

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		

Term Life Insurance Portability Request

This form is to be used only when a person desires and is eligible to port Term Life Insurance. This form must be completed in full and submitted to The Company within 31 days following the date of termination. **Important: Basic Life Insurance is applicable for GL and VG coverages. Supplement Life Insurance is only applicable for GL coverage.** SEND TO:
 AmWINS Group Benefits, LLC, P.O. Box 152501, Irving, TX 75015-2501. AmWINS Email: irvcustomerservice@amwins.com.
 Fax number: 1-469-417-1675.

VERIFICATION OF INSURED PERSON'S ELIGIBILITY TO PORTATE TERM LIFE INSURANCE

<u>To Be Completed By Policyholder/Participating Unit</u>			
1. Insured Person's full name _____ (Please Print)		2. Soc. Sec. Number _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	
3. Name of Policyholder/Participating Unit _____		4. Policyholder/Participating Unit No.: _____ <small>* If you are porting 2 policies, please complete 2 Portability Applications</small>	
5. Branch or Location (if different from 3.) _____			
6. Date Employed: _____ Salary: _____ Date Last Salary Change: _____ Class: _____			
7. Effective Date of Coverage: Employee: _____ Spouse, if any: _____ Children, if any: _____			
8. Occupation/Job Title _____ 9. Date Person Last Worked _____			
10. Date Employment Terminated (if different from 9.) _____			
11. If (9) and (10) differ, please explain _____			
12. Was the Insured's Termination due to retirement? Yes No			
13. Amount of Term Life Insurance (including the amount of any AD&D rider coverage, if applicable) in force under the Policy on date of termination:			
Basic Life Insurance applies to GL & VG coverages / Supplemental Life Insurance applies to GL coverage only			
Basic Life Insurance:	Employee \$ _____	Spouse, if any \$ _____	Children, if any \$ _____
Supp. Life Insurance:	Employee \$ _____	Spouse, if any \$ _____	Children, if any \$ _____
AD&D Life Insurance:	Employee \$ _____	Spouse, if any \$ _____	Children, if any \$ _____
14. Verified by _____ (Signed by authorized individual) Date Phone Number Email Address			

<u>To Be Completed By Applicant</u>			
Name _____		Spouse's Name _____	
Address _____ (Street) (City) (State) (Zip)			
Date of Birth: Employee: _____ Spouse, if any _____ Children, if any _____			
Please indicate amount of coverage desired below (must be equal to or less than the amount in force). Your election(s) may not exceed any coverage limits stated in your policy (typically \$500,000 per individual). Please contact your former employer if you are unsure of the maximum amount of coverage you are eligible to continue.			
Basic Life Insurance applies to GL & VG coverages / Supplemental Life Insurance applies to GL coverage only			
Basic Life Insurance:	Employee \$ _____	Spouse, if any \$ _____	Children, if any \$ _____
Supp. Life Insurance:	Employee \$ _____	Spouse, if any \$ _____	Children, if any \$ _____
AD&D Life Insurance:	Employee \$ _____	Spouse, if any \$ _____	Children, if any \$ _____
Beneficiary:			
Full Name(s)	Relationship	Percent of Proceeds	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Signature of Applicant	Email Address	Phone Number	Date Signed

GL & VG Standard Portability Rates Effective July 1, 2014

Insured and Spouse Rates

Attained	Monthly Rates per \$1000		Quarterly Rates per \$10,000	
Age Band	Term Life	AD&D	Term Life	AD&D
< 30	\$0.21	\$0.059	\$6.38	\$1.76
30-34	\$0.27	\$0.049	\$8.20	\$1.47
35-39	\$0.33	\$0.046	\$10.02	\$1.39
40-44	\$0.51	\$0.046	\$15.43	\$1.39
45-49	\$0.84	\$0.048	\$25.33	\$1.43
50-54	\$1.42	\$0.050	\$42.50	\$1.51
55-59	\$2.35	\$0.055	\$70.42	\$1.64
60-64	\$3.10	\$0.059	\$92.86	\$1.76
65-69	\$4.45	\$0.063	\$133.48	\$1.89
70+	\$9.25	\$0.069	\$277.48	\$2.06

Dependent Child Rates

Coverage Amount	Quarterly Rate
\$1,000 ages 14 days to six months and \$2,000 for six months to 20 years	\$2.60
\$1,000 ages 14 days to six months and \$2,000 for six months to 20 years; Full-time students under 26 years	\$2.73
\$1,000 ages 14 days to six months and \$2,500 for six months to 20 years; Full-time students under 26 years	\$3.07
\$1,000 ages 14 days to six months and \$5,000 for six months to 20 years; Full-time students under 26 years	\$4.58
\$1,000 ages 14 days to six months and \$7,500 for six months to 20 years;	\$6.13
\$1,000 ages 14 days to six months and \$10,000 for six months to 20 years; Full-time students under 26 years	\$7.69
\$1,000 ages 14 days to six months and \$20,000 for six months to 20 years; Full-time students under 26 years	\$13.89

Customer Care is available Monday through Friday from 8 a.m. to 7 p.m. (Eastern).
Call **800-268-4887** if you need assistance.