*, so state.

“Total Net Worth” is the senior consumer’s total assets minus total liabilities or encumbrances applicable to those assets.

Applicant’s Signature

Date

Joint Applicant’s Signature

Date

Focused Growth Annuity 5, 6, 7 And 10

A Rewarding Combination Of Safety, Tax Deferral And Choice



Standard Insurance Company

Focused Growth Annuity 5, 6, 7 And 10





A Deferred Annuity Is An Insurance Contract

A deferred annuity contract is chiefly a vehicle for accumulating savings and eventually distributing the value – either as a payment stream or as a one-time, lump-sum payment. All varieties of deferred annuities have one thing in common: the increase in account value is not taxed until those gains are withdrawn (or paid out). This is also known as tax-deferred growth.

Annuity contracts in the U.S. are defined by the Internal Revenue Code. They have features of both life insurance and investment products, but are only allowed to be sold by insurance companies. And because insurance companies are regulated by individual states, some contracts, features and options may not be available or may not be exactly the same in all states.

Optimize Growth With This Annuity

The Focused Growth Annuity offers a robust set of features to optimize growth potential. This annuity is an ideal choice for a long-term saver who can appreciate the benefits of tax-deferred growth, protection and limited access to funds. Few taxable investments provide this blend of safety, growth and flexibility.

Rate Guarantees

The annuity will be credited an interest rate that is guaranteed for five, six, seven or ten years, depending on the option selected. After that guarantee period, the contract will receive subsequent renewal rates based on the current economic and interest-rate environment. The annuity contract is assigned a guaranteed minimum rate; the renewal rate will never be set below this rate. Interest is calculated and credited daily.

Tax-Qualification Options

This annuity may be established as an Individual Retirement Annuity, 403(b) Tax-Sheltered Annuity or Simplified Employee Pension to initiate or continue a qualified retirement savings account.

Lump-sum deposits and complete or partial exchanges of non-qualified funds may also be accepted into this annuity.

Eligibility

A Focused Growth Annuity 5, 6 or 7 may be established for owners age 18-90 and for annuitants age 0-90. A Focused Growth Annuity 10 may be established for owners age 18-80 and for annuitants age 0-80. The Focused Growth Annuity requires a minimum premium amount of \$15,000 and the maximum is \$1,000,000. Greater amounts may be considered, but must receive home-office approval prior to application. Additional premium payments may be made during the first 90 days of the contract.

Advantages Of Tax Deferral

Taxes will be due only when withdrawals or distributions are made from the annuity. This will generally be during retirement, when most people find themselves in a lower tax bracket. As a result, interest accumulates on principal, earnings and on money otherwise paid in income taxes.



Tax-deferred annuities benefit from the effect of “triple-compounding,” meaning that an annuity earns interest on the **principal** (initial premium payment); on the **interest** itself (amount credited as account growth based on the contract interest rate); and on the amount that would have been paid as income **taxes**.

Annuities are intended as long-term savings vehicles.

The Focused Growth Annuity is a product of Standard Insurance Company. It may not be available in some states. The annuity is not guaranteed by any bank or credit union and is not insured by the FDIC or any other governmental agency. The purchase of an annuity is not a provision or condition of any bank or credit union activity. Some annuities may go down in value.

The guarantees of the annuity are based on the financial strength and claims-paying ability of Standard Insurance Company. An annuity should not be purchased as a short-term investment.

Policy SPDA (9/03)

Riders R-EIO, R-NHB, R-TCB, R-MVAR, R-DB, SWO-DEF, R-ERTSA, R-NERTSA, IRA, Roth IRA, R-QPP

Surrender-Charge Period

Unlike short-term savings products, deferred annuities are designed and priced for long-term retirement savings. Part of this design relies on the fact that the advantages of tax deferral work best when the annuity's growth is allowed to compound over time. So, though all or a portion of the funds may be withdrawn at any time, early withdrawals are discouraged and are subject to surrender charges.

Expressed as a percentage of the annuity's total value, these charges diminish to zero over time. This schedule is in effect for only one period during the life of the contract and will not reset.

Please note that the surrender charges are not a part of or associated with any state or federal taxes imposed on a distribution or with the IRS pre-age-59½ tax penalty that may apply to a withdrawal. Surrender charges are in addition to any applicable state or federal taxes or penalties.

