

# REQUEST FOR PARTIAL WITHDRAWAL (OR)

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



Customer Service, 2000 21st Ave. NW, Minot, ND 58703  
Fax: 877-788-6303; Website: voya.com; Completed forms can be emailed to: liferequest@voya.com

## A. OWNER INFORMATION *(Please print.)*

Policy/File Code Number \_\_\_\_\_

Insured Name (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (Last) \_\_\_\_\_

Owner Name (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (Last) \_\_\_\_\_

Owner Address \_\_\_\_\_ Is this a new address?  Yes  No

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

Owner SSN/TIN \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

Indicate the amount you want to withdraw by checking one of the following:

Partial Withdrawal for \$ \_\_\_\_\_ or  Maximum Amount Available

Comments \_\_\_\_\_

- This request may result in a reduction of the death benefit coverage and cash value of the policy.
- A processing fee, as provided in the policy, will be charged for this partial withdrawal and will be deducted from the remaining cash value of the policy.
- A pro-rata surrender charge may apply, depending on your policy provisions.

**Optional Overnight:** By checking this box, you agree to a \$25 deduction from the net disbursement amount. Overnight delivery is only available to the current physical address on record and may not be available in all locations. Note: selection of the overnight delivery option does not change the standard processing time and does not include Saturday delivery.

It is expressly warranted that no one has any interest in the policy except the undersigned and that no proceedings in insolvency or bankruptcy have been instituted or are pending against the undersigned.

This policy is assigned solely to \_\_\_\_\_

## B. ERISA PLANS *(If this policy is subject to ERISA, complete this section.)*

If you are married, your spouse must sign this section, and page 3 if applicable, before a notary public. If you do not complete this section, your signature on page 3 is certification that the policy is not subject to ERISA and/or that you are not married.

The undersigned verify that the payment requested is in accordance with the terms of the plan, applicable law and regulations.

 Owner's Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer/Plan Administrator Name \_\_\_\_\_

 Employer/Plan Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

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## C. WITHHOLDING ELECTIONS

Regardless of whether or not federal or state income tax is withheld, you are liable for taxes on the taxable portion of the payment. If you do not have a sufficient amount withheld, you may be subject to tax penalties under the Estimated Tax Payment rules. An election made for a single non-recurring distribution applies only to the payment for which it is being made. For recurring payments, your withholding election will remain in effect until it is changed or revoked. You may change or revoke your election at any time prior to a payment being made by submitting IRS form W-4P. U.S. persons having their payment delivered outside the U.S. or its possessions may not make an election of NO withholding. In this case, if you choose no withholding, the default rate will be applied. Non-resident aliens are subject to a mandatory 30% withholding rate unless they are eligible for a reduced rate or exemption under a tax treaty and the required documentation is submitted.

**Non-periodic payments—10% withholding:** Non-periodic, non-rollover eligible payments from pensions, annuities, IRA's and life insurance contracts are subject to a flat 10% federal withholding rate unless you choose not to have federal income tax withheld. These include for example, required minimum distributions, hardship withdrawals, and distributions from IRA's that are payable on demand. You can choose not to have withholding applied to your non-periodic distribution by checking the applicable box below. You may also elect withholding in excess of the flat 10% rate.

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### Federal Withholding Instructions:

**DO NOT** withhold any federal income tax unless mandated by law

**DO** withhold federal taxes

**Additional amount** you want withheld from your payment(s) \$ \_\_\_\_\_ (Note: This amount is in addition to the standard federal withholding rate applicable to your distribution.)

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### State Withholding Instructions:

**Resident state for tax purposes:** \_\_\_\_\_ (If your current physical and/or mailing address is outside of your state of legal residence for tax purposes, enter your tax state here. If no U.S. state or territory is on record and one is not specified, we will presume this income is not reportable to any U.S. state or territory.)

**DO NOT** withhold any state income tax unless mandated by law.

**DO** withhold state taxes in the amount of \$ \_\_\_\_\_ or \_\_\_\_\_% (If you make this election, a dollar amount or percentage must be specified and cannot be less than any required withholding.)

If you do not make an election or if your state requires a greater amount of withholding, we will withhold at the rate specified by your state of residence for the type of payment you are receiving. In some cases, your state specific withholding election form is required to opt out of withholding or to choose a rate other than the state's default rate. Refer to your State Department of Taxation for details.

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## D. 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. Refer to the Rider for detailed information and contact your producer with questions about your policy.

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## E. 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 income;**  
 **If I am subject to backup withholding, I have checked here.**
- 3. I am a U.S. person.**

### NON-RESIDENT ALIEN STATUS

If you are a Non-Resident Alien, 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.

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## F. SIGNATURES

**To avoid a delay in processing, verify that all required signatures are complete.** By signing this form, I acknowledge that the information provided is complete and accurate. If this is a qualified policy, I also acknowledge receipt of the Special Tax Notice and 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 required to avoid backup withholding.**

➔ Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner Title \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_

***(If the owner is a trust, partnership, or corporation, a signature is required from an officer, partner, corporate representative or authorized corporate representatives. If a trust, partnership or corporation, attach corporate resolution or Trust Certification. If entity has had a name change, include supporting documentation of successor in interest with listing of authorized signatories.)***

Owner Address \_\_\_\_\_  
***(Provide full street address for tax purposes.)***

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

➔ Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

Assignee Name \_\_\_\_\_

***(Print full name of individual or entity. If an entity, attach corporate resolution or similar document listing authorized signatories. If entity has had a name change, include supporting documentation of successor in interest with listing of authorized signatories.)***

➔ Assignee Signature *(if applicable)* \_\_\_\_\_ Date \_\_\_\_\_

➔ Irrevocable Beneficiary Signature *(if applicable)* \_\_\_\_\_ Date \_\_\_\_\_

Irrevocable Beneficiary Title \_\_\_\_\_

***(If the owner is a trust, partnership, or corporation, a signature is required from an officer, partner, corporate representative or authorized corporate representatives. If a trust, partnership or corporation, attach corporate resolution or Trust Certification. If entity has had a name change, include supporting documentation of successor in interest with listing of authorized signatories.)***

➔ Agent Signature *(optional)* \_\_\_\_\_ Date \_\_\_\_\_

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## G. CUSTOMER SERVICE USE ONLY

This request has been filed with the Company and recorded in Customer Service.

New Face Amount \$ \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

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## IMPORTANT NOTICE: LAPSE/SURRENDER DISCLOSURE (OR)

**Life insurance is a critical part of a broader financial plan. There are many options available, and you have the right to shop around and seek advice from different financial advisers in order to find the option best suited to your needs.**

Please contact the Oregon Insurance Division for further information.

Visit the Division website at:

[Insurance.oregon.gov/consumer/life-insurance/understand\\_life.html](http://Insurance.oregon.gov/consumer/life-insurance/understand_life.html)

Or call an advocate at:

888-877-4894 or 503-947-7984