

# 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



Questions? Call 877-884-5050.

**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.**

Contract # \_\_\_\_\_ Annuitant Name \_\_\_\_\_

Owner Name \_\_\_\_\_ SSN/TIN \_\_\_\_\_ Phone \_\_\_\_\_

Joint Owner Name \_\_\_\_\_ SSN/TIN \_\_\_\_\_ Phone \_\_\_\_\_

I hereby request and direct the Company to change this Contract as follows:

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

Owner  Joint Owner  Annuitant  Beneficiary (name change of currently assigned beneficiary; e.g., Jane Smith to Jane Johnson)

From \_\_\_\_\_ To \_\_\_\_\_

Reason for Change \_\_\_\_\_ New Signature \_\_\_\_\_

**Please provide a legal document (such as a marriage certificate or divorce decree) to support this change.**

**2.  ADDRESS/PHONE CHANGE (Please print.)**

Owner  Annuitant (Check all that apply.)

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**3.  OWNERSHIP CHANGE (Check one. Non-qualified annuities only. You must also complete and return an IRS W-9.)**

Change Owner  Add Joint Owner

The current Owner acknowledges that a change of ownership may have federal and state income tax consequences and is advised to consult with a tax consultant prior to submitting this request.

New Owner #1 Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Male  Female Birth Date \_\_\_\_\_ SSN/TIN (W-9 required) \_\_\_\_\_

New Owner Signature \_\_\_\_\_

New Owner #2 Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Male  Female Birth Date \_\_\_\_\_ SSN/TIN (W-9 required) \_\_\_\_\_

New Owner Signature \_\_\_\_\_

Important information about procedures for owning an annuity contract: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who purchases an annuity contract. This means when a change of ownership is submitted, we will ask for the new owner's name, address, date of birth, social security number and other identifying information. We may also request a copy of additional identifying documentation and/or use the information you provided to further verify your identity through the use of third party sources.

**Please remember to read Section 5 on page 2 and provide your signature of authorization to make this request effective.**

**4.  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

Name **(First & Last Required)** \_\_\_\_\_ SSN **(Required)** \_\_\_\_\_

Address **(Required)** \_\_\_\_\_

Date of Birth **(Required)** \_\_\_\_\_ Sex  Male  Female Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Percentage \_\_\_\_\_

Beneficiary #2 -  Primary  Contingent

Name **(First & Last Required)** \_\_\_\_\_ SSN **(Required)** \_\_\_\_\_

Address **(Required)** \_\_\_\_\_

Date of Birth **(Required)** \_\_\_\_\_ Sex  Male  Female Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Percentage \_\_\_\_\_

Beneficiary #3 -  Primary  Contingent

Name **(First & Last Required)** \_\_\_\_\_ SSN **(Required)** \_\_\_\_\_

Address **(Required)** \_\_\_\_\_

Date of Birth **(Required)** \_\_\_\_\_ Sex  Male  Female Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Percentage \_\_\_\_\_

Beneficiary #4 -  Primary  Contingent

Name **(First & Last Required)** \_\_\_\_\_ SSN **(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 \_\_\_\_\_

**5. 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.

Owner Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Irrevocable Beneficiary (If applicable) \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature (Required for MA only) \_\_\_\_\_ Date \_\_\_\_\_