

Standard Insurance Company

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

Receipt for Payment
(Application to Exercise a Policy Increase Option)

Proposed Insured: _____
(please print)

* Amount Received: \$ _____

Standard Insurance Company (Standard) acknowledges receipt of the above amount paid with the Application to Exercise a Policy Increase Option (Application) having the same proposed insured, owner and date(s) as this receipt. No insurance or increase in insurance is provided by this receipt, and this receipt does not guarantee issuance of any insurance coverage or increase in coverage.

I, the undersigned owner, have read this receipt. I understand and agree that payment of the above amount, and issuance of this receipt, does not provide any disability insurance coverage or increase in coverage, and that any insurance coverage that may be issued pursuant to the Application will be subject to the terms, conditions, limitations and exclusions of whatever issued policy governs such increase. I ask that Standard apply this payment to the first premium due for the increase applied for, if the increase is issued. I understand Standard will return this payment to me if the increase is not issued. Each copy of this receipt is considered to be a duplicate original.

Signature of Owner
If company owner, signature of authorized representative

Signed at _____
City

_____ on ____ / ____ / ____
State Date

Signature of Soliciting Producer

Signed at _____
City

_____ on ____ / ____ / ____
State Date

*** INSTRUCTIONS FOR PAYMENT WITH APPLICATION:** Any amount paid with the Application must equal at least ONE MODAL PREMIUM, based on the premium mode for the base policy. All checks must be payable to Standard Insurance Company. Do not make checks payable to the producer. Do not leave the payee blank.

PRODUCER INSTRUCTIONS: Use this receipt if money is paid with the Application. The owner and producer must complete, sign and date both copies of this receipt on the same date the owner signs the Application. Each copy must be identical. Give one copy to the owner. Send the other copy with the Application and check to the home office.

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Signed at _____ on ____ / ____ / ____
City State Date

Signature of Soliciting Producer

Signed at _____ on ____ / ____ / ____
City State 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

Authorization for One-Time and/or Recurring
Electronic Funds Transfer (EFT)

INSURED NAME		PHONE	FINANCIAL INSTITUTION NAME	
NAME(S) ON ACCOUNT		ACCOUNT TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings	TYPE OF FINANCIAL INSTITUTION <input type="checkbox"/> Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Savings & Loan	
<i>for recurring payments only:</i> Deduction for the policies listed will be made monthly unless I specify a different mode: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	POLICY NUMBER	START DEDUCTION (DAY/MONTH)	DEDUCTION AMOUNT	
	POLICY NUMBER	START DEDUCTION (DAY/MONTH)	DEDUCTION AMOUNT	
	POLICY NUMBER	START DEDUCTION (DAY/MONTH)	DEDUCTION AMOUNT	

Instructions:

1. Read and complete this form. Please print legibly.
2. To identify your account, please copy the "Routing Transit #" and "Account #" from your check (**not a deposit slip**) as instructed below. The illustration shows how to locate these numbers on your check. Alternatively, you may attach a copy of a voided check (not a deposit slip) over this area.
NOTE: Money market checks or credit card "Cash Transfer" checks **cannot** be used for this authorization.
3. For the authorization to be valid, you **must** check the box of the authorization statement that applies, either a one-time debit, recurring payments, or both. You need not check both boxes unless applicable.
4. Retain a copy for your records and mail or fax the form to the address above.

Examples of where to find your Transit Routing and Account numbers:



ROUTING TRANSIT # (the 9 digits to the left of your account number)

ACCOUNT # (Ignore spaces, but include dashes, if any)

I have identified my account and financial institution either by attaching a copy of a voided check or by completing the "Routing Transit #" and "Account #" boxes above. I (We) ask and authorize Standard Insurance Company to debit my account electronically, to pay premium(s) as indicated below. I (We) authorize the financial institution named above to debit the account indicated.

IMPORTANT: You must check one or both boxes below for this authorization to be valid.

Preauthorized Recurring Premium Collection Authorization

By my/our signature(s) below, I (We) request and agree as follows:

1. Initiation of such debit entries is notice of premiums due.
2. This authorization will remain in full force and effect until Standard Insurance Company has received adequate written notification from me (or from either of us) of its termination. Written notice must be received by Standard Insurance Company at least **three business days** before this payment is scheduled to be made in order to afford Standard Insurance Company and the depository a reasonable opportunity to act. Standard Insurance Company may discontinue this EFT plan for any reason and at any time without prior notice. Premium payments thereafter will be payable on any premium payment plan then available under Standard Insurance Company's rules and procedures.
3. This authorization applies to any increase or decrease in premium (debit amount) that results from authorized and approved changes to the corresponding policy.
4. **I (We) will maintain a balance in the above account adequate to cover insurance premium payments. Additionally, I (We) will notify Standard Insurance Company of any account or debit-agreement changes at least three business days before payment is scheduled. I understand that any returned item from my former account will immediately be re-drafted from the new account.**

One-Time Debit Authorization

By my/our signature below, I (We) request and agree as follows:

1. I (We) authorize Standard Insurance Company to debit my account identified above, by electronic means, in the amount of

\$ _____ which represents a premium payment for my policy. I authorize debit from my account immediately upon receipt.
2. This authorization shall apply only to one debit from my account in the amount shown above. Once the amount is debited from my account, this authorization shall terminate, and shall be of no further force or effect.

AUTHORIZED SIGNATURE(S) (Must match the name on the account)

DATE