

RELIANCE STANDARD LIFE INSURANCE COMPANY

REQUEST FOR CHANGE

Policyholder Name	Location	Policy No.
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Employee's Last Name	First	Middle Initial
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Class Change: From _____ To _____

Name Change: From _____ To _____ Marriage Divorce

Beneficiary Change: Full Name(s) And Address	% Of Proceeds	Relation-ship	Social Security No.	Birth Date

Dependent	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. 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; 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 (b) the beneficiary(ies) I have designated.

Employee Signature	Date	Eff. Date
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EMPLOYEE COPY