

Please review this checklist to avoid unnecessary delays in the processing of your New Business submissions

Did You Remember To:

• Complete RSL's Product Specific Training requirement?

Product Specific Training must be completed prior to the solicitation of business and the dating of the application and supplemental forms. The training can be completed at <http://rsli.succesce.com>.

• Fully complete the application?

Remember to:

- Answer the Agent Replacement Question in the Agent Signature area
- Answer the Market Value Adjustment question. It must be checked "Does" for Apollo-MVA and Eleos-MVA, and "Does Not" for the SP versions of Apollo and Eleos and the Keystone Indexed Annuity
- Make sure your Keystone Allocation percentages are whole numbers and add up to 100% (And that each strategy selected has a minimum of \$5,000 allocated to it)
- Name the annuitant if a non-natural person such as a trust, pension plan, corporation or other entity is designated as the owner
- Submit the trust documents (at least the first page/title page and the signatures page) if a trust is involved
- Provide the Annuity Disclosure statement (where required). It must be completed and signed using accurate interest rates and surrender charges
- Address & mail your completed application to the attention of "Annuity New Business" to ensure delivery to the appropriate department at Reliance Standard.

• Fully complete the 1035 Exchange/Rollovers/Transfers form?

Remember to:

- Provide the street address and other company's policy or account number
- Complete only one section (either Section One, Two or Three)
- Indicate in a cover letter if the transfer is being handled by the agent or client

• Fully complete the Suitability Analysis and Customer ID Certification?

Remember to Answer all Questions Fully and Pay Particular Attention to:

- Completing the Household Net Worth question
- Completing the Adequate resources for expenses question
- Completing the Withdrawals in excess of penalty free amount question

ANNUITY APPLICATION

Administrative Office: **Attn: Annuity New Business**

2001 Market Street, Suite 1500, Philadelphia, PA 19103

Home Office: Schaumburg, IL - 800-351-7500

PROPOSED OWNER INFORMATION

Name: _____ Male Female Trust Birth/Trust Date: _____
Last First M.I. (If Trust, provide first and last page of Trust document)

Address: _____

SSN/TIN: _____ Telephone: _____ Email: _____

If Owner, or Joint Owner is/are persons and not U.S. citizens, explain residency in Special Remarks Section

PROPOSED JOINT OWNER INFORMATION (Non-qualified only)

Name: _____ Male Female Trust Birth/Trust Date: _____
Last First M.I. (If Trust, provide first and last page of Trust document)

Address: _____

SSN/TIN: _____ Telephone: _____ Email: _____

PROPOSED ANNUITANT INFORMATION (Complete only if different than Owner)

Name: _____ Male Female Birth Date: _____
Last First M.I.

Address: _____

SSN: _____ Telephone: _____ Email: _____

PROPOSED JOINT ANNUITANT INFORMATION (Non-qualified only)

Name: _____ Male Female Birth Date: _____
Last First M.I.

Address: _____

SSN: _____ Telephone: _____ Email: _____

BENEFICIARY INFORMATION (Complete all fields)

Primary Beneficiary

Percent of Benefit: _____

Name: _____ Male Female Trust Birth/Trust Date: _____
Last First M.I. (If Trust, provide first and last page of Trust document)

Address: _____

SSN/TIN: _____ Relationship to Owner: _____

Primary Beneficiary **Contingent Beneficiary**

Percent of Benefit: _____

Name: _____ Male Female Trust Birth/Trust Date: _____
Last First M.I. (If Trust, provide first and last page of Trust document)

Address: _____

SSN/TIN: _____ Relationship to Owner: _____

Primary Beneficiary **Contingent Beneficiary**

Percent of Benefit: _____

Name: _____ Male Female Trust Birth/Trust Date: _____
Last First M.I. (If Trust, provide first and last page of Trust document)

Address: _____

SSN/TIN: _____ Relationship to Owner: _____

Primary Beneficiary **Contingent Beneficiary**

Percent of Benefit: _____

Name: _____ Male Female Trust Birth/Trust Date: _____
Last First M.I. (If Trust, provide first and last page of Trust document)

Address: _____

SSN/TIN: _____ Relationship to Owner: _____

Primary Beneficiary **Contingent Beneficiary**

Percent of Benefit: _____

Name: _____ Male Female Trust Birth/Trust Date: _____
Last First M.I. (If Trust, provide first and last page of Trust document)

Address: _____

SSN/TIN: _____ Relationship to Owner: _____

Identify any additional beneficiaries in the Special Remarks section of the application.

