

Standard Insurance Company

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

Disability Insurance Conditional Receipt

This Conditional Receipt (this "Receipt") is part of the Application for Disability Insurance having the same proposed insured, owner, and date as this Receipt (the "Application"). Proposed Insured (please print):

In this Receipt "we/us/our" mean Standard Insurance Company. "You/your" mean the proposed insured.

PREMIUM PAYMENT: Check all that apply. Required premium paid with the Application MUST equal at least ONE MONTHLY PREMIUM, based on the Insurance Applied For in the Application:

- 1. [] Disability Income (DI): Premium paid with the Application *: \$
2. [] Business Overhead Expense (BOE): Premium paid with the Application *: \$

*The required premium may be paid by check, credit card or electronic funds transfer (EFT). All premium checks must be made payable to Standard Insurance Company. Do not make check payable to the producer. Do not leave the payee blank. If paying by credit card or EFT, please complete the One-Time Premium Payment form.

We acknowledge receipt of the above sum(s) with the Application. This Receipt may NOT be used for Disability Buy-Out applications or Future Purchase Option applications.

CONDITIONS: Insurance coverage will be provided as of the date of this Receipt, prior to delivery and acceptance of any policy offered in connection with the Application completed with this Receipt, only if ALL of the following Conditions are met:

- 1. You are insurable, as determined by our underwriters using our underwriting guidelines, on the date you sign this Receipt;
2. The Application is completed for every policy covered by this Receipt;
3. The required premium is paid with the Application; and
4. You, and the owner if different, each sign this Receipt on the same date you and the owner each sign the Application.

DATE COVERAGE STARTS: Coverage under a policy applied for along with this Receipt, if any, starts on the policy's Effective Date, subject to the COVERAGE TERMS AND LIMITATIONS below. The Effective Date of any policy offered and accepted in connection with the Application is the Effective Date elected on the Policy Acceptance and Application Supplement executed by you, and the owner if different, upon delivery of the policy. You may elect an Effective Date as early as the date of this Receipt. The initial premium paid with this Receipt will be applied to the premium owed for your coverage under the policy as of the Effective Date.

COVERAGE TERMS AND LIMITATIONS:

- 1. If you become disabled under the terms of a policy offered and accepted in connection with the Application completed with this Receipt, we will pay benefits for that disability under that policy, subject to the terms, conditions, limitations and exclusions of this Receipt and that policy. All benefits paid as a result of a disability incurred before the policy is delivered to and accepted by you, and the owner if different, shall, for the entire period during which benefits are payable for that disability, be limited to the lesser of: (a) the benefit amount issued; or (b) \$5,000 per month for DI and \$10,000 per month for BOE.
2. This Receipt is not in effect for any policy we decline to issue or do not approve within 90 days after the date that you, and the owner if different, have signed this Receipt. We will return any premium paid with this Receipt.
3. This Receipt is void in its entirety and does not affect any policy applied for along with this Receipt, and any premium paid for that policy will be returned, if: (a) there is misrepresentation or fraud in the Application or any application supplement; (b) any payment provided in connection with this Receipt is not honored when first presented for payment; or (c) any of the CONDITIONS listed above are not met.
4. This Receipt is not a "binder" and does not commit us to issue any policy.
5. Using our underwriting rules and practices, we will decide what policy to offer, if any, based on your insurability, including your health history, as of the date you sign this Receipt. In underwriting the Application we may rely on the results of medical tests and exams, and on other information, performed or obtained after the date of this Receipt. However, we will not consider any change in your health or insurability occurring after the later of: (a) the date you sign this Receipt; or (b) the date the policy is accepted, if you elect an Effective Date that is after the date you sign this Receipt..
6. No one may change or waive anything in this Receipt, except that we may waive Condition number 3, above, in certain employer-paid cases. Such waiver must be in writing to be effective.

DECLARATION AND AGREEMENT OF OWNER AND PROPOSED INSURED: I have read this Receipt and agree to its terms. I understand that issuance of this Receipt does not guarantee issuance of any policy. I agree that coverage, if any, is subject to the terms, conditions, limitations and exclusions of this Receipt and any policy(s) issued. Each copy of this Receipt is considered to be a duplicate original.

Signature of Proposed Insured Signed at City State on Date

Signature of Owner if other than Proposed Insured Signed at City State on Date

Signature of Soliciting Producer Signed at City State on Date

PRODUCER INSTRUCTIONS: The proposed insured, owner and producer must complete, sign and date both copies of this Receipt on the same date each person signed the Application. Each copy must be identical. Give one copy to the owner. Send the other copy with the Application and premium to the home office. DO NOT ISSUE THIS RECEIPT if it is apparent that ALL of the Conditions above are not met.

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Signature of Proposed Insured Signed at City, State on Date

Signature of Owner if other than Proposed Insured Signed at City, State on Date

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Standard Insurance Company

Individual Disability Insurance (800) 247-6888 Tel (800) 378-2407 Fax
1100 SW Sixth Avenue Portland OR 97204-1093

One-Time Premium Payment
For Use With Conditional Receipt

Name of Proposed Insured _____

Choose one Conditional Receipt payment option by completing either the credit card or Electronic Funds Transfer (EFT) section below. If both credit card and EFT payment sections are completed, The Standard will default to EFT.

One-Time Credit Card Payment – Email Address (required) _____

By my signature below, I authorize Standard Insurance Company, or its representative, to charge my credit card in the amount of premium I have indicated on the Conditional Receipt. In paying premium by charging my credit card, I understand and agree that:

1. This will be a one-time charge of my credit card for the purpose of paying the required premium under the Conditional Receipt and, once the premium amount is charged to my credit card, this authorization will terminate.
2. The payment of the initial premium is one of the conditions required for coverage to be placed into effect and, if the charge is declined for any reason, coverage will not be placed in effect and the Conditional Receipt is void.
3. The Standard will use a designated banking institution to process the payment of premium to my credit card, and the designated banking institution is authorized to contact me directly to obtain my credit card information and to charge my credit card.
4. In the event coverage is not issued, the amount of premium charged to my credit card will be credited back to my account.
5. The Standard, or its representative, will incur no liability if my credit card company dishonors any amount of premium charged under this authorization.

Authorized Cardholder Signature

Date

Cardholder Name (please print)

You will receive an email from The Standard containing a link to start the credit card payment process. **This link will expire in 72 hours** and after it expires, you will no longer be able to complete this transaction. We accept Visa, MasterCard, AMEX and Discover.

One-Time Electronic Funds Transfer (EFT) Payment

By my signature below, I authorize Standard Insurance Company, or its representative, to debit premium from my bank account identified below in the amount of premium I have indicated on the Conditional Receipt. In paying premium by debiting my bank account, I understand and agree that:

1. This will be a one-time debit of my bank account for the purpose of paying the required premium under the Conditional Receipt and, once the premium amount is debited, this authorization will terminate.
2. I will maintain sufficient funds in my account for the full amount of premium, and if there are insufficient funds in my account, coverage will not be placed in effect and the Conditional Receipt is void.
3. In the event coverage is not issued, the amount of premium deducted from my account will be refunded.

ROUTING TRANSIT # (the 9 digits to the left of your account number)									ACCOUNT # (ignore spaces, but include dashes, if any)		

Example of How to Find your Routing and Account Numbers

1: 123456789 :| 12345678 ||[■] 1234 ||[■]
 Bank # Account # Check #

ACCOUNT TYPE

Checking Savings

Account Holder Name (please print)

Authorized Account Holder Signature

Date