GROUP LIFE CONVERSION APPLICATION
Reliance Standard Life Insurance Company

This form is to be used only when an eligible person desires to convert his/her Group Life insurance to an Individual policy. This form must be completed in full and submitted to the Company within 31 days following the effective date of termination of insurance. The top portion of this form is to be completed by the policyholder, the lower portion by the applicant. You may wish to refer to your policy's Schedule of Benefits page to complete some of the questions on this application.

Questions? Call Protective Life at 800-866-9933.

When all areas are complete, mail to: Insurance Services, Division of Protective Life Insurance Company, Post Office Box 12687, Birmingham, AL 35202-6687, Fax: (205) 268-3402, Email: service@protective.com.

TO BE COMPLETED BY POLICYHOLDER

Name and Address of Group Policyholder and, if applicable, Division Name:_____

Policy No.: _____ Policy Eff. Date:_____

Insured's Full Name: _____ Male _____ Female _____

Date of Birth: _____ Annual Salary/Earnings: $ _____

Social Security No.: _____ Date Employment Began: _____

Occupation/Job Title: _____ Date Last Worked: _____

Scheduled Work Hours: _____/week Insured's Premium Paid To: _____

Insured's Effective Date: _____ Insurance Class: _____ Insurance Amount: Basic $_____ Supp $ _____

Reason Insured Stopped Work (specify): _____ Dependent Insurance Amounts:

Conversion Rights Exercised Due To (check applicable response): Spouse: _____

_____ (1) Employee Terminated Employment On: _____ Children: _____

_____ (2) Group Policy Terminated On: _____

_____ (3) Disability of the Insured On: _____ Has A Waiver of Premium Claim Been Submitted to RSL? Yes☐ No☐

If No, Please Explain: _____

_____ (4) Other, Please Explain: _____

I have reviewed the information set forth, and represent that to the best of my knowledge and belief it is true and correct.

_____ _____ _____

Signature Of Policyholder's Authorized Representative Title Date Signed

_____ _____

Phone Number of Representative Federal Employer Identification Number

TO BE COMPLETED BY APPLICANT

I would like to convert $_____ of my group life insurance coverage that was in-force prior to the termination date. I desire to convert $_____ of insurance for my dependent spouse and $_____ of insurance for my dependent child(ren) to an individual policy, if applicable.

Desired Mode of Premium Payment _____Quarterly _____Semi-Annually _____ Annually

Beneficiary Designation

Upon the death of the insured, the proceeds of the policy to which this application is attached shall be paid as follows:

Primary Beneficiary(s)

Name_____ Address_____Relationship_____ Percentage_____

Name_____ Address_____ Relationship_____ Percentage_____

Contingent Beneficiary(s)

Name_____ Address_____ Relationship_____Percentage_____

Name_____ Address _____Relationship _____Percentage _____

If more than one primary beneficiary is named and no percentage is indicated, payment will be in equal shares to the surviving primary beneficiary(s). If there are no surviving primary beneficiary(s), the proceeds will be paid to the contingent beneficiary(s). If more than one contingent beneficiary is named and no percentage is indicated, payment will be in equal shares to the surviving contingent beneficiary(s). If there are no surviving contingent beneficiary(s), the proceeds will be paid to the executors, administrators, or assigns of the owner.

Applicant's Address_____

City, State, Zip Code_____ Phone (_____)_____

I have reviewed the information set forth above and represent that to the best of my knowledge and belief it is true and correct.

Signature_____ Date Signed_____

Reliance Standard Life Insurance Company

GL & VG Conversion Rates

(These rates may change without prior notice to you)

Whole Life Insurance Policy

Table of Current Annual Premium Rates

Per $1,000.00 of Face Value

Issue Age	Rate	Issue Age	Rate	Issue Age	Rate
0 - 15	$20.00	48	$44.85	81	$351.11
16	$21.25	49	$46.75	82	$377.34
17	$21.67	50	$49.08	83	$405.32
18	$21.87	51	$51.74	84	$435.22
19	$22.20	52	$54.50	85	$466.82
20	$22.30	53	$57.75	86	$499.98
21	$22.35	54	$61.56	87	$534.31
22	$22.48	55	$65.09	88	$569.45
23	$22.57	56	$69.00	89	$608.70
24	$22.63	57	$73.29	90	$644.27
25	$22.70	58	$77.97	91	$680.55
26	$22.79	59	$82.14	92	$715.39
27	$22.89	60	$87.60	93	$750.11
28	$23.17	61	$93.53	94	$781.68
29	$23.23	62	$99.94	95	$810.35
30	$23.75	63	$106.22	96	$829.35
31	$24.50	64	$113.23	97	$829.35
32	$24.55	65	$121.68	98	$829.35
33	$25.25	66	$130.19	99	$829.35
34	$25.81	67	$139.50	100	$829.35
35	$26.50	68	$149.68		
36	$27.25	69	$156.00		
37	$28.00	70	$156.06		
38	$28.86	71	$167.08		
39	$30.00	72	$179.28		
40	$31.52	73	$192.12		
41	$32.25	74	$206.37		
42	$33.75	75	$222.60		
43	$35.32	76	$240.06		
44	$36.75	77	$258.80		
45	$38.50	78	$279.82		
46	$40.50	79	$302.24		
47	$42.25	80	$325.90		