ANNUITY PLAN INFORMATION

Fixed Rate Deferred Annuity Plans:

Apollo-MVA Apollo-SP Eleos-MVA Eleos-SP Argus-MVA Argus-SP
 Elektra 579 Elektra 6810 Elektra Guarantee Period: _____ Years

Equity Index Deferred Annuity Plans:

Keystone Index - 5 Year Keystone Index - 7 Year Keystone Index - 10 Year

Premium Allocation (Enter premium strategy allocation in whole percentage amounts, total must equal 100%)

<u>Strategy</u>	<u>Index</u>	<u>Allocation %</u>
Fixed Interest	N/A	_____ %
Annual Point to Point – Capped	S&P 500	_____ %
Annual Point to Point – Participation Rate	S&P 500	_____ %
Annual Monthly Average – Capped	S&P 500	_____ %
Annual Monthly Average – Participation Rate	S&P 500	_____ Currently Unavailable
Total:		100%

Immediate Annuity Plans: Plan: _____ Benefit Amount: _____ Mode: _____

Annuity Type: Non-qualified IRA Roth-IRA Other: _____

PAYMENT: Check \$ _____ 1035 Exchange IRA Contribution IRA Rollover IRA Transfer Roth-IRA

Total Estimated Amount of Exchange/Rollover/Transfer: \$ _____

If IRA or Roth-IRA Contribution indicate tax year and premium Tax Year: _____ Premium: _____

MARKET VALUE ADJUSTMENT (Must be Completed for ALL MVA & Elektra Plans)

I understand the policy applied for “Does” include a market value adjustment provision that may result in the surrender value being increased or decreased subject to a Market Value Adjustment for the period specified in the contract

REPLACEMENT INFORMATION (Must be completed even if no replacement is occurring)

Do you currently have any existing individual life insurance policies or annuity contracts? Yes No

Will this contract replace any life insurance policy or annuity contract in this or any other company? Yes No

(If “Yes”, please identify each policy or contract, the issuing Company and the Value Below)

<u>Company</u>	<u>Policy/Contract#</u>

If more than Four, please complete a separate sheet with this information and return with this application.

SYSTEMATIC WITHDRAWAL REQUEST

Complete if requesting a systematic withdrawal. Please process a systematic withdrawal from my contract (choose one)

Flat Withdrawal Amount: \$ _____ Interest Only Other: _____

Withdrawal Mode: Monthly Quarterly Semi-Annual Annual

Payment Method: Check ACH Transfer (for ACH Transfer, complete authorization on page 4)

Withdrawals may be subject to a Market Value Adjustment and/or Surrender Charges. Refer to your contract for details.

SPECIAL REQUESTS/HOME OFFICE ENDORSEMENT

(Not to be used where prohibited by Statute or Insurance Department ruling)

FRAUD WARNING NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

It is represented that all statements and answers made in this application are full, complete and true and IT IS AGREED THAT all such statements and answers are adopted by and are binding on the proposed Contract Owner and shall form the basis for any such proposed Annuity Contract issued by the Company. IT IS AGREED THAT the annuity applied for, shall not take effect until the later of the Date of Issue of the Contract and receipt by the Company of the payment required thereon, and that acceptance by the proposed Contract Owner of any Contract issued on the basis of this application shall constitute ratification of any and all changes noted by the Company in the space entitled "Home Office Endorsement" except that any change as to amount, plan of annuity, birth date, or benefit, shall be made only with the written consent of the applicant(s).

IT IS UNDERSTOOD AND AGREED THAT no person, except the President, a Vice President or the Secretary of the Company has the authority to determine whether any Contract shall be issued on the basis of this application to waive or modify any of the provisions of this application or any of the Company's requirements, to bind the Company by any statement or promise pertaining to any Contract issued or to be issued on the basis of this application, or to accept any information or representation not contained in this written application.

TAXPAYER CERTIFICATION: Under penalties of perjury, I certify that

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

OWNER/JOINT OWNER SIGNATURE

Signed at (City, State): _____ Date: _____

Owner Signature: _____

Joint Owner Signature: _____

AGENT SIGNATURE (You MUST make an election – "does" or "does not" – in section (1) below.)

- (1) To the best of my knowledge, this application: "does replace or change" "does not replace or change" existing life insurance or annuities. When replacement is involved, please complete and return state replacement forms where applicable.
- (2) I attest that I have truthfully and accurately recorded on the application the information supplied by the Owner and personally witnessed all signatures.
- (3) If this Applicant/Owner is subject to a Suitability in Annuity Transaction law or other applicable suitability regulation, and I have recommended this purchase; (a) I have reasonable grounds to for believing that the recommendation is suitable based on the information obtained regarding financial status, tax status and investment objectives, and (b) I will maintain the documentation used for this recommendation for five (5) years..

Agent Signature: _____

Agent Name (Printed): _____

Agent Code: _____ License # : _____

Telephone #: _____ Email: _____

Commission Split: Yes No (If yes): Agent Code: _____ % Agent Code: _____ %

Agent Remarks: _____

Mailing Instructions: Send Completed and Signed Documents to:
Reliance Standard Life Insurance Company
Attn: Annuity New Business
2001 Market Street, Suite 1500
Philadelphia, PA 19103-9802

ACH AUTHORIZATION

I hereby authorize Reliance Standard Life Insurance Company and the financial institution(s) named below, to initiate credit entries and, if necessary, debit entries for any credit entries in error to my account indicated below. This authority is to remain in full force and affect until written notification from me of its termination has been received, or until such time that my annuity policy is no longer in force. I understand that new applications and/or changes to bank or account information may take up to 4 weeks to go into effect. Payments will be made via check during this time.

