



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



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).	<input type="checkbox"/>
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
	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> 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) of allowances on line 2.)	\$ _____ AMOUNT

3 State Income Tax Withholding

1	State for income tax withholding _____ <input type="checkbox"/> Withhold <input type="checkbox"/> 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
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