

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

<b>Annuity Applied For</b>	Plan Name: <input type="checkbox"/> <b>Total Command (SPDA)</b> <input type="checkbox"/> <b>Total Command Flex (FPDA)</b> <input type="checkbox"/> <b>Total Command 5 (SPDA)</b> <b>For Total Command &amp; Flex Only</b> <input type="checkbox"/> 1Year ____ % <input type="checkbox"/> 3Year ____% <input type="checkbox"/> 5Year ____% <b>Guarantee Periods: (Select 1 or 2)</b> <input type="checkbox"/> 7Year ____ % <input type="checkbox"/> 10Year ____% <input type="checkbox"/> 20Year ____% Purchase Premium Payment \$_____ (Your premium allocation percentage listed above must total 100%)				
<b>Additional Coverage Applied For</b>	<b>For Total Command &amp; Total Command Flex</b>		<b>For SPDA 5 Year</b>		
	<input type="checkbox"/> None		<input type="checkbox"/> None		
	<input type="checkbox"/> Terminal Illness / Nursing Home Care Rider		<input type="checkbox"/> Terminal Illness / Nursing Home Care Rider		
	<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"/> 10% Free Withdrawal <input type="checkbox"/> Accumulation Interest		<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		
<b>Penalty Free Distribution Rider: (select one only)</b>					
<b>Annuitant</b>	Name: Last		First		Middle
	Address: Street		City		State      Zip
	Date of Birth	Age	Sex	SSN:	Telephone
<b>Joint Annuitant (if applicable)</b>	Name: Last		First		Middle
	Address: Street		City		State      Zip
	Date of Birth	Age	Sex	SSN:	Telephone
<b>Owner (if other than annuitant)</b>	Name: Last		First		Middle
	Address: Street		City		State      Zip
	Date of Birth	Age	Sex	SSN:	Telephone
<b>Joint Owner (if other than joint annuitant)</b>	Name: Last		First		Middle
	Address: Street		City		State      Zip
	Date of Birth	Age	Sex	SSN:	Telephone
<b>Beneficiary(s) (Attach signed &amp; dated sheet if multiple beneficiaries)</b>	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
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**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 (if applicable)	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 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 Signature	Agency Name (if applicable)	Date
Telephone	Agent Number	State Number (if applicable)
<i>(If Joint Case)</i>		
Agent's Signature	Agency Name (if applicable)	Date
Telephone	Agent Number	State Number (if applicable)

**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.

Thank you for your interest in a Standard Life Insurance Company of Indiana annuity. To ensure that this annuity suits your financial goals and objectives, please complete the following questions and submit this form with your annuity application.

Owner Name:		Joint Owner's Name:	
Owner Age:	Product Name:	Premium Amount: \$	

**Financial Status**

Annual Income: <input type="checkbox"/> \$0 - \$24,999 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> \$100,000+	Net Worth: <input type="checkbox"/> \$0 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> \$100,000+	Net worth equals total assets (not including home and automobile) minus total debt
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**Federal Tax Status**    10%    15%    25%    28%    33%    35%    Other

**Financial Objectives**

- Your financial objective in purchasing this product (check all that apply)  
 Income now    Flexibility    Tax deferral    Growth followed by income  
 Pass-on to beneficiaries    Guarantees provided    Other \_\_\_\_\_
- Do you have sufficient available cash, liquid assets or other sources of income for monthly living expenses and emergencies other than the money you plan to use to purchase this annuity contract?    Yes    No
- With the exception of any withdrawals (i.e. required minimum distributions, free withdrawals, systematic withdrawals of credits/interest and partial surrenders), how do you expect to take money out of this product?  
 Regular income stream    Lump sum    Not applicable
- When do you expect to take money out of this product?  
 Less than one year    1-5 Years    6-9 years    10+ years    Not applicable
- Do you now own, or have you previously owned, the following financial products? (check all that apply)  
 Certificates of Deposit    Fixed Annuities    Variable Annuities    Other investments    Other
- What is your source for this annuity's premium? (check all that apply)  
 Annuity    Life Insurance    Certificates of Deposit    Other investments    Other
- 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

**NOTE: This form needs to be completed and signed or we cannot issue your contract.**

Client refused to provide some or all of the information.

