## |RELIANCE STANDARD

LIFE INSURANCE COMPANY

A MEMBER OF THE TOKIO MARINE GROUP

## **Designation of Beneficiary**

Policyholder				Policy Number(s)		
Insured Name				Social Security Number		
hereby designate the Primary Beneficiary(i		ficiary (ies) und	er the a	bove po	licy number(s):	
ull Name and Address (F	Please Print)	Percentage* (Must total 100%)		of Birth	Relationship	Social Security Number
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	39-5M <sub>2</sub>			THE STATE OF THE S		96°
If no percentages are	indicated, benefits wi	ll be divided eq	ually be	tween a	II primary benefi	ciaries.
	ry(ies) (applicable onl					
ull Name and Address (F	Please Print)	Percentage* (Must total 100%)	Date o	of Birth	Relationship	Social Security Number
<u></u>	**************************************					
	Con William					
						20
* If no percentages are contingent beneficiarie		ts payable to co	ontinger	nt benefi	ciaries will be di	vided equally between all
<ul> <li>Unless you income among the sur</li> </ul>	viving beneficiaries of ry (primary or continge	beneficiary pro the same class	edeceas s (prima	ses you, ry or cor	that beneficiary'ntingent).	s share will be divided pro
Date Sig	nature of Insured				= 1: <del>57</del> .62 h = 2 f	