

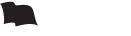
Request for IRS Required Minimum Distribution

Standard Insurance Company Individual Annuities 800.247.6888 Tel 800.378.4570 Fax 1100 SW Sixth Avenue Portland OR 97204-1093 www.standard.com

1 Contract Identification

POLICY NUMBER				
NNUITANT NAME	OWNER NAME			
DDRESS CHANGE	PHONE			
□ No □ Yes				
DDRESS	CITY	STATE	ZIP CODE	
Direction For Taking No Distribution				
will not be taking the IRS Required Minimum Distribution for I have a 403(b) TSA or Pension contract and remain end I am meeting this requirement through an arrangement Through a like contract held at another financial I Through a like contract held at Standard Insurance.	mployed by the sponsoring orga nt previously set up: institution.		-	
Direction For Taking An IRS Required Minimum Distribution	A (Attack farms FOOd an IDC farms N/ O a			
Choose a month for your annual distribution: ☐ February ☐ March ☐ April ☐ May ☐ June ☐ Guaranteed Income for Life or for the Lives of You a This method will provide you with monthly income base we will provide you with illustrations of the benefit opt ☐ Distribute Only On My Request This method requires that you submit form 10050 to S distribution. Please note that Standard Insurance Company request a distribution each year. Choosing this option means Y	nd Your Beneficiary sed on your current policy value ions from which you may choose tandard Insurance Company ea will not be responsible for distribut	. If this option e. ch year to requ ing or for remin	is selected, uest your nding you to	
Calculation Option				
☐ My spouse is more than 10 years younger than me and Required Minimum Distribution using a joint-life expe advise Standard Insurance Company of such change w	ectancy with my spouse. If my ma			
SPOUSE BENEFICIARY NAME	GENDER ☐ Female ☐ Male	BIRTH DATE		
Authorization				
have completed appropriate sections of this form and	represent that all information	n is true and	accurate.	
OWNER OR PARTICIPANT SIGNATURE		- <u>- </u>	DATE	
OWNER SIGNATURE			DATE	

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Substitute IRS Forms W-4P and W-9

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The **Standard**®

1 Ident	ification					
TAXPAYER I	NAME	POLICY NUMBER(S)				
ADDRESS		CITY	STATE	ZIP CODE		
	Iding Certificate for Pension or Annuity Paymeral Income Tax Withholding	ents — Substitute IRS For	m W-4P			
1	Check here if you do not want any Federal income to (Do not complete lines 2 or 3).	ere if you do not want any Federal income tax withheld from your pension or annuity. umplete lines 2 or 3).				
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					
	☐ Single ☐ Married ☐ 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.)					
3 State	Income Tax Withholding					
1	1 State for income tax withholding					
2	Additional amount, if any, you want withheld from e	each pension or annuity paymen	nt S	\$		
such failure 4 Taxp	your Social Security number). Failure to do so may result in a \$50 pe, we are required to withhold from your taxable distribution accordance ayer Identification Number (TIN) FICATION NUMBER (E.G. SOCIAL SECURITY NUMBER)	, ,				
5 Certi	fication					
1 2 2 3 Imp	Denalties of perjury, I certify that: The number shown on this form is my correct taxpath be issued to me), and I am not subject to backup withholding because: (a) notified by the Internal Revenue Service (IRS) that to report all interest or dividends, or (c) the IRS has withholding, and I am a U.S. person (including a U.S. resident alien). Dortant Note: You must STRIKE OUT the language in section (2) a kup withholding because you have failed to report all interest and of	I am exempt from backup with I am subject to backup withhold notified me that I am no longe bove if you have been notified by the I	sholding, (b) I ding as a resuler r subject to ba	have not been t of a failure ckup		
6 Autho	orization					
Revenu	ompleted appropriate sections of this form and represe e Service does not require your consent to any provisi ackup withholding. TAXPAYER SIGNATURE		n the certifica			

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