Focused Growth Annuity 5

A withdrawal in...	results in a...
year 1	8% surrender charge
year 2	7% surrender charge
year 3	6% surrender charge
year 4	5% surrender charge
year 5	4% surrender charge
year 6+	0% surrender charge

Focused Growth Annuity 6

A withdrawal in...	results in a...
year 1	8% surrender charge
year 2	7% surrender charge
year 3	6% surrender charge
year 4	5% surrender charge
year 5	4% surrender charge
year 6	3% surrender charge
year 7+	0% surrender charge

Withdrawals must be at least \$500, and a minimum balance of \$2,000 must be maintained. An additional 10 percent IRS penalty may apply to withdrawals before age 59½.

Market Value Adjustment

During the market value adjustment period (the first 5, 6 or 7 contract years for the Focused Growth Annuity 5, 6 and 7 and the first 10 contract years for the Focused Growth Annuity 10) a market value adjustment will be applied to withdrawals or surrenders. This adjustment is based on changes in corporate bond yields and may increase or decrease the annuity's surrender value.

The contract details how this adjustment is calculated, but generally if interest rates have risen since the annuity purchase, the adjustment will decrease the surrender value; if interest rates have fallen, the adjustment will increase the surrender value.

In a withdrawal scenario where the surrender charge is waived, the market value adjustment will also be waived.

Focused Growth Annuity 7

A withdrawal in...	results in a...
year 1	8% surrender charge
year 2	7% surrender charge
year 3	6% surrender charge
year 4	5% surrender charge
year 5	4% surrender charge
year 6	3% surrender charge
year 7	2% surrender charge
year 8+	0% surrender charge

Focused Growth Annuity 10

A withdrawal in...	results in a...
year 1	8% surrender charge
year 2	7% surrender charge
year 3	6% surrender charge
year 4	5% surrender charge
year 5	4% surrender charge
year 6	3% surrender charge
year 7	2% surrender charge
year 8	1% surrender charge
year 9	0.9% surrender charge
year 10+	0% surrender charge

Accessing Funds

While withdrawals are discouraged until the annuity has completed its surrender-charge period, some are permitted under certain circumstances. There are no surrender charges associated with the following options, but an IRS penalty may apply before age 59½.

Interest Payments

After 30 days, regularly scheduled withdrawals of interest earnings may be made on a monthly, quarterly, semi-annual or annual basis.

Required Minimum Distributions

If the contract is held as a tax-qualified plan, IRS Required Minimum Distributions may be made on the schedule requested.

Life-Changing Scenarios

After the first contract year, if the owner becomes a nursing-home resident for 30 or more consecutive days or is diagnosed with a terminal condition, withdrawals may be made.¹

Annuitization

At any time the annuity may be converted to a payout annuity with The Standard. Annuitization must be either a lifetime income payment option or a certain period of at least five years.

Death Benefits

Beginning immediately, upon the death of the owner or annuitant, the full annuity value is payable as death benefits to the named beneficiary.



Advantages Of Tax Deferral

Taxes will be due only when withdrawals or distributions are made from the annuity. This will generally be during retirement, when most people find themselves in a lower tax bracket. As a result, interest accumulates on principal, earnings and on money otherwise paid in income taxes.

Time To Reflect On The Purchase

From the date the annuity contract is delivered, an owner has 30 days to consider the purchase. If the transaction is terminated during those 30 days, Standard Insurance Company will return all premium, net of any withdrawals taken.

¹ An applicant currently confined to a nursing home will not be eligible for the nursing-home waiver. The nursing-home waiver is not available in Massachusetts and state-specific conditions may apply to the terminal-condition waiver.

A Guaranteed Income for Life

Annuitization is precisely why many people buy an annuity — to insure against outliving an income. By annuitizing a deferred annuity, a change is made from accumulating savings to generating a guaranteed income stream.

While annuitization may occur at any time, most will consider this option in the transition from the accumulation to the income stage of retirement. It's an option that:

- Provides a guaranteed income stream;
- Can set payments to meet the IRS Required Minimum Distribution; and
- Allows payment of taxes on smaller, regular payments instead of a lump sum.

Income Options

Life Income

A guaranteed income for as long as the annuitant lives. Payments will cease upon the death of the annuitant.

Life Income With Installment Refund

A guaranteed income for as long as the annuitant lives. The total payments will never be less than the total of the funds paid to purchase this option. If the annuitant dies before receiving at least that amount, payments continue to the beneficiary until the full amount is repaid (or may be commuted to a lump-sum payment).