I believe that the annuity product I am considering purchasing meets my needs at this time. I have received a copy of any available summary or disclosure for the product applied for. To the best of my knowledge and belief, the information above is true and complete.

Owner's signature: \_\_\_\_\_ Joint owner's signature: \_\_\_\_\_

Agent signature: \_\_\_\_\_ Agent number: \_\_\_\_\_ Date: \_\_\_\_\_

## Total Command 5 Product Summary

The Total Command 5 is a single premium deferred annuity contract that accumulates interest through a guaranteed interest rate that is set for the entire 5-year guarantee period. This annuity contains a Market Value Adjustment (MVA) and surrender charges. Payments and values payable under the contract may be subject to the MVA and surrender charges. Any MVA may result in upward or downward adjustments in amounts payable including the amount of death benefit payable. During the last 30-days of the 5-year guarantee period, the owner must elect one of the following options: continue the contract for a subsequent 5-year guarantee period with reduced surrender charges, annuitize for monthly income or surrender the contract for the full account value.

### Summary of Available Riders (All riders not available in all states)

When you purchase a Total Command 5 annuity, you may elect to add features from among the following options that eliminate surrender charges and the MVA under certain circumstances. Adding these features gives you more flexibility in managing your annuity, but will **decrease your credited interest rate**. Most of these features **cannot be added** after the contract has been issued.

For contract liquidity\* you may select only ONE from the following list of withdrawal Riders:

*Accumulated Interest Rider* – Provides for the distribution of the earned interest with no Surrender Charge

*Required Minimum Distribution Rider* – Waives any surrender charge and/or Market Value Adjustment on yearly distributions to satisfy the Required Minimum Distribution (RMD) for IRAs and other qualified contracts. This feature may be added when the contract is extended to a new 5-year guarantee period.

*10% Free Withdrawal Rider* – After the first contract year, this rider provides the ability to annually withdraw up to 10% of the previous year's account balance with no penalty, MVA or surrender charge. If your contract is an IRA, this withdrawal rider may also satisfy your RMD.

*Preferred 10% Free Withdrawal Rider* – This rider offers a lower-cost option than the above 10% Free Withdrawal Rider. This rider provides the ability for a single free withdrawal per year after the first contract year up to 10% of the previous year's account value with no MVA or surrender charge. If your contract is an IRA, this withdrawal rider may also satisfy your RMD. There are penalties for exceeding the free withdrawal limit or making more than one withdrawal per contract year. This feature may be added when the contract is extended to a new 5-year guarantee period.

*72t Ride* – This feature waives surrender charge and MVA on any distribution elected under Internal Revenue Code 72(t), which waives the 10% penalty on distributions prior to the owner's age 59 ½.

You also have the option to select one or both of the following riders:

*Terminal Illness/Nursing Care Rider* – Waives surrender charges if the annuitant is diagnosed with a terminal illness; heart attack or stroke; life-threatening cancer or requires nursing home care for more than 90 days. Not available to contract holders age 76 and above.

*Death Benefit Rider* – Waives Surrender Charges for a lump-sum payment upon the death of the annuitant.

There are no free withdrawals with the base contract purchase unless a free withdrawal rider is selected at the time of application. Amounts payable, including the death benefit, under the Contract may be subject

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\* Distributions from annuity contracts by contract holders whose age is under 59½ may be subject to an Internal Revenue Penalty. Please consult with your financial advisor.

to a Market Value Adjustment and surrender charges. Annuities purchased with qualified funds are subject to the Required Minimum Distribution (“RMD”) rules. If an RMD is taken from this product and the RMD Withdrawal Rider (or one of the 10% Penalty Free Riders) is not selected at the time of issue, surrender charges will apply.

