

I hereby:

- [1] Apply for appointment by Standard Insurance Company to solicit applications for individual annuity products on behalf of my employer in the state(s) indicated below; and
- [2] Attach a copy of my state license for *each* of the named states.

FINANCIAL INSTITUTION with whom you are an employee or registered representative	STATE(S) where you will solicit applications
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YOUR NAME (as it appears on your resident state license)			SOCIAL SECURITY NUMBER		
DATE OF BIRTH	OFFICE TELEPHONE	FAX NUMBER	E-MAIL ADDRESS	HOME TELEPHONE	
BRANCH NAME & INTERNAL ROUTING CODE (if applicable)			YOUR RESIDENCE STREET ADDRESS		
MAILING ADDRESS (If PO Box, also include street address)					
CITY	STATE	ZIP	CITY	STATE	ZIP

IMPORTANT: Unless otherwise instructed, please **FAX** this completed form along with a **copy of your state license(s)** to Standard Insurance Company's home office at: **877-247-5473**

OFFICE USE ONLY