

DEATH CLAIM FOR ASSOCIATION PLANS

ReliaStar Life Insurance Company, Minneapolis, MN
A member of the Voya® family of companies
(the "Company")

Voya Life Claims: PO Box 1548, Minneapolis, MN 55440

Voya Life Claims Overnight Mailing Address: 20 Washington Avenue South, Minneapolis, MN 55401

Toll-Free: 888-238-4840; Fax 855-653-5339; Email: VoyaClaims@voya.com



Sections 1-4 must be completed and **signed** by the administrator. Sections 5-7 must be completed and **signed** by the beneficiary. Forward the completed claim form, a death certificate indicating manner and cause of death (a certified death certificate is required if the benefit is above \$100,000 or upon request), a copy of the Insured's enrollment documentation, and any beneficiary changes, to one of the above addresses. Missing or incomplete information may delay claim processing.

SECTION 1. GROUP POLICYHOLDER INFORMATION

Group Policyholder _____

Group Policy Number _____ Account Number _____

SECTION 2. MEMBER INFORMATION

Insured Full Name (First, Middle Initial, Last) _____

Birth Date _____ SSN _____ Gender: Male Female

Other Names the Insured May Have Been Known By _____

Address _____ City _____ State _____ ZIP _____

Marital Status: Married Domestic Partner/Civil Union Never Married Divorced Widowed

Have premiums been paid to the date of death? Yes No If "No," to what date have premiums been paid? _____

SECTION 3. CLAIM INFORMATION

Amount Of Claim:

Certificate Number _____ Amount \$ _____

Effective Date _____ Premium Paid to Date _____

Certificate Number _____ Amount \$ _____

Effective Date _____ Premium Paid to Date _____

Certificate Number _____ Amount \$ _____

Effective Date _____ Premium Paid to Date _____

Date of Death _____ Cause of Death _____

If death was caused by injuries, explain (Attach newspaper clipping, if available.) _____

If claim is for insurance on a dependent, complete the following information concerning dependent (list life amount above).

Relationship to the Insured: Spouse Domestic Partner/Civil Union Child Date This Dependent Insured _____

Dependent Full Name (First, Middle Initial, Last) _____

Birth Date _____ SSN _____ Gender: Male Female

Address _____ City _____ State _____ ZIP _____

Marital Status: Married Domestic Partner/Civil Union Never Married Divorced

Insured Name _____ Group Policy Number _____

SECTION 4. ADMINISTRATOR CERTIFICATION

The above statements as to the insured are correct as reported on the administrator's records. (See page 3 for Fraud Warnings.)

Administrator Name _____ Title _____

Administrator Address _____ City _____ State _____ ZIP _____

Method of Underwriting Type for Life Insurance (Select one): Guaranteed Issue Simplified Issue Fully Underwritten Unknown

 Authorized Signature _____ Date _____

Email _____ Phone (_____) _____

SECTION 5. BENEFICIARY STATEMENT

Name, Address, Birth Date, Phone Number and Social Security Number of the beneficiary are required. If there is more than one beneficiary, complete additional Beneficiary Statements and attach to this form. (See page 3 for Fraud Warnings.)

Beneficiary Name _____ SSN _____

Birth Date _____ Relationship _____

Phone (_____) _____ Email _____

Address _____ City _____ State _____ ZIP _____

SECTION 6. PREFERRED PAYMENT METHOD

Select from the most common payment options below. For details of all options available to you, refer to the insurance policy or contact us.

- Lump Sum Check.** Your entire benefit will be settled as a check made payable to you. You will not earn interest after the check is issued.
- Proceeds Held At Interest.** Your benefit will be held by the Company while earning interest at a declared rate credited annually. The declared rate may be subject to a guaranteed minimum specified in the policy. You can make withdrawals in amounts of \$100 or more by contacting us.
- Installment options.** Your benefit will be paid to you in installments over time while earning interest. If you choose an installment option, please contact us and we will assist you in structuring your installment payments. The enclosed document, "Your Payment Options as a Life Insurance Beneficiary", provides further details.

SECTION 7. 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 ¹, and**
- 3. I am a U.S. person.**

¹ If you are subject to back-up withholding, you must strike through statement number 2.

NON-RESIDENT ALIEN STATUS

If you are a Non-Resident Alien, please check the box below.

Under penalties of perjury, I certify that I am a Non-Resident Alien.

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.

