

Beneficiary Change Request Package

Forms Package

Used when the policy owner wants to change the beneficiary to a Trust.

Forms contained in this package:

Instructions for Successfully Completing the Beneficiary Designation Form

The information in this Appendix is provided as a guide to ensure your request is completed without delay. These pages are not required to be returned.

Beneficiary Designation

Please complete the necessary information and sign and date this Request.

Trust Certification

This form is used for situations where a Trust is the primary beneficiary of a life insurance policy. The Trustee(s) and the Owner should complete and execute this form.

176989 03/01/2018

INSTRUCTIONS FOR SUCCESSFULLY COMPLETING THE BENEFICIARY DESIGNATION FORM



Please review the following instructions prior to completing the Beneficiary Designation Form. **The information noted below is required in order to ensure your request is completed without delay.** Please ensure all information provided on this form is printed and legible.

All 3 pages of the Beneficiary Designation **must be returned** to complete your request.

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

Contingent Beneficiary: An alternate beneficiary designated to receive insurance proceeds if there is no primary beneficiary living at the date of the insured's death. (Also referred to as a secondary beneficiary.)

Irrevocable Beneficiary: A beneficiary whose rights cannot be canceled without consent.

Section A: Owner & Insured Information: Please print the Insured's full name as it appears on the policy record. If the Insured is the Owner of the policy, provide the Policy/File Code Number for the policy. If the Owner of the policy is a person or entity other than the Insured, please also print the Policy Owner's full name as it appears on the policy record.

Section B: Primary/Contingent Beneficiary: Please review the instructions at the top of this section closely. Take care to print the beneficiary name as noted and provide all the information requested. **Note:** This information will assist in processing any future claim as quickly as possible.

Section C: Irrevocable Beneficiary: Please take note of the instructions noted at the top of this section. **Specific conditions apply when naming an Irrevocable Beneficiary. Once named, no contractual change (to include a Beneficiary Change) may be completed without the Irrevocable Beneficiary's consent.**

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

Step 1: Do the primary percentages allocated add up to 100%?

Step 2: Do the contingent percentages allocated add up 100%?

	Name (First, MI, Last) ¹	DOB	Gender	SSN/TIN	Relationship	%	Beneficiary Type
1	John, D, Smith	01/01/1961	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	123-45-6789	husband	50	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent
	Address 147 70 Street, Key West, FL 12314			Phone (954) 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 <input type="checkbox"/> Contingent
	Address 148 71 Street, Key West, FL 12314			Phone (345) 123-8984			
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 <input checked="" type="checkbox"/> Contingent
	Address 147 70 Street, Key West, FL 12314			Phone (954) 652-8654			
4	Sally, D, Smith	01/01/1945	<input type="checkbox"/> M <input checked="" type="checkbox"/> F	333-33-3333	mother	75	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Contingent
	Address 148 71 Street, Key West, FL 12314			Phone (954) 123-5688			

Note: If naming an insured's child as a beneficiary, and he or she dies before the insured, you wish to designate the child's share to be divided among the child's surviving children, if any, check the "Grandchildren's Clause checkbox located just below the Beneficiary Designation box.

INSTRUCTIONS FOR SUCCESSFULLY COMPLETING THE BENEFICIARY DESIGNATION FORM *(Continued)*

Additional Beneficiary Designation Examples: For additional beneficiary designations, the details should be written as shown below. If extra space is needed, attached another piece of paper including the policy number, insured name and owner's signature.

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

Business Partners: Under a cross ownership plan, designate the surviving partners as beneficiaries. For example, for insurance on the life of John Jones, designate "Henry Smith and William Brown, partners, in equal shares, or the survivor." Similar designation may be made for the other partners.

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."

Custodian: 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."

Funeral Home: The _____ 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 and any remaining amount will be paid to the second Primary Beneficiary.

***MN residents** must identify the Funeral Home as an Irrevocable Beneficiary using the following designation: Irrevocably to any funeral home that has provided funeral or burial services to the insured to the extent of those services. As noted above, a second primary beneficiary of your choice should be named to receive any remaining benefit amount.