Name		
Signature		Date
<input type="radio"/> Checking <input type="radio"/> Savings		
Account Number		
Depository Name		Branch
City	State	Zip Code
Bank Transit Number/ABA Number		

If deposits are being made to a Checking Account, please attach a **VOIDED CHECK** that will provide us with your financial institutions account and routing numbers.

<p>If using a checking account</p> <p style="text-align: center;">Attach Voided Check Here</p>
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CUSTOMER SUITABILITY ANALYSIS AND IDENTIFICATION CERTIFICATION FORM

This section is intended to assist in determining whether the annuity contract you are applying for is appropriate based on your financial status, tax status and financial objectives and to ensure that you understand certain aspects of the annuity contract.

1. PROPOSED OWNER INFORMATION

Name: _____ DOB: _____ SSN/TIN: _____
Address: _____
Occupation: _____ Marital Status: _____

2. PROPOSED JOINT OWNER INFORMATION (IF APPLICABLE)

Name: _____ DOB: _____ SSN/TIN: _____
Address: _____
Occupation: _____ Marital Status: _____

3. PERSONAL FINANCIAL INFORMATION

Annual Income (select one): \$0 - \$25,000 \$25,000 - \$50,000 \$50,000 - \$75,000 \$75,000 - \$100,000 \$100,000 - \$250,000 Above \$250,000

Income Sources (select all that apply): Wages Investments Social Security Retirement Plan(s) Other

Household Net Worth (Total Assets – excluding home(s), autos and personal property minus Total Liabilities): \$ _____

Will you, during the term of this annuity contract, have adequate cash, liquid assets or other sources of funds for living expenses, health care, emergencies and additional needs (other than the money you plan to use to purchase this contract)? Yes No

Do you own other annuity contracts (fixed or variable)? Yes* No

* If you answered "yes," what is their total value (not including the contract you plan to purchase)? \$ _____

4. TAX STATUS

What is your current (US) marginal tax bracket (select one)? 0% 10% 15% 25 – 28% 33% Above 33%

5. FINANCIAL OBJECTIVES

Why are you purchasing this annuity (select all that apply)?

Retirement Planning Minimum Guarantees Potential Growth Death Benefit Lifetime Income Preservation of Principal Income Tax Deferral*

*Note: If you selected Tax Deferral AND you are purchasing this annuity contract for a Traditional or Roth IRA, do you understand that a Traditional IRA already provides tax deferral or that Roth IRA's, subject to certain restrictions, provide tax free accumulation and that such deferral will NOT be enhanced by this annuity contract? Yes No Not Applicable (not for a Traditional or Roth IRA)

6. FUNDING SOURCE

Please indicate your source(s) of funding for this annuity purchase (select all that apply):

Cash from _____ (specify source, such as savings, maturing CD, etc.) Variable Annuity(ies)
 Fixed/Indexed Annuity(ies) Stocks, Bonds and/or Mutual Funds Life Insurance Other (specify) _____

7. WITHDRAW OF FUNDS

How soon do you expect to withdraw funds from the annuity contract (select one)? 1-3 years 3-5 years 6-7 years 8-10 years 11+ years

8. SURRENDER PENALTY

Withdrawals made from the annuity contract during its surrender charge period that are in excess of the penalty-free amount will be subject to a surrender charge. Do you expect to make any withdrawals from the contract during this period that will result in a surrender charge being imposed?

Yes No (Note: Withdrawals before age 59 ½ may be subject to Federal/State income tax as well as an additional 10% Federal penalty tax.)

9. REVERSE MORTGAGE

Do you currently have a reverse mortgage or are you applying for a reverse mortgage? Yes No

10. ESTATE PLANNING

Is this annuity being purchased in consultation with an attorney as part of an estate or other planning process? Yes No

11. REPLACEMENT OF EXISTING LIFE INSURANCE OR ANNUITY CONTRACT

Will this annuity contract purchase involve the replacement of any existing life insurance or annuity contract(s)?

No (skip to section 12)

Yes (answer all questions below)

Was the contract(s) being replaced issued within the last 36 months? Yes No

What are the total surrender charges and other costs (such as market value adjustments, fees, adverse tax consequences, etc.), if any, you expect to incur as a result of the replacement? \$ _____

Briefly describe the reason(s) why you are replacing the existing contract(s). Please address current interest rates & minimum guaranteed rates on the existing contract:

12. REPLACEMENT OF OTHER FINANCIAL PRODUCTS

Will this annuity contract purchase involve the replacement of any financial product OTHER THAN life insurance or annuity contract(s)?

