

Your Tax Identification Number may be masked for your protection.

CORRECTED (if checked) Date Printed 01/19/2024

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. STANDARD INSURANCE COMPANY 9400 1100 SW 6TH AVE (P15D) PORTLAND, OR 97204			1 Gross distribution \$89,001.38	OMB No. 1545-0119 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
For questions, please call (800) 858-5420.			2a Taxable amount \$89,001.38		
PAYER'S TIN 93-0242990			2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
RECIPIENT'S TIN ***-**-0712			3 Capital gain (included in box 2a) \$0.00	4 Federal income tax withheld \$17,800.28	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code PREETHAM A NAIK 10930 160TH CT NE REDMOND, WA 98052-2690			5 Employee contributions/Designated Roth contributions or insurance premiums \$0.00	6 Net unrealized appreciation in employer's securities \$0.00	This information is being furnished to the IRS.
			7 Distribution code(s) 1 IRA / SEP / SIMPLE <input type="checkbox"/>	8 Other \$0.00 %	
			9a Your percentage of total distribution %	9b Total employee contributions \$0.00	
			14 State tax withheld \$0.00	15 State/Payer's state no. WA	16 State distribution \$0.00
10 Amount allocable to IRR within 5 years \$0.00	11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	17 Local tax withheld	18 Name of locality	19 Local distribution
Account number (see instructions) 809509WA1			13 Date of payment		
Form 1099-R			www.irs.gov/Form1099R Department of the Treasury-Internal Revenue Service		

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