

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

Annuity Applied For	Plan Name: <input type="checkbox"/> Total Command (SPDA) <input type="checkbox"/> Total Command Flex (FPDA) <input type="checkbox"/> Total Command 5 (SPDA) For Total Command & Flex Only <input type="checkbox"/> 1Year ____ % <input type="checkbox"/> 3Year ____% <input type="checkbox"/> 5Year ____% Guarantee Periods: (Select 1 or 2) <input type="checkbox"/> 7Year ____ % <input type="checkbox"/> 10Year ____% <input type="checkbox"/> 20Year ____% Purchase Premium Payment \$_____ (Your premium allocation percentage listed above must total 100%)				
Additional Coverage Applied For	For Total Command & Total Command Flex		For SPDA 5 Year		
	<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		
Penalty Free Distribution Rider: (select one only)					
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
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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 <i>(if applicable)</i>	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 <i>(if applicable)</i>	Date
Telephone	Agent Number	State Number <i>(if applicable)</i>
<i>(If Joint Case)</i>		
Agent's Signature	Agency Name <i>(if applicable)</i>	Date
Telephone	Agent Number	State Number <i>(if applicable)</i>

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.

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

* 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.

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: _____

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,



New Business Transmittal Letter

Applicant Name _____ Date _____

Agent Name _____ Agent Number _____

Agent Phone _____ Agent Email _____

Check Enclosed _____ Yes _____ No Amount of Check: \$ _____

Special Request: _____

Application: (Equity, Fixed or Immediate Annuity)

Product: _____ Equity Master Plus
_____ Equity Income Plus
_____ Equity Master

Disclosure Form:

_____ Equity Master Plus
_____ Equity Income Plus
_____ Equity Master

Equity Products – please indicate Allocation % _____ Fixed _____ Equity

- _____ Total Command
_____ Total Command Flex
_____ Select
_____ Saver's Five
_____ Saver's Seven
_____ Spia
_____ Spia Plus

Life expectancy _____
(if unknown , write "life expectancy on application" under question #6)

Payment: _____ Level _____ Interest plus \$10 _____ Increasing _____%

Other Forms – Please check if enclosing with Application:

- _____ Suitability Disclosure – Required with all Applications
_____ Authorization to Transfer Funds – If moving money from a mutual fund obtain, Signature Guarantee
_____ Replacement Form
_____ Copy of Power of Attorney
_____ Copy of Trust
_____ Special Beneficiary Designation Attachment
_____ Statement of Intent (to annuitize during first policy year)
_____ Minnesota Disclosure
_____ California Disclosure Statement
_____ California Standards for Medi-Cal Eligibility
_____ California Pre-Notice
_____ Authorization to deposit funds into Client's Account (include sample void check)
_____ Authorization to draft from Client's Checking Account (include sample void check)
_____ Authorization for Income Tax Withholding
_____ Owner Annuitant Disclosure

Agent Use Only (not to be used as an application)-New Business Transmittal 06/06



CALIFORNIA DISCLOSURE STATEMENT

To: _____
Prospective California Client (please print)

From: _____
Agent (please print)

Pursuant to California Insurance Code 789.8, in the event that I offer to sell you any life insurance or annuity product, I am required to advise you, in writing that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of life insurance and/or an annuity, may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation.

You, or your duly appointed representative, may wish to consult independent legal and/or financial advice **before** selling or liquidating any assets and **prior** to purchasing life insurance and/or an annuity from me.

By signing below, I acknowledge receipt of this Disclosure Statement and that I have read and understand its contents.

Signature of Prospective California Client
(or duly appointed representative)

Date

Signature of Agent

Date

Agent's License Number

10689 N. Pennsylvania
Indianapolis, IN 46280
800-767-7749 • (317) 574-6213
fax: (317) 574-6278
www.standardlifeofindiana.com



10689 North Pennsylvania, Indianapolis, Indiana 46280
(317) 574-6201

Important Notice: Pursuant to California Insurance Code 789.10(a) Any person who meets with a senior (65 years of age or older) in the senior's home is required to deliver a notice in writing to the senior no less than 24 hours prior to that individual's initial meeting in the senior's home. If the senior has an existing insurance relationship with an agent and requests a meeting with the agent in the senior's home the same day, a notice shall be delivered to the senior prior to the meeting.

Appointment date and time: _____ **AM/PM**
(month/day/year) (time)

1. During this visit or a follow-up visit, you will be given a sales presentation on the following (indicate all that apply):
 - Life insurance, including annuities
 - Other insurance products (specify): _____
2. You have the right to have other persons present at the meeting, including family members, financial advisors or attorneys.
3. You have the right to end the meeting at any time.
4. You have the right to contact the Department of Insurance for information, or to file a complaint. The consumer assistance telephone number is 1-800-927-4357 or 213-897-8921.
5. The following individuals will be coming to your home to talk about insurance, or to gather information for a follow-up visit to sell insurance.

Attendee's Name	Business Address	Telephone Number	CA Agent # (if applicable)
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Agent's Signature

Date

By signing this form, I acknowledge that this notice was delivered to me no less than 24 hours prior to the meeting time shown on this form, or was provided to me prior to the meeting if the agent has an existing relationship with me.

Signature of Prospective Client

Date

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)

CALIFORNIA

NOTICE REGARDING REPLACEMENT (EXTERNAL)

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 an 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.

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

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.

Existing life insurance being replaced:

Name of Insured	Insurance Co.	Policy Number	Face Amount	Plan Name
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Applicant's Signature

Agent's Signature

Date

Date