No (skip to section 13)

Yes (answer all questions below)

What is the total amount and type of the expected charges, fees, penalties, costs or adverse tax consequences, etc. you expect to incur as a result of the replacement? \$ _____

13. OTHER SIGNIFICANT INFORMATION

Is there any other significant information that may be relevant in determining whether the annuity contract you have applied for is appropriate for your needs (for example, major anticipated life or financial changes or events)?

No (skip to section 14)

Yes (explain): _____

14. PROPOSED OWNER/JOINT OWNER SIGNATURE(S)

I/we certify that the information provided in this Section is complete and accurate to the best of my/our knowledge and belief. I/we believe that the annuity contract applied for satisfies my/our financial objectives and insurance needs. I/we acknowledge that neither Reliance Standard nor any of its representatives offer any legal or tax advice.

Proposed Owner Signature: _____ Date: _____

Proposed Joint Owner Signature: _____ Date: _____

15. AGENT REPRESENTATIONS AND SIGNATURE

I have made every effort to obtain accurate information concerning the client's financial status, tax status, financial objectives, and other information I believe is relevant in making the proper recommendation to such client. I have no reason to believe that the information provided in the sections above is not complete and accurate. Based on the information the client disclosed, I believe that my recommendation to purchase an annuity (including any replacement of an existing annuity or life insurance contract(s) involved) is suitable. I agree to maintain such information and make it available at the request of Reliance Standard or any insurance department for at least five (5) years after the annuity purchase has been completed. In addition, I have verified the identity of the Owner(s) and believe that the supporting information provided to me by the Owner(s), as described below, is true and accurate.

Agent Signature: _____ Date: _____

CUSTOMER IDENTIFICATION VERIFICATION

Please indicate the method you used to verify the Owner and any Joint Owner or Non-Natural Owners' identity.

16. FORMAL IDENTIFICATION

OWNER	JOINT OWNER (if applicable)	NON-NATURAL OWNER
<input type="checkbox"/> Driver's License/State ID	<input type="checkbox"/> Driver's License/State ID	<input type="checkbox"/> Trust Documents
State: _____	State: _____	
Issue Date: _____	Issue Date: _____	
Expiration Date: _____	Expiration Date: _____	
<input type="checkbox"/> U.S. Passport	<input type="checkbox"/> U.S. Passport	<input type="checkbox"/> Articles of Incorporation
Issue Date: _____	Issue Date: _____	
Expiration Date: _____	Expiration Date: _____	
<input type="checkbox"/> U.S. Military ID	<input type="checkbox"/> U.S. Military ID	<input type="checkbox"/> Partnership Agreement
Issue Date: _____	Issue Date: _____	
Expiration Date: _____	Expiration Date: _____	
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Other (specify): _____
State: _____	State: _____	_____
Issue Date: _____	Issue Date: _____	_____
Expiration Date: _____	Expiration Date: _____	_____

17. OTHER RELIABLE MEANS OF IDENTIFICATION

In the absence of formal identification, please describe in detail both the method and the reason for using an alternative means of identification (use separate sheet if necessary): _____

RELIANCE STANDARD

LIFE INSURANCE COMPANY

A MEMBER OF THE TOKIO MARINE GROUP

Administrative Office:
2001 Market Street Suite 1500
Philadelphia, PA 19103
1-800-HELP-RSL

FIXED ANNUITY DISCLOSURE STATEMENT

This Disclosure Statement contains a summary of the _____, a deferred annuity contract with or without (must check option that applies) a Market Value Adjustment (MVA) provision. The exact terms of the annuity are contained in the contract and any attached riders and are not modified by this Disclosure Statement. Once you have carefully read this Disclosure Statement in its entirety, please sign below and return a copy with the application.

WHAT IS AN ANNUITY?

An annuity is a long-term financial contract between you and Reliance Standard Life Insurance Company ("RSL"). The annuity contract has two parts or periods. During the accumulation period, the money you put into the annuity contract will earn interest. The interest earnings grow tax deferred as long as you leave the money in the contract. During the payout period typically after your contract matures, RSL will pay you a regular income under the terms of the settlement option you elect.

HOW MUCH INTEREST WILL I EARN ON MY ANNUITY?

Your annuity will be credited with annual compound interest. The first year interest rate will consist of an initial base interest rate and an interest bonus that will be payable only during the first contract year. In addition, RSL guarantees that your contract will not earn less than the minimum guaranteed interest rate during any contract year.

Each contract year after the first, RSL will declare a renewal interest rate*. However, your annuity can never earn less than the minimum guaranteed interest rate stated in your annuity contract.

Base Interest Rate*: _____

First Year Bonus Interest Rate: _____

Total First Year Interest Rate: _____

Minimum Guaranteed Interest Rate**: _____

*For the Eleos MVA and Eleos SP products only, the Base Interest Rate at issue is guaranteed for the first three contract years. **For the Eleos MVA and the Eleos SP, enter the Minimum Guaranteed Interest Rate applicable for contract years 4+.

