

# REQUEST FOR PARTIAL WITHDRAWAL (ME)

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 2 if applicable, before a notary public. If you do not complete this section, your signature on page 2 is certification that the policy is not subject to ERISA and/or that you are not married.

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

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

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.

**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 \_\_\_\_\_

**IMPORTANT NOTICE: LAPSE AND SURRENDER DISCLOSURE (ME)**

Important information about your life insurance policy prepared by the Maine Bureau of Insurance

**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.**

You are encouraged to consider the following possible alternatives to requesting a surrender of your life insurance policy, requesting accelerated death benefits under your life insurance policy, or letting your life insurance policy lapse. These alternatives include, but are not limited to:

- **Accelerated Death Benefit:** Your policy may provide an early or accelerated discounted benefit payment if you have a terminal or chronic illness.
- **Cash Surrender:** Your policy may have a cash surrender value your life insurer would pay you if you cancel it.
- **Gift:** You may be able to give your policy to your beneficiary, who would then assume responsibility for paying premiums.
- **Life Settlement:** You may be able to sell your life insurance policy to a third party for an amount greater than the cash surrender value or accelerated death benefits under your policy. You pay no further premium. The third party becomes the policyholder and receives the benefit upon the insured's death.
- **Maintain Your Policy:** You may be able to maintain your life insurance policy in force by paying the premiums directly or using your current policy values to pay the premiums.
- **Policy Changes:** You may be able to reduce or eliminate future premium payments by obtaining a paid-up policy, by reducing optional coverages, or through other options available from your life insurer.
- **Policy Loan:** You may be able to take out a loan from your life insurance company using the cash value of your policy as collateral. Loan proceeds can be used to pay the premiums or for other purposes.
- **Third-Party Loan:** You may be able to get a loan from another party to pay your policy's premiums. In return, the lender may require an assignment of a portion or all of the policy's death benefits.

These options may or may not be available depending on your circumstances and the terms of your life insurance policy. See your policy or contact your life insurance company, financial adviser, agent, or broker to determine your particular options.

**IMPORTANT INFORMATION:** Maine law requires life settlement brokers to have a proper license. If you are approached to sell your policy or if you are looking to sell your policy, please check with the Maine Bureau of Insurance for a list of licensed life insurance producers.

If you are a Maine resident and have questions about life insurance and your rights, contact the Maine Bureau of Insurance at 800-300-5000, or go to [www.maine.gov/pfr/insurance](http://www.maine.gov/pfr/insurance). Ask questions if you don't understand your policy.

**COMMONLY USED TERMS**

**Accelerated death benefit:** A benefit allowing terminally ill or chronically ill life insurance policyholders to receive cash advances of all or part of the expected death benefit. The accelerated death benefit can be used for health care treatments or any other purpose.

**Cash surrender value:** This term is also called "cash value," "surrender value," and "policyholder's equity." The amount of cash due to a policyholder who cancels his or her life insurance policy before it matures or death occurs.

**Expected death benefit:** The amount that the insurance company would pay the beneficiaries named in the life insurance policy if the insured died today.

**Face amount:** The death benefit the insurer is required to pay the beneficiaries named in the life insurance policy upon the death of the insured, as stated in the policy. The actual death benefit may differ due to such factors as policy loans, failure to pay premiums, and for some types of policies, investment performance.

**Lapse:** Refers to a life insurance policy ending or expiring when a policyholder stops making premium payments.

**Life settlement:** A contract in which the policyholder sells his or her life insurance policy to a third party for a payment that is less than the expected death benefit of the policy. Life settlements include viatical settlements, defined below.

**Policy loan:** A loan issued by an insurance company using the cash value of a person's life insurance policy as collateral.

**Viatical settlement:** An arrangement in which someone with a terminal illness sells his or her life insurance policy at an amount less than the death benefit. The ill person receives cash, and the buyer receives the full amount of the death benefit. This death benefit is payable once the former policyholder dies.

**This brochure is for informational purposes only and does not constitute an endorsement of any of the options described above.**

**CUSTOMER SERVICE USE ONLY**

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

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