

Please Print — Use Black Ink

1. PROPOSED ANNUITANT

Full Name of Proposed Annuitant (first, middle and last name)				Birthdate	Age	Sex	Social Security Number
HOME ADDRESS							
Number and Street		City	State	Zip	Phone Number ()		Email Address
BILLING ADDRESS (if different)							
Number and Street/P.O. Box		City	State	Zip			

2. OWNER (if other than the Proposed Annuitant)

Full Name of Owner (first, middle and last name)			Birthdate	Social Security Number	Relationship to Annuitant	
HOME ADDRESS						
Number and Street		City	State	Zip	Phone Number ()	

3. BENEFICIARY

Full Name of Beneficiary (first, middle and last name)			Birthdate	Social Security Number	Relationship to Annuitant	
HOME ADDRESS						
Number and Street		City	State	Zip	Phone Number ()	
CONTINGENT BENEFICIARY						
Full Name of Contingent Beneficiary (first, middle and last name)			Birthdate	Social Security Number	Relationship to Annuitant	
HOME ADDRESS						
Number and Street		City	State	Zip	Phone Number ()	

4. Will the proposed annuity replace or change the status of any existing insurance or annuities? Yes No

5. Mode Premium \$ _____ Mode: Single Ann SA Qtrly Mo COM Amount Paid \$ _____

6. PLAN

Plan	Home Office Corrections and Additions
Maturity Age _____ or Maturity Date _____	
Type of Pay Out at Maturity: (referred to in the policy as the Annuity Plan) <input type="checkbox"/> 10 Year Certain and Life <input type="checkbox"/> Installment Refund <input type="checkbox"/> 20 Year Certain and Life <input type="checkbox"/> Life Only (no refund) Other _____	Special Requests
Frequency of Annuity Pay Out at Maturity: <input type="checkbox"/> Ann <input type="checkbox"/> SA <input type="checkbox"/> Qtrly <input type="checkbox"/> Mo	

7. Is annuity being purchased to implement a retirement plan under the Internal Revenue Code? Yes No

If "Yes", describe: _____

8. Will the annuity applied for replace or use cash values of any existing insurance or annuity policy issued by any company? Yes No

If "Yes", give details: _____

NOTICE — Language in this policy referring to Federal tax statutes or rules shall not be deemed to incorporate within the policy such statutes or rules. This language is informational and instructional in nature, and is not subject to approval or disapproval by the state in which the policy is issued.

AGREEMENT — All statements and answers shown on the reverse side of this application are true and complete to the best of my knowledge and belief. I understand that any policy issued is based on these statements and answers. I also understand that any policy issued will become effective on the issue date specified in the policy and if the policy is not issued, any premium paid will be refunded to me.

Proposed Annuitant's Signature _____

Owner's Signature (if other than Proposed Annuitant) _____

Signed at _____ on _____
City and State Month/Day Year

AGENT

Do you have reason to believe replacement of existing insurance or annuities is involved? Yes No

Do you want the policy mailed to the owner? Yes No


What agent under contract besides yourself is entitled to any commission hereon and how much?

Agent _____ Personal Code _____ %

Agent _____ Personal Code _____ %

AGENT'S STATEMENT — I certify that on the date of this application I asked the Annuitant(s) each question in the application, recorded the answers given me, witnessed such person(s) signature and collected the premium shown in the application.

Agent's Code _____ Agent's Signature _____

AUTHORIZATION TO MY BANK	
CHECK-O-MATIC AUTHORIZATION Attach Voided Check or Deposit Ticket Here and Sign Authorization	Bank Information
	Name _____
	City _____ State _____ Zip _____
	As a convenience to me, I hereby request and authorize you to pay and charge to my account, checks or electronic debits drawn on my account by and payable to the order of Standard Life and Accident Insurance Company, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check or electronic debit shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such check. I further agree that if any such checks or electronic debits be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.
Date Signed _____  Signature (as it appears on bank records) _____	
Complete for Savings Accounts only if no personalized savings deposit ticket is available.	
Account Number _____ Routing Number _____	

RECEIPT

CHECK OR MONEY ORDER FOR PREMIUM SHOWN MUST ACCOMPANY APPLICATION. ALL CHECKS OR MONEY ORDERS MUST BE MADE PAYABLE TO STANDARD LIFE AND ACCIDENT INSURANCE COMPANY. If a policy is not issued, the premium paid will be refunded to the Payor. If a policy is issued, the premium paid will be credited on the issue date shown in the policy.