HOW CAN I WITHDRAW MONEY FROM MY ANNUITY?

Surrender: You may completely surrender your annuity in any Contract Year. A Surrender Charge will apply to the annuity value in excess of the penalty-free amount described below under partial withdrawals.

Partial Withdrawals: During the first 12 months of your contract, you can withdraw up to 10% of the single premium paid penalty-free, and, in any contract year thereafter, up to 10% of the annuity value penalty-free. If you should withdraw more than the penalty-free amount in any contract year, the entire amount withdrawn during that contract year is subject to the applicable MVA and surrender charges.

***For Apollo-MVA and Apollo-SP contracts only: Cumulative Withdrawal Benefit:** If no penalty-free withdrawal is taken in contract year two or any contract year thereafter, the amount of that contract years penalty-free withdrawal may be carried over into the following year. If no withdrawals are made for one or more successive years, the penalty-free withdrawal will accumulate up to a maximum penalty-free withdrawal limit of 30% of the single premium paid. Any penalty-free withdrawal carry over balance will return to zero as soon as a penalty free withdrawal of any amount is taken.

Annuitization: At any time after the first contract year, you may select one of the Settlement Options and begin receiving an income from your annuity; however, this normally occurs on the contract's maturity date. Maturity is either age 85 (70 in some states) or 10 years after issue, whichever is later. The MVA (for contracts with an MVA provision only) and surrender charges will apply for the first seven years on Apollo-MVA and Apollo-SP contracts, unless you elect a Settlement Option after the fifth year, and the option is for more than six years. Certain states also levy premium taxes upon election of a Settlement Option. If applicable, RSL will deduct this tax when payments begin.

The Settlement Options specified in the contract are as follows:

- Life Annuity
- Life Annuity with Payments Certain
- Designated Period Annuity
- Joint and Last Survivor Annuity

Withdrawals of funds from your annuity prior to age 59 ½ may have adverse tax consequences. See Tax Treatment, below.

FIXED ANNUITY DISCLOSURE STATEMENT

NURSING HOME – HOSPITAL CONFINEMENT WAIVER

In the event of hospitalization or nursing home confinement, an annuity rider gives you an increased level of penalty-free access to the annuity value as follows: If the annuitant is admitted to a qualified nursing care facility (as defined in the contract) following the end of the first Contract Year and remains in such facility for ninety consecutive days, up to 25% of the annuity value may be withdrawn without penalty in each Contract Year so long as the annuitant remains in such facility. This rider is only available when the annuitant's age at the issuance of the annuity contract would be 74 or younger and continues until the contract terminates

SURRENDER CHARGES

You may completely withdraw all or a portion of your annuity value at any time before the maturity date. A withdrawal of all of your annuity value is known as a surrender, which will terminate the annuity contract. Any withdrawal from your annuity during the surrender charge period shown below, including penalty-free withdrawals made within the previous 12 months are subject to the Market Value Adjustment (MVA) when applicable and Surrender Charge applicable to the Contract Year in which the withdrawal or Surrender occurs. The Surrender Charge Schedule for your annuity is shown below:

Contract Year	1	2	3	4	5	6	7	8	9	10	11
Surrender Charge Percentage											

MARKET VALUE ADJUSTMENT PROVISION

(applies only to Apollo-MVA and Eleos-MVA contracts) The MVA is determined by comparing the base interest rate for new contracts to the base interest rate of your contract. In general, the MVA will increase your annuity value when the base interest rate on new annuities is more than ½% lower than your contract's base interest rate, otherwise the MVA will decrease your annuity value.

TAX TREATMENT

If you purchase an annuity as a Traditional Individual Retirement Account (IRA) or Roth IRA, you should be aware that the annuity offers no additional tax deferral since IRAs already provide tax-deferred status. Accordingly, you should purchase an annuity in an IRA only if one or more of the features of the annuity, such as interest earnings, minimum guaranteed returns, death benefits and life income options, are of value to you.

Please note: Joint ownership of Annuity Contracts should only be designated after consulting with legal and/or tax counsel. RSL and its representatives do not provide tax, legal or accounting advice. You should seek competent professional advice concerning any tax, legal or accounting questions you may have.

The interest earnings credited to your annuity are accumulated on a tax-deferred basis. The accumulated earnings are taxed as ordinary income when they are withdrawn or otherwise accessed. In addition, a 10% IRS tax penalty may apply to any amount withdrawn or otherwise accessed from the annuity if they are prior to attainment of age 59 1/2. Specific questions about your personal tax situation should be discussed with your personal tax advisor.

DEATH BENEFIT

The annuity value will be payable to the beneficiary(ies) upon the death of the owner. If the owner is also the annuitant, the death benefit will be equal to the annuity value. If the owner is not the annuitant, the contract's death benefit is equal to the annuity value less any applicable surrender charge.

