

**SINGLE PREMIUM IMMEDIATE ANNUITY APPLICATION**



**SPIA**

**SPIA PLUS**  
(Irrevocable and Unassignable)

<b>Annuitant</b>	Name: Last		First	Middle	
	Address: Street		City	State	Zip
	Date of Birth	Age	Sex	SSN:	Telephone
<b>Joint Annuitant</b> <i>(if applicable)</i>	Name: Last		First	Middle	
	Address: Street		City	State	Zip
	Date of Birth	Age	Sex	SSN:	Telephone
<b>Owner</b> <i>(if other than annuitant)</i>	Name: Last		First	Middle	
	Address: Street		City	State	Zip
	Date of Birth	Age	Sex	SSN:	Telephone
<b>Joint Owner</b> <i>(if other than joint annuitant)</i>	Name: Last		First	Middle	
	Address: Street		City	State	Zip
	Date of Birth	Age	Sex	SSN:	Telephone
<b>Beneficiary(s)</b> <i>(Attach signed &amp; dated sheet if multiple beneficiaries)</i>	Primary Beneficiary	Date of Birth		SSN:	Relationship to Owner
	Contingent Beneficiary	Date of Birth		SSN:	Relationship to Owner

**Premium Payment**

Single Premium Payment Amount \$ \_\_\_\_\_

Nonqualified       Qualified

IRA                       SEP                       Check Enclosed

Other \_\_\_\_\_

**Payment Mode/ Frequency**

Monthly    Quarterly    Semi-Annually    Annually

Other \_\_\_\_\_

Start date will be one period from date premium is received unless noted here.

\_\_\_\_\_

**Income Payment/ Payout Options**

Period Certain Based on Social Security Life Expectancy.

Period Certain \_\_\_\_\_ years \_\_\_\_\_ months.

Interest + \$10.00 per month for Period Certain of \_\_\_\_\_ years and \_\_\_\_\_ months.

\_\_\_% Increase per year for \_\_\_\_\_ years period certain.  
(5%, 10% and 15% available)

Life Only (available on SPIA only).

Lifetime Income with Period Certain of \_\_\_\_\_ years and \_\_\_\_\_ months.

Joint Life.

Joint with Period Certain \_\_\_\_\_ years.

<b>Special Requests</b>	List special requests here
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**CHECKS MUST BE MADE PAYABLE TO STANDARD LIFE INSURANCE COMPANY OF INDIANA**

**(OVER)**

**Owner Signature – (All appropriate boxes must be checked or application will be deemed incomplete.)**

Do you have any existing annuity or insurance contracts?

Yes  No

If yes, will the proposed contract replace any existing annuity or insurance contract?

Yes  No  N/A

*(If yes, Please complete and sign the appropriate replacement form for your state)*

By signing below:

I acknowledge and understand that annuities purchased with Qualified funds are subject to the Required Minimum Distribution Rules. If I turn 70 ½ during this calendar year or am currently taking Required Minimum Distributions, I understand that the RMD must be withdrawn before transferring funds.

I believe this to be a suitable purchase for my financial status. Any applicable surrender or withdrawal provisions have been explained to me.

**I agree to all terms and conditions as shown, and have read and understand all the statements made above. I agree that this application will be made part of the annuity contract, and all statements made in this application are true, to the best of my knowledge and belief.**

Owners Signature	Joint Owners Signature <i>(if applicable)</i>	Date
Signed At (City)	(State)	(Zip)

**Agent Signature – (All appropriate boxes must be checked or application will be deemed incomplete.)**

**Suitability:**

Has the applicant disclosed his/her financial and tax status?

Yes  No

Has the applicant disclosed his/her financial goals and objectives?

Yes  No

Has the applicant disclosed his/her other annuity contracts?

Yes  No

The applicant declined to discuss his/her financial situation with me.

Yes  No

**Advertising:**

Did you use any sales materials?

Yes  No

If yes, did you use only company approved sales material?

Yes  No  N/A

If yes, did you leave a copy with the client?

Yes  No  N/A

**Replacement:**

Does the proposed client have any existing annuity or insurance contract?

Yes  No

If yes, will the proposed contract replace any existing annuity or insurance contract?

Yes  No  N/A

*(If yes, Please complete and sign the appropriate replacement form for your state)*

**By signing below, I hereby certify, to the best of my knowledge and belief, that all information in this application is true. I also certify that I have explained any applicable surrender charges or withdrawal provisions contained in this contract, and I certify that this annuity is suitable for the applicant, based upon the applicant's disclosure.**

Agent's Signature	Agency Name <i>(if applicable)</i>	Date
Telephone	Agent Number	State Number <i>(if applicable)</i>

*(If Joint Case)*

Agent's Signature	Agency Name <i>(if applicable)</i>	Date
Telephone	Agent Number	State Number <i>(if applicable)</i>

**Required Notice:** 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.

**Required notice for residents of Florida:** 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.