

*your*  
**annuity&life**  
*retirement designers*

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## LICENSING REQUIREMENTS

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Please include the following requirements and Fax to **888.207.9489**  
Or E-Mail to **contracting@retiredesign.com**

### **Contracting Requirements**

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- Completed Contracting Packet
- Copies of all Resident and Non-Resident Licenses
- Current E&O Coverage Declaration Page
- Voided Check for EFT
- If you answered “yes” to any question re: special circumstances, please include an Explanation Document.

### **Training Requirements**

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- If you are submitting new business with contracting, please provide a copy of the client application. Also please ensure you have completed the Carrier Product Training PRIOR to dating any new business.
- If applicable, provide a copy of your NAIC state required suitability training completion certificate.
- Please complete your AML Training via the LIMRA site.

<https://aml.limra.com>

**Username:** First four letters of last name and last six of the social - all lowercase

**Password:** First time users will use the last name (lowercase)

**Licensing Questions please call:**

**800.931.0138**

www.RetireDesign.com

**NOTE: This is a "fillable" form. Tab to move to the next field. Print when you have completed all fields and answered all questions. Alternatively, you may print the form now and type or handwrite the form. Sign, date and either FAX or mail in the form.**

**Individual Applicant (or Principal if contracting as a Business)**

INDIVIDUAL APPLICANT'S NAME		SOCIAL SECURITY NUMBER
DATE OF BIRTH (mm-dd-yyyy)	INDIVIDUAL'S EMAIL ADDRESS (Required)	HOME TELEPHONE
INDIVIDUAL'S RESIDENCE STREET ADDRESS (Required for Appointment)		
CITY	STATE	ZIP
MAILING ADDRESS (to which all mail is to be sent) (If PO Box, also include street address)		OFFICE TELEPHONE
CITY	STATE	ZIP
		FAX NUMBER

**Business Entity**

BUSINESS ENTITY NAME	STATE OF DOMICILE	TAX ID FOR BUSINESS ENTITY
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**Compensation**

**Payee** shall be the:  **Individual Applicant** named above  **Business Entity** named above  
 Payee shall be paid by Standard Insurance Company or The Standard Life Insurance Company of New York (The Standard, We, Us, Our) for the performance by the Individual Applicant of duties of the Producer (You, Your) under this Producer Sales Contract (Contract):

**If Payee is a Business Entity**, the Individual Applicant acknowledges that the Individual Applicant shall receive no compensation from The Standard; and confirms that the Individual Applicant has entered into a separate agreement with the Business Entity named above, and will look to said Business Entity for any and all compensation related to The Standard products.

The Individual Applicant is the principal party of the Business Entity named above.  Yes  No

The Individual Applicant will be soliciting applications for The Standard Products.  Yes  No

**(If Business Entity is already contracted, skip the remainder of this section and the Payee's Substitute W-9 Certification.)**

**Reporting:** Twice each month in which there is commission activity, we will email a commission statement to the Payee's email address:

PAYEE'S EMAIL ADDRESS (if different from above)
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You agree to notify The Standard of any changes to the Payee's e-mail address. Please note that an annual fee of \$20.00 will be assessed should you opt out of direct deposit/e-statements while commissions are being earned.

**Direct Deposit:** All compensation will be electronically deposited (EFT) in the account designated below unless Payee is already contracted with The Standard.

**(NOTE: Confirmation time from Payee's financial institution may require mailing the initial commission check(s).)**

NAME OF FINANCIAL INSTITUTION FOR DEPOSIT	ACCOUNT NUMBER	<b>Send a voided check or photocopy.</b>
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By Your signature on the Contract, You request and authorize The Standard to initiate electronic deposit credit entries to the above account. You agree to notify The Standard as soon as reasonably possible of any changes to the account designated. Such notification shall allow The Standard and the Financial Institution sufficient time to act on the change notification. You shall make any such change notification in writing or on the Producers Online Web site.

