



I(We) hereby revoke all former beneficiary designations and request that Standard Insurance Company change the beneficiary(ies) as indicated for the policy(ies) identified.

**1 Contract Identification**

|                   |               |
|-------------------|---------------|
| POLICY NUMBER(S)  |               |
| ANNUITANT NAME(S) | OWNER NAME(S) |

**2 Primary Beneficiary(ies) Designation**

|         |      |              |                  |              |
|---------|------|--------------|------------------|--------------|
| PERCENT | NAME | SSN (or TIN) | BIRTH/TRUST DATE | RELATIONSHIP |
| ADDRESS |      | CITY         | STATE            | ZIP CODE     |

|         |      |              |                  |              |
|---------|------|--------------|------------------|--------------|
| PERCENT | NAME | SSN (or TIN) | BIRTH/TRUST DATE | RELATIONSHIP |
| ADDRESS |      | CITY         | STATE            | ZIP CODE     |

|         |      |              |                  |              |
|---------|------|--------------|------------------|--------------|
| PERCENT | NAME | SSN (or TIN) | BIRTH/TRUST DATE | RELATIONSHIP |
| ADDRESS |      | CITY         | STATE            | ZIP CODE     |

|         |      |              |                  |              |
|---------|------|--------------|------------------|--------------|
| PERCENT | NAME | SSN (or TIN) | BIRTH/TRUST DATE | RELATIONSHIP |
| ADDRESS |      | CITY         | STATE            | ZIP CODE     |

|         |      |              |                  |              |
|---------|------|--------------|------------------|--------------|
| PERCENT | NAME | SSN (or TIN) | BIRTH/TRUST DATE | RELATIONSHIP |
| ADDRESS |      | CITY         | STATE            | ZIP CODE     |

**3 Contingent Beneficiary(ies) Designation**

|         |      |              |                  |              |
|---------|------|--------------|------------------|--------------|
| PERCENT | NAME | SSN (or TIN) | BIRTH/TRUST DATE | RELATIONSHIP |
| ADDRESS |      | CITY         | STATE            | ZIP CODE     |

|         |      |              |                  |              |
|---------|------|--------------|------------------|--------------|
| PERCENT | NAME | SSN (or TIN) | BIRTH/TRUST DATE | RELATIONSHIP |
| ADDRESS |      | CITY         | STATE            | ZIP CODE     |

|         |      |              |                  |              |
|---------|------|--------------|------------------|--------------|
| PERCENT | NAME | SSN (or TIN) | BIRTH/TRUST DATE | RELATIONSHIP |
| ADDRESS |      | CITY         | STATE            | ZIP CODE     |

|         |      |              |                  |              |
|---------|------|--------------|------------------|--------------|
| PERCENT | NAME | SSN (or TIN) | BIRTH/TRUST DATE | RELATIONSHIP |
| ADDRESS |      | CITY         | STATE            | ZIP CODE     |

4 General Provisions

1. **Relationship**

The relationship of any beneficiary is to the owner(s) of the annuity contract unless otherwise specified. Standard Insurance Company may rely on an affidavit or other satisfactory evidence in determining the identity or the existence of a beneficiary not identified by name.

2. **Change of Beneficiary**

A beneficiary may be changed at any time while this annuity contract is in force as long as you provide us with a signed, written notice that we must approve and record in our home office to be effective.

3. **Class of Beneficiary**

Death benefits will be paid to the beneficiary(ies) named to receive them. When more than one class of beneficiary is named, payment will be made to those in the highest beneficiary class — the classes ranked in this order: primary, first contingent, second contingent, etc. Should one beneficiary class include more than one person, any benefit payable to that class will be paid in equal shares to the surviving beneficiaries of that class unless otherwise provided. If no beneficiary survives, the death benefit will be paid to the owner(s) of the annuity contract, otherwise to the owner's estate (unless the annuity contract provides otherwise).

4. **Simultaneous Death**

If any beneficiary dies at the same time or within 15 days of the first to die, the owner(s) or the annuitant(s), the death benefit will be paid as if that beneficiary had died before the owner(s) or the annuitant(s).

5. **Benefit Reduced**

If a designated beneficiary or class of beneficiaries is to be given a specific dollar amount, but the actual death benefit is insufficient to pay such stated amount(s) in full, then the benefit payable to each beneficiary in that class will be reduced proportionately.

6. **Claims of Creditors**

To the extent permitted by law, amounts payable to a beneficiary shall not be subject to the claims of any creditor or any representative of such creditor, or to any legal process against a beneficiary.

5 Authorization

I(We) hereby acknowledge that:

1. To be valid, this change must be approved by Standard Insurance Company. I(We) will not hold Standard Insurance Company legally responsible for any action taken or payment made before they have given approval. Once approved, the change in beneficiary will take effect on the date I(we) sign this form.
2. I(We) have had ample opportunity to consult with legal counsel on these matters.
3. I(We) am making these changes freely and am relying on my(our) own best judgment.
4. I(We) agree to release and hold Standard Insurance Company harmless from any claims or damages due to the changes I(we) am making to this annuity contract(s).
5. For owners whose contracts were issued before May 1, 1964 and identified with a number under 216,000: I further acknowledge that my(our) policy(ies) is hereby changed to include the section on the reverse under *General Provisions*. Any of the terms in my(our) contract(s) that conflict with the provisions are hereby changed to conform to the provisions.
6. In no event will Standard Insurance Company be responsible for the application or disposition of funds paid to the trustee or to any beneficiary. Payment by Standard Insurance Company shall be a full discharge of all liability of Standard Insurance Company for any amounts so paid.

\_\_\_\_\_  
OWNER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OWNER SIGNATURE

\_\_\_\_\_  
DATE

6 Standard Insurance Company accepts the changes set forth above and has recorded them as of the following date.

\_\_\_\_\_  
AUTHORIZED STANDARD INSURANCE COMPANY HOME OFFICE REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE FILED IN PORTLAND, OR