

NON-FINANCIAL SERVICE REQUEST

Midwestern United Life Insurance Company, Fort Wayne, IN
ReliaStar Life Insurance Company, Minneapolis, MN
Security Life of Denver Insurance Company, Denver, CO
ReliaStar Life Insurance Company of New York, Woodbury, NY
(the "Company")

Members of the Voya® family of companies
Service Office: PO Box 5050, Minot, ND 58702-5050
Phone: 877-884-5050 Fax: 877-788-3409



INSTRUCTIONS: The Contract Owner may use this form to request action by the Company. Check the appropriate squares and supply the information indicated.

All transactions will be processed upon completion and receipt of this form if received in good order. Good order is receipt of any required information at our Service Office accurately and entirely completed, with signatures of the Contract Owner and Joint Contract Owner (if applicable). If this form is not received in good order, it may be returned to you for correction and processed upon re-submission.

1. CONTRACT OWNER INFORMATION (Please print.)

Contract Number (Required) _____
(Financial transactions require a separate form for each contract.)

Contract Owner Name (Required) _____ SSN/TIN (Required) _____

Address (Required) _____

City _____ State _____ ZIP _____ Phone _____

Joint Contract Owner Name _____ SSN/TIN (Required) _____

2. NAME CHANGE (Check one. Not to be used for Ownership or Beneficiary changes.)

All fields must be completed.

Owner Joint Owner Annuitant

From _____ To _____

Reason for Change _____ New Signature _____

Please provide a legal document (such as a marriage certificate, divorce decree or driver's license) to support this change.

3. ADDRESS/PHONE CHANGE (Please print.)

All fields must be completed.

Owner Annuitant (Check all that apply.)

Street _____ Suite or Apt. # _____ PO Box (if applicable) _____

City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____

Resident state for tax purposes: _____ (If your current physical and/or mailing address is outside of your state of legal residence for tax purposes, please enter your tax state here.)

4. DATE OF BIRTH CORRECTION (Please print.)

All fields must be completed.

Current Date of Birth listed on your contract _____ Correct Date of Birth _____

(Legal documentation such as a driver's license or a birth certificate MUST be provided when submitting this change.)

5. BENEFICIARY CHANGE (If contract is subject to ERISA, use a Beneficiary Election/Change Request-ERISA (140021).)

- The designation of a new beneficiary revokes and replaces all prior primary and contingent beneficiary designations.
- If the annuity is corporately owned, an officer of the corporation must sign the form for the corporation. The officer's title must be included and a copy of the corporate resolution giving the officer authority to sign for the corporation must also be submitted with this form.
- If the current beneficiary designation is irrevocable, this form must also be signed by any irrevocable beneficiary(ies).
- Please refer to your contract or contact us for details regarding the rights of primary and contingent beneficiaries under your contract.
- Unless otherwise stated below (in whole percentages), each living beneficiary will receive an equal share of proceeds.
- For additional beneficiary designations, attach a separate page, signed and dated by the owner(s). Be sure to include the contract number.

Beneficiary #1 - Primary Contingent

All fields must be completed.

Name **(First & Last Required)** _____ SSN/TIN **(Required)** _____

Address **(Required)** _____

Date of Birth **(Required)** _____ Sex Male Female Phone _____

Relationship _____ Percentage _____

Beneficiary #2 - Primary Contingent

All fields must be completed.

Name **(First & Last Required)** _____ SSN/TIN **(Required)** _____

Address **(Required)** _____

Date of Birth **(Required)** _____ Sex Male Female Phone _____

Relationship _____ Percentage _____

Beneficiary #3 - Primary Contingent

All fields must be completed.

Name **(First & Last Required)** _____ SSN/TIN **(Required)** _____

Address **(Required)** _____

Date of Birth **(Required)** _____ Sex Male Female Phone _____

Relationship _____ Percentage _____

Beneficiary #4 - Primary Contingent

All fields must be completed.

Name **(First & Last Required)** _____ SSN/TIN **(Required)** _____

Address **(Required)** _____

Date of Birth **(Required)** _____ Sex Male Female Phone _____

Relationship _____ Percentage _____

Spouse's Signature - If you reside in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI) we must have one of these things in order to process the change: 1) the signature of the spouse who is the current beneficiary, 2) a copy of the divorce decree, or 3) a copy of the death certificate.

Spouse's Signature _____ Date _____

6. SIGNATURES AND AUTHORIZATION

I understand that all changes are subject to the terms of my annuity contract and acceptance by the Company and that upon acceptance, changes become part of my annuity contract. I certify that the information provided is true and complete. Furthermore, I have full rights and authority to make the change(s) requested, and that no third party has a claim or interest in the contract, nor has the contract been assigned, pledged as security or transferred to a third party.

Under penalties of perjury, I declare that I have examined the tax withholding for state and federal purposes and to the best of my knowledge and belief it is true, correct and complete, including state and federal opt out elections, as applicable.

U.S. TAXPAYER CERTIFICATIONS

Under penalties of perjury, I certify that:

- 1. The Taxpayer Identification Number that appears on this form is correct,**
- 2. I am not subject to backup withholding due to failure to report interest and dividend income¹, and**
- 3. I am a U.S. person**

¹If you are subject to back-up withholding, you must strike through statement number 2.

NON-RESIDENT ALIEN STATUS

If you are a Non-Resident Alien, please check the box and provide your country of residence below.

Under penalties of perjury, I certify that I am a Non-Resident Alien and my country of residence is _____ .

The amount paid to you will be subject to 30% withholding, unless you submit an IRS Form W-8, and are entitled to claim a reduced rate of withholding under the applicable U.S. tax treaty.

Note: If you are a Non-Resident Alien with a U.S. address claiming treaty benefits on your Form W-8, please include a letter of explanation for the reason you have a U.S. address along with supporting documentation such as a copy of a passport or other government ID issued by your foreign country of residence.

I certify that I have received and understand the Notice of your Right to Defer Distribution and the Special Tax Notice and, if applicable, waive the 30 day notice requirement.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications (in bold above) required to avoid backup withholding.

Owner Signature(s) _____ Date _____

(Section 457(b) contracts: The employer's signature is required for beneficiary changes.)

Joint Owner Signature(s) _____ Date _____

Signature of Irrevocable Beneficiary (If applicable) _____ Date _____