

CHANGE REQUEST

ReliaStar Life Insurance Company, Minneapolis, MN
 ReliaStar Life Insurance Company of New York, Woodbury, NY
Members of the Voya™ family of companies
Customer Service: PO Box 20, Minneapolis, MN 55440



Instructions:

Insured: Complete form and sign as required below. Return this form to your plan administrator.

Plan Administrator: Process the change(s), as necessary. Place the original in the insured's permanent file.

INSURED INFORMATION

Insured Name (Last, First, MI) _____
Birth Date _____ SSN _____ Phone (____) _____
Address _____ City _____ State _____ ZIP _____
Plan Number _____ Account Number _____
Policy / Certificate Number _____

OWNER INFORMATION

Owner Name _____
Birth Date _____ SSN _____ Phone (____) _____
Address _____ City _____ State _____ ZIP _____

POLICY CHANGES

Change name of: Insured Owner

Previous Name _____
New Name _____
Reason for Change (If court order, attach copy): _____

Change Contact Information to:

Address _____ City _____ State _____ ZIP _____
Birth Date _____ SSN _____ Phone (____) _____




Issue duplicate policy / certificate

COVERAGE REDUCTION (Cannot be backdated.)

Reduce policy/certificate coverage from \$ _____ to \$ _____ Effective Date _____
 Reduce spouse coverage/rider from \$ _____ to \$ _____ Effective Date _____
 Reduce child(ren) coverage/rider from \$ _____ to \$ _____ Effective Date _____
 Other coverage reduction (specify) _____ Effective Date _____

COVERAGE CANCELLATIONS (Cannot be backdated.)

Cancel policy / certificate effective (month, day, year) _____
 Cancel spouse coverage/rider effective (month, day, year) _____
 Cancel child(ren) coverage/rider effective (month, day, year) _____
 Youngest child reached maximum age (see policy) (month, day, year) _____ Attach a copy of birth certificate.
 Other cancellation (specify) _____ Effective Date _____

 Owner Signature (required) _____ Date _____
 Spouse Signature (if change affecting spouse coverage) _____ Date _____
 Plan Administrator _____ Date _____

PLAN ADMINISTRATOR USE ONLY

Date Received _____ Date Processed _____ Processed By _____