I am making claim for the life insurance proceeds as (Beneficiary, Spouse, Executor, Trustee, etc.) _____

If as trustee, give date the trust was created _____

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

 Beneficiary Signature _____ Date _____

FRAUD WARNINGS

Alabama, Alaska, Arkansas, Delaware, Idaho, Indiana, Louisiana, Maine, Minnesota, Ohio, Oklahoma, Rhode Island, Tennessee, Texas, Washington, West Virginia: Any person who, knowingly with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and civil penalties, and denial of insurance benefits.

Arizona: For your protection Arizona Law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California: For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico: Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

YOUR PAYMENT OPTIONS AS A LIFE INSURANCE BENEFICIARY



As a convenience to beneficiaries, the Company offers several different types of payment options or payment types for receiving the death benefit proceeds of a life insurance policy. This document describes the most commonly selected payment options for insurance proceeds and is provided for informational purposes only - it should not be solely relied upon in making your payment method selection. State regulations and/or the terms of the policy may limit or exclude some payment methods described in this document.

This document explains general payment options which may or may not be available under the policy on which you have been named a beneficiary ; it does not discuss payment or settlement options for death claims related to qualified retirement plans under Internal Revenue Code Section 401(a) or 403(b) or individual retirement annuities. Please contact our claims department at the toll-free number appearing on your Claimant Statement if you have any questions. You should consult with a tax, investment, or other financial advisor regarding potential tax liability and/or investment options prior to making a final decision regarding any of the payment options/types described. **NOTE: Once you elect a payment method, it cannot be changed.**

LUMP SUM PAYMENT OPTIONS

The Company offers three types of lump sum payment options. Each option type provides full payment through either a single check or immediate access to the entire proceeds of the policy as described below.

- **Voya Personal Transition Account.** The Voya Financial Lifeline Program is a type of lump sum payment option available if the death benefit proceeds are \$5,000 or greater. The Voya Personal Transition Account earns interest with a guaranteed minimum rate and gives you full access to your benefit through a draftbook while you consider longer-term financial decisions. You can use the draftbook to write a draft for the full balance of the account at any time or smaller drafts at your convenience. Further details are provided in the enclosed Supplemental Contract and the Voya Personal Transition Account brochure. The Voya Personal Transition Account is not available if you live in AK, IL, NV, NC, or KS.
- **Proceeds Held at Interest.** Under this option, your proceeds are held by the Company while earning interest at a declared rate credited annually. The declared rate may be subject to a guaranteed minimum specified in the policy, **which may be higher than the rate offered under the Voya Personal Transition Account.** You can make withdrawals in amounts of \$100 or more, up to the remaining balance, by contacting us. Funds left on deposit with the Company are backed by the financial strength and claims-paying ability of the Company itself and are not insured by FDIC. You will receive an annual statement disclosing the current balance of funds remaining on deposit, as well as any interest earned over the previous year. Please note, the Company derives income from proceeds left on deposit to the extent those funds are part of the Company's general account. Fees are incurred for certain administrative services.
- **Lump Sum Check.** You may request the entire proceeds be paid as a single check payable to you.

FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE.

INSTALLMENT PAYMENT OPTIONS

The Company also offers a number of deferred payment options, which pay out the proceeds over a period of time that you select (e.g., over your lifetime). If you select a deferred payment option, we will provide you with a written description of the terms of the installment payment option you selected. The most common deferred payment options are described below. Please refer to the policy to see if additional options are available to you.

- **Annuity Options without Life Contingency** (Not based on your life expectancy). Under these options, payments will be made to you in equal installments and continue until all proceeds and interest are exhausted. There are two options:
 - **Fixed Amount.** Equal installments are paid to you in the amount you choose until the balance is exhausted.
 - **Fixed Period.** Equal installments are calculated and paid to you over the time period you choose.
- **Annuity Options with Life Contingency** (Paid for as long as you live). Under this type of annuity option, payments continue for as long as you live, and the amounts paid may either cease at your death or continue for a guaranteed period to a survivor. There are three options.
 - **Single Life / Life Income Annuity.** Equal installments are paid to you over time until your death, after which no further payments will be made.
 - **Fixed Period / Period Certain Annuity.** Equal installments are paid to you over time for a guaranteed period. If you should die before the end of the guarantee period, a beneficiary you designate will receive the balance of the guaranteed payments.
 - **Joint and Survivor Annuity.** Installment payments are made over period of time of the lives of two annuitants. At the first death of one annuitant, payment will continue to the survivor for life. Payments to the survivor may remain the same or be reduced (to two-thirds or one-half) depending on the terms of the annuity option you choose. This option may not be available to some beneficiaries, such as under group life insurance policies.