Received from _____ on _____
Payor Date

an application for Plan _____ and a Check Money Order for \$ _____

Agent's Code Number Agent's Signature Agent's Email Address



Standard Life and Accident Insurance Company
P.O. Box 1850, Galveston, Texas 77553-1850

EQUITY INDEX ANNUITY DISCLOSURE

A Single Premium Equity Index Product

Interest Crediting

I understand that at the end of each contract year during the initial 15-year term, a calculation will be made to determine if there has been a gain in the average monthly Index Values over the last contract year. This will be done by subtracting the Index Value at the last Contract Anniversary from the average of the Index Values on each Monthly Anniversary during the Contract Year and dividing this difference by the Index Value at the last Anniversary. If this result is positive, the amount of interest to be credited will be the portion of the Annuity Value in the Indexed Interest Option multiplied by the Average Equity Index Percentage Change multiplied by the Participation Rate for that contract year. If the result is zero or negative, no interest will be credited.

Surrender Charge

I understand that I may surrender my annuity at any time, subject to a surrender charge during the initial 15 contract years. The surrender charge will follow the schedule 12%, 12%, 12%, 12%, 11%, 10%, 9%, 8%, 7%, 6%, 5%, 4%, 3%, 2% and 1%. The surrender charge will be applied to my annuity value, less the 10% penalty free amount, which is available only after the first contract year.

Participation Rate

I understand that a Participation Rate will be applied to any Index gain before it is credited to my contract. This Participation Rate will be _____ for the first year and can change from year to year but is guaranteed never to go below 30%.

Death Benefit

The greater of the annuity value or the surrender value will be paid to the named beneficiary upon receipt of proof of death of the owner.

I have received a copy of this disclosure and understand that the statements made are not guarantees, promises or warranties.

Name of Annuitant

Signature of Owner

Date

Signature of Joint Owner

Date

I certify receipt of \$ _____ given to purchase an Equity Index Annuity contract.

1035 Exchange

Transfer of Funds

I certify that this disclosure material has been presented to the annuitant/owner and a copy was provided to the annuitant/owner. I have not made statements which differ from this material, nor have I made any promises about the expected future values of this contract.

Agent's Signature

Agent's Code

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Participation Rate

I understand that a Participation Rate will be applied to any Index gain before it is credited to my contract. This Participation Rate will be _____ for the first year and can change from year to year but is guaranteed never to go below 33%.

Death Benefit

The greater of the annuity value or the surrender value will be paid to the named beneficiary upon receipt of proof of death.

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Date

Signature of Joint Owner

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Participation Rate

I understand that a Participation Rate will be applied to any Index gain before it is credited to my contract. This Participation Rate will be _____ for the first year and can change from year to year but is guaranteed never to go below 30%.

First Year Enhancement

I understand that a Premium Enhancement Amount of 2% will be added to my initial premium at the issue date of my policy and that should I return this policy within the Free Look Period, this Premium Enhancement Amount will not be part of my full refund.

Death Benefit

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Participation Rate

I understand that a Participation Rate will be applied to any Index gain before it is credited to my contract. This Participation Rate will be _____ for the first year and can change from year to year but is guaranteed never to go below 28%.

First Year Enhancement

I understand that a Premium Enhancement Amount of 4% will be added to my initial premium at the issue date of my policy and that should I return this policy within the Free Look Period, this Premium Enhancement Amount will not be part of my full refund.

Death Benefit

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Signature of Owner

Date

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Participation Rate

I understand that a Participation Rate will be applied to any Index gain before it is credited to my contract. This Participation Rate will be _____ for the first year and can change from year to year but is guaranteed never to go below 25%.

First Year Enhancement

I understand that a Premium Enhancement Amount of 6% will be added to my initial premium at the issue date of my policy and that should I return this policy within the Free Look Period, this Premium Enhancement Amount will not be part of my full refund.

Death Benefit

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Agent's Signature

Agent's Code



Standard Life and Accident Insurance Company
An Oklahoma Corporation
Administrative Office: P.O. Box 1850, Galveston, Texas 77553-1850
888.519.5819

**Authorization to Transfer Funds to
Standard Life and Accident Insurance Company**

1. Funds Coming From _____

Telephone Number _____

Insured/Annuitant _____ Social Security Number _____

Owner(s) _____ Social Security Number _____

Address _____

City _____ State _____ Zip _____

Contract or Account Number _____ Account or 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

- Liquidate Certificate of Deposit: I am aware of any penalty that may be imposed from an early withdrawal. Liquidate upon receipt of this request.
- Liquidate Certificate of Deposit: Liquidate on maturity date of the certificate.

3. Mutual Fund/Money Market Account

- Liquidate Mutual Fund/Money Market Account (Attach copy of recent statement).

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 Standard Life (ID Number 73-0994234). 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 Standard Life and Accident Insurance Company. The assignment is subject to any prior collateral assignments affecting the contract(s).

