RELIANCE STANDARD LIFE INSURANCE COMPANY

D.P. 1.11.	Designation of Beneficiary					
Policyholder Insured Name			Policy	Policy Number(s)		
			Social	Social Security Number		
hereby designate the follor Primary Beneficiary(ies)	wing as my benefic	iary (ies) under the al	bove policy nui	mber(s):		
Full Name and Address (Please	e Print)	Percentage* (Must total 100%)	Date of Birth	Relationship	Social Security Numbe	
If no percentages are indicated in the second of the secon	cated, benefits will	be divided equally be	etween all prim	ary beneficiarie	es.	
Contingent Beneficiary(ie	s) (applicable only	if you are not survive	d by one or mo	re primary ben	eficiaries)	
Full Name and Address (Please	e Print)	Percentage* (Must total 100%)	Date of Birth	Relationship	Social Security Numbe	
	cated, any benefits	payable to contingent	t beneficiaries v	will be divided	equally between all	
* If no percentages are indicontingent beneficiaries. This beneficiary designa Unless you indicate othe the surviving beneficiari If no beneficiary (primar policy.	ation revokes all reverwise, if any benefices of the same class	rocable prior benefici iciary predeceases yo (primary or contingo	ary designatior ou, that benefici ent).	is. ary's share wil	l be divided pro-rata an	