### SURRENDER CHARGES

The surrender charges are account value based charges. The surrender charges are as follows:

Issue Age 0-80					
Initial Guarantee Period Year:	1	2	3	4	5
Charge:	8%	8%	7%	6%	5%

Issue Age 81-85					
Initial Guarantee Period Year:	1	2	3	4	5
Charge:	6%	5%	4%	3%	2%

After the Initial Guarantee Period you can elect to extend the contract for subsequent 5-year Guarantee Periods. Each subsequent Guarantee Period has a reduced Surrender Charge as follows:

Attained Age 5-80 at the start of a Subsequent Guarantee Period:					
Subsequent Guarantee Period Year:	1	2	3	4	5
Charge	5%	5%	5%	5%	5%

Attained Age 81-90 at the start of a Subsequent Guarantee Period.					
Subsequent Guarantee Period Year:	1	2	3	4	5
Charge	2%	2%	2%	2%	2%

Attained Age 91-95 at the start of a Subsequent Guarantee Period.					
Subsequent Guarantee Period Year:	1	2	3	4	5
Charge	2%	2%	1%	0%	0%

At the end of each guarantee period you can lock-in interest rates for a new guarantee period. The interest rate credited during the new guarantee period will be the “base” interest rate credited for that guarantee period on all new Total Command 5 contracts issued by the company at that time.

Standard Life Insurance Company of Indiana, home office in Indianapolis, Indiana, issues the Total Command Annuity. This annuity product is an obligation of Standard Life Insurance Company of Indiana and is not insured by the FDIC. Annuity contracts contain charges and limitations.

The Total Command 5 Annuity product and/or certain product features may not be available in all states. Not licensed in New Jersey and New York. The contract is issued on form number SLIAN33 or a variation of such. This summary is provided for clarification of the optional benefits, which may be purchased when the contract is issued. It is for informational purposes only.

Thank you for choosing Standard Life Insurance Company of Indiana.

Please retain a copy of this Product Summary for future reference.

## Request for Taxpayer Identification Number and Certification

**Give form to the  
 requester. Do not  
 send to the IRS.**

Print or type See Specific Instructions on page 2	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

or

Employer identification number								

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II 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, or (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).

**Certification instructions.** You must cross out item 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

## **Standard Life – Funds Transfer Guidelines**

(To be used with 'Authorization to Transfer Funds To' Form SL2011)

**Following these basic rules will assist in a faster transfer of funds:**

### **1035 Exchange from an insurance company:**

1. Complete the transfer form using:  
Annuity Contract - Boxes 4, 5a, 8, 9, 10  
Life Policy - Boxes 4, 7a, 8, 9, 10
2. If you are able to obtain the original policy, do so and omit signing at Box 8.
3. Have the Client sign the necessary replacement forms. If you do not have the correct forms, **CONTACT US** and we will fax the forms to you. **WE CANNOT COMPLETE PROCESSING UNTIL ALL REQUIRED FORMS ARE RECEIVED!**
4. If you know the company needs a W-9, obtain one.
5. Make sure the Owners are the same on the replacing policy as they are on the Standard Life application.

### **Direct Transfer from an insurance company:**

1. Make sure the Owners are the same on the replacing policy as they are on the Standard Life application.
2. Complete the transfer form using boxes 5b, 8, and 10.
3. If you are able to obtain the original policy, do so and omit signing at Box 8.
4. If you know the company needs a W-9, obtain one.
5. Have the Client sign the necessary replacement forms.

### **Non-Qualified Bank transfer using CDs:**

1. If you have access to the original CDs please include them with the transfer paperwork.
2. Have the individual sign off on the CDs.
3. Check the mature date and verify if there are any penalties due on the CDs.
4. Complete the Transfer form using boxes 2a for requesting the penalty be taken out or 2b for liquidating on Mature Date only. If only a portion of the CD is to be transferred, please indicate the amount using box 2c. Have client sign at box 10.