5. Annuity Contracts

- Tax-Free Exchange:* Surrender of a non-qualified annuity contract(s) for the purchase of another non-qualified contract under Section 1035 of the Internal Revenue Code.
- Direct Transfer:* Surrender of a qualified annuity contract(s) (established under Section 401, 408, or 457 of the Internal Revenue Code) for reinvestment in a qualified annuity contract established under the appropriate section of the Internal Revenue Code. Standard Life and Accident Insurance Company will accept the transfer of the assets listed in the above account.

6. Life Contracts

- Tax-Free Exchange:* Surrender of a life insurance contract for the purchase of another contract under Section 1035 of the Internal Revenue Code.
- 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.

7. 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 _____

The undersigned requests and agrees that Standard Life is furnishing this form and is participating in this transaction at the undersigned's specific request and as an accommodation to the undersigned. The undersigned represents and agrees that Standard Life makes no representation concerning the undersigned's tax treatment under Internal Revenue Code Section 1035 or otherwise, and the Company has no responsibility nor liability for the validity of this procedure nor the undersigned's tax treatment under Internal Revenue Code 1035 or otherwise. The undersigned is also aware of any surrender/withdrawal penalties which may apply, and authorizes the transaction described above.

PLEASE MAKE CHECK PAYABLE TO: STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

For the benefit of: _____

Dated at _____ this _____ day of _____ 20 _____

Witness _____ Signature _____
Owner

Witness _____ Signature _____
Owner

Signature _____ Signature _____
Guarantee (if required) Irrevocable Beneficiary

TO BE COMPLETED BY STANDARD LIFE

8. Cost Basis

- Cost Basis Requested:* In accordance with the Tax Equity and Fiscal Responsibility Act of 1982, please complete the attached request for cost basis and send to Standard Life.

9. Acceptance: This is to certify that the above named individual has established a:

- Tax Qualified Annuity (Other than IRA)
- Tax Qualified IRA
- 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:

Insurer/Assignee: **Standard Life and Accident Insurance Company**
P.O. Box 1850, Galveston, TX 77553-1850
888.519.5819

By _____ Signature _____ Title _____
Signature Title

By _____ Signature _____ Title _____
Signature Title



Standard Life and Accident Insurance Company
 Administrative Office: P.O. Box 1850
 Galveston, Texas 77553-1850
 888.519.5819

IMPORTANT NOTICE TO APPLICANT REPLACING LIFE INSURANCE OR ANNUITY

Replacement is any transaction where, in connection with the purchase of a new Life Insurance or Annuity policy, you lapse, surrender, place on extended term, or paid up insurance for a reduced amount, or borrow all or part of the values on an existing insurance policy.

If you intend to replace your present Life Insurance or Annuity policy, you should consider the following before making a final decision:

- 1) It may be to your advantage to obtain information about your existing policy or policies from the insurer or agent from whom you bought the policy so that you can make a comparison of the two products.
- 2) You may be required to provide EVIDENCE OF INSURABILITY for the new policy, and
 - a) If your HEALTH HAS CHANGED since you applied for your present policy, you may be required to pay ADDITIONAL PREMIUMS under the new policy, or be DENIED coverage.
 - b) Your present occupation or activities may not be covered, or may require additional premiums.
 - c) The INCONTESTABLE and SUICIDE CLAUSES could begin anew in a new policy. This could result in a CLAIM under the new policy BEING DENIED that would otherwise have been paid.
 - d) Your present insurer may NOT BE REQUIRED TO REFUND any advance premium payments.
- 3) You may incur HIGHER COSTS on certain policy features such as a HIGHER INTEREST RATE ON POLICY LOANS and NEW SURRENDER CHARGES on a new policy.
- 4) If you change your mind, your present insurer is NOT REQUIRED TO RESTORE a policy that has been surrendered for cash value or placed on extended term. You may be required to furnish evidence of insurability to reinstate a lapsed life insurance policy. Therefore, you should not take action to terminate or alter your existing policy until after you have carefully considered your options and insurance needs.

THE INSURANCE I INTEND TO PURCHASE FROM _____ MAY REPLACE OR ALTER THE FOLLOWING EXISTING LIFE INSURANCE OR ANNUITY POLICIES:

INSURER AS IT APPEARS ON THE POLICY	POLICY NUMBER	FACEAMOUNT
_____	_____	_____
_____	_____	_____

The proposed new policy is: _____
Type of Policy-Generic Name Face Amount Proposed Premium

Replacement is recommended because: _____

I have read the "IMPORTANT NOTICE TO APPLICANT REPLACING LIFE INSURANCE OR ANNUITY" furnished to me by the agent taking my application for this policy. I understand that my current insurer may be notified of this transaction.

Signature of Applicant Date Signature of Agent Date

Address