Annuity Non-Financial Change Form

To request a non-financial change to an annuity, please complete this form **and return Pages 1-5 to Reliance** Standard Life Insurance Company ("Reliance Standard") using one of the methods below. Complete all required sections for your request. If you do not provide Pages 1-5 to Reliance Standard, your request will not be processed until pages 1-5 are received.

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ご記入のないページも含め、5ページ全てをこ	『提出ください(不足のある場合、	申請は受理されませんのでご注意ください)					
@							
EMAIL TO:	FAX TO:	MAIL TO:					
annuitychgrequests@rsli.com	267-570-8812	Reliance Standard – Retirement Services 1700 Market Street, Suite 1200 Philadelphia, PA 19103					
QUESTIONS? Call Customer Care at 1.800.435.7775							
Current Contract / Policy Number Policy (保険証券) に記載のご契約番号							
What type of change would you like to	make?						
Address Change 住所変更	Name Change	Ownership Change					
Complete Section 1, 2, 7. Beneficiary Change	Complete Section 1, 3, 7. PIN Change	Complete Section 1, 4, 5, 7.					
Complete Section 1, 5, 7.	Complete Section 1, 6, 7.						
Note: Lengthy designations may be placed in the	special remarks section.						
SECTION 1 Tell us about the current owner.							
Ownerで契約者様の氏名	M.I. Owner						
First Name SSN/TIN X X X - X X - X X X X	Last Name						
i/i/ i/ i/ i/ i/i/	Telephone 現在ご登録のお電話番号						
E-mail 現在ご登録のメールアドレス							
Joint Owner Name (If applicable)							
First Name	M.I. Last Name	Joint=ご夫婦共同名義の場合					
SSN/TIN	Telephone -	- 配偶者様の情報をご記入ください					
E-mail							
IMPORTANT INFORMATION THAT MAY INDO YOU LIVE IN A COMMUNITY PROPERTY		TX, WA, WI					
If you are the owner of this contract and reside in a is required by Law and your spouse must sign as S	one of the states listed above and war						
If the change is a result of marriage, divorce, or de		age certificate, divorce decree, or death					
certificate. If we require additional information to complete the	is request please indicate who Relian	ce Standard Life should contact:					
Owner O Insurance Professional		米国外のご住所の場合は					
SECTION 2 If you are requesting an address	change, please complete this section	郵価乗旦のよしに団々なご記ましばせい。					
Choose one: O Owner O Annuitant or Insure	ed O Other						
● Mailing Address 新住所 必ず大文字(ABC)でご記入ください							
Street # 2 1 0 2 - 4 0 N I S H I - DO R I							
City S A K U R A - S H I State TOKYO Zip 123-1234 JAPAN							
Telephone - ご変更のある場合はご記入ください							
E-mail E-mail							
Special Remarks For Joint Owner Address							

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SECTION 3 If you are requesting a name change, please complete this section.
Attach a copy of the proper legal documentation (i.e. divorce decree, driver's license, marriage certificate) and sign Section 7.
Choose one: O Owner O Annuitant or Insured O Other
Reason for the name change: O Marriage O Divorce O Other
FROM: Previous Name (First, Middle, Last Name)
First Name MI Last Name
TO: New Name (First, Middle, Last Name)
First Name MI Last Name
SECTION 4 If you are requesting an owner change, please complete this and the beneficiary change section. (Non-Qualified Annuity Plans Only)
Upon an ownership change, any automated withdrawal programs will be cancelled.
When the Ownership of a contract is changed and a new beneficiary is not elected at the time of the ownership change, then the beneficiary will become changed to The Estate.
The transfer of ownership of an annuity contract may have tax or legal implications; therefore, you should consult with a competent tax or legal advisor before initiating any such change. Once the ownership change is effective, the tax reporting of the change cannot be reversed.
We reserve the right to reject any proposed change of Owner or Beneficiary, as well as any proposed assignment of the annuity, subject to state limitations.
INFORMATION FOR ALL NEW OWNERS
To help the government fight the funding of terrorism and money laundering activities, Federal law requires financial institutions to obtain, verify, and record information that identifies each person/entity that owns an account. What this means: When a person/entity becomes the owner of an account, we must ask for the name, acting trustee/ officer name(s), SSN / EIN / TIN, address, date of birth, and other information that will allow us to identify the person/entity. We may also require other identifying documents to be attached. For individual persons, if required by the USA Patriot Act, we will use the information provided and a national database to verify your information.
This information is required in order to complete your request
Please check one: O Individual
(as it relates to the new owner) O Corporation / Trust
Note: All trust owners must complete a Trust Certification form (EF-2989). Note: Not all plan types are available. Reliance Standard Life reserves the right to refuse certain plan types on a nondiscriminatory basis.
New Owner Name
First Name M.I. Last Name
O Male O Female O Corporation / Trust Birth Date (MM/DD/YYYY) / /
SSN/TIN
E-mail
Mailing Address:
Street
City State Zip -
Telephone – Mobile – – –
Relationship of New Owner to Current Owner
New Joint/Co-Owner Owner Name
First Name M.I. Last Name
O Male O Female Birth Date (MM/DD/YYYY) / /
SSN/TIN – – Telephone – – –
Mailing Address:
Street
City State Zip -
Relationship of New Joint/Co-Owner to Current Owner