### **Qualified (IRA) Bank transfer:**

1. If you have a copy of the latest statement, please include it with the transfer paperwork.
2. Complete the transfer form using box 6a and 10. If the entire amount is not to be transferred then mark box 6b and specify amount to be transferred.

### **Non-Qualified Mutual Funds:**

1. If you have a copy of the latest statement, please include it with the transfer paperwork.
2. Complete the transfer form using boxes 3 and 10. If only a portion of the Mutual Fund is to be transferred, please indicate the amount using box 3b. It is highly recommended that any Mutual Fund transfer be Signature Guaranteed. This is done in box 10. The majority of companies will require this.
3. Check to see if the account is JOINTLY HELD or individually held. If the account is jointly held, you need to obtain ALL THE SIGNATURES.

### **Qualified Mutual Funds:**

1. If you have a copy of the latest account statement, please include it with the transfer paperwork.
2. Complete the transfer form using boxes 3 or 6. If only a portion of the Mutual Fund is to be transferred, please indicate the amount on box 3b or 6b. It is highly recommended that any Mutual Fund transfer be Signature Guaranteed. This is done in box 10. The majority of companies will require this.
3. Check to see if the account is JOINTLY HELD or individually held. If the account is jointly held, you need to obtain ALL THE SIGNATURES.

### **401K Funds Transfer:**

The Authorization To Transfer Funds form - SL 2011 cannot be used to transfer funds from a 401K fund. It will not provide the necessary documentation to transfer the funds from the Employer to Standard Life. The client must go to the Benefits Department at their employer and obtain the necessary forms. The Transfer form will only delay the transfer of funds.

**DETACH - FOR AGENT USE ONLY**

**AUTHORIZATION TO TRANSFER FUNDS TO:**

STANDARD LIFE INSURANCE COMPANY OF INDIANA  
P.O. BOX 80248  
Indianapolis, IN 46280-0248  
www.standardlifeofindiana.com

**1. FUNDS COMING FROM** (Replaced Company Name and Address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number of Replaced Company \_\_\_\_\_

Insured/Annuitant \_\_\_\_\_

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Social Security Number

Owner(s) \_\_\_\_\_

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Social Security Number

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contract Number/Acct. # \_\_\_\_\_ Acct./Plan Type \_\_\_\_\_

The undersigned hereby requests and directs that the following action be taken in order to transfer the account/policy funds identified above:

**2. CERTIFICATE OF DEPOSIT**

- a. LIQUIDATE CERTIFICATES OF DEPOSIT: Upon receipt of this request. I am aware of any penalty that may be imposed from an early withdrawal.
- b. LIQUIDATE CERTIFICATES OF DEPOSIT on the maturity date.
- c. Amount to be transferred (if not all) \$ \_\_\_\_\_

**3. MUTUAL FUNDS/MONEY MARKET ACCOUNT (FOR NON-QUALIFIED FUNDS.)**

- a. LIQUIDATE MUTUAL FUND/MONEY MARKET ACCOUNT (Attach copy of recent statement.)
- b. Amount to be transferred (if not all) \$ \_\_\_\_\_

**4. ASSIGNMENT**

- ABSOLUTE ASSIGNMENT: The owner of the above insurance contract(s) hereby assigns all ownership and beneficial rights under the contract(s) absolutely to the following assignee:

ASSIGNEE: Standard Life Insurance Company of Indiana ID NUMBER: 35-0679520

All previous designations of beneficiary and payee, and all previous elections of payment options under the contract(s) are irrevocably transferred. The sole beneficiary and payee of all amounts payable on the contract(s) shall be the above-named assignee. The assignment is subject to any prior collateral assignments affecting the contract(s).

