

This form is to be used only when a person desires and is eligible to port Term Life Insurance. This form must be completed in full and submitted to The Company within 31 days following the date of termination. SEND TO: Reliance Standard Life Insurance Company, Accounting Operations, 2001 Market Street, Suite 1500, Philadelphia, PA 19103-7090. Email: [portates@rsl.com](mailto:portates@rsl.com). Fax number: 1-800-680-6760.

**VERIFICATION OF INSURED PERSON'S ELIGIBILITY TO PORTATE TERM LIFE INSURANCE**

To Be Completed By Policyholder/Participating Unit

Male  Female

1. Insured Person's full name \_\_\_\_\_ (Please Print)      2. Soc. Sec. Number \_\_\_\_\_

3. Name of Policyholder/Participating Unit \_\_\_\_\_      4. Policyholder/Participating Unit No.: \_\_\_\_\_

4. Branch or Location (if different from 3.) \_\_\_\_\_

6. Date Employed: \_\_\_\_\_ Salary: \_\_\_\_\_ Date Last Salary Change: \_\_\_\_\_ Class: \_\_\_\_\_

7. Effective Date of Coverage: Employee: \_\_\_\_\_ Spouse, if any: \_\_\_\_\_ Children, if any: \_\_\_\_\_

8. Occupation/Job Title \_\_\_\_\_      9. Date Person Last Worked \_\_\_\_\_

10. Date Employment Terminated (if different from 9.) \_\_\_\_\_

11. If (9) and (10) differ, please explain \_\_\_\_\_

12. Was the Insured's Termination due to retirement?     Yes  No

13. Amount of Term Life Insurance coverage in force under the Policy on date of termination.

Basic Life Insurance:	Employee \$ _____	Spouse, if any \$ _____	Children, if any \$ _____
Supp. Life Insurance:	Employee \$ _____	Spouse, if any \$ _____	Children, if any \$ _____
AD&D Life Insurance:	Employee \$ _____	Spouse, if any \$ _____	Children, if any \$ _____

14. Verified by \_\_\_\_\_  
(Signed by authorized individual)      Date      Phone Number      Email Address

To Be Completed By Applicant

Name \_\_\_\_\_      Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street)      (City)      (State)      (Zip)

Date of Birth: Employee: \_\_\_\_\_ Spouse, if any \_\_\_\_\_ Children, if any \_\_\_\_\_

Amount of Coverage Desired (must be equal to or less than amount in force): may not exceed \$500,000 from all Reliance Standard Life/AD&D coverage combined):

Basic Life Insurance:	Employee \$ _____	Spouse, if any \$ _____	Children, if any \$ _____
Supp. Life Insurance:	Employee \$ _____	Spouse, if any \$ _____	Children, if any \$ _____
AD&D Life Insurance:	Employee \$ _____	Spouse, if any \$ _____	Children, if any \$ _____

Beneficiary:

Full Name(s)	Relationship	Percent of Proceeds	SSN
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Applicant      Email Address      Phone Number      Date Signed

# RELIANCE STANDARD

LIFE INSURANCE COMPANY

A MEMBER OF THE TOKIO MARINE GROUP

## Designation of Beneficiary

Policyholder	Policy Number(s)
Insured Name	Social Security Number

I hereby designate the following as my beneficiary (ies) under the above policy number(s):

### Primary Beneficiary(ies)

Full Name and Address (Please Print)	Percentage* (Must total 100%)	Date of Birth	Relationship	Social Security Number

\* If no percentages are indicated, benefits will be divided equally between all primary beneficiaries.

### Contingent Beneficiary(ies) (applicable only if you are not survived by one or more primary beneficiaries)

Full Name and Address (Please Print)	Percentage* (Must total 100%)	Date of Birth	Relationship	Social Security Number

\* If no percentages are indicated, any benefits payable to contingent beneficiaries will be divided equally between all contingent beneficiaries.

- ◆ This beneficiary designation revokes all revocable prior beneficiary designations.
- ◆ Unless you indicate otherwise, if any beneficiary predeceases you, that beneficiary's share will be divided pro-rata among the surviving beneficiaries of the same class (primary or contingent).
- ◆ If no beneficiary (primary or contingent) survives you, payment will be made pursuant to the terms of the applicable policy.

Date	Signature of Insured
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