SECTION 5 | If you are requesting a beneficiary change, please complete this section. (All fields below must be completed)

If this change is a result of a divorce Reliance Standard Life may require the Notification of Divorce and Division Form.

I hereby request the following Beneficiary change:

- All beneficiary (ies) previously designated will be revoked unless requested otherwise in writing by the owner(s).
- Please check primary or contingent for each individual beneficiary. If neither is checked, the individual will be deemed to be a primary beneficiary and all classes must total 100% and all beneficiary designations are per capita unless otherwise noted.
- All beneficiaries in a class are assumed to share equally unless requested otherwise in writing by the Owner(s).
- For Massachusetts' residents state law requires that a disinterested adult who is not a party to the contract witness any request to change the beneficiary arrangement. Note: Your Insurance Professional can sign as a witness.
- If a Trust is named as a beneficiary, the name of the Trust, the inception date of the Trust, and the trustee name(s) are required in order for us to process the request.

(All fields below must be completed.)

O Primary	Contingent	Perc	ent of	Benefit		•	0	%
First Name	M.I. Last Name							
O Male O I	Temale Birth Date (MM/DD/Y	YYYY)		/	/		
Street								
City	State		Zij)		_		
SSN/TIN	Telephone -	-	•					
Relationship	o Owner / Trustee name(s) if Trust							
O Primary	○ Contingent	Perc	ent of	Benefit			0	<u></u>
First Name	M.I. Last Name					 		
O Male O I	······································	YYYY)		/	/		
O Address is	the same as above						 	
Street								
City	State		Zij)		-		
SSN/TIN	Telephone -	-	•					
Relationship	o Owner / Trustee name(s) if Trust							
O Primary	○ Contingent	Perc	ent of	Benefit		•	0	%
First Name	M.I. Last Name							
O Male O I	Temale Birth Date (MM/DD/Y	YYYY)		/	/		
O Address is	the same as above							
Street								
City	State		Zij)		-		
SSN/TIN	– – Telephone –	-	•			 	 	
Relationshin t	o Owner / Trustee name(s) if Trust					1		

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O Primary O Contingent	Percent of Benefit •
First Name	MI Last Name
O Male O Female	irth Date (MM/DD/YYYY)
O Address is the same as above	
Street	
City	State Zip -
SSN/TIN Telephone	
Relationship to Owner / Trustee name(s) if Trust	
(If adding more than 4 Beneficiaries, please use the "SPECI below.)	AL REMARKS / ADDITIONAL BENEFICIARY REQUESTS"
SECTION 6 If you are requesting a Personal Identification N	Tumber (PIN) setup or reset, please complete this section.
Select any 4-digit numeric sequence as your Personal Identification	n Number:
Provide answer to the following security questions: (select 2 of 5) $$	
1. What is your mother's maiden name?	
2. What is street that you grew up on?	
3. What is the name of your first pet?	
4. What is your high school mascot?	
5. What is the name of the city where you were born?	
instructions. I (we) understand that RSL will accept telephone change from me (us) or any other authorized representative representative must properly identify the above annuity contra my (our) PIN or would like to reset the PIN, I (we) understand above when asked the security questions. I (we) understand resulting from these telephone instructions which it reasonably	e Standard Life (RSL) to initiate a transaction based on telephone e instructions to change future allocations and to initiate an addresse. In order to accept these instructions, I (we) or my authorized act(s) and provide the PIN set forth above. If I (we) have forgotter that I (we) must accurately respond with the above answers set forth that RSL will not be liable for any loss, damage, cost or expense believed to be genuine. I (we) understand that this authorization will inistrative Office, or RSL discontinues this privilege, whichever comes (REQUESTS)
SECTION 7 You must complete this section. Read this section	n IN ITS ENTIRETY before signing.

