



### 1 Contract Identification

POLICY NUMBER(S)			
INSURED OR ANNUITANT NAME(S)		OWNER NAME(S)	
ADDRESS	CITY	STATE	ZIP CODE

### 2 Absolute Assignment

I(We) assign and transfer all rights, title and interest in this policy to the new owner(s) designated below. The consideration for this assignment is:

- ☐ Value; I(We) have received value.  
☐ Love and Affection

Execution of this assignment does **not** change the beneficiary designation of this policy.

CURRENT OWNER NAME(S)	TITLE OF AUTHORIZED REPRESENTATIVE (IF APPLICABLE)
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I(We) am legally capable of executing this document. No proceedings in bankruptcy have been filed against me(us). No lien or court order has been entered that affects this policy.

_____	_____
CURRENT OWNER OR AUTHORIZED REPRESENTATIVE SIGNATURE	DATE
_____	_____
CURRENT OWNER OR AUTHORIZED REPRESENTATIVE SIGNATURE	DATE

### 3 New Owner(s) (Attach form **5031** or IRS form W-9.)

NAME (IF A BUSINESS OR ENTITY, GIVE FULL NAME)	SSN (or TIN)	BIRTH DATE	
ADDRESS	CITY	STATE	ZIP CODE
GENDER (IF A BUSINESS OR ENTITY, GIVE STATE OF FORMATION) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Applicable State _____	TITLE OF AUTHORIZED REPRESENTATIVE (IF APPLICABLE)		
TRUST NAME (IF APPLICABLE)	TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	

NAME	SSN (or TIN)	BIRTH DATE	
ADDRESS	CITY	STATE	ZIP CODE
GENDER (IF A BUSINESS OR ENTITY, GIVE STATE OF FORMATION) <input type="checkbox"/> Female <input type="checkbox"/> Male			

By my(our) signature(s) below, I(we) accept this assignment as new owner(s).

_____	_____
NEW OWNER OR AUTHORIZED REPRESENTATIVE SIGNATURE	DATE
_____	_____
NEW OWNER OR AUTHORIZED REPRESENTATIVE SIGNATURE	DATE

4 Successor Owner Designation (Complete only if owner is a natural person and is not the insured or annuitant.)

If there is more than one owner and an owner dies before an insured/annuitant, full ownership of the contract(s) will be held by the remaining owner(s). If there is only one owner and that owner dies before the insured/annuitant, the successor owner(s) named below will be the owner(s). If there is a conflict between this endorsement and the will(s) of any deceased owner(s), this endorsement will control. This Successor Owner Designation does not change the beneficiary or payee designation of this(these) contract(s).

NAME (IF A BUSINESS OR ENTITY, GIVE FULL NAME)	SSN (or TIN)	BIRTH DATE	
ADDRESS	CITY	STATE	ZIP CODE
GENDER (IF A BUSINESS OR ENTITY, GIVE STATE OF FORMATION) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Applicable   State _____	TITLE OF AUTHORIZED REPRESENTATIVE (IF APPLICABLE)		
TRUST NAME (IF APPLICABLE)	TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	

NAME	SSN (or TIN)	BIRTH DATE	
ADDRESS	CITY	STATE	ZIP CODE
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male			

5 This Absolute Assignment shall be effective when received and filed by Standard Insurance Company as indicated below.

<div style="border-bottom: 1px solid black; width: 60%; margin-bottom: 5px;"></div> AUTHORIZED STANDARD INSURANCE COMPANY HOME OFFICE REPRESENTATIVE SIGNATURE	<div style="border-bottom: 1px solid black; width: 35%; margin-bottom: 5px;"></div> DATE FILED IN PORTLAND, OR
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### 1 Identification

TAXPAYER NAME	POLICY NUMBER(S)		
ADDRESS	CITY	STATE	ZIP CODE

## Withholding Certificate for Pension or Annuity Payments — Substitute IRS Form W-4P

### 2 Federal Income Tax Withholding

1	Check here if you <b>do not want any</b> Federal income tax withheld from your pension or annuity. (Do not complete lines 2 or 3).	<input type="checkbox"/>
2	Total number of allowances and marital status you are claiming for withholding from each <b>periodic</b> pension or annuity payment. (You may also designate an additional dollar amount on line 3.)	ALLOWANCES
	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> 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.)	\$ AMOUNT

### 3 State Income Tax Withholding

1	State for income tax withholding _____ STATE	<input type="checkbox"/> Withhold <input type="checkbox"/> Do Not Withhold (unless required)
2	Additional amount, if any, you want withheld from each pension or annuity payment	\$ AMOUNT

## Request for Taxpayer Identification Number and Certification — Substitute IRS Form W-9

This form is required. If the form is not on file, Standard Insurance Company will be required to withhold income taxes according to Internal Revenue Service guidelines. You (as payee) are required by law to provide Standard Insurance Company (as payor) with your correct taxpayer identification number (generally your Social Security number). Failure to do so may result in a \$50 penalty imposed by the Internal Revenue Service. In addition, in the event of such failure, we are required to withhold from your taxable distribution according to current regulation, regardless of your withholding election above.

### 4 Taxpayer Identification Number (TIN)

TAX IDENTIFICATION NUMBER (E.G. SOCIAL SECURITY NUMBER)
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### 5 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), <b>and</b>
2	I am not subject to backup withholding because: (a) I am exempt from backup withholding, (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, <b>and</b>
3	I am a U.S. person (including a U.S. resident alien).
Important Note: You must STRIKE OUT the language in section (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.	

### 6 Authorization

I have completed appropriate sections of this form and represent that all information is true and accurate. <b>The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.</b>	
TAXPAYER SIGNATURE	DATE