

RELIANCE STANDARD

LIFE INSURANCE COMPANY

A MEMBER OF THE TOKIO MARINE GROUP

Preference Beneficiary Affidavit

Instructions: This form is to be fully completed if the insured had not named a beneficiary, or no beneficiary was surviving at the time of the insured's death.

Name of Deceased: _____ Policy Number: _____ Claim Number: _____

I, _____, residing at _____, being first duly sworn, depose and state that the relatives of the deceased insured, surviving upon the death thereof, are as follows:

SURVIVING SPOUSE	<u>NAME</u>	<u>ADDRESS</u>	<u>DATE OF BIRTH</u>
SURVIVING CHILDREN (THIS INCLUDES LEGALLY ADOPTED CHILDREN)	<u>NAME</u>	<u>ADDRESS</u>	<u>DATE OF BIRTH</u>
SURVIVING PARENTS	<u>NAME</u>	<u>ADDRESS</u>	<u>DATE OF BIRTH</u>
SURVIVING BROTHERS AND SISTERS	<u>NAME</u>	<u>ADDRESS</u>	<u>DATE OF BIRTH</u>
EXECUTOR OR ADMINISTRATOR	If there is a qualified legal representative of the Estate of the deceased, please indicate their name and address: The Tax Identification Number of the Estate is:		

A person who knowingly and with intent to injure, defraud, or deceive Reliance Standard Life Insurance Company, files a statement of claim or submits any information in conjunction with a claim containing fraudulent, false, misleading, incomplete or deceptive information commits a fraudulent insurance act, which is a crime. These actions will result in the denial of the claim, and are subject to prosecution under state and/or federal law. Reliance Standard Life Insurance Company will cooperate fully with any prosecution and will seek any and all appropriate legal remedies.

Signature of Affiant: _____ Date: _____ Relationship to the Insured: _____

Subscribed and sworn before me on (date): _____,

(SEAL) Notary Public or other official authorized to administer oaths My commission or term expires: _____,