

BENEFICIARY DESIGNATION REQUEST

ReliaStar Life Insurance Company, Minneapolis, MN
 ReliaStar Life Insurance Company of New York, Woodbury, NY
 Members of the Voya® family of companies
 (the "Company")
 Administrative Office: PO Box 20, Minneapolis, MN 55440



POLICY INFORMATION *(This request will apply to any insurance coverage, where contractually allowed, under the policy number(s) listed below, including Life, AD&D, Critical Illness, Accident and/or Hospital Indemnity.)*

Policy Number(s) _____

INSURED INFORMATION

Name (First) _____ (Middle Initial) _____ (Last) _____

Birth Date (mm/dd/yyyy) _____ SSN _____ Phone (____) _____

Address _____ City _____ State _____ ZIP _____

Employer/Plan Administrator Name _____

BENEFICIARY INFORMATION *(See page 2 for completion instructions.)*

Primary Beneficiary: The person designated to receive insurance proceeds when they become due.

Contingent Beneficiary (Also referred to as a secondary beneficiary.): An alternate beneficiary designated to receive insurance proceeds if there is no eligible primary beneficiary.

Irrevocable Beneficiary: A beneficiary whose rights cannot be canceled without consent. *(See descriptions on page 2.)*

For each Beneficiary list Full Name, Address (street, city, state and zip code), Phone, Birth Date, Social Security Number and Relationship to Insured.

Primary Beneficiaries must total 100%. Contingent Beneficiaries must total 100%. *(See BENEFICIARY ALLOCATION EXAMPLE on page 2.)*

	Name (First, Middle Initial, Last) ¹	Birth Date	Gender	SSN/TIN	Relationship	%	Beneficiary Type
1			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Primary
	Address _____				Phone (____) _____		<input type="checkbox"/> Contingent
2			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Primary
	Address _____				Phone (____) _____		<input type="checkbox"/> Contingent
3			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Primary
	Address _____				Phone (____) _____		<input type="checkbox"/> Contingent
4			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Primary
	Address _____				Phone (____) _____		<input type="checkbox"/> Contingent

¹ Add additional beneficiary information on a separate document and attach to this form. **Date, policy number, and owner's signature are required.**

AUTHORIZATION AND ACKNOWLEDGMENT

I request that the beneficiaries under this policy/certificate be changed as indicated above. This designation is revocable as to each beneficiary except when otherwise stated, and beneficiaries of like class shall share equally with right of survivorship. Any designation of an individual shall mean an individual living at the insured's death.

Owner Signature _____ Date _____

Owner Address _____ City _____ State _____ ZIP _____

Irrevocable Beneficiary(ies) Signature(s) ² _____ Date _____

Spousal Consent Signature ³ _____ Date _____

² Signature(s) required only if Irrevocable Beneficiary previously named.

³ **Spousal Consent:** ReliaStar Life Insurance Company does not require spousal consent for a beneficiary designation and will not refuse a beneficiary designation based on lack of spousal consent. However, if the insured resides in a community property state and changes the beneficiary from the spouse to another person or entity, it is suggested that spousal consent be obtained to protect the claim proceeds of the named beneficiary.

INSTRUCTIONS

Insured/Owner: Type or print legibly in ink. Sign and date form. Return original and retain a copy for your records.

Plan Administrator: Send the completed form to the Company for approval if any of the following apply: 1) The wording used in the request differs from the examples given below; 2) The policy/certificate has been assigned; 3) The previous beneficiary is irrevocable; or 4) The coverage is under an individual policy. Also send copies of all previous beneficiary changes, assignment forms, and a copy of the insured's enrollment form or application. The Company will return a copy of the approved Beneficiary Designation Request form.

For Beneficiary Designation Request forms that do not require the Company approval, retain a copy of the approved form with the insured's records.

BENEFICIARY ALLOCATION EXAMPLE

Your Primary and Contingent Beneficiary Designations must each equal 100% (see examples circled below):

	Name (First, Middle Initial, Last) ¹	Birth Date	Gender	SSN/TIN	Relationship	%	Beneficiary Type
1	John D, Smith	01/01/1961	<input checked="" type="checkbox"/> M <input type="checkbox"/> F		husband	50	<input checked="" type="checkbox"/> Primary
	Address 147 70 Street, Key West, FL 12314					216-7895	
2	Jan D, Smith	01/01/1981	<input type="checkbox"/> M <input checked="" type="checkbox"/> F	345-67-8910	daughter	50	<input checked="" type="checkbox"/> Primary
	Address 148 71 Street, Key West, FL 12314				Phone (345) 123-8984		<input type="checkbox"/> Contingent
3	Sam M, Jones	01/02/1932	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	222-22-2222	father	25	<input type="checkbox"/> Primary
	Address 147 70 Street, Key West, FL 12314					52-8954	
4	Sally D, Smith	01/01/1945	<input type="checkbox"/> M <input checked="" type="checkbox"/> F		mother	75	<input type="checkbox"/> Primary
	Address 148 71 Street, Key West, FL 12314				Phone (954) 123-5688		<input checked="" type="checkbox"/> Contingent

SUGGESTED BENEFICIARY DESIGNATIONS

Personal Beneficiaries

1 Primary Beneficiaries must total 100%. Contingent Beneficiaries must total 100%.

Custodian for a Minor Child

2. If naming a Custodian for a minor child, name the Custodian and the Minor Child. For example: "Anna May Smith as custodian for William Smith under the applicable Uniform Transfer to Minors Act/Uniform Gifts to Minors Act."

Estate

3. If an estate is named, specify whose estate, such as: "Estate of the Insured."

Trustee

4. Trustee under the last will and testament of the insured, or his successors in trust, PROVIDED, HOWEVER, that if no claim is made by said Trustee within one year from the date of death of the insured or if the insured shall die leaving no last will and testament containing a trust covering this policy, the proceeds shall be payable to the estate of the insured. Payment of the proceeds of this policy to said Trustee or successors in trust shall fully and finally discharge the Company from all liability.

5. "The [XXXXXXXXXXXX] Trust Company, trustee under written trust agreement date [XX/XX/XXXX], or its successor or successors in trust, and payment of the proceeds of this policy to said Trustee or successor or successors shall fully and finally discharge the Company from all liability."

Business Partners

6. Under a cross ownership plan, designate the surviving partners as beneficiaries. Primary Beneficiaries must total 100%. Contingent Beneficiaries must total 100%.

Just as a corporation may be the owner and beneficiary of a policy, a partnership may, in the partnership name, own and be the beneficiary of a policy. The firm name should be used together with the words, "a partnership." For example, "Jones, Smith and Brown, a partnership presently consisting of John Jones, Henry Smith and William Brown."

Irrevocable Beneficiary

7. If you want to name a beneficiary that you can not change without his/her consent, designate him/her as irrevocable beneficiary, such as: "Frank Jones, as irrevocable beneficiary." Then if you change the designation in the future, both you and the irrevocable beneficiary must sign the front of the form.

Funeral Home

8. [XXXXXXXXXXXX] Funeral Home "as their interest lies" and also name a second primary beneficiary of your choice to receive any benefit not used by the funeral home. The percentage column should be left blank as the funeral home will receive the amount of their service.