

Instructions: Type or print using ball point pen. Complete both FRSL-8758-0393 and FR-8594-0598.

GROUP LIFE CONVERSION APPLICATION FIRST RELIANCE STANDARD LIFE INSURANCE COMPANY

This form is to be used only when an eligible person desires to convert his 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.

When all areas are complete, mail to: Insurance Services, Division of Protective Life Insurance Company, P.O. Box 12686, Birmingham, AL 35202-6686.

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 certify that 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.

I have reviewed the information set forth above and certify that it is true and correct. Please send me details regarding the conversion privilege available to me under the above group policy.

My Address is: _____

(____) _____
(City) (State) (Zip Code) (____) _____ My Date of Birth is: _____
(Phone Number)

Signed _____ Date Signed _____

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**APPLICATION FOR CONVERSION
FIRST RELIANCE STANDARD INSURANCE COMPANY
OFFICE-NEW YORK, NEW YORK**

Application is hereby made for conversion from Group Life Insurance to an individual whole life non-participating policy.

Insured's full Name & Address _____

Insured's Date of Birth _____ Social Security Number _____ Date of Issue _____

Insured Dependent Spouse's Full Name & Address, if applicable _____

Insured Dependent Spouse's Date of Birth _____

Insured Dependent Child(ren)'s Full Names & Address(es), if applicable _____

Insured Dependent Child(ren)'s Date(s) of Birth _____

I desire to convert \$ _____ of my group life insurance to an individual whole life non-participating policy. I desire to convert \$ _____ of insurance for my dependent spouse and \$ _____ of insurance for my dependent child(ren) to an individual policy, if applicable.

Enclosed is my check made out to First Reliance Standard Life Insurance Company.

Mode of Premium Payment _____ Amount of Premium \$ _____

You may elect to receive an individual term life insurance policy for a period of one year immediately preceding the issuance of an individual whole life policy, as described above.

_____ Yes _____ No Mode of Premium Payment _____

I hereby release and surrender to said Company all right, title and interest in and to the prior policy. This application shall be for a part of the new converted policy. I have read the above statements and agree that they are accurate and complete to the best of my knowledge and belief. I understand that this insurance will be issued in reliance upon such statements.

Proposed Insured's Signature

Date

(City, State)

Proposed Insured Spouse's Signature

Date

(City, State)
(If different from Insured's)