



available from
 Municipal Employees' Retirement System of Michigan
 1134 Municipal Way Lansing MI 48917 (800) 767-6377

Request for Contract Application Amendment

provided by
 Standard Insurance Company
 1100 SW Sixth Avenue Portland OR 97204-1093

1 Contract Identification

POLICY NUMBER	
ANNUITANT OR PARTICIPANT NAME(S)	OWNER NAME(S)

2 Change Direction

Initiate the following change effective _____ DATE

Alter the Contract (An option only available within the first 90 days of the effective date. Attach original contract.)

Change Product to
 SRA 1 SRA 3 SRA 5 SRA 6
 FRA 7
 FGA 5 FGA 6
 PGA 5 PGA 7 PGA 9
 Other: _____

Correct
 Birth Date: _____ (Attach proof of age.)
 Spelling of Name: _____
 Other: _____

Reinstate the Contract (Attach original check that was issued at the time of termination.)

Interest Paid As Earned (Attach form **5031** or IRS forms W-9 and W-4P. Minimum payment is \$100. No additional premium will be accepted. Not available on FPDA. For payments via direct deposit, attach form **11426**.)

Initiate payments to pay Monthly Quarterly Semiannually Annually
 Change payments to pay Monthly Quarterly Semiannually Annually

Change Name (To change your beneficiary, attach form **6304**.)

New Name _____
NEW NAME (USE THIS NAME TO SIGN THIS FORM)

Reason for Change _____
REASON (CANNOT BE USED FOR CHANGE OF OWNERSHIP)

3 Authorization

1. All changes are subject to the terms of the contract and to Standard Insurance Company's consent.
2. To make a change to the contract application, Standard Insurance Company may require (a) receipt of the contract and (b) any other information we believe necessary.
3. Any change(s) made to the contract application will take effect **only** upon Standard Insurance Company's approval. Once approved, the change(s) shall be effective beginning on the effective date indicated above.
4. This contract application amendment and all changes herein shall become a part of the annuity contract.
5. If the annuity contract is changed on the basis of this contract application amendment, any corrections or additions under *Home Office Use* shall be ratified when the contract and/or this contract application amendment is accepted.
6. I(We) hereby represent that all information provided is true to the best of my(our) knowledge and belief. I(We) understand that Standard Insurance Company will rely on this information for determining the benefit under the annuity contract. I(We) agree that this application supplement shall become part of any annuity contract based on such application or change because of the contract change requested.

_____	_____
OWNER SIGNATURE	DATE
_____	_____
OWNER SIGNATURE	DATE
_____	_____
BROKER SIGNATURE	DATE

4 Completed and Approved

NAME	PROCESS DATE	EXTENSION
------	--------------	-----------

STANDARD INSURANCE COMPANY HOME OFFICE USE