

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? (required in all states)**

Product Specific Training must be completed prior to the solicitation of business and the dating of the application and supplemental forms. If it is required and not completed the application will be rejected and sent back to you. The training can be completed at <http://rsl.sucesse.com>.

▶ **Fully complete the application?**

Remember to:

- Name the annuitant.
- Name the owner if different than the annuitant.
- Indicate the type of annuity.
- Answer the Market Value Adjustment question. It must be checked "Does" for Apollo-MVA, Eleos-MVA and Elektra, and "Does Not" for the SP versions of Apollo and Eleos and the Keystone Indexed Annuity.
- Answer the Agent Replacement Question in the Agent Signature area.

RELIANCE STANDARD
LIFE INSURANCE COMPANY
A MEMBER OF THE TOKIO MARINE GROUP

GROUP ANNUITY PARTICIPANT'S APPLICATION
ADMIN. OFFICE: 2001 Market St., Ste 1500, Philadelphia, PA 19103-9802, Attn: Annuity New Business
HOME OFFICE: Chicago, IL (800)351-7500

PROPOSED ANNUITANT INFORMATION	PRIMARY BENEFICIARY INFORMATION
Name: _____ Last First M.I. Address: _____ City/State/Zip: _____ Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth: _____ Social Security #: _____ Telephone #: _____ Fax or e-mail: _____	Name: _____ Last First M.I. Address: _____ City/State/Zip: _____ Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth: _____ Social Security #: _____ Telephone #: _____ Relationship to Owner: _____ Percent of Benefit - %: _____
PROPOSED JOINT ANNUITANT INFORMATION	PROPOSED JOINT BENEFICIARY INFORMATION
Name: _____ Last First M.I. Address: _____ City/State/Zip: _____ Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth: _____ Social Security #: _____ Telephone #: _____	Name: _____ Last First M.I. Address: _____ City/State/Zip: _____ Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth: _____ Social Security #: _____ Telephone #: _____ Relationship to Owner: _____ Percent of Benefit - %: _____
PROPOSED OWNER INFORMATION <small>(Complete only if Owner is Different than the Annuitant)</small>	PROPOSED JOINT OWNER INFORMATION
Name: _____ Last First M.I. Address: _____ City/State/Zip: _____ Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth: _____ Owner: <input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <i>If trust, provide first and last page of trust document</i> Social Security/Tax I.D.#: _____ Telephone #: _____	Name: _____ Last First M.I. Address: _____ City/State/Zip: _____ Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth: _____ Social Security #: _____ Telephone #: _____ Relationship to Owner: _____ Percent of Benefit - %: _____
ANNUITY PLAN INFORMATION	CONTINGENT BENEFICIARY INFORMATION
DEFERRED ANNUITY : <input type="checkbox"/> Apollo-MVA <input type="checkbox"/> Apollo-SP <input type="checkbox"/> Eleos-MVA <input type="checkbox"/> Eleos-SP <input type="checkbox"/> Argus2000-MVA <input type="checkbox"/> Argus2000-SP <input type="checkbox"/> Elektra 579 <input type="checkbox"/> Elektra 6810 - Guarantee Period (For Elektra Only): _____ Years <input type="checkbox"/> Other: _____ IMMEDIATE ANNUITY: _____ TYPE OF ANNUITY: <input checked="" type="checkbox"/> Non-qualified <input type="checkbox"/> IRA <input type="checkbox"/> Roth-IRA <input type="checkbox"/> Other: _____ PAYMENT: <input type="checkbox"/> Check \$ _____ <input type="checkbox"/> 1035 Exchange <input type="checkbox"/> IRA Rollover/Transfer <input type="checkbox"/> Other: _____	Name: _____ Last First M.I. Address: _____ City/State/Zip: _____ Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth: _____ Social Security #: _____ Telephone #: _____ Relationship to Owner: _____ Percent of Benefit - %: _____
<p>MARKET VALUE ADJUSTMENT (Must be Completed for ALL Deferred Annuity Plans) THE POLICY APPLIED FOR _____ DOES _____ DOES NOT INCLUDE A MARKET VALUE ADJUSTMENT PROVISION THAT WILL RESULT IN THE SURRENDER VALUE BEING INCREASED OR DECREASED.</p> <p>LRs-9093-0701</p>	
<p><input type="checkbox"/> I D <input type="checkbox"/> I Want Federal Income Tax Withheld</p>	
<p>SYSTEMATIC WITHDRAWAL REQUEST (Optional) Complete if requesting a systematic withdrawal. Please process a systematic withdrawal from my contract:</p> <p>Check Amount \$ _____ Interest Only: <input type="checkbox"/> _____ Other: _____</p> <p>Payment Mode: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual</p> <p>Withdrawals may be subject to a Market Value Adjustment and/or Surrender Charges. Refer to the policy for details</p>	
<p>PRODUCER'S REPORT Producer Name/Address: _____ Telephone # _____ Fax # _____ e-mail _____ Are commissions being split? <input type="checkbox"/> Yes <input type="checkbox"/> No Code _____ % Code _____ % Enclosed: <input type="checkbox"/> Check for \$ _____ <input type="checkbox"/> Replacement/Comparison Forms <input type="checkbox"/> Other _____ Remarks: _____</p> <p>LRs-9093-0701</p>	