***SD residents** must identify the Funeral Home as an Irrevocable Beneficiary "as their interest lies". As noted above, a second primary beneficiary of your choice should be named to receive any remaining benefit amount.

Please Note: Some state regulations do not permit the designation of a Funeral Home as a Beneficiary.

Section D: Trust(s) Beneficiary: Please make sure to identify the Trust as either a Primary or Contingent Beneficiary and include the percentage you wish to designate to the Trust. **Remember: Your total Primary/Contingent Beneficiary designations must equal 100%.** Please complete the entire section and provide a complete Trust Certification Form if a Trust is to be the Primary Beneficiary. The Trust Certification Form is **not** required in cases where a Trust is a Contingent Beneficiary.

Section E: Trust Created by Will: Please make sure to identify the Trust as either a Primary or Contingent Beneficiary and include the percentage you wish to designate to the Trust. **Remember: Your total Primary/Contingent Beneficiary designations must equal 100%.** Please print the Insured's Name in the space provided.

Section F: Community Property State Requirements: If the owner lives in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA or WI), Section F must be completed or a spouse signature is required. Failure to provide a spouse signature or the completion of this section will result in a delay in completing the requested Beneficiary Change.) **If never married, do not complete this section.**

Section G: Please read all the provided disclosures and provisions and ensure the appropriate signatures/dates/Owner's address information is included before submitting this form.

BENEFICIARY DESIGNATION

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



Customer Service: 2000 21st Ave. NW, Minot, ND 58703
 Fax: 877-788-6308; Website: voya.com; Completed forms can be emailed to: liferequest@voya.com

- Definitions:**
- Primary Beneficiary:** The person designated to receive insurance proceeds when they become due.
 - Contingent Beneficiary:** An alternate beneficiary designated to receive insurance proceeds if there is no primary beneficiary living at the date of the insured's death. (Also referred to as a secondary beneficiary.)
 - Irrevocable Beneficiary:** A beneficiary whose rights cannot be canceled without consent.

A. OWNER & INSURED INFORMATION

All 3 pages of this Beneficiary Designation **must be returned** to the Company. If Page 2 is not applicable to your request, you still must submit the entire form in order to complete your request.

Insured Name (Please print.) _____ Policy/File Code Number _____

Owner Name (Please print.) _____ Owner Phone (_____) _____

B. PRIMARY/CONTINGENT BENEFICIARY

(Total percentage of all primary beneficiaries in Sections B, C, D and E must equal 100%. Total percentage of all contingent beneficiaries in Sections B, D and E must equal 100%. Fractions and dollar amounts are not accepted.)

Each beneficiary's Social Security number (SSN) or tax identification number (TIN) is required to process any future claims.

	Name (First, MI, Last) ¹	DOB	Gender <input type="checkbox"/> M <input type="checkbox"/> F	SSN/TIN	Relationship	%	Beneficiary Type <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
1	Address				Phone ()		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
2	Address				Phone ()		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
3	Address				Phone ()		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
4	Address				Phone ()		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent

B. PRIMARY/CONTINGENT BENEFICIARY (Continued)

	Name (First, MI, Last) ¹	DOB	Gender	SSN/TIN	Relationship	%	Beneficiary Type
5			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
	Address			Phone ()			
6			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
	Address			Phone ()			

Grandchildren's Clause: If an insured's child is a beneficiary, and he or she dies before the insured, the child's share will be divided among the child's surviving children, if any. (Check box to apply.)

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

C. IRREVOCABLE BENEFICIARY (Any named irrevocable beneficiary will be designated as a primary beneficiary. The irrevocable beneficiary must sign page 3. Any contract change requires the signed consent of the irrevocable beneficiary.)