Life Income With Certain Period

A guaranteed income for as long as the annuitant lives. If the annuitant dies prior to the end of the period specified (5, 10, 15 or 20 years), payments continue to the beneficiary until the end of the period (or may be commuted to a lump-sum payment).

Joint And Survivor Life Income

A guaranteed income for as long as both annuitants live. When either annuitant dies, payments will continue at 50 percent, 66²/₃ percent, 75 percent or 100 percent of the payments received when both were living. Payments will cease upon death of both annuitants.

Joint And Survivor Life Income With Installment Refund

A guaranteed income for as long as both annuitants live. The total payments will never be less than the total of the funds paid to purchase this option. If both annuitants die before receiving at least that amount, payments continue to the beneficiary until the full amount is repaid (or may be commuted to a lump-sum payment).

Joint And Survivor Life Income With Certain Period

A guaranteed income for as long as both annuitants live. When either annuitant dies, payments will continue at 100 percent of the payments received when both were living. If both annuitants die prior to the end of the period specified (5, 10, 15 or 20 years), payments continue to the beneficiary until the end of the period (or may be commuted to a lump-sum payment).

Joint And Contingent Survivor Life Income

A guaranteed income for as long as both annuitants live. If the primary annuitant dies first, payments will continue at 50 percent of the payments received when both were living. If the contingent annuitant dies first, payments will continue at 100 percent of the payments received when both were living. Payments will cease upon death of both annuitants.

Certain Period

A guaranteed income for a time period chosen (5, 10, 15 or 20 years). At any time, benefits may be commuted to a lump-sum payment. If the annuitant dies prior to the end of the period specified, payments continue to the beneficiary until the end of the period (or may be commuted to a lump-sum payment).



J. Greg Ness
President and Chief Executive Officer

Standard Insurance Company Financial Strength Ratings

AA- (Very Strong) by Standard & Poor's
4th of 20 rankings

A1 (Good) by Moody's
5th of 21 rankings

A (Excellent) by A.M. Best*
3rd of 13 rankings

As of February 2010

* Rating includes The Standard Life Insurance Company of New York.

StanCorp Financial Group Long Term Senior Debt Ratings

Standard & Poor's: A-

Moody's: Baa1

A.M. Best: bbb+

As of February 2010

Balance sheet as of December 31, 2009

Assets	\$16.57 billion
Fixed Maturity Securities	58.3%
	of invested assets
A or Higher	69.8%
BBB/Baa	24.8%
BB/Ba	3.5%
B or Lower	1.9%
Commercial Mortgage Loans	40.5%
	of invested assets
60-Day Delinquencies	0.40%
Other	1.2%
	of invested assets
Portfolio Yields	
Fixed Maturity Securities	5.46%
Commercial Mortgage Loans	6.46%

2009 segment data (\$ in millions)

Revenues	
Insurance Services	\$ 2,410.6
Asset Management	382.8
Other	(23.4)
Total	\$ 2,770.0
Income before income taxes	
Insurance Services	\$ 356.3
Asset Management	37.3
Other	(77.9)
Total	\$ 315.7

Our Financial Strength

For an insurance and asset management company, there is nothing more important than financial strength. Our customers and shareholders alike must be confident that we will be there regardless of the current economic environment. We take this responsibility very seriously and back it up with our disciplined business practices, sound investment strategies and unique industry expertise. While various other financial institutions have struggled with their business mix and capital levels, at The Standard, we have maintained our focus on providing excellent customer service while still seeking attractive business opportunities. By approaching our commitments with a long-term perspective, we are able to invest for our customers and build value for our shareholders.

Our balance sheet is the cornerstone of our financial strength and has provided us with a foundation for profitability through a wide range of economic cycles.

Bond Portfolio

Our bond portfolio is strong. Our strategy is to maintain a diversified portfolio of high quality fixed-maturity securities to keep us well protected if any industry experiences difficulties.

- Average portfolio rating of "A" as measured by Standard & Poor's
- No preferred or common equities
- No direct exposure to sub-prime or alt-A mortgages
- No credit default swaps, collateralized debt obligations or commercial paper
- No mortgage-backed securities of any kind

Commercial Mortgage Loan Portfolio

Our commercial mortgage loans have consistently provided a superior balance of risk and return. We offer small commercial mortgage loans to borrowers who want a fixed rate over time, and we rigorously underwrite every commercial mortgage loan we make. The quality of our commercial mortgage loans is excellent, and our delinquency rates are very low.

