Immediate Annuity Application

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

1   Purchase

❏ Tailored Income Annuity
❏ Other _____

2   Owner(s)

PRIMARY/TRUST/BUSINESS ENTITY NAME	SSN (or TIN)	BIRTH/TRUST DATE	
TRUSTEE/BUSINESS REPRESENTATIVE NAME(S)			
GENDER ❏ Female ❏ Male ❏ Not Applicable	PHONE		
ADDRESS	CITY	STATE	ZIP CODE

JOINT/CONTINGENT NAME	SSN (or TIN)	BIRTH DATE	
GENDER ❏ Female ❏ Male	PHONE		
ADDRESS	CITY	STATE	ZIP CODE

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

PRIMARY NAME	SSN (or TIN)	BIRTH DATE	
GENDER ❏ Female ❏ Male	PHONE		
ADDRESS	CITY	STATE	ZIP CODE

JOINT/CONTINGENT NAME	SSN (or TIN)	BIRTH DATE	
GENDER ❏ Female ❏ Male	PHONE		
ADDRESS	CITY	STATE	ZIP CODE

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

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

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

5   Annuity Purpose

❏ Non-Qualified
    ❏ IRA   ❏ Traditional ❏ Roth   ❏ SEP
    ❏ 403(b) TSA   ❏ Non-ERISA ❏ ERISA with contributions from: ❏ Participant ❏ Employer
    ❏ Qualified Pension: _____ (Attach form **5835**.) ❏ Defined Benefit ❏ Defined Contribution
                PLAN YEAR

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, DC, 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.

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 Premium

TOTAL AMOUNT	AMOUNT ATTACHED	ESTIMATED AMOUNT FORTHCOMING

MONEY SOURCE
❏ New Investment ❏ Rollover (Attach form **12213**.) ❏ Transfer (Attach form **12213**.) ❏ 1035 Exchange (Attach form **12213**.)

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

❏ **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
	❏ Monthly ❏ Quarterly ❏ Semiannually ❏ Annually

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

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

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

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 The owner(s) has(have) existing life or annuity policies.
(For states using replacement form **10443**, attach that form.)

B ❏ Yes ❏ No To the best of my(our) knowledge, the contract applied for will replace an existing life insurance or annuity contract. In the event of replacement, I(we) understand that the agent must leave the original or a copy of all written or printed communications used for presentation to me (us).
(If **Yes**, include a state replacement form where required.)

C ❏ 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.

D ❏ Yes ❏ No I(We): (1) have received a copy of the product disclosure; and (2) have 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		

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).

A ❏ Yes ❏ No The owner(s) has(have) existing life or annuity policies.
(For states using replacement form **10443**, 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**, include a state replacement form where required.)

C ❏ Yes ❏ No I certify that a copy of the product disclosure and a signed contract illustration was presented to and left with the applicant.

D ❏ Yes ❏ 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.

E ❏ Yes ❏ No I certify that I have verified the identity of each owner and annuitant by reviewing a government-issued photo identification.

INSURANCE BROKER SIGNATURE	DATE	SIGNED AT (CITY, STATE)

Substitute IRS Forms W-4P and W-9

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

TheStandard®

1   Identification

TAXPAYER NAME	POLICY NUMBER(S)		
ADDRESS	CITY	STATE	ZIP CODE

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

2   Federal Income Tax Withholding

1   Check here if you **do not want any** Federal income tax withheld from your pension or annuity.   ❏
(Do not complete lines 2 or 3).

2   Total number of allowances and marital status you are claiming for withholding from each
periodic pension or annuity payment. (You may also designate an additional dollar amount on line 3.)
_____
ALLOWANCES

❏ Single   ❏ Married   ❏ Married, but withhold at higher "Single" rate

3   Additional amount, if any, you want withheld from each pension or annuity payment $_____
(Note: For periodic payments, you cannot enter an amount here without entering the number (including zero)   AMOUNT
of allowances on line 2.)

3   State Income Tax Withholding

1   State for income tax withholding   _____   ❏ Withhold   ❏ Do Not Withhold (unless required)
STATE

2   Additional amount, if any, you want withheld from each pension or annuity payment $_____
AMOUNT

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   Taxpayer Identification Number (TIN)

TAX IDENTIFICATION NUMBER (E.G. SOCIAL SECURITY NUMBER)

5   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.

6   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

Qualified Joint and Survivor Annuity Notice and Spousal Consent
Standard Insurance Company
Individual Annuities 800.247.6888 Tel 800.378.4570 Fax
1100 SW Sixth Avenue   Portland OR 97204-1093 **www.standard.com**

Qualified Joint and Survivor Annuity Notice (Applicable only if a plan is subject to ERISA provisions.)

