

To change the beneficiaries on your annuity contract, 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 1-4 to RSL, your request will not be processed until pages 1-4 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

- If the contract is jointly owned, the surviving owner becomes the primary beneficiary.
- Each beneficiary must include the name, social security number, and date of birth.
- Percentages must be used to designate the benefit amount payable to each beneficiary.
- All proceeds must total 100%. If percentages do not equal 100%, the request will not be accepted, and the original designation will still be in effect until corrected.
- If percentages are not provided, proceeds will be divided equally among the surviving beneficiaries.
- Benefits are paid on a "Per Capita" basis. Proceeds from any beneficiary that predeceased the owner will be paid equally among the surviving beneficiaries.
- If designating a trust as the beneficiary, please complete a Trust Certification form EF-2989 and remit with this form.
 - o Please include the name and date of the trust in the designation, as well as the Trustee name.
- Charity designations must include an address.
- RSL will not accept Last Will and Testament as a valid beneficiary designation.
- The effective date of this change will be the date the form is received in our administrative office.

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 _____

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 _____

SECTION 3 | Primary Beneficiary Designation

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 _____

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 _____

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 _____

Check this box if you are including additional beneficiaries on a separate sheet.

SECTION 4 | Contingent Beneficiary Designation

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 _____

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 _____

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 _____

Check this box if you are including additional beneficiaries on a separate sheet.

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 the owner(s) and that 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 Reliance Standard Life reserves the right to request additional information as needed to process the request.

I also understand that all previous beneficiary designations or settlement agreements will be revoked once this signed agreement has been received by Reliance Standard Life.

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

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

Irrevocable Beneficiary Signature (if any) Signature Date (MM/DD/YYYY)
_____ / ____ / _____

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).

By signing this form, I consent to the beneficiaries listed and understand that all or a portion of the benefit is payable to someone other than me.

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 Reliance Standard Life. 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

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