**5. ANNUITY CONTRACTS**

- a. 1035 tax-free exchange. Surrender of a non-qualified annuity contract(s) for the purchase of another non-qualified contract under Sec. 1035 of the Internal Revenue Code.
- b. Direct transfer. Surrender of a qualified annuity contract(s) (established under Sec. 401, 403b, or 408 of the Internal Revenue Code) for reinvestment in a qualified annuity contract established under the same section of the Internal Revenue Code.

**Please have any Required Minimum Distribution taken out prior to transferring my funds.**

**6. INDIVIDUAL RETIREMENT ACCOUNT (INCLUDING QUALIFIED MUTUAL FUNDS/MONEY MARKET ACCOUNT)**

a. LIQUIDATE IRA: Upon receipt of this request, I am aware of any penalty that may be imposed from an early withdrawal.

**Please have any Required Minimum Distribution taken out prior to transferring my funds.**

b. Amount to be transferred (if not all) \$ \_\_\_\_\_.

**7. LIFE CONTRACTS**

a. 1035 tax-free exchange. Surrender of a life insurance contract for the purchase of another contract under Sec. 1035 of the Internal Revenue Code.

b. The undersigned as owner of this contract elects to surrender the said contract for its net cash value and directs the transferring company to make payment(s) to the named assignee.

**8. LOST CONTRACT STATEMENT**

CERTIFICATE OF LOST CONTRACT. I/we certify that the above-numbered contract has been lost or destroyed and, to the best of my/our knowledge and belief, is not in anyone's possession.

Owner's Signature \_\_\_\_\_

**9. COST BASIS**

COST BASIS REQUESTED

In accordance with the Tax Equity and Fiscal Responsibility Act of 1982, please submit a cost basis to the assignee.

**10.** I am aware that I am responsible for payment of the Federal Income Tax on the taxable portion of this surrender and that I may be subject to tax penalties under Estimated Tax Payment rules if my payments of estimated tax and withholding, if any, are not adequate. I am also aware of any surrender/withdrawal penalties which may apply, and I authorize the transaction described above. Please make check payable to:

Standard Life Insurance Company of Indiana FBO: \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
(City, State)

Witness \_\_\_\_\_ Signature \_\_\_\_\_  
(Owner)

Witness \_\_\_\_\_ Signature \_\_\_\_\_  
(Owner)

Signature Guarantee (if required)

Signature \_\_\_\_\_  
(Irrevocable Beneficiary)

**TO BE COMPLETED BY STANDARD LIFE INSURANCE COMPANY OF INDIANA**

**11. ACCEPTANCE:** This is to certify that the above individual has established a:

Tax-qualified annuity       Non-qualified annuity       Life contract

The authorized signature below certifies acceptance of the assignment and surrender or transfer of funds as instructed in this request. After deducting any sums as are permitted under the plan, please complete this transaction and send a check with a copy of this form to:

Issuer/Assignee: Standard Life Insurance Company of Indiana

By \_\_\_\_\_  
(Signature/Title) \_\_\_\_\_ (Date)

**NOTICE REGARDING REPLACEMENT  
OF LIFE INSURANCE OR ANNUITY**

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10689 N. Pennsylvania  
Indianapolis, IN 46280  
(800) 222-3216

**REPLACING YOUR LIFE INSURANCE POLICY OR ANNUITY?**

Are you thinking about buying a new life insurance policy or annuity and discontinuing or changing an existing one? If you are, your decision could be a good one – or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed benefits.

Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest. We are required by law to notify your existing company that you may be replacing their policy.

Make sure you understand the facts. You should ask the agent or company that sold you your existing policy to give you information about it.

List below the identification of policies which are involved in the replacement transaction

\_\_\_\_\_  
Contract Number

\_\_\_\_\_  
Agents Signature

\_\_\_\_\_  
Contract Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contract Number

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Contract Number

\_\_\_\_\_  
Contract Number