**Payee's Substitute W-9 Certifications (Required unless Payee is already contracted)**

*We require certification of the Payee's taxpayer identification number (TIN). If Payee is contracting as an individual, this TIN will generally be your Social Security number. If Payee is contracting as a Business Entity, this TIN will generally be the Business Entity's Employer Identification number. If this Substitute W-9 is not filed, we will be required to withhold income taxes according to Internal Revenue Service guidelines. Failure to provide us with the appropriate taxpayer identification number may result in a \$50 penalty imposed by the Internal Revenue Service. In addition, in the event of such failure, we are required to withhold 28% of your taxable distribution, regardless of your withholding election.*

**Please enter Payee's taxpayer identification number:**

**Under penalties of perjury, I certify that:**

- (1) The Payee is a US Person, and
- (2) The number shown on this Substitute W-9 is the Payee's correct taxpayer identification number, and
- (3) The Payee is not subject to backup withholding because:
  - (a) The Payee is exempt from backup withholding, or
  - (b) The Payee has not been notified by the Internal Revenue Service (IRS) that Payee is subject to backup withholding as a result of a failure to report all interest or dividends, or
  - (c) The IRS has notified the Payee that the Payee is no longer subject to backup withholding.

**(IMPORTANT NOTE: You must STRIKE OUT the language in section (3) above if Payee is subject to backup withholding.)**

**The Internal Revenue Service does not require Payee's consent to any provision of this Substitute W-9 other than the certifications required to avoid backup withholding.**

\_\_\_\_\_  
 SIGNATURE OF PAYEE (or Principal Party if Payee is a Business Entity)

\_\_\_\_\_  
 DATE SIGNED

**Applicant's Declaration (Required)**

I affirm that the information I provide in this application packet is true and complete, including my answers to the following questions.

- 1. Has any insurer ever paid out a claim on your behalf related to liability in the performance of your professional insurance services or has any demand of indebtedness been made against you as a result of any insurance transaction or business? .....  Yes  No
- 2. Have you ever been named as a party to any lawsuit involving allegations of misrepresentation, fraud, theft, misappropriation of funds, or breach of fiduciary duty? .....  Yes  No
- 3. Have you ever had an insurance sales contract or an insurance appointment terminated for any alleged misconduct, or has any state or federal regulatory agency ever denied, suspended or revoked your professional license, or fined, penalized, or otherwise disciplined you by restricting your occupational activities? .....  Yes  No
- 4. Have you ever been named as a defendant in a criminal indictment or complaint, been arrested, summoned, or arraigned in connection with a felony, or been convicted of any felony, or have you ever been convicted, plead guilty or plead no contest to any misdemeanor involving dishonesty or breach of trust? .....  Yes  No

**Explain below (or on an attached sheet) any "Yes" answers to questions 1 through 4. Please be specific and provide dates.**

NAME ON FIRST POLICY APPLICATION SUBMITTED	DATE OF APPLICATION (mm/dd/yyyy)	STATE
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**TO SECURE YOUR STATE APPOINTMENT:** *If you have not already faxed license copies to our home office, send a copy of your license for the above state and your residence state if different.*



**Applicant's Disclosure Notice (Required)**

I authorize all persons and entities to release all written and verbal information about me to The Standard. I release and agree to hold each harmless from all liability and responsibility for doing so.

I specifically understand and authorize the procurement of an investigative consumer credit report and understand that in all likelihood it will contain information about my background, mode of living, character, general reputation, and personal characteristics. I further understand that upon written request I will be given a list of all the areas which will be researched and included in the investigative report into my background.

I have read and understand the Summary of My Rights Under the Fair Credit Reporting Act that was provided to me by The Standard.

This authorization, in original or copy form, is valid now or at any time in the future. I agree with all the provisions shown in this disclosure form and have been provided a copy of this document.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE SIGNED

## **Section 1. Appointment**

Standard Insurance Company, an insurance company organized and existing under the laws of Oregon, and The Standard Life Insurance Company of New York, an insurance company organized and existing under the laws of New York, (The Standard, We, Us, Our) hereby contract with and agree to appoint the person or entity named on the signature page (You, Your) as a Producer. This Producer Sales Contract (Contract) is effective on the date determined by The Standard, as indicated herein.