	Name (First, MI, Last) ²	DOB	Gender	SSN/TIN	Relationship	%
1			<input type="checkbox"/> M <input type="checkbox"/> F			
	Address				Phone ()	
2			<input type="checkbox"/> M <input type="checkbox"/> F			
	Address				Phone ()	

² Add additional irrevocable beneficiary information on a separate document and attach to this form. **Date, policy number, and owner's signature are required.**

D. TRUST(S) BENEFICIARY

Choose one: Primary Beneficiary _____% **or** Contingent Beneficiary _____%

 **PLEASE COMPLETE AND SUBMIT THE TRUST CERTIFICATION IF THE PRIMARY BENEFICIARY IS A TRUST.**

Trust Name _____ Trust Dated _____

Trustee Name _____ TIN _____

Trust Created By _____

E. TRUST CREATED BY WILL

Choose one: Primary Beneficiary _____% **or** Contingent Beneficiary _____%

The trustee who accepts the trusteeship of the trust created by the Last Will and Testament of _____ (Insured Name) will be the designated beneficiary. If the trust is terminated or if no trustee is qualified to receive the proceeds within six months of the insured's death, the proceeds will be paid to the owner or owner's estate.

F. COMMUNITY PROPERTY STATE REQUIREMENTS (If the owner currently lives in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA or WI), **a spouse signature is required on Page 3** unless one of the two areas are completed below. Failure to provide a spouse signature or the completion of this section will result in a delay in completing the request.)

- If never married, **do not** complete Section F.
- If deceased, please indicate Date of Death of Spouse _____
- If divorced, this section must be completed. **Please check or initial the box below and provide the Date of Divorce.**

I confirm that I am no longer married. Date of Divorce _____

I understand that the Company is not a party to my divorce decree or marriage settlement agreement and that I am responsible for any requirements included in these documents. Additionally, I understand that my failure to comply with property settlement requirements involving my divorce may give rise to a claim against my estate in the future.

G. ADDITIONAL DISCLOSURES AND PROVISIONS

When considering making changes to the status of your policy, you should consult with a licensed insurance or financial advisor.

This Beneficiary Designation replaces any and all prior designations, including any contingent or secondary designations. This designation is revocable as to each beneficiary except when otherwise stated, and beneficiaries of like class shall share equally with the right of survivorship by remaining class members unless otherwise specified.

The beneficiary designation is not to be used to elect an optional mode of settlement. If multiple payments are desired, please contact the Company.

Payment of proceeds to any beneficiary is subject to the interest of any assignee.

Owner Signature: The owner should sign the form exactly as designated in the policy. **If a legal representative is signing for the owner, please provide supporting legal documentation.**

Effective Date: Unless otherwise provided in the policy, any new beneficiary designation shall take effect on the date this form is signed if the form is in good order when received by Customer Service. The Company, however, will not be liable for any action it takes before this form is received at Customer Service.

Payment to a Minor or a Trust: Any payment to a minor beneficiary will be made to the legally appointed guardian of his or her estate, unless otherwise permitted by law.

If a trust is named as beneficiary, the Company is not required to know or research the terms of the trust. Payment to the named trustee will fully discharge all liability of the Company to the extent of such payment.

Irrevocable Beneficiary: The owner reserves the sole right to change the beneficiary unless an irrevocable beneficiary has been designated. If an irrevocable beneficiary has been designated, the right to change the beneficiary is a joint right between the owner and the irrevocable beneficiary.

 Owner(s) Signature(s) _____ Date _____

Owner 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.)

Address _____

City _____ State _____ ZIP _____

 Spouse Signature _____ Date _____

(Completion of Section F or a spouse signature is required if the owner lives in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA or WI). In addition, a spouse signature is required if the plan is 403(b)/ERISA.)


 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.)

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 _____

 Plan Administrator Signature ¹ _____ Date _____

¹ Required if plan is 403(b)/ERISA.

