

Annuity Customer Identification & Suitability Confirmation Worksheet



STANDARD LIFE INSURANCE COMPANY OF INDIANA
 10689 N. Pennsylvania
 PO Box 80248
 Indianapolis, IN 46280-0248
 800-767-7749 • www.standardagents.com

Thank you for your interest in a Standard Life Insurance Company of Indiana annuity. Completion of this worksheet is an essential part of the application process. It helps your agent assess your insurance needs and financial objectives and also aids in ensuring compliance with the USA Patriot Act.

NOTE: If applying as a joint owner and your relationship to the other joint owner is not spousal, separate worksheets must be completed by each joint owner.

Non-Natural Owners: For a non-natural owner, the information on the front of this form should be relevant to the entity. On the reverse side, the Identification Verification information should be provided by the person(s) authorized to act on behalf of the entity.

Owner Information

1. Name _____
2. Occupation _____
5. U.S. Citizen Yes No
7. Place of Birth _____
Specify City and State (Country if other than United States)
9. Approximate Annual Income \$ _____
10. Approximate Net Worth \$ _____
Net Worth equals Total Assets (not including home, jewelry, furnishings and automobile) Less Total Debts

Joint Owner Information

3. Name _____
4. Occupation _____
6. U.S. Citizen Yes No
8. Place of Birth _____
Specify City and State (Country if other than United States)

11. Source of Income Current Wages Pension Plan Social Security Investment income None Required Minimum Distribution (RMD) or 72 (t)/(q) distributions Other _____
12. Highest federal income Tax Bracket 0% 10% 15% 25% 28% 33% 35% Other _____
13. What is your financial objective in purchasing this product? Check all that apply:
 Income Potential Growth Preservation of Capital Tax Deferral Pass Assets on to Beneficiaries
 Flexibility Lifetime Income Payout Other _____

14. Do you have sufficient liquid assets available for monthly living expenses and emergencies **other than the money you plan to use to purchase this annuity?**
 Yes, please list amount of liquid assets \$ _____ (Examples: checking, savings or money market accounts, short term CDs, bonds, etc.)
 No

15. What is the source of premium for this annuity? Check all that apply:
 Annuity Life Insurance Certificates of Deposit 401(k) Other Investments Other _____
- 15a. Are there any surrender charges, penalties or settlement fees of any kind associated with any source(s) of the annuity's premium checked above? Yes No

If 15a is Yes:	Source of Premium (Type or Company Name)	Surrender or Penalty Amount
List the amount of any surrender charges, penalties or settlement fees associated with any source(s) of the annuity's premium. List total amount for each premium source. <u>If multiple sources of premium, list each amount separately.</u>	_____	_____
	_____	_____
	_____	_____
	_____	_____

16. Do you now own, or have you previously owned, any of the following financial products? (check all that apply)
 Certificates of Deposit Fixed Annuity Variable Annuity Stock/Bond/Mutual Funds Life Insurance None
- 16a. Were your current investments and insurance products discussed with your agent prior to your decision to purchase this annuity? Yes No

17. With the exception of any free withdrawals, required minimum distribution, etc., do you expect to take any money out of this product before the end of the withdrawal charge period? Yes No

If "Yes." please explain: _____

18. Are you or your spouse currently in a nursing home or do you plan to enter a nursing home in the next 6 months?
 Yes No

19. Did the agent explain that if you take money out of this product in excess of the free withdrawal amount provided in the contract during the withdrawal charge period you would incur a penalty? Yes No

20. Have you been diagnosed with a terminal condition or advised by a physician that you have 24 months or less to live?
 Yes No

21. Do you anticipate a significant increase in living expenses or a significant reduction in income or liquid assets during the term of this annuity? Yes No

Customer Identification Verification Type of Government-Issued Photo ID: Choose either A, B, C or D.

Owner Verification

- A. Drivers License (DL)

State of Issue	DL Number	Expiration Date
----------------	-----------	-----------------
- B. Passport

Country of Issue	Number	Expiration Date
------------------	--------	-----------------
- C. Other _____

State/Country of Issue	Number	Expiration Date
------------------------	--------	-----------------
- D. An unexpired government-issued photo ID is not available.

Joint Owner Verification

- A. Drivers License (DL)

State of Issue	DL Number	Expiration Date
----------------	-----------	-----------------
- B. Passport

Country of Issue	Number	Expiration Date
------------------	--------	-----------------
- C. Other _____

State/Country of Issue	Number	Expiration Date
------------------------	--------	-----------------
- D. An unexpired government-issued photo ID is not available.

Owner's Confirmation

Was your decision to purchase this annuity based on your agent's recommendation? Yes No

By signing below, I acknowledge the information I provided on this form, regarding my financial status, tax status, investment objectives, identification information and any other information requested by my agent is complete and accurate to the best of my knowledge. I further acknowledge that neither the Company nor its representatives offer legal or tax advice and that I have been advised to consult my own personal attorney or tax advisor on any tax matters. I acknowledge that the fixed annuity I am applying for is a long-term contract with substantial penalties for early withdrawals; additionally, I am aware that any withdrawals taken from the annuity may result in a taxable event. I believe the annuity I am applying for is suitable according to my insurance needs and/or financial objectives.

Owner's Signature _____ Date _____

Joint Owner's Signature _____ Date _____

Agent's Confirmation

Was the Owner's decision to purchase this annuity based on your recommendation? Yes No

By signing below, I acknowledge that I have made a reasonable effort to obtain information from the Owner concerning the Owner(s)' financial status, tax status, investment objectives and other information considered reasonable. It is my belief that based on the information the Owner provided and based on all the circumstances known to me at the time the recommendation was made, the annuity being applied for, based on my recommendation is suitable for the Owner(s)' insurance needs and/or financial objectives. In addition, I have verified the identity of the Owner(s) and believe the information the Owner(s) provided to me regarding his or her identity is true and accurate.

Agent's Signature _____ Date _____