

Note: Any policy and riders issued will be those most comparable to the base policy and riders available at the time of the increase and will be subject to underwriting rules and income limits in effect as of the applicable option date.

1. Prior to completing this application, give the Disclosure Notice - Information Practices (Nonmedical) to the policyowner.
2. Complete all questions and obtain required income documentation. See **Understanding Income Documentation** for documentation requirements. If applying for an increase option on a Business Overhead Protector or Business Equity Protector policy, include the appropriate Application Supplement.
3. Complete the Producer Information Report below. Use Remarks to note special instructions or requests.
4. Submit to your master general agent (MGA) or Securian managing partner (SMP). Include a copy of the sales illustration used as the basis for the sale.

Producer Information Report

Producer Name (Please Print)	Producer No.	Agency
Telephone Nos. Primary () Secondary ()	Email Address	

1. Other producer(s) to receive credit for this application:

Name (Print) _____	Producer No. _____	Percent _____
Name (Print) _____	Producer No. _____	Percent _____
Name (Print) _____	Producer No. _____	Percent _____
2. To the best of your knowledge, is replacement involved or intended to be involved with this application?..... Yes No
3. Give billing instructions (if other than bill to policyowner): _____

4. **Remarks.** Note anything not disclosed on the application that might affect the insured's eligibility for an increase.

Standard Insurance Company

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

Application for Policy Increase

Proposed Insured

Full Name (First, Middle, Last)			Gender	Social Security No.	
Home Address		City		State	ZIP
Birth Date	State of Birth	Primary Phone No.	Email Address		
Policy No.	Current Primary Occupation (include professional designation, specialty or degree)				
Current Employer					
Employer Address			City		State ZIP

Insurance Applied For

<p>Disability Income</p> <input type="checkbox"/> Purchase/Renew Increase Option: Increase in Basic Monthly Benefit: \$ _____	<p>Business Buy-Out Expense*</p> Increase in Aggregate Benefit Limit: \$ _____
<input type="checkbox"/> Accelerated Option - Check reason(s) and provide date(s): <input type="checkbox"/> Loss of LTD coverage: Date of loss _____ <input type="checkbox"/> Increase in income: Date of increase _____	<p>Business Overhead Expense*</p> Increase in Base Amount: \$ _____
<input type="checkbox"/> Renew Automatic Increase Benefit	<p>Other (specify) _____ *Include the appropriate Application Supplement.</p>

General Information

1. Other than the policy shown above: Is there any individual or group disability insurance currently in force, applied for and pending on you; or for which you are or will become eligible?..... Yes No
 If yes, please explain in the table below. Use status and type codes. List all individual and group disability policies with any company, including Standard Insurance Company; but do not list the policy number referenced above.

<p>Status Codes: N - now in force with any company; P - applied for and pending; F - will become eligible in the next 24 months</p> <p>Type Codes: I - individual; G - group; X - association; OE - overhead expense; L - loan repayment; O - other</p>									
Company	Status	Type	Who pays premium?	Benefit amount or % of income	If group:		Benefit period	Waiting period	Will coverage be replaced or reduced?
					Benefit maximum	Bonus covered?			
						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are you currently receiving or entitled to receive disability benefits from Workers' Compensation, Social Security, or any other source? Yes No
 If Yes, please explain: _____

3. How many hours a week do you work in your primary occupation? _____

4. How much of the premium for this increase will be paid by your employer? None 100% Other _____%
 If premium paid by employer, will the employer's contribution be added to your taxable income? Yes No

5. Do you own any part of or are you an independent contractor for the business where you work? Yes No
 If Yes, please answer a, b and c.
 a. Business entity: C Corp S Corp LLC LLP Sole Proprietor Partnership
 Other _____

b. Number of employees: Full-time _____ Part-time _____

c. Percent of business entity owned _____ % Years owned _____

Types of Personal Information Collected

I understand that it is necessary for Standard Insurance Company (Standard) to collect and review personal information about me in order to offer and administer insurance products. I understand that personal information may include information about my age, occupation, other insurance, income and finances. I also understand that personal information does not include any information related to my physical or mental condition, medical history or medical treatment.

Authorization to Obtain Personal Information

I authorize any insurance or reinsurance company, insurance sales representative, employer, MIB, LLC. and any other person, organization or institution having records or knowledge of me, to release personal information about me, as described above, to Standard, its reinsurers, and any insurance support organization acting on behalf of Standard.

