

To request a non-financial change to an annuity, please complete this form **and return Pages 1-5 to Reliance Standard Life Insurance Company** ("Reliance Standard") using one of the methods below. Complete all required sections for your request. **If you do not provide Pages 1-5 to Reliance Standard, your request will not be processed until pages 1-5 are received.**



EMAIL TO:

annuitychgrequests@rsli.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

Current Contract / Policy Number

What type of change would you like to make?

- Address Change
Complete Section 1, 2, 7.
- Name Change
Complete Section 1, 3, 7.
- Ownership Change
Complete Section 1, 4, 5, 7.
- Beneficiary Change
Complete Section 1, 5, 7.
- PIN Change
Complete Section 1, 6, 7.

Note: Lengthy designations may be placed in the special remarks section.

SECTION 1 | Tell us about the current owner.

Owner First Name M.I. Owner Last Name
SSN/TIN - - Telephone - -
E-mail
Joint Owner Name (If applicable)
First Name M.I. Last Name
SSN/TIN - - Telephone - -
E-mail

IMPORTANT INFORMATION THAT MAY IMPACT YOU:

DO YOU LIVE IN A COMMUNITY PROPERTY STATE? **AZ, CA, ID, LA, NV, NM, TX, WA, WI**

If you are the owner of this contract and reside in one of the states listed above and want to change the ownership, your spouse's consent is required by Law and your spouse must sign as Spouse in Section 7.

If the change is a result of marriage, divorce, or death, we require a copy of your marriage certificate, divorce decree, or death certificate.

If we require additional information to complete this request please indicate who Reliance Standard Life should contact:

- Owner
- Insurance Professional

SECTION 2 | If you are requesting an address change, please complete this section.

Choose one: Owner Annuitant or Insured Other
 Mailing Address
Street
City State Zip -
Telephone - -
E-mail
Special Remarks For Joint Owner Address

SECTION 3 | If you are requesting a name change, please complete this section.

Attach a copy of the proper legal documentation (i.e. divorce decree, driver's license, marriage certificate) and sign Section 7.

Choose one: Owner Annuitant or Insured Other

Reason for the name change: Marriage Divorce Other

FROM: Previous Name (First, Middle, Last Name)

First Name MI Last Name

TO: New Name (First, Middle, Last Name)

First Name MI Last Name

SECTION 4 | If you are requesting an owner change, please complete this and the beneficiary change section. (Non-Qualified Annuity Plans Only)

Upon an ownership change, any automated withdrawal programs will be cancelled.

When the Ownership of a contract is changed and a new beneficiary is not elected at the time of the ownership change, then the beneficiary will become changed to The Estate.

The transfer of ownership of an annuity contract may have tax or legal implications; therefore, you should consult with a competent tax or legal advisor before initiating any such change. Once the ownership change is effective, the tax reporting of the change cannot be reversed.

We reserve the right to reject any proposed change of Owner or Beneficiary, as well as any proposed assignment of the annuity, subject to state limitations.

INFORMATION FOR ALL NEW OWNERS

To help the government fight the funding of terrorism and money laundering activities, Federal law requires financial institutions to obtain, verify, and record information that identifies each person/entity that owns an account. What this means: When a person/entity becomes the owner of an account, we must ask for the name, acting trustee/ officer name(s), SSN / EIN / TIN, address, date of birth, and other information that will allow us to identify the person/entity. We may also require other identifying documents to be attached. For individual persons, if required by the USA Patriot Act, we will use the information provided and a national database to verify your information.

This information is required in order to complete your request

Please check one: Individual (as it relates to the new owner) Corporation / Trust

Note: All trust owners must complete a Trust Certification form (EF-2989).

Note: Not all plan types are available. Reliance Standard Life reserves the right to refuse certain plan types on a nondiscriminatory basis.

New Owner Name

First Name M.I. Last Name

Male Female Corporation / Trust Birth Date (MM/DD/YYYY) / /

SSN/TIN - -

E-mail

Mailing Address:

Street

City State Zip -

Telephone - - Mobile - -

Relationship of New Owner to Current Owner

New Joint/Co-Owner Owner Name

First Name M.I. Last Name

Male Female Birth Date (MM/DD/YYYY) / /

SSN/TIN - - Telephone - -

Mailing Address:

Street

City State Zip -

Relationship of New Joint/Co-Owner to Current Owner

Primary Contingent

Percent of Benefit .

First Name MI Last Name

Male Female

Birth Date (MM/DD/YYYY) / /

Address is the same as above

Street

City State Zip -

SSN/TIN - - Telephone - -

Relationship to Owner / Trustee name(s) if Trust

(If adding more than 4 Beneficiaries, please use the "SPECIAL REMARKS / ADDITIONAL BENEFICIARY REQUESTS" below.)