You agree as follows, to:

- 1.1 Solicit and procure applications for The Standard products as listed on any Product & Compensation Amendment in effect and made a part of this Contract, but, in any state that requires pre-appointment, You may not solicit an application for Our product before You are appointed to do so in that state;
- 1.2 Remit all applications and any initial premiums promptly to The Standard's home office;
- 1.3 Deliver all issued policies promptly to the policyholder in accordance with any delivery instructions;
- 1.4 Provide service to policyholders of The Standard products;
- 1.5 Obtain and keep in good standing all appropriate licenses necessary to solicit applications as authorized under this Contract.

We agree to compensate You as provided in this Contract.

## **Section 2. Consideration**

In consideration for all of Your duties and obligations contained in this Contract, We grant You the right to sell Our products. We further agree to compensate You according to the applicable Product & Compensation Amendment. Your initial Product & Compensation Amendment is attached. New Product & Compensation Amendments may be issued from time to time. Each Product & Compensation Amendment, on its effective date, shall be a part of this Contract and shall determine the products available to sell and all compensation based on applications and increases written from that date to the effective date of Your next Product & Compensation Amendment.

## **Section 3. General Provisions**

### **3.1 INDEPENDENT CONTRACTOR**

You are not an employee of The Standard under this Contract. You are an independent contractor using Your own judgment and guidelines in performing under the terms of this Contract. The Standard shall not determine the place or time that You perform Your duties as a Producer under this Contract, and nothing contained in this Contract shall limit Your right to sell products on behalf of other insurance companies. You are responsible for paying all expenses You incur in carrying out the terms of the Contract.

As a Producer, You are not a full-time salesperson for The Standard. Therefore You are not eligible for any fringe benefit plans in which participation by You or contributions by The Standard are in any way dependent on Your being considered a statutory or common law employee. The Standard will not pay any social security or related taxes on Your commissions or other compensation. All social security and related taxes are payable from Your own funds by You as an independent contractor.

### **3.2 FIDELITY BOND AND INDEMNITY AGREEMENT**

You are not covered under The Standard's fidelity bond. However, You acknowledge that We may obtain a fidelity bond to cover any liability The Standard may incur as a result of any actions by You or individuals working for You or on Your behalf. You agree to provide reasonable assistance to The Standard in obtaining such a bond. Notwithstanding any fidelity bond, You agree to indemnify and hold The Standard harmless against any damages or losses incurred by The Standard as a result of Your actions or the actions of individuals working for You or on Your behalf.

### **3.3 CLAIMS AGAINST YOU OR THE STANDARD**

You agree to provide timely notice to The Standard and applicable error and omissions insurance carriers as soon as You become aware of any claim against The Standard, You, or any individual working for You or on Your behalf where said claim is in any way related to the sale of The Standard Products. You agree to cooperate with these carriers. To the extent such a claim arises out of any act or omission of Yours, or any act or omission of any person working for You or on Your behalf, and full coverage by any errors and omissions carriers is not extended to You, or individuals working for You or on Your Behalf, or to The Standard, We have the right to defend said claim, and settle that claim upon receipt of proof satisfactory to Us of the merit of that claim. You will be liable to The Standard and agree to reimburse Us fully for any unreimbursed payments made and any related expenses incurred by Us in the defense and settlement of any such claim that We defend, pay or settle, including costs of counsel employed for such action.

### **3.4 ASSIGNMENT**

The Standard is relying on Your specific abilities in the performance of Your rights, obligations and duties under this Contract. Therefore, neither this Contract nor any of the rights, obligations or duties under this Contract may be assigned by You without Our prior written approval, which approval may be withheld in Our sole discretion.

