## RELIANCE STANDARD LIFE INSURANCE COMPANY

Designation of Beneficiary						
Policyholder			F	Policy Number(s)		
Insured Name				Social Security Number		
hereby designate the following Beneficiary(ies)	wing as my beneficiar	y (ies) under the a	above poli	icy nur	mber(s):	
full Name and Address (Please	e Print)	Percentage* (Must total 100%)	Date of l	Birth	Relationship	Social Security Numbe
If no percentages are indic	cated benefits will be	divided equally b	etween al	l prim	arv beneficiarie	ac.
Contingent Beneficiary(ies				-	•	
Full Name and Address (Please Print)		Percentage* (Must total 100%)	Date of Birth		Relationship	Social Security Number
If no percentages are indicontingent beneficiaries.	cated, any benefits pay	yable to continger	nt benefici	iaries v	vill be divided	equally between all
This beneficiary designate Unless you indicate other the surviving beneficiary (primar policy.	erwise, if any beneficial es of the same class (p	ary predeceases yerimary or conting	ou, that begent).	enefici	ary's share wil	_
	Signature of Insured					