

To request a duplicate policy or lost policy certificate, please complete this form and return it to Reliance Standard Life Insurance Company ("RSL") using one of the methods below. Complete all required sections for your request. **If you do not provide Pages 1-2 to RSL, your request will not be processed until pages 1-2 are received.**



EMAIL TO:
annuitychgrequests@rsl.com



FAX TO:
267.570.8812



MAIL TO:
Reliance Standard – Retirement Services
1700 Market Street, Suite 1200
Philadelphia, PA 19103

QUESTIONS? Call Customer Care at 1.800.435.7775

Contract Number(s) _____ If additional security has been requested, you must indicate the PIN here in order for the transaction to be processed. _____

SECTION 1 | Contract Owner Information

First Name _____ MI _____ Last Name _____

Entity/Trust Name _____

SSN/TIN _____ Email Address _____ Phone Number _____

Mailing Address* _____

City _____ State _____ Zip _____

*Required if mailing address is a PO Box:

Street Address _____

City _____ State _____ Zip _____

SECTION 2 | Joint Contract Owner Information (if applicable)

First Name _____ MI _____ Last Name _____

SSN/TIN _____ Email Address _____ Phone Number _____

Complete the address portion only if it is different than the owner's address.

Mailing Address* _____

City _____ State _____ Zip _____

*Required if mailing address is a PO Box:

Street Address _____

City _____ State _____ Zip _____

SECTION 3 | Policy Request

A duplicate policy will be issued if the original policy, lost or destroyed, was issued within the last 5 years. A certificate of coverage may be provided in place of a duplicate policy if five years or more have elapsed since the original policy issue date.

Please choose one. If an option is not selected, a duplicate policy certificate will be sent to the address of record.

- Full Duplicate Contract – Copies of the original contract pages will be mailed to the address of record for the owner.
- Lost Policy Certificate

RSL reserves the right to charge a fee for repeated duplicate policy or certificate requests.

SECTION 4 | You must complete this Section. Read this section IN ITS ENTIRETY before signing.

Each of the undersigned hereby certifies that each policy specified on this form has been lost or destroyed, and requests RSL to issue a duplicate copy of each such policy or a lost policy certificate as evidence of the coverage. Each of the undersigned further represents that no transfer or assignment of any policy specified above has been made, except to the assignee, if any, whose signature appears below, and that no other person has any interest in any policy specified above, and each agrees to indemnify and hold RSL harmless from any and all loss it may sustain resulting directly or indirectly from or out of the issuance of a duplicate copy of any such contract or lost policy certificate, or by reason of any error or omission in the preparation of such items.

I further agree that if I find the original policy after RSL has issued the Lost Policy Certificate, the original policy will be null, and void and I will return the original policy to RSL. I understand that I will no longer have any rights under the original policy and can no longer make any claim against the Company. I agree that I shall save, defend, and indemnify if the Company, its successors or assignees, of and from all actions, suits, payments, costs (including counsel fees), claims, charges, damages, for or by reason of the original contract.

Contract Owner Signature Signature Date (MM/DD/YYYY)
_____ / ____ / _____

Contract Joint Owner Signature (if any) Signature Date (MM/DD/YYYY)
_____ / ____ / _____

In order to sign on behalf of the owner, proper legal documentation must be on file with RSL. Please include the documentation if it has not already been provided to RSL. If we do not have the correct documentation, we will be unable to process your request until it is received. Please select the capacity in which you are signing on behalf of the owner below.

- Power of Attorney
- Guardian
- Conservator
- Assignee

Signature (If applicable) Signature Date (MM/DD/YYYY)
_____ / ____ / _____