- The average loan-to-value ratio on new loans was 66 percent in 2009
- As of December 31, 2009, the average loan-to-value ratio in our overall commercial mortgage portfolio was 66 percent

The Standard Stands The Test Of Time

In the July 2009 issue of Best's Review, Standard Insurance Company was recognized for maintaining an "A" rating or higher from A.M. Best Company since 1928. The Standard was honored to be among one of only 14 life/health insurers to consistently achieve an "A" rating (or higher) for more than 75 years. Given the rapidly evolving markets, changing customer needs and challenging economic times, this is a significant accomplishment. We are proud of this longstanding track record of financial strength.

Corporate Profile

StanCorp Financial Group, Inc., through its subsidiaries marketed as The Standard – Standard Insurance Company, The Standard Life Insurance Company of New York, Standard Retirement Services, StanCorp Mortgage Investors, StanCorp Investment Advisors, StanCorp Real Estate and StanCorp Equities – is a leading provider of financial products and services. StanCorp's subsidiaries serve approximately 8.1 million customers nationwide as of December 31, 2009, with group and individual Disability insurance, group Life, AD&D, Dental and Vision insurance, retirement plans products and services, individual annuities and investment advice.



The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York, where insurance products are offered by The Standard Life Insurance Company of New York of White Plains, New York. Product features and availability vary by state and company, and are solely the responsibility of each subsidiary. Except where indicated, data represents consolidated results for StanCorp Financial Group, a separate entity which is not responsible for the financial condition or obligations of the insurance subsidiaries.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SPDA (9/03)

Focused Growth Annuity 5, 6, 7 And 10
SI **15488** (11/10)



The Standard®

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

Notice of Replacement of Life Insurance or Annuities

1 Important Notice: Replacement of Life Insurance or Annuities

(This notice must be signed by the applicant(s) and agent, with the original sent to Standard Insurance Company and a copy left with the applicant(s).)

Notice to Applicant(s) Regarding Replacement of the Life Insurance Policy and Annuities

A decision to buy a new policy and discontinue or change an existing policy may be a wise choice or a mistake.

Get all the facts. Make sure you fully understand both the proposed policy and your existing policy or policies. New policies may contain clauses which limit or exclude coverage of certain events in the initial period of the contract, such as the suicide and incontestable clauses which may have already been satisfied in your existing policy or policies.

Your best source for facts on the proposed policy is the proposed company and its agent. The best source on your existing policy is the existing company and its agent.

Hear from both before you make your decision. This way you can be sure your decision is in your best interest.

If you indicate that you intend to replace or change an existing policy, Florida regulations require notification to the company that issued the policy.

Florida regulations give you the right to receive a written Comparative Information Form which summarizes your policy values. Indicate whether or not you wish a Comparative Information Form from the proposed company and your existing insurer by placing your initials in the appropriate box:

_____ Yes _____ No

Note: Agents, if "Yes" is initialed, please submit form 10604 together with this form.

Do not take action to terminate your existing policy until your new policy has been issued and you have examined it and found it to be acceptable.

2 Information on Policies That May Be Replaced

EXISTING INSURER NAME	INSURED OR ANNUITANT NAME	POLICY NUMBER*
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* If a number has not been assigned by the existing insurer, indicate alternative identification such as an application or receipt number.

3. Disclosure and Comparison of Annuity Contracts.

Existing Annuity Contract	Proposed Annuity Contract
Owner/Annuitant(s) _____	Owner/Annuitant(s) _____
Insurer _____	Insurer _____
Contract # _____	Application # _____

Applicant's Signature

Date

Joint Applicant's Signature

Date

Note: No questions or response areas are to be left blank when offered to the Annuitant and/or Applicant for signature. If any information requested is unavailable, not applicable or unknown, the Insurance Agent or Insurer must indicate that.

	Existing Annuity Contract	Replacement Annuity
Contract Issue Date	Mo____ Day____ Yr____	Mo____ Day____ Yr____ (Est)
Generic Contract Type		
Marketing Name		
Initial Premium		
Source of Initial Premium		N/A
Qualified Contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annuity Maturity Date		
Death Benefit Amount		
Change of Annuitant upon Death Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surrender Charge Period in Years		
First Year Surrender Charge Percentage Rate	%	%
Surrender Charge Schedule for Remaining Years		
Free Withdrawals Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Free Withdrawal Percentage Rate	%	%
Waiver of Surrender Charge Benefit or Similar Benefit? (List limitations, requirements, exclusions of the benefit)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minimum Guaranteed Interest Rate	%	%
Market Value Adjustment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asset Fees		
Initial Bonus Percentage or Amount		
Potential Loss of Bonus if Exchanged?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limits and Exclusions for Bonuses that may be Payable		
Interest Rate Cap		

Applicant's Signature

Date

Joint Applicant's Signature

Date

Note: No questions or response areas are to be left blank when offered to the Annuitant and/or Applicant for signature. If any information requested is unavailable, not applicable or unknown, the Insurance Agent or Insurer must indicate that.

