



1 Purchase

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

2 Annuitant (Limit to one Annuitant per contract.)

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

3 Owner (Complete only if the Owner is not the Annuitant. Limit to one Owner per contract.)

NAME	SSN (or TIN)	BIRTH DATE	
ADDRESS	CITY	STATE	ZIP CODE
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Applicable	PHONE		
TRUST NAME (IF APPLICABLE)	TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	

4 Initial Premium

AMOUNT	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	
MONEY SOURCE <input type="checkbox"/> New Investment <input type="checkbox"/> Rollover (Attach form 12213.) <input type="checkbox"/> Transfer (Attach form 12213.) <input type="checkbox"/> Exchange (Attach form 12213.)			

5 Annuity Purpose

<input type="checkbox"/> Non-Qualified	<input type="checkbox"/> Traditional	<input type="checkbox"/> Roth	<input type="checkbox"/> SEP
<input type="checkbox"/> IRA	<input type="checkbox"/> 403(b) TSA	<input type="checkbox"/> Non-ERISA	<input type="checkbox"/> ERISA with contributions from: <input type="checkbox"/> Participant <input type="checkbox"/> Employer
<input type="checkbox"/> Qualified Pension: _____ (Attach form 5835.)	<input type="checkbox"/> Defined Benefit	<input type="checkbox"/> Defined Contribution	
PLAN YEAR			
<input type="checkbox"/> List Bill: _____	EMPLOYER PLAN NUMBER	EMPLOYER NAME	

6 Interest Paid As Earned (Attach form 5031 or IRS forms W-9 and W-4P.)

(Minimum payment is \$100. No additional premium will be accepted. Not available on FPDA. For payments via direct deposit, attach form 11426.)

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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7 Beneficiary Designation (To name additional beneficiaries please use Remarks in section 8.)

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

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

Notices and Disclosures

Contract Return; Information Request

The owner 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, less any prior partial withdrawals. Upon the owner's written request, 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 misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Privacy Statement

I understand that, in the course of processing my application, Standard Insurance Company (The Standard) 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. The Standard may obtain personal information from: (a) this application; (b) other forms I submit to The Standard; (c) an employer; (d) an insurance sales representative; (e) other insurance companies; and (f) other sources, such as The Standard's Web sites. In the course of processing this transaction there may be circumstances in which The Standard discloses to other parties the information collected about me. I authorize The Standard to disclose personal information: (a) to an employer; (b) to organizations or persons, including insurance sales representatives, that perform services or functions necessary to process this transaction; and (c) to other insurance companies. No other disclosure may be made without my further authorization except: (a) to the extent necessary for the conduct of The Standard's business; or (b) as permitted or required by law. I understand that failure to sign the authorization: (a) may impair the ability to process my application or evaluate my claim for benefits; and (b) may be the basis for denying my application or my claim for benefits. I understand that this authorization: (a) will automatically expire 24 months after the date I sign this form; (b) may be revoked by me at any time by sending a written request for revocation to The Standard at the address shown at the top of this form; 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 The Standard's file; (b) I have the right to ask The Standard to correct or amend such information, if necessary; and (c) The Standard will carefully review my request and, where appropriate, make the necessary change. To obtain further information about these rights and The Standard's information practices, I have been informed that I may request a copy of The Standard's Notice of Information Practices from the Annuity Department at the address shown at the top of this form.

- 8 Remarks (WV residents must consent in writing to any changes shown in this section.)
(For any additional remarks that are attached to this application, be sure to sign and date all papers.)

Declarations and Signatures

9 Annuitant and Owner

A	<input type="checkbox"/> Yes <input type="checkbox"/> No	The owner has existing life or annuity policies. (For states using replacement form 10443 , always attach that completed form.)
B	<input type="checkbox"/> Yes <input type="checkbox"/> No	To the best of my knowledge, the contract applied for will replace an existing life insurance or annuity contract. In the event of replacement, I understand that the agent must leave the original or a copy of all written or printed communications used for presentation to me. I represent that all statements and information herein are true and complete to the best of my belief and knowledge. I understand that the application will be attached to and made part of the annuity contract. (If Yes, include a state replacement form where required.)
C	<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand that The Standard guarantees additional interest to be credited to the Annuity Fund only: (a) for the first contract year on an SRA I and an FRA; and (b) for one year from the date of premium receipt on a PGA.
D	<input type="checkbox"/> Yes <input type="checkbox"/> No	I am buying an FGA and I have received the Focused Growth Annuity Disclosure (form 11937). I understand that the FGA includes a Market Value Adjustment feature. During the MVA period, any amount surrendered or used to provide annuity benefits is subject to an MVA. The MVA may increase or decrease the amounts payable under the contract. If interest rates rise after the contract effective date, the MVA will generally decrease the surrender value; if interest rates fall, the MVA will generally increase the surrender value.
ANNUITANT SIGNATURE		DATE
OWNER SIGNATURE (IF NOT ANNUITANT) , TITLE (IF APPLICABLE)		DATE
SIGNED AT (CITY, STATE)		

10 Insurance Broker

NAME	E-MAIL	PHONE	
BUSINESS OR INSTITUTION NAME			
ADDRESS	CITY	STATE	ZIP CODE
LICENSE NUMBER	STANDARD INSURANCE COMPANY PRODUCER IDENTIFICATION		
<p>I declare that: (a) the application was signed and dated by the annuitant, and by the owner (if not the annuitant) 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 annuitant and the owner (if not the annuitant).</p> <p>A <input type="checkbox"/> Yes <input type="checkbox"/> No The owner has existing life or annuity policies. (For states using replacement form 10443, always attach that completed form.)</p> <p>B <input type="checkbox"/> Yes <input type="checkbox"/> 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.)</p> <p>C <input type="checkbox"/> Yes <input type="checkbox"/> No I certify that an appropriate product disclosure form and a <i>Buyer's Guide To Fixed Deferred Annuities</i> (form 10427) have been delivered.</p>			
INSURANCE BROKER SIGNATURE		DATE	SIGNED AT (CITY, STATE)

10040 (01/05)

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Policy: SRA, SRA-B, SPDA, FPDA

If premium is received detach and leave with purchaser.

Standard Insurance Company • Deferred Annuity Premium Receipt (Make checks payable to Standard Insurance Company.)

Received from _____ the sum of \$ _____ to be applied
PURCHASER NAME AMOUNT

to the purchase of a Standard Insurance Company _____ annuity for _____
PRODUCT ANNUITANT NAME

INSURANCE BROKER SIGNATURE

DATE