**3.5 ACTS NOT AUTHORIZED**

Your authority extends no further than is specifically stated in this Contract and, except as expressly set forth herein, You shall have no power or authority to act on behalf of The Standard. Specifically, but not limited to the following, You are not authorized:

- (a) To offer for sale, in the name of The Standard, any products not included on the attached Product & Compensation Amendment(s). However, this shall not affect Your ability to sell products on behalf of other insurance companies;
- (b) To make, alter, or discharge contracts in the name of The Standard, waive any right or forfeiture, name extra rates for special risks, or extend the time for paying any premium;
- (c) To incur any debt or liability for or against The Standard, institute any legal proceedings, or bind The Standard in any manner whatsoever, except as provided in a written receipt for premiums;
- (d) To accept any money or property for or on behalf of The Standard except as described in the applicable Product & Compensation Amendment;
- (e) To create or use any advertisement (all written, oral and pictorial materials designed to reach the public, including but not limited to brochures, newsletters, letters, presentations, web pages, phone scripts, illustrations, business cards, letterhead, mailings or e-mailings) containing The Standard's signature package (logo), referencing The Standard or Our products, or mentioning Our name unless (1) it has first been approved by The Standard in writing, and (2) a copy of the final version has been received by The Standard's home office before it is used, and (3) it is used in accordance with any conditions and limitations of said approval.

**3.6 FORFEITURE OF CONTRACT RIGHTS, BENEFITS AND COMPENSATION**

The Standard, at its option, may declare this Contract null and void, and all Your rights, benefits, and compensation from The Standard (according to Section 2 CONSIDERATION) shall be forfeited, if You do (or You cause or allow any individuals working for You or on Your behalf to do) any of the following:

- (a) Withhold any funds, documents, or property belonging to a policyholder or beneficiary, or to a person whose application has not been accepted by The Standard;
- (b) Provide false information on Your Applicant's Declaration or intentionally violate any of the conditions or obligations of this Contract;
- (c) Violate any state or federal insurance, securities, or criminal laws;
- (d) Have Your license to sell insurance products terminated, suspended, censured or restricted by any state.
- (e) Fail to act in a manner consistent with Section 4. ETHICAL STANDARD or Section 5. MAINTAINING CONFIDENTIALITY OF PERSONAL INFORMATION.

Nothing herein shall affect The Standard's right to assert any other claim, either in law or in equity, it may have or acquire against You.

**3.7 WAIVER**

The failure of either party to exercise any right or enforce any provision of this Contract shall not be construed as a waiver of that party's right to subsequently exercise that right or enforce that provision.

**3.8 ATTORNEYS' FEES**

If The Standard prevails in any claim, action or suit to enforce or interpret this Contract, or otherwise with respect to the subject matter of this Contract, You agree to pay all reasonable attorneys' fees and costs incurred by The Standard in any claim, action or suit (including appeals). You also agree to pay all costs of collection of any funds owed by You to The Standard, including reasonable attorneys' fees, regardless of whether any claim, action or suit is filed by The Standard. Conversely, if You prevail in any such action or suit on this Contract, The Standard agrees to pay Your reasonable attorneys' fees and costs.

**3.9 AMENDMENT OF CONTRACT**

The Standard reserves the right to amend any part of this Contract by written notice to You at Your last known address. Any amendment will be effective thirty days from the mailing of such notice, or earlier by mutual written agreement, but no such amendment shall affect compensation payable on policies previously put in force, except by mutual written agreement. Neither this Contract nor any amendment to it shall bind The Standard unless signed by an officer of The Standard. The Standard reserves the right to change any part of the Product & Compensation Amendment at any time. The commission calculations stated in any Product & Compensation Amendment, however, shall continue to apply until such changed Product & Compensation Amendment is provided to You. Product & Compensation Amendments shall be exempt from the officer signature and thirty-day notice requirements.

