

Instructions: Type or print using ballpoint pen. The employee, policyholder and Reliance Standard Life Insurance Company must receive a copy of the completed Request for Change.

RELIANCE STANDARD

Life Insurance Company

a DELPHI company

Administrative Office: 2001 Market Street, Suite 1500; Philadelphia, PA 19103

REQUEST FOR CHANGE

Employer Section

Policyholder Name _____ Location _____ Policy No. _____

Employee's Name (Last) _____ (First) _____ (Middle Initial) _____

Employee's Social Security No. _____

Employee Section

Class Change: From _____ To _____

Name Change: From _____ To _____ G Marriage G Divorce

Smoker/Non-Smoker Status Change:

(Applies only in connection with Voluntary Group Term Life Insurance)

G Employee G Spouse (indicate name) _____

Have you used any tobacco product, or any product containing tobacco or nicotine, in the last 12 months?

G Yes G No Tobacco/Nicotine-Free From: _____ To: _____

Beneficiary Change:

Full Name and Address	% of Proceeds	Relationship	Social Security No.	Birth Date

Dependent Change:

Add	Remove	Name	Birth Date	Relationship	Marriage Date

By completing this Request for Change, I am requesting that a change be made to the information provided on the Enrollment Card/Application. These changes will become effective in accordance with the applicable policy's provisions. This Request for Change will: (a) become a part of the original Enrollment Card/Application; and (b) be subject to the terms of the policy. This signature is to verify: (a) the accuracy of the information contained on this Request for Change; and/or (b) the beneficiary(s) I have designated.

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Employee's Signature _____
Date

Spouse's Signature (Required if smoker/non-smoker status is changing) _____
Date

Effective Date: