

To request an address change, 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 Reliance Standard, 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 | New Mailing Address

Choose one: Owner Annuitant Other _____

New Mailing Address _____

City _____ State _____ Zip _____

New Street Address (Required if mailing address is a PO Box) _____

City _____ State _____ Zip _____

New Email Address: _____ New Phone Number: _____

SECTION 4 | New Seasonal Mailing Address

Complete this section only if you are requesting your mail to be sent to a temporary seasonal address. **When a seasonal address is active, only payments will be sent to that address.** All other correspondence will continue to be sent to the permanent mailing address.

Start Date _____ End Date _____
Date (MM/DD/YYYY) Date (MM/DD/YYYY)

New Seasonal Mailing Address _____

City _____ State _____ Zip _____

New Seasonal Street Address (Required if mailing address is a PO Box) _____

City _____ State _____ Zip _____

SECTION 5 | You must complete this Section. Read this section IN ITS ENTIRETY before signing.

I certify that the contract and taxpayer identification numbers shown on this form are mine. I further certify that this contract is neither assigned nor pledged as collateral to any other person or corporation and that no proceedings in bankruptcy or insolvency, voluntary or involuntary have been instituted by or against me/us as the owner(s), and that the I/we as the owner(s), is (are) not under guardianship or any legal disability.

By signing below I acknowledge:

- This request is in accordance with the provisions of my contract and RSL reserves the right to request additional information as needed to process the request.
- State tax withholding will be discontinued if the address is changed to a state that does not allow personal income tax withholding.

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) _____ / _____ / _____