If you are signing on behalf of an individual or entity in the capacity of Attorney-in-Fact or Trustee, the proper authorization must file or submitted with this request. See below for additional signature requirements.

By completing one or more sections of this form and signing below, I certify that the information provided herein is true and complete. I further represent that I have full rights and authority to make the change(s) requested, and that no third party has a claim or interest in the contract, nor has the contract been assigned, pledged as security or transferred to a third party. Changes requested pursuant to this form are effective as of the date Reliance Standard Life receives and accepts this completed and signed form and any other documentation required by Reliance Standard Life in good order as determined by Reliance Standard Life.

By completing Section 4 and signing below, the current Owner(s) acknowledges that all ownership rights and privileges under the annuity listed in section 1 will be relinquished and transferred to the new Owner(s). Further, by signing below the new Owner(s) acknowledges and accepts all ownership rights, privileges and obligations.

Owner Signature Requirements

Corporate Owner - Must be signed by an officer other than the insured/annuitant. A Corporate Resolution showing authority will be required. The officer signing must sign and provide title.

Power-of-Attorney - Must be signed by Attorney-in-Fact or Owner. If the Power of Attorney is not on record with RSL, please attach to this form. Attorney-in-Fact must sign in that capacity, i.e. John Doe, Attorney-in-Fact.

Trust - Trustees must sign this form in that capacity, i.e. John Doe, Trustee.

Irrevocable Beneficiary - Must be signed by both Irrevocable Beneficiary and Owner.

OWNER'S TAX CERTIFICATION (SUBSTITUTE W-9)

Owner Social Security/Ta	ıx I.D. Number 🗙 🗙 🗙 🗕 🗶 🗶 🗕	X X X ご契約者様のSSN	
	ury, I certify that the taxpayer identific ovide an SSN/TIN may result in manda		
	other U.S. person (including resident alier	•	corting that.
I am not a U.S. citizer	n or other U.S. person (including resident a	alien).	
がとく I am a citizen of J	APAN	ご契約者様	の国籍
If not a U.S. person (inclu	nding resident alien) or U.S. Entity, submit will be the appropriate form.	the applicable Form W-8 (BEN,	BEN-E, ECI, EXP or I MY). In most
Current Owner's Signatur	契約者様の英語	Current Joint/Co-Owner's Signature 署名	Joint=ご夫婦共同名義の場合、 Joint Owner(配偶者)の直筆署名
Date of Signature (MM/DD/YYYY)	5日 / / /	Date of Signature (MM/DD/YYYY)	
New Owner's Sign: ※ご	印刷の上、必ず直筆でご署名ください		
夕	ッチパネルでのサイン(電子署名)やター	イプ入力のサインは受理される	ません
Date of Signature (MM/DD/YYYY)		Date of Signature (MM/DD/YYYY)	
Irrevocable Beneficiary Signature		Spouse Signature for Community Property States (AZ, CA, ID, LA, NV, NM, TX, WA, WI)	配偶者の直筆署名 (該当州にお住まいの方のみ)
Date of Signature (MM/DD/YYYY)		Date of Signature (MM/DD/YYYY)	
Witness Signature		アリゾナ・カリフォルニア・ア ネバダ・ニューメキシコ・テキ	'イダホ・ルイジアナ サス・ワシントン・ウィスコンシン
Date of Signature (MM/DD/YYYY)			

For Massachusetts' residents - state law requires that a disinterested adult who is not a party to the contract witness any request to change the beneficiary arrangement. Note: Your Insurance Professional can sign as a witness.

Note: All pages of this form must be returned before changes can be recorded.