**3.10 TERMINATION OF CONTRACT**

This Contract may be terminated at any time by mutual written agreement. In addition to The Standard's right to declare an immediate termination for cause specified in paragraph 3.6 FORFEITURE OF CONTRACT RIGHTS, BENEFITS AND COMPENSATION, either You or The Standard may terminate this Contract without cause, by sending thirty days written notice to that effect to the other at the other's last known address. This Contract shall terminate automatically upon Your death or upon the date proceedings in bankruptcy or insolvency are filed by or against You. If You are a partnership, corporation, or any other form of business entity, this Contract will terminate upon any event that legally or contractually causes dissolution of Your business entity.

Termination of this Contract shall not affect Your obligation to repay any debt to The Standard or to account for and return all funds, policies, rate books, training or sales material, and other property to the satisfaction of The Standard.

**3.11 GOVERNING LAW**

This Contract is governed by the laws of the State of Oregon.

**Section 4. Ethical Standard**

The Standard requires all producers for Our products to pledge to conduct business according to the highest principles of honesty, integrity and pride, always putting the needs of the customer first:

- 4.1 To conduct a thorough interview to determine the customer's needs and clearly disclose when the purchase or replacement of insurance policies is being proposed as part of a sales presentation;
- 4.2 To ensure that the customer understands the costs and benefits of any product or proposal;
- 4.3 To distinguish clearly between the guaranteed and non-guaranteed elements of any product or proposal, and make the customer aware of product conditions or limitations, and of any features that could change over time;
- 4.4 To treat all customers as the Producer would want to be treated, and to maintain personal and professional conduct that enhances reputation of both Producer and The Standard.

**Section 5. Maintaining Confidentiality of Personal Information**

The Standard is committed to safeguarding the privacy of The Standard's customers and is dedicated to maintaining the confidentiality of their personal information. In the course of Your duties under this contract, You may obtain personal information about The Standard's customers. The Standard requires You to maintain the confidentiality of such personal information and to abide by all applicable federal and state privacy laws.

You shall not use or disclose any such personal information You obtain in the course of Your duties under this contract for any purpose unrelated to Your duties under this Contract. You shall not disclose such personal information to third parties without prior written consent of The Standard or the customer. You shall not, under any circumstances, use or disclose such personal information for Your own purpose, such as selling personal information to third parties. You shall also implement reasonable safeguards to protect such personal information from unauthorized or inadvertent use or disclosure. The Standard reserves the right to periodically audit Your privacy practices and procedures to ensure compliance with federal and state laws and with The Standard's corporate privacy policy.

**The Following Parties Agree to the Terms of This Contract:**

<p><b>Producer:</b></p> <p>_____</p> <p>PRODUCER NAME (Please print) (If business entity, give entity name)</p> <p>_____</p> <p>PRODUCER SIGNATURE (or Principal Party signature if business entity)</p> <p>_____</p> <p>TITLE of PRINCIPAL PARTY (if business entity)</p>	<p><b>STANDARD INSURANCE COMPANY:</b></p> <p>_____</p> <p>STANDARD INSURANCE COMPANY OFFICER SIGNATURE</p> <p>_____</p> <p>TITLE</p> <p><b>THE STANDARD LIFE INSURANCE COMPANY OF NEW YORK:</b></p> <p>_____</p> <p>THE STANDARD LIFE INSURANCE COMPANY OF NEW YORK OFFICER SIGNATURE</p> <p>_____</p> <p>TITLE</p> <p style="text-align: center;"><i>Home Office Use Only</i></p> <p>Effective Date _____</p>
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# The Standard®

Standard Insurance Company, Individual Annuities  
1100 SW Sixth Avenue Portland OR 97204-1093  
800.766.9737 Tel 877.247.5473 Fax

## Request for Appointment & Certificate of Authority for Sales Through Broker/Dealer

Upon completion, please fax this certificate, along with copies of your state license, to the number above.

