

RELIANCE STANDARD

LIFE INSURANCE COMPANY

A MEMBER OF THE TOKIO MARINE GROUP

Lost Policy Affidavit

Policy Number:	Insured:
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(Owner) _____, being duly sworn, says: I am the owner of the above numbered policy, issued or assumed by The Reliance Standard Life Insurance Company. The policy has been lost or destroyed. I have made a thorough search for it and it cannot be found. I have not assigned, pledged or transferred the policy or any of its benefits. I desire to:

Have a duplicate policy or a Confirmation of Coverage Certificate issued to me. (A duplicate policy will be issued if the original policy, lost or destroyed, was issued within the last 5 years. A Confirmation of Coverage Certificate will be issued if 5 years or more have elapsed since the original policy issue date.)

Surrender the policy for its Cash Surrender Value. (Signed Surrender Form Must Also Be Submitted.)

Surrender the policy for its Maturity Value.

Surrender the policy for the purpose of making changes to the policy. Such change is subject to receipt of the properly completed application for policy change form and may be subject to approval by the company.

I agree that if the original policy is found, after issuance of a duplicate policy, the original policy shall be returned to the Company and in no event shall it constitute a claim against the Company. I agree that until the original policy shall be returned to the Company, I shall save, defend, and indemnify the Company, its successors or assigns, of and from all actions, suits, payments, costs (including counsel fees), claims, charges, damages, for or by reason of the original policy of insurance.

I further agree that if the original policy is found, after issuance of a Confirmation of Coverage Certificate, returned to the Company, and cancelled, the policy shall in no event constitute a claim against the Company, and I agree that I shall save, defend, and indemnify the Company, its successors or assigns, of and from all actions, suits, payments, costs (including counsel fees), claims, charges, damages, for or by reason of the original policy of insurance. (In this affidavit, the singular shall include the plural, wherever applicable.)

Note: Proper execution of this affidavit requires signed certification by all persons indicated by an "X" in signature area below. If any person whose signature is required is deceased, attach a copy of Death Certificate.

Insured's Date of Birth - Month/Day/ Year	Owner's Social Security Number
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Certified By

Witness	Date	
		Insured
		Owner, If Other Than Insured
		Assignee of Record if Any

Return Completed Form To: **Reliance Standard Life Insurance Company, 2001 Market St. Ste 1500 Phila., PA 19103**

EF-1169