

*Instructions: Use this form only when benefits are a flat amount for spouse and children. Type in the fillable fields below.
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
---------------------------------------------	----------------------

Bank Name	Bank City
-----------	-----------

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"/> Children _____ \$ _____
	_____ \$ _____
	_____ \$ _____
	_____ \$ _____

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

Date Signed	Signature of Proposed Insured
-------------	-------------------------------