Broker/Dealer			
NAME of ENTITY to whom compensation is to be paid		NAME of AFFILIATED LIFE AGENCY	
BROKER/DEALER ADDRESS		CITY	STATE ZIP

Registered Representative					
REGISTERED REPRESENTATIVE NAME (as it appears on your resident state license)			DESIGNATIONS	SOCIAL SECURITY NUMBER	
DATE OF BIRTH	OFFICE TELEPHONE	FAX NUMBER	HOME TELEPHONE	E-MAIL ADDRESS	
REGISTERED REPRESENTATIVE BUSINESS MAILING ADDRESS (If PO Box, also include street address)			REGISTERED REPRESENTATIVE RESIDENCE STREET ADDRESS		
CITY STATE ZIP			CITY STATE ZIP		
STATES (up to 5) where you will solicit applications			<b>TO SECURE YOUR STATE APPOINTMENTS:</b> If you have not already faxed license copies to our home office, send a legible copy of your license for these states and your residence state if different.		

By my signature on the Certificate, I affirm that the information I provide in this application packet is true and complete.

Products
<p>The Registered Representative named above hereby applies to solicit applications for the following products from The Standard:</p> <p><b>(Check One Product Category Only):</b></p> <p><input type="checkbox"/> <b>Index Annuity sales only</b> through the Broker/Dealer named above;</p> <p style="padding-left: 40px;"><b>For index Annuity sales only, also check one of the following:</b></p> <p style="padding-left: 80px;"><input type="checkbox"/> I have already completed a sales contact with The Standard; or</p> <p style="padding-left: 80px;"><input type="checkbox"/> My individual annuity sales contact is attached.</p> <p><input type="checkbox"/> <b>All Fixed Annuity sales</b> through the Broker/Dealer named above.</p>

MARKETING ORGANIZATION NAME	MARKETING ORGANIZATION AGENCY #
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**Section 1. Solicitation of Contract Applications**

Standard Insurance Company, Portland, Oregon (The Standard, We, Us, Our) has appointed the person named in this Certificate of Authority (You, Your) as a Broker in the states identified on page one. In these states We authorize You to do the following acts:

- 1.1 Solicit and procure applications for the products identified on page one.
- 1.2 Collect the initial premium required to put a new annuity contract in force and remit all applications and premiums promptly to The Standard's home office. All other premiums must be paid directly to The Standard in accordance with our rules and business practices.
- 1.3 Provide service to annuity owners and beneficiaries.
- 1.4 Obtain and keep in good standing all appropriate licenses necessary to solicit applications for the annuity products identified on page one.

Your authority to perform the acts listed in this Section is effective only while You are a Registered Representative of the Broker/Dealer named herein, regardless of whether You remain appointed by The Standard as a broker in any state. This Certificate of Authority constitutes a license from The Standard to You, allowing You to take those actions specifically authorized herein. The Standard may revoke this license at any time, pursuant to the terms of this Certificate of Authority. You acknowledge that the Broker/Dealer has entered into a selling agreement with Us and You agree to abide by any terms of said agreement as they relate to Registered Representatives.

**Section 2. General Provisions****2.1 COMPENSATION**

The Standard will pay no compensation to You. Any compensation You receive related to Your solicitation of the annuity products from The Standard identified on page one or performance of any other act authorized herein will be paid to You by the Broker/Dealer identified on page one. Your authority to solicit annuity products from The Standard and take other actions as provided for herein is valuable consideration for this Certificate of Authority.

**2.2 ACTS NOT AUTHORIZED**

Your authority extends no further than is specifically stated in this Certificate of Authority and, except as expressly set forth herein, You shall have no power or authority to act on behalf of The Standard. Specifically, but not limited to the following, You are not authorized:

- (a) To offer for sale, in the name of The Standard, any products other than individual annuity products from The Standard identified on page one. However, this shall not affect Your ability to sell products on behalf of other companies;
- (b) To make, alter, or discharge contracts in the name of The Standard, or to guarantee rates or annuity value illustrations;
- (c) To incur any debt or liability for or against The Standard, institute any legal proceedings, or bind The Standard in any manner whatsoever, except as provided in an annuity premium receipt from The Standard;
- (d) To accept any money or property for or on behalf of The Standard except as described in paragraph 1.2 SOLICITATION OF CONTRACT APPLICATIONS.
- (e) To create or use any advertisement or promotional material containing The Standard's signature package (logo) or referencing The Standard or Our annuity products, except where such material has been approved by The Standard within the last 6 months, and where use of such material complies with all restrictions and limitations of said approval.