Federal tax laws require that the value of a non-qualified annuity (i.e., an annuity purchased outside a qualified retirement plan) be distributed to the beneficiary(ies) within five years of the owner's death with two exceptions:

- A surviving spouse who is a designated beneficiary may continue the annuity as the owner.
- A non-spouse beneficiary may elect a periodic distribution over a period not exceeding his or her life expectancy in which payments begin no later than one year following the owner's death.

To utilize either exception, an election must be made within 60 days after RSL receives proof of the owner's death.

Please note: if a non-qualified annuity is owned by a non-natural person such as a trust or corporation, the death of the annuitant will be treated as the death of the owner for purposes of the death benefit provisions of the contract.

Federal tax laws also require that the value of a qualified annuity (i.e., an annuity purchased in a qualified retirement plan) be distributed to the beneficiary(ies) following the owner's death. Please review the Traditional IRA, or Roth IRA Disclosure Statement for a description of the post-death distribution requirements for IRAs.

FIXED ANNUITY DISCLOSURE STATEMENT

AGENT COMPENSATION

RSL pays to your agent a commission for each annuity contract sold, including your annuity. In addition, the agent may receive additional compensation from RSL for achieving certain sales volume levels, and RSL may provide for education, training, or other services at no cost to the agent.

OTHER IMPORTANT INFORMATION

Your annuity:

- is an insurance product and is not insured by the Federal Deposit Insurance Corporation (FDIC), or any federal or state government agency.
- Is not a bank or credit union deposit.
- May be worth less than your premium paid if funds are withdrawn during the surrender charge period.

ACKNOWLEDGEMENT OF OWNER(S)/APPLICANT(S)

- I have received and read this Disclosure Statement in its entirety and understand its contents.
- I understand that I am paying a single premium of \$_____ to purchase a single premium deferred annuity contract from Reliance Standard Life Insurance Company (if you are exchanging an existing annuity, or are transferring another account, enter the estimated balance of the existing annuity or account that will be transferred to Reliance Standard Life).

Owner/Applicant Signature: _____ Date: _____

Joint Owner/Applicant Signature: _____ Date: _____

CERTIFICATION OF AGENT

- I certify that (a) this Disclosure Statement was provided to the owner(s)/applicant(s) indicated above, (b) I have not made any statements that differ from those made in this Disclosure Statement and (c) I have not made any promises or guarantees regarding the future value of any elements of the owner/applicant's annuity other than its minimum guaranteed values

Agent Signature: _____ Date: _____

Home Office: Chicago, Illinois • Administrative Office: Philadelphia, Pennsylvania

**IMPORTANT NOTICE:
REPLACEMENT OF LIFE INSURANCE OR ANNUITIES**

(Note – This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant)

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A *replacement* occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on an existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A *financed purchase* occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? YES NO
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? YES NO

If you answered “yes” to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

INSURER NAME	CONTRACT OR POLICY #	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because _____

I certify that the responses herein are, to the best of my knowledge, accurate:

Applicant’s Signature and Printed Name Date

Producer’s Signature and Printed Name Date

I do not want this notice read aloud to me. _____(Applicants must initial only if they do not want the notice read aloud.)

Within thirty (30) days of receipt of the policy or contract, it may be returned to our Administrative Office. You will receive an unconditional refund of all premiums, including any policy fees or charges or, in the case of a market value adjustment policy or contract, a payment of the cash surrender value provided under the policy or contract plus the fees and other charges deducted from the gross premiums or considerations or imposed under such policy or contract.

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS:

Are they affordable?

Could they change?

You're older – are premiums higher for the proposed new policy?

How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:

New policies usually take longer to build cash values and to pay dividends.

Acquisition costs for the old policy may have been paid; you will incur costs for the new one.

What surrender charges do the policies have?

What expense and sales charges will you pay on the new policy?

Does the new policy provide more insurance coverage?

INSURABILITY:

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.

You may need a medical exam for a new policy.

Claims on most new policies for up to the first two years can be denied based on inaccurate statements.

Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

How are premiums for both policies being paid?

How will the premiums on your existing policy be affected?

Will a loan be deducted from death benefits?

What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

Will you pay surrender charges on your old contract?

What are the interest rate guarantees for the new contract?

Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

What are the tax consequences of buying the new policy?

Is this a tax free exchange? (See your tax advisor.)

Is there a benefit from favorable "grand-fathered" treatment of the old policy under the federal tax code?

Will the existing insurer be willing to modify the old policy?

How does the quality and financial stability of the new company compare with your existing company?

GENERAL INFORMATION

a. _____
 Annuitant Name Annuitant Social Security Number

Owner Name Owner Social Security Number

Joint Annuitant Name (if applicable) Joint Annuitant Social Security Number

Joint Owner Name (if applicable) Joint Owner Social Security Number

b. _____
 Existing Company Street City State Zip

Existing Contract Number Type of Investment Vehicle (CD, Mutual Fund, etc.)

