

1. Prospective Policyholder: _____
(Exact Legal Name)
2. Federal Employer Identification Number: _____
3. Complete address: _____
(Street Address) (City and State) (County) (Zip Code)
- Executive Correspondent _____ Title _____ Phone _____
 Routine Correspondent _____ Title _____ Phone _____
 Mailing Address (If different) _____
4. Nature of business: (If Association: purpose, when formed) _____
5. The prospective policyholder is a ___ corporation, ___ partnership, ___ proprietorship, ___ union, ___ association, ___ other (specify) _____
6. INDICATE AFFILIATES OR SUBSIDIARIES TO BE COVERED, IF ANY:
(Include divisions only if all are not to be included)

Name and Location	Nature of Relationship	Nature of Business	No. of Employees by Coverage							
			Life	AD&D	WI	LTD	VAR	VAI	VCI	Other

7. POLICY TO BE ISSUED IN THE STATE OF: _____ 8. Requested Effective Date: _____
(If other than state of Applicant's main office, explain in REMARKS) (Month) (Day) (Year)
9. COVERAGES APPLIED FOR: ___ Life, ___ AD&D, ___ WI, ___ LTD, ___ VAR, ___ VAI, ___ VCI, ___ Other _____
10. Is any group insurance now in force or currently being applied for on the Proposed Insureds? ___ yes ___ no
 If yes, (A) Indicate in Remarks: name of carrier; type of coverage; effective date; brief benefit description; eligibility; etc.
 (B) Provide prior experience, including premiums and incurred claims (or paid claims and claim reserves at start and end of period.)
11. Is it proposed to terminate or change any existing group insurance coverage? ___ yes ___ no
 If yes, indicate in REMARKS: name of carrier; type of coverage, and date of termination, or date and type of change.
12. Are all Proposed Insureds actively at work? ___ yes ___ no If not, please list the following for employees not actively at work:
- | <u>NAME</u> | <u>DATE OF BIRTH</u> | <u>LAST DAY WORKED</u> | <u>FACE AMOUNT</u> | <u>REASON FOR ABSENCE</u> |
|-------------|----------------------|------------------------|--------------------|---------------------------|
|-------------|----------------------|------------------------|--------------------|---------------------------|

REMARKS:

This Preliminary Application is subject to the acceptance and approval in writing by Reliance Standard Life Insurance Company at the Administrative Offices in Philadelphia, Pennsylvania; and nothing contained herein shall be binding upon said Company until this Preliminary Application is so approved. \$ ~~AMT~~ has been paid herewith. It will be applied toward the first premium due on the policy or policies if any be issued. Such issuance is subject to the: terms; conditions; limitations; and exceptions of the policy or policies if any be issued.

Name of Agent or Broker of Record (print or type)	Share
_____	_____ %
_____	_____ %
_____	_____ %
Print or type name of Broker's firm, if applicable	

by _____	(Title)
(authorized signature)	

by _____
(authorized signature)

_____ (title or position with Applicant)

Dated at _____

Date _____

Agency _____ Group _____
Office _____