



1 Contract Identification

POLICY NUMBER			
ANNUITANT NAME		OWNER NAME	
ADDRESS CHANGE <input type="checkbox"/> No <input type="checkbox"/> Yes		PHONE	
ADDRESS	CITY	STATE	ZIP CODE

2 Direction For Taking **No Distribution**

I will not be taking the IRS Required Minimum Distribution from this contract because:

I have a 403(b) TSA or Pension contract and remain employed by the sponsoring organization.

I am meeting this requirement through an arrangement previously set up:

Through a like contract held at another financial institution.

Through a like contract held at Standard Insurance Company _____.

POLICY NUMBER

3 Direction For **Taking An IRS Required Minimum Distribution** (Attach form 5031 or IRS forms W-9 and W-4P.)

Automatic Distribution of IRS Required Minimum Distribution Amount
This method will provide an annual payment to you from your existing policy. Standard Insurance Company will calculate the amount each year and send you a check within 30 days of your policy's anniversary date.
Annual payments can also be mailed directly to your bank by attaching form 10441.

Choose a month for your annual distribution:
 February March April May June July August September October November

Guaranteed Income for Life or for the Lives of You and Your Beneficiary
This method will provide you with monthly income based on your current policy value. If this option is selected, we will provide you with illustrations of the benefit options from which you may choose.

Distribute Only On My Request
This method requires that you submit form 10050 to Standard Insurance Company each year to request your distribution. *Please note that Standard Insurance Company will not be responsible for **distributing** or for **reminding you** to request a distribution each year. Choosing this option means **YOU** must initiate the request to comply with the IRS requirement.*

4 Calculation Option

My spouse is more than 10 years younger than me and is my sole designated beneficiary. Please calculate my IRS Required Minimum Distribution using a joint-life expectancy with my spouse. If my marital status changes, I will advise Standard Insurance Company of such change within 90 days.

SPOUSE BENEFICIARY NAME	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	BIRTH DATE
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5 Authorization

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 _____

