

## SECONDARY ADDRESSEE DESIGNATION

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, Fishers, IN  
(the "Company")  
Customer Service: PO Box 5011, Minot, ND, 58702-5011  
Fax to: 877-788-3151; Completed forms can be emailed to: liferequest@voyafinancial.com



Use this form to designate a secondary addressee (third party) to receive lapse/termination notices. If a completed designation is not received by the Company, it will be assumed you do not want to name a secondary addressee. If you wish to do so in the future, contact the Customer Service address above.

Designation of a third party does not constitute acceptance of any liability on the part of the third party for services provided to the insured, nor on the part of the Company. This designation can be terminated at the request of the policy owner or the third party designee by written notice to the Company.

### POLICY INFORMATION

Insured \_\_\_\_\_ Policy Number <sup>1</sup> \_\_\_\_\_

Policy Owner (if other than Insured) \_\_\_\_\_ Birth Date \_\_\_\_\_

<sup>1</sup> Policy number is not required if this is submitted with a new policy application.

### SECONDARY ADDRESSEE FOR DUPLICATE LAPSE/TERMINATION NOTICES

I wish to designate the following third party to receive duplicate lapse/termination notices:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_


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

### SIGNATURES

I understand that by signing this form I am authorizing a secondary addressee to receive lapse/termination notices. I understand that I am not required to designate a third party.

 Policy Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that by signing this form I am accepting the designation to receive copies of notices of cancellation, nonrenewal and conditional renewal on behalf of the Owner named above.

 Addressee Signature \_\_\_\_\_ Date \_\_\_\_\_