

To request an annuitization of your Reliance Standard Life (RSL) annuity contract, please complete this form and return all pages to ensure timely processing.



EMAIL TO:
inforceannuities@rsl.com



FAX TO:
267.256.4713



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

QUESTIONS? Call Customer Care at 1.800.435.7775

- If your contract has joint owners, only the Period Certain or Joint and Survivor annuitization options are available.
- If the beneficiary dies before the payee, and no other provision has been made, the commuted value of any payment remaining will be paid to the payee's estate.
- Once an annuitization option has been elected, it cannot be reversed or switched to a different option.
- Any payments made after the annuitant's death must be returned to RSL.

Contract Number _____ 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

First Name _____ MI _____ Last Name _____

SSN/TIN _____ Email Address _____ Phone Number _____

SECTION 3 | Tax Withholding

For Federal Income Tax Withholding (Only select one option):

Withdrawals received from an annuity contract are subject to federal tax withholding at a rate of 10%. Withholding only applies to the portion of the disbursement that is taxable. You may elect not to have taxes withheld by completing IRS form W-4P for recurring payments. Federal income tax of 10% will be withheld from the taxable portion of each payment if no election is made.

- I do not want federal income tax withheld from my payment.
- Please withhold the default rate of 10% for federal income tax.
- Please use the enclosed IRS Form W-4P for federal income tax withholding.
- This form is accessible through the IRS.gov website.

Not withholding federal taxes or not withholding sufficient federal taxes may impact the need for you to pay estimated taxes. You are responsible for the payment of estimated taxes as indicated by the IRS on forms W-4P. Please consult a tax advisor regarding tax withholding as it pertains to your individual situation.

For State Income Tax Withholding (Only select one option):

Please refer to the "Withholding Election & Important Tax Notification" in the instructions section of this form regarding specific state withholding information.

- I do not want state income tax withheld from my payment.
- Please withhold _____% or \$_____ state income tax from my payment.

SECTION 4 | Annuitization Settlement Options (Select one)

Select the annuitization option below that best matches your financial situation. Please note payments will be made monthly unless otherwise agreed upon between you and RSL.

- Life Only:** Payments to the annuitant will start on the annuity date if the annuitant is then living. Such payments will be payable periodically at the annuity mode for as long as the annuitant is living. Payments will cease upon the annuitant's death.

- Period Certain:** Payments to the annuitant will start on the annuity date. Such payments will be payable periodically at the annuity mode for the guaranteed period certain chosen. Payments will cease on the date that the final annuity payment is made. If the annuitant dies before all payments have been made for the period certain, the remaining payments will be paid to the beneficiary when due.

I elect _____ years as the period certain for the contract.

(Period certain options must be elected in 5-year increments with a minimum of 5 years.)

- Period Certain and Life:** Payments to the annuitant will start on the annuity date. Such payments will be payable periodically at the annuity mode for a guaranteed period and thereafter for as long as the annuitant is living. The guaranteed period is the period certain chosen. If the annuitant dies before all payments have been made for the period certain, the remaining period certain payments will be paid to the beneficiary when due. If the annuitant dies after the completion of the period certain payments, no further payments will be made beyond the last payment due prior to the annuitant's death.

I elect _____ years as the period certain for the contract.

(Period certain options must be elected in 5-year increments with a minimum of 5 years.)

- Joint and Survivor:** Payments to the annuitant will start on the annuity date if the annuitant and the joint annuitant are both living. Such payments will be payable periodically at the annuity mode for as long as the annuitant and the joint annuitant are both living. Upon the death of either annuitant, such payments will cease upon the first annuitant's death. Thereafter, the annuity amount will be payable to the surviving annuitant for as long as that survivor is living. Payments will cease upon the surviving annuitant's death.

Spouse's name _____ Date of Birth: _____ SSN/TIN: _____

- Life and cash refund annuity (Only available for the Reliance Accumulator and Reliance Guarantee products):** An annuity payable monthly during the lifetime of the Annuitant. If total annuity payments do not exceed the death benefit proceeds, less any applicable Premium Tax, then the difference will be paid to the Beneficiary.

