

Instructions: Use this form only when benefits are a flat amount for spouse and children. Type or print using ballpoint pen. The Employee and the Policyholder must each receive a copy of the completed Personal Accident Enrollment Card.

Reliance Standard Life Insurance Company VAR 50538 Wisconsin Bankers Association **PERSONAL ACCIDENT ENROLLMENT CARD**

Policyholder WISCONSIN BANKERS ASSOCIATION		Policy No. VAR 50538	
Proposed Insured's Name		Date of Birth	
Proposed Insured's Principal Sum	Beneficiary	Relationship	Certificate Effective Date
<input type="checkbox"/> Insured Only	<input type="checkbox"/> Insured and: <input type="checkbox"/> Spouse _____		<input type="checkbox"/> Child(ren) _____

This signature is to verify the accuracy of the information contained on this card.

Date Signed	Signature of Proposed Insured
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