

**APPLICATION SINGLE PREMIUM
DEFERRED ANNUITY AND FLEXIBLE
PREMIUM DEFERRED ANNUITY**

Annuity Applied For	<input type="checkbox"/> Total Command <input type="checkbox"/> Total Command Flex		Total Command 3 through Total Command 9		
	Premium Allocation: (Select 1 or 2) Must equal 100%				
	Guarantee Period:		<input type="checkbox"/> Total Command 3 <input type="checkbox"/> Total Command 4		
	<input type="checkbox"/> 1Year ____ % <input type="checkbox"/> 3Year ____ %	<input type="checkbox"/> 5Year ____ % <input type="checkbox"/> 7Year ____ %	<input type="checkbox"/> Total Command 5 <input type="checkbox"/> Total Command 6		
	<input type="checkbox"/> 10Year ____ % <input type="checkbox"/> 20Year ____ %	<input type="checkbox"/> Total Command 7 <input type="checkbox"/> Total Command 8			
	<input type="checkbox"/> Total Command 9				
Purchase Premium Payment \$ _____					
Additional Coverage Applied For	For Total Command & Total Command Flex			For Total Command 3 through Total Command 9	
	<input type="checkbox"/> None			<input type="checkbox"/> None	
Penalty Free Distribution Rider: (select one only)	<input type="checkbox"/> Death Benefit Equal to Account Value Rider			<input type="checkbox"/> Death Benefit Equal to Account Value Rider	
	<input type="checkbox"/> Preferred 10% Free Withdrawal <input type="checkbox"/> RMD <input type="checkbox"/> 72t Rider			<input type="checkbox"/> Preferred 10% Free Withdrawal <input type="checkbox"/> RMD <input type="checkbox"/> 72t Rider	
	<input type="checkbox"/> 10% Free Withdrawal <input type="checkbox"/> Accumulation Interest			<input type="checkbox"/> 10% Free Withdrawal <input type="checkbox"/> Accumulation Interest	
Annuitant	Name: Last		First	Middle	
	Address: Street		City	State	Zip
	Date of Birth	Age	Sex	SSN:	Telephone
Joint Annuitant (if applicable)	Name: Last		First	Middle	
	Address: Street		City	State	Zip
	Date of Birth	Age	Sex	SSN:	Telephone
Owner (if other than annuitant)	Name: Last		First	Middle	
	Address: Street		City	State	Zip
	Date of Birth	Age	Sex	SSN:	Telephone
Joint Owner (if other than joint annuitant)	Name: Last		First	Middle	
	Address: Street		City	State	Zip
	Date of Birth	Age	Sex	SSN:	Telephone
Beneficiary(s) (Attach signed & dated sheet if multiple beneficiaries)	Primary Beneficiary		Date of Birth	SSN:	Relationship to Owner
	Contingent Beneficiary		Date of Birth	SSN:	Relationship to Owner

Check One: <input type="checkbox"/> Non-Qualified <input type="checkbox"/> *Tax Qualified Plan * If Tax Qualified Plan, this section must be completed. Check One: <input type="checkbox"/> IRA** <input type="checkbox"/> Roth IRA**	** If IRA or Roth IRA, Please complete Transfer _____ Contribution \$ _____ Tax year _____ Rollover _____ Contribution \$ _____ Tax year _____
---	--

Special Requests	List special requests here
-------------------------	----------------------------

CHECKS MUST BE MADE PAYABLE TO STANDARD LIFE INSURANCE COMPANY OF INDIANA

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

Do you have any existing life insurance or annuity contracts? Yes No
 If yes, will this proposed contract replace any existing life insurance or annuity contract? Yes No
(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 (“RMD”) 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 further understand that if an RMD is taken from this contract and the RMD Withdrawal Rider is not selected at the time of issue, withdrawal charges will apply.**

I believe this to be a suitable purchase for my financial status. Any applicable surrender, withdrawal and market value adjustment provisions have been explained to me. I understand that there are no free withdrawals with the base contract purchase unless a free withdrawal rider is selected at the time of application.

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.

I understand that amounts payable under the Contract may be subject to a Market Value Adjustment.

Owner/Annuitant Signature	Joint Owner/Annuitant 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)

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 life insurance or annuity contracts? Yes No
 If yes, will the proposed contract replace any existing life insurance or annuity 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 and accurate. I further certify that I have explained any applicable surrender charges, withdrawal and market value adjustment provisions contained in this annuity contract and I have fully and accurately disclosed all of the terms and conditions, including the interest rate structure of the annuity contract to the applicant. I also certify that this annuity is suitable for the applicant, based upon the applicant's disclosure.

Agent's Name - Printed	Agent Number	State Number <i>(if applicable)</i>
Telephone	Agency Name <i>(if applicable)</i>	
Agent's Signature	Date	
<i>(If Joint Case)</i>		
Agent's Name - Printed	Agent Number	State Number
Telephone	Agency Name <i>(if applicable)</i>	
Agent Signature	Date	

Fraud Notice: Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance on 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.