

LETTER OF AUTHORIZATION

Date

Re: Authorization of Third-Party Designated by Creditor of Reliant Life Shares, LLC

Dear Mr. Rubin:

As a fractional interest position holder (“Position Holder”) of one or more fractional interest positions (“Positions”) as a beneficiary of one or more series trust of the Reliant Life Shares Series Statutory Trust (“RLSSST”), you are hereby notified and requested to acknowledge that the party(ies) listed below are authorized to act on my behalf and you are respectfully asked to comply with any request made by such party(ies) for information (as detailed below) relating to any fractional interest position(s) held in my name or for which I am the authorized signatory or control person, all such information as further described below:

Name	Email Address	Phone Number	Last 4 of Third Party’s SSN

I, _____ hereby authorize Nicholas Rubin, Chief Restructuring Officer for Reliant Life Shares, LLC, and any of his authorized representatives to respond to inquiries made via phone, fax, email or other forms of verbal or written communication about any fractional interest position (“Position”) in the RLSSST or any series trust related thereto, held in my name or otherwise held in an account for which I am the designated account holder, beneficiary, authorized party or signatory (e.g., a self-directed IRA, trust, or business), such inquiries to be limited to the following:

- Requesting the status, whether living or dead, of the insured covered by a life insurance policy held by the RLSSST or any series trust thereof of which I am a fractional interest position holder as a beneficiary;
- Requesting the status of my account with Reliant Life Shares, LLC, insofar as the amounts due and payable by me, whether my account is in arrears or whether my FIP has been forfeited for non-payment of pro-rata premiums, fees, and expenses or any other reason;
- Requesting confirmation of the current registration information pertaining to my account including my mailing or other address, telephone numbers, email addresses, and other current, correct and complete contact information for me as reflected in the Receivership’s records.

I hereby confirm and acknowledge that no third party, whether named herein or otherwise, shall be permitted to change my account information or otherwise direct the Receiver to change the information pertaining to my account; forfeit or otherwise make decisions concerning the disposition of my position as a FIPH, remit payments on my behalf or otherwise add, change, negotiate or conduct discussions concerning my account with Reliant other than as defined above.

SIGNATURE PAGE ATTACHED BELOW
(This authorization is NOT VALID without all pages attached)

A copy of this signed authorization, whether mailed, faxed or emailed, is to be considered valid as if it were the original. This authorization will expire or terminate only upon written revocation by either the Position Holder named below or the authorized third-party named above.

Printed Name of Reliant Account Holder

Reliant Account Holder Signature

_____, 2025
Date

Printed Name of Joint Account Holder

Additional Reliant Account Holder (Joint Account Only)

_____, 2025
Date

Address

Address1

City State Zip Code

(____) ____ - ____

____@____.____