

Instructions: Type or print using ballpoint pen. Return signed original to Policyholder. A copy should be kept by the employee.

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 _____ Marriage Divorce

Smoker/Non-Smoker Status Change:

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

Employee Spouse (indicate name) _____

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

Yes 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.

Any person who, knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Employee's Signature _____ Date _____

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

Effective Date: _____