



NOTICE REGARDING HARDSHIP REQUEST FOR EXEMPTION FROM MORATORIUM

We understand that certain policy owners may face financial hardships as a result of the moratorium that the receivership order placed upon cash surrenders and partial withdrawals, under Standard Life Insurance Company of Indiana ("Standard Life") policies or contracts. The Court has granted the Special Deputy Rehabilitator (the "Rehabilitator") authority to consider hardship payment requests. To request a hardship payment, you must complete and return the "**Hardship Request Form**." For the purpose of hardship requests, this form will replace the customary forms that Standard Life previously used for cash disbursement requests.

To qualify for hardship payment consideration, you must include the following:

- **Notarized or Sworn Statement of Facts** that the Annuitant, Owner, or someone with a Power of Attorney acting for the Owner or Annuitant has completed, made under the penalties of perjury. This Statement of Facts should outline the circumstances that support your claim of hardship and should accompany the information sent to our office. The hardship request will not be processed unless the Statement of Facts is notarized. If you deliver the enclosed information by facsimile, then the Company must receive an identical, signed, and notarized original before final approval may be granted. Please be as specific as possible, as the more information you give to the Rehabilitator, the easier it will be to process your request;
- **Proof or Evidence Supporting the Statement of Facts** – This would include, as applicable, bills, notices, doctor's statements, or Power of Attorney, Guardianship or Conservator paperwork;
- **Authorization for Hardship Withdrawal Form**; and/or
- **Annuitization Form.**

By providing you with this information and these forms, we are *not* indicating whether the Rehabilitator will approve your hardship request. The Rehabilitator will review each request on its own merits.

Upon receipt of your completed hardship documents, the Rehabilitator will review them and reserves the right to request such additional information and documentation, as he deems appropriate. You must cooperate with the Rehabilitator by providing all such requested documentation and information or your request will be denied.

If you have any questions, please contact Standard Life Insurance Company of Indiana by writing or calling us, as noted on this letter. Thank you in advance for your attention to these matters.

Sincerely yours,

A handwritten signature in black ink that reads "Randolph Lamberjack". The signature is written in a cursive, flowing style.

Randolph Lamberjack
Special Deputy Rehabilitator



**AUTHORIZATION FOR
HARDSHIP WITHDRAWAL**

Re: Contract Number: _____

Owner: _____

I, _____, Owner of this contract, authorize a withdrawal of \$_____.

Check one:

- I understand that this amount may be reduced by any surrender charges or taxes withheld.
- I understand that this contract contains a Market Value Adjustment, and as a result, the total withdrawal may be larger if surrender charges apply or taxes are withheld.

Do you have other liquid assets or other annuities available for monthly living expenses and emergencies **other than the money you plan to withdraw from this annuity?**

- Yes. Please list amount of liquid assets \$_____ (Examples: annuities, checking, savings, money market accounts, short term CDs, bonds, etc.)
- No.

This withdrawal may be subject to a contract withdrawal charge and/or a Market Value Adjustment, if applicable. Please review your contract.

Federal Income Tax Withholding - I understand if there is a reportable distribution as a result of the withdrawal, it will be reported to the Internal Revenue Service (IRS) for the calendar year the withdrawal is made. Unless waived by me, if there is a reportable distribution, it will have income tax withheld at a flat 10% rate.

Federal Excise Tax - If you are under age 59½, a Federal excise tax may apply.

State Income Tax Withholding - If you reside in OR or GA, state taxes will be withheld regardless of election to withhold Federal income tax, due to state regulations. If you reside in DE, IA, LA, MA, ME, NE, NC, OK, or VT, state tax withholding is mandatory if Federal income tax is withheld.

Reportable Distribution - I further understand that even if I elect not to have Federal income tax withheld, any reportable distribution will still be reported to the Internal Revenue Service.

- I elect NOT to have Federal income tax withheld.
- I elect to have Federal income tax withheld.

NOTE: TAX AUTOMATICALLY WITHHELD IF NO WITHHOLDING OPTION IS ELECTED

I am not under guardianship, nor have I made any assignment, pledge, or executed any document affecting ownership or right to any monies due or to become due under the contract, and I further certify that no proceedings in bankruptcy are pending to which I am a part.

This form is dated at _____ this _____ day of _____, 2009.

Signature of Owner

Signature of Joint Owner (if applicable)

Signature of Witness

Owner's Telephone & Social Security Number



**ANNUITIZATION FORM
BENEFIT PAYMENT REQUEST**

CONTRACT NUMBER _____

Please complete each section where ">" is shown.

I authorize the value of this contract to be paid in the form of an Annuity Benefit.

➤ **BENEFIT OPTION ELECTED:**

- LIFE EXPECTANCY: Level payments
- LIFE EXPECTANCY: Interest plus \$10.00 with Balloon Payment
- _____% increase per year (maximum 15%) for _____ years period certain.
- Life Annuity payments with Period of _____ Months Certain
Pays monthly income payments for as long as the annuitant lives, with payments guaranteed for a certain period.
- Certain Period Only for _____ Months
Pays monthly income payments for a set period of time only.
- Life Only Annuity \$ _____
Pays monthly income payments for the life of the annuitant only.

➤ **Payment Frequency (After election, frequency may not be changed.)**

- Monthly
- Quarterly
- Semi-annually
- Annually

Please Note: Once a payment election is made, there can be no change in payment period.

➤ **FEDERAL TAX WITHHOLDING FOR PERIODIC DISTRIBUTIONS**

TO BE COMPLETED ONLY FOR TAXABLE GAIN

- A. I elect NOT to have Federal income tax withheld from monthly annuity payments.
- B. I elect to have Federal income tax withheld from monthly annuity payments.

If taxes are to be withheld, please choose one option below:

_____ % to be withheld

\$ _____ amount to be withheld

➤ **PAYEE – THE ANNUITY BENEFIT IS TO BE MADE PAYABLE TO:**

- Owner
- Other _____
- Payee is irrevocable



**ANNUITIZATION FORM
BENEFIT PAYMENT REQUEST**

➤ **BENEFICIARY DESIGNATION (DO NOT COMPLETE IF LIFE ONLY OPTION)**

Beneficiary of any proceeds payable as a result of death prior to the expiration date of period certain shall be:

Primary Beneficiary

Relationship: _____

Address: _____

Social Security No.: _____

If living, share and share alike, otherwise to:

Secondary Beneficiary

Relationship: _____

Address: _____

Social Security No.: _____

Or to the survivors or survivor of the above-named beneficiaries, if more than one is named.

➤ **SIGNATURES AND DATES**

This form dated at _____

this _____ day of _____, 20_____

City: _____

State _____

Owner Signature _____

Owner Date of Birth _____

Owner Social Security Number _____

Owner Address _____

Joint Owner Signature _____

Joint Owner Date of Birth _____

Joint Owner Social Security Number _____

Joint Owner Address _____

Signature of Witness _____

Home Office Use – Please do not write in this area:
Recorded at Standard Life Insurance Company of Indiana

By: _____ Date _____