	Existing Annuity Contract	Replacement Annuity
Participation Rate		
Index Type		
Administrative Fees or Margins		
Other		

DISCLOSURE OF SURRENDER CHARGES IF EXISTING ANNUITY IS REPLACED OR EXCHANGED.

Existing Annuity Contract No. _____	
Annuity Total Value (This amount represents the current value of the existing annuity, less any withdrawals or other deductions.)	\$ _____
Annuity Surrender Value (This amount represents the surrender value of the existing annuity.)	\$ _____
Surrender Charges Applicable at exchange (Surrender charges or fees that will be deducted from the Annuity Total Value if you exchange or otherwise terminate your existing annuity.)	\$ _____ - this is the estimated amount that will be deducted from the existing annuity's total value if surrendered, replaced, or exchanged with an anticipated surrender date of ____/____/____

EXPLANATION OF TERMS

Administrative Fees or Margins are charges that amount to the difference between the percentage gain in the index and the actual amount credited to the annuity contract.

Annual Free Withdrawal Percentage Rate is the percentage of available funds that may be withdrawn from an annuity contract, generally on an annual basis and is stated in the annuity contract.

Annuity Maturity Date is the final date of termination of the contract at which time the proceeds of the contract must be paid out.

Asset Fees are the fees the insurer charges that are a percentage of the value of the annuity contract.

Change of Annuitant upon Death is a provision that allows another person to become the annuitant upon the death of the original annuitant allowing the contract to remain in force.

Death Benefit Amount is the net amount that would be paid to the annuitant's/owner's designated beneficiary or beneficiaries of an existing annuity, or the death benefit that the proposed replacement policy would pay as of the contract issue date.

Applicant's Signature _____

Date _____

Joint Applicant's Signature _____

Date _____

Free Withdrawals are the withdrawals that may be taken from an annuity's values that are not subject to surrender or other charges and are a provision of the annuity contract.

Generic Contract Type is the generic name of the annuity contract form as approved by the Florida Office of Insurance Regulation. Examples of generic annuity contract names are Flexible Premium Equity Indexed Annuity (FPEIDA), Single Premium Immediate Annuity (SPIA), Flexible Premium Variable Deferred Annuity (FPVDA), and Single Premium Deferred Annuity (SPDA).

Index Type is the financial measurement used by the insurer to make certain calculations within an annuity contract. Examples of such indices included Standard and Poor's 500 and the Russell 2000.

Initial Bonus Percentage or Amount is a bonus paid by the insurer, generally, at inception of the annuity contract, and may be expressed as a percentage of the initial premium or other amount, or a dollar amount, and must be stated in the annuity contract.

Initial Surrender Charge Percentage Rate is the original percentage rate that is deducted from annuity values at the inception of the existing annuity contract, or that will be deducted from the recommended replacement contract at its inception if purchased.

Interest Rate Cap is the maximum interest earnings that will be credited to the annuity contract.

Market Value Adjustment is the increase or decrease in the surrender value of the contract that is adjusted to reflect market fluctuations.

Marketing Name is the name adopted by the insurer to identify the contract form.

Minimum Guaranteed Interest Rate is the minimum interest rate payable under the annuity contract as guaranteed by the insurer in the annuity contract.

Participation Rate is the percentage of the increase or return of the underlying stock market index that will be used to calculate the return.

Potential Loss of Bonus if Exchanged refers to whether any bonus would be lost if the annuity contract was exchanged or terminated for any reason.

Qualified Contract means a product used to fund any type of pension plan approved by the Internal Revenue Service.

Surrender Charge is the amount deducted from annuity contract values upon surrender of any annuity, or for withdrawals exceeding any free withdrawal provision of the contract, regardless how this charge is titled in the policy, e.g. deferred sales charge.

Surrender Charge Percentage Schedule for Remaining Years is the percentage rate that would be deducted from the existing annuity contract if surrendered, or for any withdrawals exceeding the "free withdrawal" limit.