SECTION 5 | Primary Beneficiary Designation

Please complete this section of the form if you selected any option in section 4 other than Life Only. If beneficiary information is not on file before the death of the owner, any proceeds (if applicable), will be paid to the owner's estate.

First Name _____ MI _____ Last Name _____ Birth Date ____/____/____
(MM/DD/YYYY) Percentage (%) _____

Or Entity/Trust Name _____ SSN/TIN _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____ Relationship to Owner or Annuitant if Entity Owner _____

First Name _____ MI _____ Last Name _____ Birth Date ____/____/____
(MM/DD/YYYY) Percentage (%) _____

Or Entity/Trust Name _____ SSN/TIN _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____ Relationship to Owner or Annuitant if Entity Owner _____

SECTION 6 | Contingent Beneficiary Designation

Use this section to designate beneficiary(ies) to whom you want proceeds paid, in the event the primary beneficiaries listed above, predecease the contract owner.

First Name _____ MI _____ Last Name _____ Birth Date ____/____/____
(MM/DD/YYYY) Percentage (%) _____

Or Entity/Trust Name _____ SSN/TIN _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____ Relationship to Owner or Annuitant if Entity Owner _____

First Name _____ MI _____ Last Name _____ Birth Date ____/____/____
(MM/DD/YYYY) Percentage (%) _____

Or Entity/Trust Name _____ SSN/TIN _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____ Relationship to Owner or Annuitant if Entity Owner _____

SECTION 7 | Payment Method

Payments for annuitized contracts may only be made electronically. To provide safer, faster access to your money, we will deposit your funds directly in your bank account using Electronic Funds Transfer (EFT).

- Use existing instructions already on file with RSL.
- Use the bank information provided below. Any existing bank information on file with RSL will be updated using the information provided below.

Account Name (as it appears on the account)	Bank Name
Routing Number (Bottom left of check):	Account Number (Bottom center of check):

Type of account: (Your name must appear on the account in order to process your request.)

- Checking - Please attach a voided check for the listed account.
- Savings - Please include a bank statement for the listed account.

Name of Account →	Joe Smith 123 Any Street Any City, US 12345	1234 Date _____
Bank Name →	ABC Bank PO Box 111 Any City, US 11111	Pay to the order of _____ \$ _____ Dollars
	Memo _____	
	:107198557:	11111111 1234
	↑	↑ ↑
	Transit / ABA No.	Checking Account Number Check Number

Please note:

- RSL will use third party software to assist in validating the bank account information provided. If RSL is unable to authenticate your account information, your payments will be sent to your address of record via regular mail.
- A copy of a voided check, account statement, or signed letter by a bank officer is required to verify the information provided.
- Funds can only be deposited into a bank account with the same owner information as the RSL annuity contract. Jointly owned contracts must have both owners listed on the bank account.
- EFT payments cannot be made to a third party, a power of attorney, or to the trustee of a trust.
- These instructions will apply to all Reliance Standard annuity contracts owned by the same person and will remain in effect until RSL is instructed to replace this information.

SECTION 8 | You must complete this Section. Read this section IN ITS ENTIRETY before signing.

- I certify that the contract number shown on this form is my contract number. 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) and that the I (we) am (are) not under guardianship or any legal disability.
- If EFT applies, by completing the EFT section of this form, and by my signature, below, I hereby authorize Reliance Standard to deposit withdrawals from the annuity contract listed in the owner information section of this form to the bank account specified. In the event an overpayment(s) should be credited to my account, I hereby authorize Reliance Standard to initiate, if necessary, debit entries and adjustments for any credit entries.

If you are a U.S. Citizen, complete the information below. Under penalties of perjury, I certify that as a U.S. Citizen or U.S. Resident Contract Owner:

- The social security number shown on this form is my correct social security number or taxpayer identification number; and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding because of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or U.S. resident for tax purposes.

Check this box if the IRS has advised you are subject to backup withholding.

Check this box if you are a Non-U.S. Citizen and include a signed IRS Form W-8 BEN instead of agreeing to this certification.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Contract Owner Signature I am not married Signature Date (MM/DD/YYYY)
_____ / ____ / _____

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

Only Required for Non-Qualified Annuity Contracts.

Signature of Spouse when owner and/or any joint owner reside in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI).

Contract Owner Spouse Signature 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 Trustee

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