

TRANSFER OF OWNERSHIP

Policy Number(s) – (Issued or Assumed By Reliance Standard Life Insurance Company) _____

Policyowner Name _____

Ownership of each policy listed above is hereby assigned and transferred to the person(s) or entity designated below. Subject to the rights of any prior assignee, or irrevocable beneficiaries all policy rights available while the insured or annuitant is living are vested in the owner without the consent of anyone else. Proceeds payable at the insured’s or annuitant’s death will be paid to the named beneficiary and not to the owner unless the owner is also named beneficiary.

NOTE: If a person is designated, type or print the full given name and relationship, if any, to insured or annuitant.

If an entity is designated, show its full legal title.

CLASS A – PRIMARY OWNER(S): _____

ADDRESS: _____

D.O.B. _____

CLASS B – CONTINGENT OWNER(S): _____

ADDRESS: _____

D.O.B. _____

CLASS C – FINAL OWNER: _____

ADDRESS: _____

D.O.B. _____

The final owner of the policy(s) shall be the insured or annuitant unless an “X” is placed in box on left in which event the final owner shall be the executors or administrators of the last to die of the owners named in Classes A and B.

Upon the death of the last surviving owner in a class, ownership shall vest automatically in the owners named in the next succeeding class. If no contingent owner is named in Class B, the provisions of Class C – “Final Owner” will apply if all owners in Class A die, or, if an entity is named, it is nonexistent. Whenever more than one person or entity is named in a class, they shall hold as joint tenants with right of survivorship, and not as tenants-in-common, unless a contrary intent is clearly expressed. If joint ownership is provided, all owners must join in the exercise of any right.

Acceptance is acknowledged by:

Disinterested Witness:	Date:	<input type="checkbox"/> Insured	Date:
Disinterested Witness:	Date:	<input type="checkbox"/> Owner, if Other than Insured	Date:
Disinterested Witness:	Date:	<input type="checkbox"/> Spouse * (See Below)	Date:
Disinterested Witness:	Date:	<input type="checkbox"/> Irrevocable Beneficiary	Date:
Disinterested Witness:	Date:	<input type="checkbox"/> Assignee of Record	Date:

Proper Acceptance must be made by those parties indicated by an “X” above.

* The signature of the wife (or husband) is required if the owner is a resident of any of the following states: AZ, CA, ID, LA, NV, NM, TX, WA, or WI.

New Owner’s Social Security or Taxpayer ID #: _____ New Owner’s Signature _____

The furnishing by the Company or the filing with the Company of this form shall not constitute an admission that any policy under this form is in full force or is in effect under a Non-Forfeiture Option.

Do Not Write Below This Line

Original signed copy date _____ filed with Reliance Standard Life Insurance Company on _____

By _____ Secretary