Authorization to Use Personal Information

I authorize Standard to use personal information obtained about me for the purposes of determining eligibility for insurance and reinsurance and determining appropriate premium rates, evaluating claims for insurance benefits, and conducting other legally permissible activities that relate to my application and insurance coverage.

Authorization to Disclose Personal Information

I authorize Standard to disclose any personal information about me to Standard's reinsurers, MIB, LLC., other insurance companies to whom I have applied or may apply for insurance, and to organizations or persons, including insurance sales representatives, performing business services for Standard related to my application and policy administration. No other disclosure may be made without my further authorization except to the extent necessary for the conduct of Standard's business or as permitted or required by law.

Expiration and Revocation

I understand that I have the right to revoke this Authorization at any time by sending a written request for revocation to Standard Insurance Company, Attention: Individual Disability Insurance Underwriting, 1100 SW Sixth Avenue, Portland, Oregon 97204. Revocation of this Authorization, or failure to sign this Authorization, will impair Standard's ability to evaluate or process my application and may be a basis for denying my application for insurance coverage. I realize that if I do revoke this Authorization it will not affect any use or disclosure of information prior to the receipt of my revocation and that any action taken before Standard receives my written revocation will be valid.

This Authorization will expire automatically twenty-four (24) months following the date of my signature below.

I acknowledge that I have read and received a copy of the Disclosure Notice-Information Practices. A copy of this Authorization will be provided to me, or my authorized representative, upon request. A photocopy or facsimile of this Authorization is as valid as the original. Any alteration made to this Authorization will render it invalid and unacceptable by Standard.

Signature of (Proposed) Insured

Date of Signature

Name (please print)

Standard Insurance Company (Standard) is committed to maintaining the confidentiality of your personal information. In order to offer and administer insurance products, Standard must obtain and review a certain amount and type of personal information about you. In general, we may seek information about your age, occupation, income and finances. This personal information is obtained and disclosed by us in order to evaluate your insurability and determine appropriate premium rates; to support our normal business practices; and to provide quality service in administering policies.

Sources of Information

You and your application for insurance are our primary sources of personal information. We, or our insurance representative, may call you for a personal history interview (PHI) to obtain supplementary information or to confirm information you provide on the application. With your written authorization, we may also collect or verify personal information by contacting: insurance producers, insurance or reinsurance companies, and the MIB, LLC. (see below); employers, and personal and business associates.

Disclosure of Information

In the course of conducting our business, there are circumstances in which we may disclose to others the information we collect about you. These disclosures are only made with your authorization, or as permitted or required by law. Such disclosures may be to the MIB, LLC., reinsurers; organizations that perform services or functions on our behalf or to serve you, and to regulatory, law enforcement and governmental authorities. Standard or its reinsurers may also release information in its file to other insurance companies to whom you have applied or may apply for life or health insurance or to whom a claim for benefits may be submitted. When information is disclosed to another party to perform services or functions on our behalf, we expect them to adhere to procedures and practices that maintain the confidentiality of your personal information, to use the information only for the limited purpose for which it was shared, and to abide by all applicable federal and state privacy laws.

Review and Correction of Information

In general, you have a right to learn the nature and substance of any personal information about you in our files. You also have a right to obtain a copy of that information, subject to limited restrictions. To access information about you, send a signed, written request to the address at the top of this page. If you believe that any information about you is inaccurate, you may notify us in writing of any correction, amendment, or deletion that you believe should be made. We will carefully review your request and, where appropriate, make the necessary change.

MIB, LLC.

Standard, or its reinsurers, may make a brief report to the MIB, LLC. MIB, LLC. is a not-for-profit membership organization of insurance companies that operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply the company with the information in its file. At your request, MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of the information in MIB's file, you may contact MIB and seek correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734. The telephone number is 866-692-6901. Information for consumers about MIB, LLC. may be obtained on its website at www.mib.com.

Additional Information

We hope this information helps you understand how and why we obtain information about you. To obtain a more detailed explanation of your rights and our information practices, please contact Standard Insurance Company, Individual Disability Insurance Underwriting, 1100 SW Sixth Ave., Portland, OR 97204-1093.