

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

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 _____