

REQUEST FOR POLICY SERVICE

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



Members of the Voya® family of companies

Customer Service: 2000 21st Ave. NW, Minot, ND 58703

Fax: 877-788-6305; Website: www.voyalifecustomerservice.com; Completed forms can be emailed to: liferequest@voya.com

If you are considering making changes in the status of your policy, you should consult with a licensed insurance or financial advisor. Not all options are available on all products.

Insured Name (Please print.) _____ Policy/File Code Number _____

Owner Name (Please print.) _____ Owner SSN _____

A. AUTOMATIC PREMIUM LOAN

Start Premium Loan Stop Premium Loan Option (if applicable) _____

B. CHANGE NONFORFEITURE OPTION

Change to: Reduced Paid-Up Insurance Extended Term Insurance

C. EXERCISE NONFORFEITURE OPTION (No existing riders are continued on extended term insurance or paid-up insurance unless otherwise specified in the rider.)

Option: Reduced Paid-Up Insurance Extended Term Insurance Fully Paid-Up Insurance

D. CHANGE DIVIDEND OPTION (Please choose ONLY one. Changes will not be effective until the next Policy Anniversary date.)

Change to: Reduced Premiums Accumulate at Interest Pay in Cash
 Purchase Additional Paid Up Insurance Other (Please specify) _____

E. WITHDRAWAL OF DIVIDENDS, PAID-UP ADDITIONS AND PREMIUM DEPOSIT FUNDS

Dividend option remains the same. For partial withdrawals use the Request for Partial Withdrawal (130997). For surrenders use the Surrender Application (131394).

Use: Dividends on Deposit Paid-Up Additions Premium Deposit Funds Issue Check
 Full Value or \$ _____

To: Pay premiums due on _____ on policy # _____ for \$ _____
 Pay loan interest due on _____ on policy # _____ for \$ _____
 Apply on loan principal on policy # _____ for \$ _____
 Other _____

F. CHANGE PREMIUM PAYMENT

Change Premium Amount (flexible premium policies ONLY) to \$ _____

Annually Semi-Annually Quarterly List Bill Other (Specify) _____

Electronic Funds Transfer (EFT) (Please complete EFT form 128623.)

G. CHANGE EXISTING COVERAGE

Remove rider or benefit (*specify*) _____

EXISTING Child Term Rider: Remove or Add

Child Name _____ Gender _____ Birth Date _____

Change Death Benefit Option To: (Additional underwriting may be required.)

A or 1 - Level ¹

B or 2 - Increasing or Variable

C or 3 - Face Amount + Premium ¹

D or 4 - Face Amount + Premium + Interest \$ _____

Decrease Face Amount To ¹ \$ _____

Depending on your policy provisions, a pro-rata surrender charge may be assessed.

If decreasing face amount will cause a modified endowment contract, the following statement must be agreed to:

I understand that this requested decrease in face amount will cause my policy to become a modified endowment contract. I understand the implications of this status and accept the modified endowment contract status. I understand that additional requirements may be needed.

Decrease rider ¹ _____ to \$ _____

Exercise the provisions of the Guaranteed Insurability Option rider, Future Purchase Option rider, or Guaranteed Life Option rider. Certain products may require a Request for Conversion (127999) and a sales illustration to be submitted.

Exercise Term Rider to Base conversion option (*Only available for certain policies. If this option is selected, a new illustration will be sent to you.*)

¹ The new face amount cannot fall below the minimum face amount allowed for the plan.

H. CHRONIC ILLNESS ACCELERATED DEATH BENEFIT RIDER NOTICE (*Applicable to policies with the Chronic Illness Rider.*)

By your signature below, you acknowledge that certain changes to your policy or riders may terminate the Chronic Illness Accelerated Death Benefit Rider ("Rider"). For example, loans, partial withdrawals, death benefit option changes, coverage increases and decreases, and benefit payments on any other accelerated death benefit rider under the same policy may terminate Rider benefits. Please refer to the Rider for detailed information and contact your producer with questions about your policy.

I. COMMUNITY PROPERTY STATE REQUIREMENTS (*If the owner lives in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA or WI), a spouse signature is required unless one of the two areas are completed below. Failure to provide a spouse signature or the completion of this section will result in a delay in completing the requested change.*)

• If deceased, please indicate Date of Death of Spouse _____

• If divorced, this section must be completed. **Please check or initial the box below and provide the Date of Divorce.**

I confirm that I am no longer married. Date of Divorce _____

I understand that the Company is not a party to my divorce decree or marriage settlement agreement and that I am responsible for any requirements included in these documents. Additionally, I understand that my failure to comply with property settlement requirements involving my divorce may give rise to a claim against my estate in the future.

J. US 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 income², and

3. I am a U.S. person

² If 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 US tax treaty.

K. SIGNATURES

All who sign agree that no change will be made unless the policy is eligible for the change requested according to its terms or under our rules and until we are satisfied that, as of the date of this request, all insureds and proposed insureds are eligible for the requested coverage.

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

➔ Owner Signature ³ _____ Date _____

Owner Address _____ Daytime Phone (_____) _____

➔ Spouse Signature ⁴ *(if owner lives in community property state)* _____ Date _____

➔ Assignee/Irrevocable Beneficiary Signature *(if applicable)* _____ Date _____

³ If the owner is a trust, partnership or corporation, the signature and title of the trustee, partner, corporate representative or authorized corporate representative are required.

⁴ Completion of Section I or a Spouse signature is required if the owner lives in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA or WI).

CUSTOMER SERVICE USE ONLY

Endorsed by _____ Date _____ Effective Date _____

Endorsed by _____ Date _____

Send confirmation to: Policy Owner Agent Mail Code _____