

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.succesce.com>.

- ▶ **Fully complete the application?**

Remember to:

- Name the annuitant.
- Make sure your Keystone Allocation percentages are whole numbers and add up to 100%.
- Indicate the type of annuity.
- Answer the Market Value Adjustment question. It must be checked for Apollo-MVA, Eleos-MVA and Elektra.
- Answer the Agent Replacement Question in the Agent Signature area.

RELIANCE STANDARD ANNUITY APPLICATION
 LIFE INSURANCE COMPANY
 A MEMBER OF THE TOKIO MARINE GROUP
 Administrative Office: 2001 Market Street, Suite 1500, Philadelphia, PA 19103
 800-351-7500
 Home Office: Chicago, IL

PROPOSED OWNER INFORMATION
 Name: _____ Male Female Trust Birth/Trust Date: _____
Last First M.I. (If Trust, provide first and last page of Trust document)
 Address: _____
 SSN/TIN: _____ Telephone: _____ Email: _____
 If Owner, or Joint Owner is/are persons and not U.S. citizens, explain residency in Special Remarks Section

PROPOSED JOINT OWNER INFORMATION (Non-qualified only)
 Name: _____ Male Female Trust Birth/Trust Date: _____
Last First M.I. (If Trust, provide first and last page of Trust document)
 Address: _____
 SSN/TIN: _____ Telephone: _____ Email: _____

PROPOSED ANNUITANT INFORMATION (Complete only if different than Owner)
 Name: _____ Male Female Birth Date: _____
Last First M.I.

ANNUITY PLAN INFORMATION
Fixed Rate Deferred Annuity Plans:
 Apollo-MVA Apollo-SP Eleos-MVA Eleos-SP Argus-MVA Argus-SP
 Elektra 579 Elektra 6810 Elektra Guarantee Period: _____ Years

Equity Index Deferred Annuity Plans:
 Keystone Index - 5 Year Keystone Index - 7 Year Keystone Index - 10 Year

Premium Allocation (Enter premium strategy allocation in whole percentage amounts, total must equal 100%)

Strategy	Index	Allocation %
Fixed Interest	N/A	_____ %
Annual Point to Point - Capped	S&P 500	_____ %
Annual Monthly Average - Capped	S&P 500	_____ %
Total:		100%

Immediate Annuity Plans: Plan: _____ Benefit Amount: _____ Mode: _____
Annuity Type: Non-qualified IRA Roth-IRA Other: _____
PAYMENT: Check \$ _____ 1035 Exchange IRA Contribution IRA Rollover IRA Transfer Roth-IRA
 Total Estimated Amount of Exchange/Rollover/Transfer: \$ _____
 If IRA or Roth-IRA Contribution indicate tax year and premium Tax Year: _____ Premium: _____

MARKET VALUE ADJUSTMENT (Must be Completed for ALL MVA & Elektra Plans)
 I understand the policy applied for "Does" include a market value adjustment provision that may result in the surrender value being increased or decreased subject to a Market Value Adjustment for the period specified in the contract.

REPLACEMENT INFORMATION (Must be completed even if no replacement is occurring)
 Do you currently have any existing individual life insurance policies or annuity contracts? Yes No

It is represented that all statements and answers made in this application are full, complete and true and IT IS AGREED THAT all such statements and answers are adopted by and are binding on the proposed Contract Owner and shall form the basis for any such proposed Annuity Contract issued by the Company. IT IS AGREED THAT the annuity applied for, shall not take effect until the later of the Date of Issue of the Contract and receipt by the Company of the payment required thereon, and that acceptance by the proposed Contract Owner of any Contract issued on the basis of this application shall constitute ratification of any and all changes noted by the Company in the space entitled "Home Office Endorsement" except that any change as to amount, plan of annuity, birth date, or benefit, shall be made only with the written consent of the applicant(s).

IT IS UNDERSTOOD AND AGREED THAT no person, except the President, a Vice President or the Secretary of the Company has the authority to determine whether any Contract shall be issued on the basis of this application to waive or modify any of the provisions of this application or any of the Company's requirements, to bind the Company by any statement or promise pertaining to any Contract issued or to be issued on the basis of this application, or to accept any information or representation not contained in this written application.

TAXPAYER CERTIFICATION: Under penalties of perjury, I certify that
 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
 2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

OWNER/JOINT OWNER SIGNATURE
 Signed at (City, State): _____ Date: _____
 Owner Signature: _____
 Joint Owner Signature: _____

AGENT SIGNATURE (You MUST make an election - "does" or "does not" - in section (1) below.)
 (1) To the best of my knowledge, the Applicant: "does" "does not" have any existing individual life insurance policies or annuity contracts. If the applicant does have existing policies, please present and read to the applicant, Appendix A, Important Notice Regarding Replacement.
 (2) I attest that I have truthfully and accurately recorded on the application the information supplied by the Owner and personally witnessed all signatures.
 (3) If this Applicant/Owner is subject to a Suitability in Annuity Transaction law or other applicable suitability regulation, and I have recommended this purchase; (a) I have reasonable grounds to for believing that the recommendation is suitable based on the information obtained regarding financial status, tax status and investment objectives, and (b) I will maintain the documentation used for this recommendation for five (5) years.

Agent Signature: _____
Agent Name (Printed): _____
Agent Code: _____ **License # (OH):** _____
 Telephone #: _____ Email: _____
 Commission Split: Yes No (If yes): Agent Code: _____ % Agent Code: _____ %
 Agent Remarks: _____

Mailing Instructions: Send Completed and Signed Documents to:

Reliance Standard Life Insurance Company
 Attn: Annuity New Business
 2001 Market Street, Suite 1500
 Philadelphia, PA 19103-9802