Surrender Charge Period is the number of annuity contract years a surrender charge may be applicable.

Waiver of Surrender Charge Benefit or Similar Benefit or Provision is a benefit that is built into individual annuity contracts or added by rider, endorsement or amendment. The benefits are triggered by a qualifying event associated with either the annuitant or owner, as specified in the contract.

Applicant's Signature

Date

Joint Applicant's Signature

Date

4 Acknowledgement and Signatures

OWNER NAME(S)	PHONE	BIRTH DATE(S)	
ADDRESS	CITY	STATE	ZIP CODE
PROPOSED INSURED OR ANNUITANT NAME(S) (IF DIFFERENT THAN OWNER)	PHONE	BIRTH DATE(S)	
ADDRESS	CITY	STATE	ZIP CODE

I (We) have read this notice and received a copy of it for my (our) records. I (We) have also received a copy of the written comparison of the proposed annuity contract and my existing policy/contract.

APPLICANT: DO NOT SIGN THIS FORM IF (1) ANY ITEM HAS BEEN LEFT BLANK, (2) WITHOUT CAREFULLY REVIEWING THE INFORMATION RECORDED, OR (3) IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

THE APPLICANT, JOINT APPLICANT AND/OR OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

_____ APPLICANT SIGNATURE	_____ DATE SIGNED
_____ PRINT OR TYPE APPLICANT NAME	
_____ JOINT APPLICANT SIGNATURE	_____ DATE SIGNED
_____ PRINT OR TYPE JOINT APPLICANT NAME	

5 Agent

AGENT NAME	PHONE	FLORIDA LICENSE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

I acknowledge that I have provided the Applicant with a completed and signed copy of this form.

_____ AGENT SIGNATURE	_____ DATE SIGNED
--------------------------	----------------------



Please Read Carefully. This information has been prepared for you so that you may make an informed decision on the use of any of your policy values to fund the purchase of a new policy. Please see page 2 for explanatory notes and instructions for completing this form.

1 Current Policy Information (The benefit and values stated will be reduced as funds are used to purchase the policy proposed in Section 2.)

OWNER NAME(S)		POLICY TYPE <input type="checkbox"/> Life Insurance <input type="checkbox"/> Annuity	
POLICY NUMBER		CURRENT PREMIUM	PAYMENT MODE
CURRENT DEATH BENEFIT	CASH SURRENDER VALUE	PAID-UP ADDITION VALUE	DIVIDEND VALUE

2 Proposed Policy Information (If you are replacing your current policy, or using 25% or more of your policy values, you may request a written comparison between your current policy and the proposed policy. The comparison will be used to illustrate the policy values for both policies.)

PROPOSED EFFECTIVE DATE		POLICY TYPE <input type="checkbox"/> Life Insurance <input type="checkbox"/> Annuity	
INITIAL DEATH BENEFIT	PROPOSED PREMIUM	PAYMENT MODE	PREMIUM PAYABLE <input type="checkbox"/> To Age ____ <input type="checkbox"/> ____ Years

3 Source of Funding for the Proposed Policy

<input type="checkbox"/> A loan in the amount of \$ _____ and bearing a current loan interest rate of _____ % will be taken from the value of your current policy each _____. MODE
<input type="checkbox"/> A partial surrender in the amount of \$ _____ will be taken from the value of your current policy each _____. MODE
<input type="checkbox"/> A dividend withdrawal in the amount of \$ _____ will be taken from the value of your current policy each _____. MODE

4 Your Current Policy Could Terminate

If the policy values of your current policy are used as a source of funding for the purchase of an additional policy, it is estimated that your current policy will terminate on _____. DATE
It is estimated that you will begin making premium payments for the proposed policy from your own funds on _____ in the amount of \$ _____ to be paid each _____. DATE MODE

5 Acknowledgement

Because the values and premiums stated on this form may change over time, the estimated date upon which you will need to begin making premium payments from your own funds for the **proposed policy** may also change. Estimates as to dates when policies will terminate or payments must begin assume the continuation of current (or guaranteed) factors, and such calculations are based upon the assumption that any premiums or interest due on loans will be paid when due.