**2.3 AMENDMENT OF CERTIFICATE OF AUTHORITY**

The Standard reserves the right to amend any part of this Certificate of Authority by written notice to You. Any amendment will be effective thirty days from the mailing of such notice to Your last known address, or earlier by mutual written agreement between The Standard and the Broker/Dealer named herein.

**2.4 TERMINATION OF AUTHORITY**

Either You or The Standard may terminate this Certificate of Authority without cause at any time, by sending written notice to that effect to the other party at the other party's last known address. Notice of termination shall be deemed given and effective when delivered personally or by facsimile, or three (3) days after the postmark date if mailed to the other party at its address stated at the head of this Certificate of Authority.

In addition, this Certificate of Authority will automatically terminate and be null and void upon the termination of Your Registered Representative status with the Broker/Dealer named herein, or the termination of the Sales Agreement between The Standard and the Broker/Dealer name herein.

- (a) Upon termination of this Certificate of Authority, We may initiate termination of any and all of Your state appointments by The Standard.
- (b) Termination of this Certificate of Authority shall not affect Your obligation to account for and return all funds, annuity applications, contracts, training or sales material, and other property of The Standard to Our satisfaction.

**Section 3. Registered Representative Compliance & Ethical Standards**

The Standard requires all Registered Representatives appointed to sell The Standard's annuity products to:

- 3.1 Conduct business according to the highest principles of honesty, integrity and pride, always putting the needs of the customer first;
- 3.2 Conduct a thorough interview before recommending the purchase (or exchange) of an annuity product, in order to determine the customer's needs given their age, financial status, tax status, investment objectives and any other information relevant to the recommended purchase;
- 3.3 Clearly disclose when annuities are being proposed as part of a sales presentation;
- 3.4 Ensure that the customer understands the costs and benefits of any annuity product or proposal;
- 3.5 Distinguish clearly between the guaranteed and non-guaranteed elements of any annuity product or proposal and make the customer aware of product conditions or limitations, and of any features that could change over time;
- 3.6 Disclose the source and amount of compensation for the sale of a Contract if required by law;
- 3.7 Treat all customers as the Registered Representative would want to be treated, and to maintain personal and professional conduct that enhances the reputation of the Registered Representative, Broker/Dealer and The Standard.

**Section 4. Maintaining Confidentiality of Nonpublic Personal Information**

The Standard is committed to safeguarding the privacy of The Standard's customers and is dedicated to maintaining the confidentiality of their personal information. In the course of Your duties under this Certificate of Authority, You may obtain personal information about The Standard's customers. The Standard requires You to maintain the confidentiality of such personal information and to abide by all applicable federal and state privacy laws.

You shall not use or disclose any such personal information You obtain in the course of Your duties under this Certificate of Authority for any purpose unrelated to Your duties under this Certificate of Authority. You shall not disclose such personal information to third parties without prior written consent of The Standard or the customer. You shall not, under any circumstances, use or disclose such personal information for Your own purpose, such as selling personal information to third parties. You shall also implement reasonable safeguards to protect such personal information from unauthorized or inadvertent use or disclosure. The Standard reserves the right to periodically audit Your privacy practices and procedures to ensure compliance with federal and state laws and with The Standard's corporate privacy policy.

**Agreement**

REGISTERED REPRESENTATIVE		STANDARD INSURANCE COMPANY	
Signature	Date Signed	Signature	Date Signed
Printed Name	Title	Printed Name	Title