Your Tax Identification Number may be masked for your protection. Date Printed 01/19/2024 CORRECTED (if checked) 1 Gross distribution OMB No. 1545-0119 PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telegraps no STANDARD INSURANCE COMPANY Distributions From Pensions, \$89,001.38 2023 Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. 2s Taxable amount 1100 SW 6TH AVE (P15D) PORTLAND, OR 97204 \$89,001.38 Form 1099-R Copy B 2b Taxable amount not Total distribution determined Report this income For questions, please call (800) 858-5420. 3 Capital gain (included in box 2a) on your federal tax 4 Federal income tax withheld \$0.00 \$17,800,28 return. If this form PAYER'S TIN RECIPIENTS TIN **-**-0712 hows federal inco 5 Employee contributions/Designated Roth contributions or insurance 93-0242990 6 Net unrealized appreciation in employer's tax withheld in RECIPIENT'S name, street address (including apt. no.), city or town, state or province box 4, attach this \$0.00 \$0.00 country, and ZIP or foreign postal code PREETHAM A NAIK copy to your return. 7 Distribution code(s) 8 Other IRA/SEP/ \$0.00 % 10930 160TH CT NE This information REDMOND, WA 98052-2690 9a Your percentage of total distribution Sb Total employee contributions is being furnished to the IRS. \$0.00 14 State tax withheld 15 State/Paver's state no 16 State distribution \$0.00 WA \$0.00 10 Amount allocable to IRR within 5 years SO OO 12 FATCA filing 11 1st year of desig Roth contrib. 17 Local tax withheld 18 Name of locality 19 Local distribution requirement \$0.00 13 Date of payment Account number (see instructions) 809509WA1 Form 1099-R www.irs.gov/Form1099R Department of the Treasury-Internal Revenue Service Your Tax Identification Number may be masked for your protection. Date Printed 01/19/2024 CORRECTED (if checked) PAYER'S name, street address, city or town, state or OMB No. 1545-0119 1 Gross distribution PAYER'S name, street actions, the to write state of province, country, 2IP or foreign postal code, and telephone no. STANDARD INSURANCE COMPANY 9400 1100 SW 6TH AVE (P15D) \$89,001.38 Distributions From Pensions, 2023 Annulties, Retirement or Profit-Sharing Plans, IRAs, 2a Taxable amount PORTLAND, OR 97204 \$89,001.38 Form 1099-R Insurance Contracts, etc. 2b Taxable amount not Copy C Total distribution determined For Recipient's For questions, please call (800) 858-5420. 3 Capital gain (included in box 2a) 4 Federal income tax withheld Records \$0.00 \$17,800.28 PAYER'S TIN RECIPIENT'S TIN Employee contributions/Designated Roth contributions or insurance 93-0242990 ***-**-0712 6 Net unrealized appreciation in employer's RECIPIENT'S name, street address (including apt. no.), city or town, state or province \$0.00 \$0.00 country, and ZIP or foreign postal code PREETHAM A NAIK 7 Distribution code(s) 8 Othe This information is \$0.00 10930 160TH CT NE being furnished to REDMOND, WA 98052-2690 9a Your percentage of total distribution 9b Total employee contributions the IRS. 14 State tax withheld 15 State/Payer's state no. 16 State distribution \$0.00 WA \$0.00 10 Amount allocable to IRR within 5 years SO 00 11 1st year of desig Roth contrib. 12 FATCA filing 17 Local tax withheld 18 Name of locality 19 Local distribution requirement \$0.00 Account number (see instructions) 13 Date of payment 809509WA1 Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury-Internal Revenue Service Your Tax identification Number may be masked for your protection. Date Printed 01/19/2024 CORRECTED (if checked) OMB No. 1545-0119 PAYER'S name, street address, city or town, state or 1 Gross distribution province, country, ZIP or foreign postal code, and telegrope no. STANDARD INSURANCE COMPANY 1100 SW 6TH AVE (P15D) \$89,001.38 Distributions From Pensions, 2023 Annuities, Retirement or Profit-Sharing Plans, IRAs, 2a Taxable amount PORTLAND, OR 97204 \$89,001.38 Form 1099-R Insurance Contracts, etc. 2b Taxable amount not Total distribution Copy 2 For questions, please call (800) 858-5420. determined File this copy 3 Capital gain (included in box 2a) 4 Federal income tax withheld with your sta city, or local \$0.00 \$17,800.28 PAYER'S TIN RECIPIENT'S TIN income tex 93-0242990 ***-**-0712 5 Employee contributions/Designated Roth contributions or insurance 6 Net unrealized appreciation in employer's return, when RECIPIENT'S name, street address (including apt. no.), city or town, state or province required. \$0.00 \$0.00 country, and ZIP or foreign postal code PREETHAM A NAIK 10930 160TH CT NE REDMOND, WA 98052-2690 7 Distribution code(s) 6 Other IRA / SEP / \$0.00 % 9s Your percentage of total distribution 9b Total employee contributions % \$0.00 14 State tax withheld 15 State/Paver's state no. 16 State distribution \$0.00 WA \$0.00 12 FATCA filing 10 Amount allocable to IRR within 11 1st year of design 17 Local tax withheld 18 Name of locality 19 Local distribution \$0.00

Form 1099-R

Account number (see instructions) 809509WA1

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13 Date of payment

Department of the Treasury-Internal Revenue Service