OWNER NAME(S)	PHONE	BIRTH DATE(S)	
ADDRESS	CITY	STATE	ZIP CODE
PROPOSED INSURED OR ANNUITANT NAME(S) (IF DIFFERENT THAN OWNER)	PHONE	BIRTH DATE(S)	
ADDRESS	CITY	STATE	ZIP CODE

_____ OWNER SIGNATURE	_____ DATE
_____ OWNER SIGNATURE	_____ DATE

6 Broker or Company Officer

BROKER OR COMPANY OFFICER NAME	PHONE	FLORIDA LICENSE NUMBER OR TITLE	
ADDRESS	CITY	STATE	ZIP CODE
<hr/>			
BROKER SIGNATURE		DATE	

7 Policy Disclosure Form and Instructions (Complete one form for each previously-issued policy. Any required replacement and sales forms must also be completed. One copy is to be delivered to the policyowner(s) and one copy maintained by the insurer.)

Any and all information applicable to the transaction shall be fully and completely disclosed on form 10603. If the information requested does not apply to the transaction, the words "not applicable" or "N/A" shall be entered.

Section 1

The information to be disclosed in Section 1 shall apply to the current, in force policy for which policy values are being utilized as a source of funding for the purchase of additional insurance contract(s). For purposes of this form, "current death benefit" is defined as the sum of the death benefit payable under the base policy, all life insurance riders covering the principal insured (other than special contingency death riders), paid-up additional insurance and dividends, minus any outstanding indebtedness. The term "cash surrender value" is defined as the cash value of the policy or contract net of any outstanding indebtedness and surrender charges, and less any dividend value. The term "paid-up addition value" is defined as the cash value of additional insurance purchased with policy dividends. The term "dividend value" is defined as the total cash value of all policy dividends left on deposit with the company to accumulate at interest.

Section 2

The information to be disclosed in Section 2 shall apply to the proposed additional insurance contract(s) being funded by policy values in a current, in force policy. For purposes of this form, "proposed premium" is defined as any recurring payment which is planned to be paid or which is required to be paid under the proposed policy.

Section 3

The information to be disclosed in Section 3 shall apply to the current, in force policy, and shall indicate the manner in which the policy values are being used to fund the purchase of the proposed policy. Section 3 is not to be completed if the current policy is totally surrendered. However, in the event of a total surrender of the current policy, Sections 1, 2, 4 and the signatures of this form must still be completed.

When completing Section 3 of this form, each and every source of funding for the proposed policy must be identified, i.e. whether a policy loan, partial surrender, or dividend withdrawal or any combination thereof is being utilized. If more than one source of funding will be utilized to fund the initial and/or future premiums for the proposed policy, all applicable sections of Section 3 shall be completed.

For purposes of this form, a "partial surrender" is defined as any amount taken from the value of the current policy which is less than the total cash value available under such policy. The term "mode" is defined as the frequency upon which a policy loan, partial surrender or dividend withdrawal will be taken from the value of the current policy. In the event of a single loan, surrender or withdrawal, the words "one time only" shall be entered in the space provided. The term "loan interest rate" is defined as the rate of interest in effect on the date that this form is completed, as specified in the current policy contract.

Section 4

The information to be disclosed in Section 4 shall apply to the current, in force policy and the proposed additional policy, respectively.

Signatures

In order to evidence that the required disclosure has been made, the form shall be signed and dated by the soliciting producer or by a Corporate Officer, as well as by the policyowner(s). For identification purposes, the producer or Corporate Officer shall enter such person's Florida License Number or Corporate Title, respectively, in the space provided.



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

Request for Rollover, Transfer or Exchange

1 Transferring Institution

COMPANY OR CUSTODIAN		PHONE	
STREET ADDRESS (NOT A POST OFFICE BOX)	CITY	STATE	ZIP CODE

2 Existing Policy or Account

OWNER(S)	OWNER SSNs (or TINs)		
ADDRESS	CITY	STATE	ZIP CODE
ANNUITANT(S), INSURED(S) OR PARTICIPANT	ANNUITANT, INSURED(S) OR PARTICIPANT SSNs (or TINs)		
BENEFICIARY (IF PARTICIPANT IS DECEASED)	BENEFICIARY SSN (or TIN)		
INVESTMENT VEHICLE <input type="checkbox"/> CD <input type="checkbox"/> Life Insurance <input type="checkbox"/> Annuity <input type="checkbox"/> Custodial Account <input type="checkbox"/> Other _____		ACCOUNT OR CONTRACT NUMBER(S)	

3 Transaction Type (Complete section A or B.)

A Qualified Funds

(For rollover, transfer or exchange into a 403(b) Tax-Sheltered Annuity, use form **12213-TSA-A.**)

Funds From	Funds To	
<input type="checkbox"/> Traditional IRA <input type="checkbox"/> Inherited IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> 403(b) TSA <input type="checkbox"/> Qualified Pension or Profit Sharing Plan <input type="checkbox"/> Other: _____	Initiated by Participant <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Qualified Pension or Profit Sharing Plan <input type="checkbox"/> Other: _____	Initiated by Beneficiary <input type="checkbox"/> Inherited IRA (Attach form 13668.)