Qualified Joint and Survivor Annuity

Married Participants

The law requires that benefits from this plan be paid in the form of a Qualified Joint and Survivor Annuity ("QJSA"), unless you elect another benefit option offered by the plan. If you decide to elect a benefit option other than a QJSA, then your spouse must consent in writing to your election. Your spouse's signature must be witnessed by a Plan Representative or a Notary Public. Your election must be made no more than 90 days prior to the date distributions commence (however, at least seven days must elapse from the time you receive this QJSA explanation to the time of the distribution). The election (or spousal consent to the election) may be revoked at any time within those 90 days. If you decide to change the benefit option before distributions commence, then you must again obtain your spouse's written consent as described above.

For married participants, a QJSA benefit is a Joint and Survivor Annuity. Monthly payments are made for your life. After your death, monthly payments, usually of 50 percent of the amount you received, are made to your spouse for life. The total amount payable as a QJSA must be the actuarial equivalent of the amount that would be payable to you in a Life annuity. The monthly payment amount paid during your life will be less than it would be in a Life Annuity based on a single life.

The law also requires that any and all survivor benefits from this plan be paid to your spouse, unless you designate a different beneficiary. If you decide to designate a beneficiary other than your spouse, then your spouse must consent in writing to your beneficiary designation. Your spouse's signature must be witnessed by a Plan Representative or a Notary Public.

Unmarried Participants

The law requires that, unless you elect otherwise, benefits from this plan be paid in the form of a Single Life Annuity: you will receive monthly payments for your life, and then no payments are made after your death. If you decide to elect another benefit option offered by the plan, your election must be made no more than 90 days prior to the date distributions commence (however, at least seven days must elapse from the time you receive this QJSA explanation to the time of the distribution). You may revoke your election at any time within those 90 days.

If any survivor benefits are payable through the benefit payment option you have chosen, then you may designate a beneficiary to receive those survivor benefits.

1   Spousal Consent (Applicable only if a plan is subject to ERISA provisions.)

I am   ❏ Married   ❏ Not Married   ❏ Married, but cannot locate my spouse

Important: This section must be completed if this 403(b) TSA is subject to the provisions of the Employee Retirement Income Security Act (ERISA). If you are not sure whether or not this 403(b) TSA plan is administered under ERISA, please contact one of our annuity specialists at (800) 247-6888. Your spouse must complete this section if your account balance has ever been greater than $5,000. Your spouse's signature must be witnessed by an Authorized Plan Representative or a Notary Public.

SPOUSE NAME

I understand that by signing below I give my consent to this distribution. Furthermore, I acknowledge that this transaction/policy change may result in the reduction of benefits that might otherwise have become distributable under this plan. I have read and understand the explanation of the Qualified Joint and Survivor Annuity. If my spouse did not select a QJSA, I consent to payment in the form selected.

_____   _____
SPOUSE SIGNATURE   DATE

WITNESS NAME AND TITLE

_____   _____
WITNESS SIGNATURE   DATE

State of _____ County of _____   STAMP

Subscribed and sworn/affirmed before me this _____ day on

_____, by _____

_____ _____
NOTARY PUBLIC SIGNATURE   DATE

Notary Public for _____ state. My commission expires _____.

AUTHORIZED PLAN REPRESENTATIVE NAME (Required only if there is no spouse signature and the vested account balance was ever more than $5,000.)

I, as authorized plan representative, hereby state that it is established to my satisfaction that spousal consent to the above choice cannot be obtained because the participant is unmarried, or the participant's spouse is unavailable for consent, or because of other legitimate circumstances that prevent obtaining spousal signature.

_____   _____
AUTHORIZED PLAN REPRESENTATIVE SIGNATURE   DATE

2   Authorization

I have read and understand the explanation of the Qualified Joint and Survivor Annuity. As required by regulations, I certify that at least seven (7) days have elapsed since I received the QJSA explanation. If I did not select a QJSA, I elect to waive payment of my benefits in the form of a QJSA and to receive payment in the form selected. If I designated a joint annuitant or beneficiary other than my spouse, I elect to waive payment of any survivor benefits to my spouse. I have the right to revoke either election at any time prior to the date my benefit payments begin. I understand that after payments begin, my election is irrevocable.

I have completed appropriate sections of this form and represent that all information is true and accurate.

_____   _____
OWNER OR PARTICIPANT SIGNATURE   DATE

_____   _____
OWNER SIGNATURE   DATE