

RELIANCE STANDARD

LIFE INSURANCE COMPANY

A MEMBER OF THE TOKIO MARINE GROUP

Term Life Insurance Portability Request

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, Premium Services, 2001 Market Street, Suite 1500, Philadelphia, PA 19103-7090. Email: portates@rsl.com. Fax number: 1-800-680-6760.

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

<u>To Be Completed By Policyholder/Participating Unit</u>			
1. Insured Person's full name _____ (Please Print)	2. Soc. Sec. Number _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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

<u>To Be Completed By Applicant</u>			
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 _____