SECTION 6 | If you are requesting a Personal Identification Number (PIN) setup or reset, please complete this section.

Select any 4-digit numeric sequence as your Personal Identification Number:

Provide answer to the following security questions: (select 2 of 5)

- 1. What is your mother's maiden name?
- 2. What is street that you grew up on?
- 3. What is the name of your first pet?
- 4. What is your high school mascot?
- 5. What is the name of the city where you were born?

"My (our) signature indicates that I (We) authorize Reliance Standard Life (RSL) to initiate a transaction based on telephone instructions. I (we) understand that RSL will accept telephone instructions to change future allocations and to initiate an address change from me (us) or any other authorized representative. In order to accept these instructions, I (we) or my authorized representative must properly identify the above annuity contract(s) and provide the PIN set forth above. If I (we) have forgotten my (our) PIN or would like to reset the PIN, I (we) understand that I (we) must accurately respond with the above answers set forth above when asked the security questions. I (we) understand that RSL will not be liable for any loss, damage, cost or expense resulting from these telephone instructions which it reasonably believed to be genuine. I (we) understand that this authorization will be effective until a written revocation is received by RSL's Administrative Office, or RSL discontinues this privilege, whichever comes first"

SPECIAL REMARKS / ADDITIONAL BENEFICIARY REQUESTS

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SECTION 7 | You must complete this section. Read this section IN ITS ENTIRETY before signing.

If you are signing on behalf of an individual or entity in the capacity of Attorney-in-Fact or Trustee, the proper authorization must file or submitted with this request. See below for additional signature requirements.

By completing one or more sections of this form and signing below, I certify that the information provided herein is true and complete. I further represent that I have full rights and authority to make the change(s) requested, and that no third party has a claim or interest in the contract, nor has the contract been assigned, pledged as security or transferred to a third party. Changes requested pursuant to this form are effective as of the date Reliance Standard Life receives and accepts this completed and signed form and any other documentation required by Reliance Standard Life in good order as determined by Reliance Standard Life.

By completing Section 4 and signing below, the current Owner(s) acknowledges that all ownership rights and privileges under the annuity listed in section 1 will be relinquished and transferred to the new Owner(s). Further, by signing below the new Owner(s) acknowledges and accepts all ownership rights, privileges and obligations.

Owner Signature Requirements

Corporate Owner - Must be signed by an officer other than the insured/annuitant. A Corporate Resolution showing authority will be required. The officer signing must sign and provide title.

Power-of-Attorney - Must be signed by Attorney-in-Fact or Owner. If the Power of Attorney is not on record with RSL, please attach to this form. Attorney-in-Fact must sign in that capacity, i.e. John Doe, Attorney-in-Fact.

Trust - Trustees must sign this form in that capacity, i.e. John Doe, Trustee.

Irrevocable Beneficiary - Must be signed by both Irrevocable Beneficiary and Owner.

OWNER'S TAX CERTIFICATION (SUBSTITUTE W-9)

Owner Social Security/Tax I.D. Number - -

Under penalties of perjury, I certify that the taxpayer identification number (SSN/TIN) I have listed on this form is my correct SSN/TIN. Failure to provide an SSN/TIN may result in mandatory tax withholding. I further certify that:

I am a U.S. citizen or other U.S. person (including resident alien).

I am not a U.S. citizen or other U.S. person (including resident alien).

I am a citizen of

If not a U.S. person (including resident alien) or U.S. Entity, submit the applicable Form W-8 (BEN, BEN-E, ECI, EXP or I MY). In most instances, Form W-8BEN will be the appropriate form.

Current Owner's Signature

Current Joint/Co-Owner's Signature

Date of Signature (MM/DD/YYYY)

Date of Signature (MM/DD/YYYY)

New Owner's Signature

New Joint/Co-Owner's Signature

Date of Signature (MM/DD/YYYY)

Date of Signature (MM/DD/YYYY)

Irrevocable Beneficiary Signature

Spouse Signature for Community Property States (AZ, CA, ID, LA, NV, NM, TX, WA, WI)

Date of Signature (MM/DD/YYYY)

Date of Signature (MM/DD/YYYY)

Witness Signature

Date of Signature (MM/DD/YYYY)

For Massachusetts' residents - state law requires that a disinterested adult who is not a party to the contract witness any request to change the beneficiary arrangement. Note: Your Insurance Professional can sign as a witness.

Note: All pages of this form must be returned before changes can be recorded.