Standard Insurance Company's Traditional IRA, Roth IRA, SEP and 403(b) contracts meet the requirements of Internal Revenue Code § 408(b), 408A, 408(k) and 403(b)(1) respectively.

B Non-Qualified Funds

Transaction Type: ☐ Direct Transfer
☐ 1035 Exchange

Additional Funds Forthcoming After This Transfer: ☐ No ☐ Yes: \$ _____

The undersigned owner(s) authorizes the transferring institution to liquidate and transfer the requested amount or percentage of the owner(s)'s rights, title and interest in the referenced account(s), without exception to Standard Insurance Company. This assignment is made to facilitate the exchange of all or a portion of the above-referenced policy for a new policy(ies) with Standard Insurance Company pursuant to Section 1035 of the Internal Revenue Code. The undersigned owner(s) understands and agrees that Standard Insurance Company is providing this form and participating in this exchange at the owner(s)'s request. The owner(s) acknowledges that Standard Insurance Company has not made, and will not make, any representations or warranties regarding the tax effects, if any, of this assignment, and any resulting taxes will be the sole responsibility of the owner(s). In consideration of Standard Insurance Company's willingness to participate in this exchange, the owner(s) accepts all responsibility for the validity of this assignment and releases Standard Insurance Company from any and all claims or liability resulting from this exchange. This Absolute Assignment shall be binding on the owner(s) and on the owner(s)'s personal representatives, heirs, successors and assignees. The owner(s) acknowledges and warrants that no other person has any interest in this policy, that no proceeding in bankruptcy is pending or has been filed affecting the policy, and that any collateral assignment of the policy has been properly released by the collateral assignee prior to the execution of this Absolute Assignment contract's benefits and provisions within a reasonable time.

4 Lost Policy Statement (Applicable only to a full surrender to effect the rollover, transfer or exchange.)

The undersigned certifies that:

- ☐ The policy or contract is attached.
☐ The policy or contract is lost or has been destroyed. To the best of my knowledge it is not in anyone's possession.

5 Participant/Beneficiary Declaration (Complete only for rollover of 403(b) Tax-Sheltered Annuity funds.)

The undersigned requestor is a:

- ☐ Participant, older than age 59½, severed from employment or with another distributable event.
☐ The beneficiary of a deceased participant of the plan sponsor releasing these funds.
☐ Neither of the above.

6 Authorization

The undersigned owner(s) or beneficiary authorizes the transferring institution to liquidate and transfer

_____ % or \$ _____ as cash from the policy or account to Standard Insurance Company:

- ☐ Transfer Immediately (default action if no selection is made)
☐ Transfer on Maturity or Anniversary Date
☐ Transfer on _____

DATE

I(We) authorize disclosure of information to Standard Insurance Company as necessary to complete the requested transaction.

I(We) understand that the rollover, transfer or exchange will be effective on the date the check(s) is(are) received.

OWNER OR BENEFICIARY SIGNATURE

DATE

OWNER SIGNATURE

DATE

GUARANTEE SIGNATURE (IF APPLICABLE)

DATE

7 Request for Funds Transfer (To be completed only by an authorized Standard Insurance Company home-office employee.)

Standard Insurance Company is prepared to accept the assets as indicated in this document and will transfer the assets into a new or existing policy with Standard Insurance Company.

Standard Insurance Company (TIN #93-0242990) hereby requests that the above-documented surrender or partial withdrawal be transacted immediately. All proceeds, including any premiums, shall be payable and forwarded to:

Standard Insurance Company

FBO: _____
OWNER(S), ANNUITANT(S) OR BENEFICIARY NAME

Unit 36
P.O. Box 5000
Portland, OR 97208-5000

☐ Please refer to the Standard Insurance Company annuity contract number: _____
CONTRACT NUMBER

☐ The requested action is a 1035 Exchange, therefore please:
• Provide Cost Basis (see the enclosed Request For Cost Basis And Balance form).

AUTHORIZED STANDARD INSURANCE COMPANY HOME OFFICE EMPLOYEE

DATE