Account Type Maturity Date Transfer Immediately? Yes No If No, When? _____

NOTE: USE A SEPARATE FORM FOR EACH CONTRACT.

PARTIAL 1035 EXCHANGE/SURRENDER INFORMATION

As owner of the above contract, the undersigned hereby assigns and transfers to Reliance Standard Life Insurance Company (RSLIC) all rights, title, and interest in the following Assigned Portion [_____% , or \$_____ (amount)] of such contract to effect a partial exchange transaction that is designed to qualify as a tax-free exchange under I.R.C. § 1035 of the Internal Revenue Code (Partial § 1035 Exchange) The undersigned is aware that RSLIC intends to request that the Assigned Portion of the above contract be surrendered and apply the resulting proceeds to a contract issued by RSLIC, and the undersigned specifically authorizes RSLIC to do so, without limiting in any way the rights transferred by this assignment. If no such exchange is effected for whatever reason, this assignment shall become null and void, and so shall any interest in any RSLIC contract that may result from this assignment, and any proceeds transferred to RSLIC as a result of this assignment shall be returned to the above contract without any further liability on the part of RSLIC.

PARTIAL EXCHANGE DISCLOSURE

To the extent that I have felt it appropriate, I have consulted a competent tax advisor about this Partial I.R.C. § 1035 Exchange transaction and its potential tax consequences. I understand, acknowledge and agree that Reliance Standard Life Insurance Company assumes no liability or responsibility for any tax consequences associated with this transaction.

REQUIRED OWNER(S) SIGNATURES

Owner Signature	Date	Agent Signature	Date
Joint Owner Signature (if applicable)	Date	Agent Signature	Date

RSLIC, as assignee-owner of the above contract, hereby requests that the Assigned Portion of such contract be surrendered to effect a Partial § 1035 Exchange for the assignor-Owner of such contract, and that the appropriate tax basis information for such exchange be provided to RSLIC.

PAYMENT INSTRUCTIONS FOR EXISTING FINANCIAL INSTITUTION

- a. Make all checks payable to: Reliance Standard Life Insurance Company
- b. Mail all checks to: Reliance Standard Life Insurance Company
 Attn: Annuity New Business
 2001 Market Street, Suite 1500
 Philadelphia, PA 19103-9802

TRUSTEE ACCEPTANCE/ LETTER OF ACCEPTANCE (To be signed by an Officer of RSLIC)

Please be advised that RSLIC is acting as Trustee and is willing to accept transfer of the values indicated above:

By Title Date

Annuitant's Name _____

Joint Annuitant's Name (if applicable) _____

Owner's Name (if different than Annuitant) _____

Joint Owner's Name (if applicable) _____

Existing Company _____

Street Address for Overnight Delivery _____

Existing Contract/Account Number _____

Account Type (IRA, etc.) _____

Annuitant's Social Security Number _____

Joint Annuitant's Social Security Number _____

Owner's Social Security Number _____

Joint Owner's Social Security Number _____

Telephone Number for Existing Company _____

Type of Investment Vehicle (CD, Mutual Fund, Annuity, Brokerage Account, etc.) _____

Maturity Date _____ Transfer Immediately? yes no If no, when? _____

LOST POLICY AFFIDAVIT (complete if applicable): _____ The Owner(s) hereby certify that the policy has been lost or destroyed.
RELEASE OF INFORMATION AUTHORIZATION: _____ The Owner(s) hereby authorize _____ (existing financial institution) to provide information necessary to complete the requested transfer to Reliance Standard Life.

Please CHECK the appropriate box below, and complete one section only:

SECTION ONE – 1035 EXCHANGE/SURRENDER INFORMATION

(This section is to be used only for an exchange of non-qualified annuities between another insurer and RSL. For all PARTIAL 1035 EXCHANGES, use form EF-1606.)

- a. The tax code allows for the following nontaxable exchanges: A) The exchange of one life insurance policy for an annuity contract, or B) the exchange of one annuity contract for another annuity contract. A 1035 exchange allows the policyholder to defer any recognition of a taxable gain and transfer the basis to the new contract. When an exchange involves an annuity, the contract must be payable to the same person. As Owner of the above contract, the undersigned hereby revokes all previous beneficiary designations and any optional mode of settlement with respect to any proceeds payable at the death of the Annuitant or Insured and designates Reliance Standard Life Insurance Company (RSLIC) as sole beneficiary of the above contract. Further, said Owner hereby assigns and transfers all right, title and interest in the above contract to RSLIC. The undersigned is aware that RSLIC intends to surrender this contract for its cash value and specifically authorizes RSLIC to do so, without in any way limiting the rights transferred under this assignment. If no exchange takes place for whatever reason, this agreement shall become null and void. RSLIC's contract will be rescinded and the original contract will be returned to the undersigned without further liability to RSLIC.
- b. RSLIC, as the new owner of the above-referenced contract, does hereby request surrender of the above-referenced contract.

