



The Standard[®]

Standard Insurance Company
Individual Annuities 800.247.6888 Tel 800.378.4570 Fax
1100 SW Sixth Avenue Portland OR 97204-1093 www.standard.com

Authorization to Accept 403(b) Tax-Sheltered Annuity Rollover, Transfer or Exchange

1 Transferring Institution

COMPANY OR CUSTODIAN		PHONE	
STREET ADDRESS (NOT A POST OFFICE BOX)	CITY	STATE	ZIP CODE

2 Existing Policy or Account

PARTICIPANT	SSN (or TIN)		
ADDRESS	CITY	STATE	ZIP CODE
INVESTMENT VEHICLE <input type="checkbox"/> Annuity <input type="checkbox"/> Custodial Account <input type="checkbox"/> Other _____	ACCOUNT, POLICY OR CONTRACT NUMBER(S)		

3 Transaction (For rollover, transfer or exchange into other than a 403(b) Tax-Sheltered Annuity, use form **12113**.)

Funds From	Funds To
<input type="checkbox"/> ERISA TSA <input type="checkbox"/> Non-ERISA TSA <input type="checkbox"/> Traditional IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Qualified Pension or Profit Sharing <input type="checkbox"/> Other: _____	<input type="checkbox"/> ERISA TSA <input type="checkbox"/> Non-ERISA TSA

4 Lost Policy Statement (Applicable only to a full surrender to effect the rollover, transfer or exchange.)

The participant certifies that:

The policy or contract is attached.

The policy or contract is lost or has been destroyed. To the best of my knowledge it is not in anyone's possession.

5 Participant Authorization

The undersigned participant is a (current former) employee of the plan accepting funds.

The undersigned participant authorizes the transferring institution to liquidate and transfer _____ % or \$ _____ as cash from the policy or account to Standard Insurance Company:

Transfer Immediately (default action if no selection is made)
 Transfer on Maturity or Anniversary Date
 Transfer on _____

I authorize disclosure of information to Standard Insurance Company as necessary to complete the requested transaction. I understand that the rollover or transfer will be effective on the date the check(s) is(are) received.

_____	_____
PARTICIPANT SIGNATURE	DATE
_____	_____
GUARANTEE SIGNATURE (IF APPLICABLE)	DATE

6 Plan Sponsor Accepting Funds

ORGANIZATION NAME	ORGANIZATION TIN		
ADDRESS	CITY	STATE	ZIP CODE
PLAN NAME	PLAN TIN	PLAN EFFECTIVE DATE	
AUTHORIZED REPRESENTATIVE	PHONE	FAX	

7 Plan Administrator Authorization (The representative of the plan into which these funds will be accepted must authorize this transaction.)

The above requestor is a:

Current employee of the plan sponsor accepting these funds.

Former employee of the plan sponsor accepting these funds.

Other _____

The transaction requested in this document by the plan participant is hereby authorized by the plan.

AUTHORIZED PLAN REPRESENTATIVE SIGNATURE

DATE

8 Request for Funds Transfer (To be completed only by an authorized Standard Insurance Company home-office employee.)

Standard Insurance Company is prepared to accept the assets as indicated in this document and will transfer the assets into a new or existing policy with Standard Insurance Company. 403(b) tax-sheltered annuities issued by Standard Insurance Company include withdrawal restrictions and minimum distribution provisions as required by IRC § 403(b).

Standard Insurance Company (TIN #93-0242990) hereby requests that the above-documented surrender or partial withdrawal be transacted immediately. All proceeds, including any premiums, shall be payable and forwarded to:

Standard Insurance Company
 FBO: _____
 Unit 36
 P.O. Box 5000
 Portland, OR 97208-5000

PARTICIPANT NAME

Please refer to the Standard Insurance Company annuity contract number: _____ .
CONTRACT NUMBER

The requested action is an exchange or transfer of 403(b) Tax-Sheltered Annuity contracts, therefore please provide the 12/31/1986 and 12/31/1988 balances.

AUTHORIZED STANDARD INSURANCE COMPANY HOME OFFICE EMPLOYEE

DATE