

Individual Disability Insurance
1100 SW Sixth Avenue Portland OR 97204-1093

1. For producers — Access to policies sold or serviced by you is automatically included within Producers Online. You do not need to complete this form unless you need additional access. If you do not have access to Producers Online, please request a registration letter via e-mail to pol-individual@standard.com.

For office personnel — To receive access to Policy Inquiry, fill out the form below. Please specify which producer or producer's policies you will need access to, or indicate if this is for full agency access.

2. Read the Disclaimers and Notices on page two of this form thoroughly. By signing this form, you are agreeing to adhere to these Disclaimers and Notices, including those specific to the Internet medium.

3. Mail this form to: Standard Insurance Company, 1100 SW 6th Avenue, Attn. Policy Inquiry Access, P4A, Portland, OR 97204 or fax page one to 971.321.6022. Your login information will be sent to you via regular mail delivery. If you have any questions, e-mail pol-individual@standard.com.

USER INFORMATION

Full Name (please type or print clearly)

Mailing Address STREET CITY STATE ZIP CODE

E-mail Address

Producers Online Login (User ID)

Your position in the agency: Office Personnel Office Manager Producer MGA

Are you requesting full agency access? Yes No (If yes, have MGA/SMP sign form and complete line one only. If no, list the producer you are affiliated with and have the producer sign on the MGA/SMP line below. To list additional producers, please attach a separate piece of paper, and include the producer's signature.)

1. Agency: Agency Producer I.D. Social Security Number or Tax ID Number

2. Producer Name: Agency Number Producer Number SSN or Tax ID number

3. Producer and Agency: Producer Number Producer Number SSN or Tax ID number

4. Producer and Agency: Producer Number Producer Number SSN or Tax ID number

SIGNATURE OF AGREEMENT TO ADHERE TO DISCLAIMERS AND NOTICES

I have read and understood the Disclaimers and Notices on page two of this form and request access to Policy Inquiry.

User

SIGNATURE DATE

PRINT NAME TITLE

MGA/SMP

SIGNATURE DATE

PRINT NAME

DISCLAIMERS AND NOTICES

PURPOSE AND SCOPE OF WEB SITE

This Web site was designed by and for Standard Insurance Company for the limited purpose of promoting and facilitating an effective means of communicating with its producers and to service The Standard's customers. The information contained herein, both text and graphics, is intended for use by The Standard's producers only.

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PRIVACY

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The Standard is not responsible for any damage caused to your personal computer by Internet viruses. It is your responsibility to scan downloaded material for viruses before accepting information from the Internet.