SECTION TWO – IRA ROLLOVER/TRANSFER

(This section is to be used only for an "IRA Rollover" from a non-IRA qualified plan or an "IRA Transfer" from another IRA.)

CHECK ONE: _____IRA Rollover _____IRA Direct Transfer

- a. An individual may rollover distributions from qualified plans into an Individual Retirement Annuity (IRA) with RSLIC. Please note that qualified funds may not be mixed with non-qualified funds.
- b. Minimum Required Distribution (check one if 70 ½ or older in year of transfer): _____Please make Minimum Required Distribution prior to transfer
_____Do not make Minimum Required Distribution prior to transfer
- c. All funds will be transferred to the annuity established with RSLIC unless a specific dollar amount or percentage is indicated here: _____.
- d. RSLIC agrees to accept the rollover/transfer described above for our contract established on behalf of the above named Owner(s). RSLIC accepts its appointment as successor of the above contract and requests the liquidation and transfer of assets as indicated above.

SECTION THREE – DIRECT TRANSFER

(This section to be used only for a transfer of non-qualified assets or qualified non-IRA assets from another financial institution to RSL.)

- a. RSLIC will handle the transfer of non-qualified funds or qualified non-IRA funds from another financial institution (such as a bank, savings and loan, or investment company) to an annuity contract. This form must be signed by the Owner(s) and forwarded to us before we will process the transfer directly with the other financial institution.
- b. Amount to be transferred to the annuity established with RSLIC: _____ All or \$ _____ (Amount) or _____ %
- c. RSLIC agrees to accept the transfer described above for our contract established on behalf of the above named Owner(s). RSLIC accepts its appointment as successor custodian of the above contract and requests the liquidation and transfer of assets as indicated above.

REQUIRED SIGNATURES

Owner: _____ Date: _____ **Joint Owner**
(if applicable): _____ Date: _____
Agent: _____ Date: _____ **Spouse (for community**
property states): _____ Date: _____

PAYMENT INSTRUCTIONS FOR EXISTING FINANCIAL INSTITUTION

- a. Make all checks payable to Reliance Standard Life Insurance Company, and mail to:
Reliance Standard Life Insurance Company
Attn: Annuity New Business
2001 Market Street, Suite 1500
Philadelphia, PA 19103-9802

SIGNATURE GUARANTEE (if required)

TRUSTEE ACCEPTANCE / LETTER OF ACCEPTANCE

(To be signed by an Officer of RSLIC)

Please be advised that RSLIC is acting as Trustee and is willing to accept transfer of the values indicated above.

By _____ Title _____ Date _____

Instructions For Completing 1035 Exchange/Surrender, IRA Rollover and Direct Transfer Form

General Information

Fill out the information as requested. The Annuitant's and Owner's Social Security numbers must be included.

Fill out the information as requested. The full address of the company which issued the existing contract must be included.

Complete the Lost Policy Statement, if applicable. Also complete the Release of Information Authorization, so that RSL can contact the other financial institution to determine if there are outstanding requirements, etc.,.

**NOTE: USE A SEPARATE FORM FOR EACH CONTRACT.
FILL OUT ONLY ONE OF THE SECTIONS BELOW.**

1035 Exchange/Surrender Information

Use this section of the form to exchange/surrender an existing NON-QUALIFIED annuity for a NON-QUALIFIED annuity with RSLIC. By checking this section and signing the form, the Owner of the existing contract temporarily assigns ownership of the contract to RSLIC, so that it can be surrendered and exchanged for a NON-QUALIFIED annuity with RSLIC.

IRA Rollover/Transfer

Use this section to rollover a QUALIFIED contract which is not an IRA into a QUALIFIED IRA with RSLIC. You may also use this section to transfer an existing QUALIFIED IRA into a QUALIFIED IRA with RSLIC.

First, indicate if this is an "IRA Rollover" or an "IRA Direct Transfer."

- b. Indicate if the client wishes to take his/her MRD before or after the transfer to RSL is completed.
- c. Specify an amount or percentage to be transferred, if the transfer is a partial transfer.

Direct Transfer

Use this section to transfer QUALIFIED (non-IRA) or NON-QUALIFIED funds from a financial institution to a NON-QUALIFIED annuity with RSLIC.

- b. Specify an amount or percentage to be transferred, or select "all" for a full transfer.

Required Signatures

To be completed by the Owner, and Joint Owner (if applicable), as well as the agent.

Payment Instructions for Existing Financial Institution

- a. All checks must be made payable to Reliance Standard Life Insurance Company and mailed to the address indicated.

Trustee Acceptance/Letter of Acceptance

This section, which will be completed and signed by an Officer of RSLIC, confirms that RSLIC is acting as Trustee of the contract in question and is willing to accept the transfer of its values to RSLIC from the existing company.