NAME CHANGE REQUEST

To request a name change, please complete this form and return it to Reliance Standard Life Insurance Company ("RSI") 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.







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

QUESTIONS? Call Customer Care at 1.800.435.7775 If additional security has been requested, you must indicate Contract Number _____ 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* ______ State_____ Zip _____ *Required if mailing address is a PO Box: State Zip SECTION 2 | Joint Contract Owner Information (if applicable) _____ MI _____ Last Name _____ First Name SSN/TIN______ Email Address______ Phone Number ______ Complete the address portion only if it is different than the owner's address. Mailing Address* ______ State______ Zip ______ *Required if mailing address is a PO Box: Street Address_____ State Zip

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mentation i.e., marriage certificate, divorce decree, court order.
er O Other
Previous Signature:
Signature before name change
Current Signature:
Signature after name change
IN ITS ENTIRETY before signing.
e the owner(s) is (are) not under guardianship or any legal disability. rovisions of my contract and RSL reserves the right to request additional Signature Date (MM/DD/YYYY) //
Signature Date (MM/DD/YYYY)
st be on file with RSL. Please include the documentation if it has not already will be unable to process your request until it is received. Please select the
Signature Date (MM/DD/YYYY)

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