CUSTOMER SERVICE USE ONLY

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

Filed by _____ Date _____

TRUST CERTIFICATION

For Policy Owner Service Use Only:

ReliaStar Life Insurance Company, Minneapolis, MN
ReliaStar Life Insurance Company of New York, Woodbury, NY
Security Life of Denver Insurance Company, Denver, CO
Midwestern United Life Insurance Company, Fishers, IN
Voya Insurance and Annuity Company, Des Moines, IA

Members of the Voya® family of companies
(the "Company")

Customer Service: PO Box 5011, Minot, ND 58702-5011

Fax: 877-275-3329; Completed forms can be emailed to: liferequest@voya.com



This form is used for situations where a Trust is the owner or primary beneficiary of a life insurance policy issued by the Company. The Trustee(s) and the Owner should complete and execute this form.

If additional space is needed, use a separate piece of paper, provide all required signatures and attach it to this form.

A. POLICY INFORMATION *(Complete if owner or primary beneficiary is a Trust.)*

Insured Name(s) _____ Policy Number _____

B. TRUST INFORMATION *(Complete if owner or primary beneficiary is a Trust.)*

1. Name of Trust ("Trust") *(30 character limit)* _____

State of Trust Creation _____ Creation Date _____ Trust Tax ID Number _____

3. Name(s) of Trustee(s) _____

Note: If any Trustee is also the Insurance Producer, provide below the reason and relationship of that individual to the insured/grantor/settlor.

Immediate family member Other _____

C. TYPE OF TRUST *(Complete if owner or primary beneficiary is a Trust. Check all boxes that apply.)*

Trust is: Revocable Trust Irrevocable Trust

Testamentary Trust under the last will and testament of _____

And

Trust is: Family Trust Insurance Trust Charity Trust Trusteed Buy/Sell Employer Sponsored Trust

Other type of Trust _____

D. CERTIFICATION AND AFFIRMATION

1. Signature Requirements

If there is more than one trustee, this statement, as well as any forms required to exercise rights under the policy, must be signed by all trustees unless the trust agreement or applicable state law provides otherwise. Please indicate below who is authorized to sign under the terms of the trust agreement or applicable state law. If no box is checked, the Company will require all Trustees to sign all policy requests.

Any Trustee may act independently All Trustees must act unanimously A majority of Trustees may act for all

Certain Trustees must act jointly *(Print names below.)*

Trustee 1 _____ Trustee 2 _____

Trustee 3 _____

D. CERTIFICATION AND AFFIRMATION *(Continued)***2. Certification**

Each undersigned Trustee does hereby represent and certify the following:


- a. All information provided on this Certification is accurate and complete.
- b. I/We are duly authorized to act as trustee(s) under the terms of the trust provision and/or applicable law. If proposed owner is a trust, I/We have the power to exercise all rights associated with ownership of a life insurance policy, including but not limited to purchase, surrender, selection of and transfers between variable funding options, withdrawal of funds, taking loans or otherwise encumbering and/or assigning the policy.
- c. I/We acknowledge and agree that the Company is relying exclusively on the representations in this Certification and not upon a review of the trust document, even if the trust document has been or is later provided. The Company is permitted to rely upon the representations in this Certification, unless or until notice of any change, amendment, or revocation is provided in writing and delivered to the Company.
- d. The Trust is currently in effect and has not been revoked, modified or amended in any manner that would cause the representations in this Certification to be incorrect.
- e. If licensed to sell life insurance for the Company the undersigned trustee has reviewed and has abided by the Company's guidelines on producers acting as trustees.
- f. I/We understand that neither the Company nor its agents are responsible for the estate planning and tax implications of this Policy, that they may not give legal or tax advice and that the Company's acceptance of this Certification is not an endorsement of the named trust. I/We have had the opportunity to consult with an independent attorney and/or tax advisor, to the extent I/we deemed necessary, before executing this Certification.
- g. I/We agree to inform the Company in writing of any trust amendments, changes of trustee(s) or other facts and events that would affect or alter this Certification.

E. SIGNATURES

 Trustee 1 Signature _____ Date _____

Trustee 1 Name *(Please print.)* _____ Trustee 1 Title ¹ _____

Address _____ City _____ State _____ ZIP _____

 Trustee 2 Signature _____ Date _____

Trustee 2 Name *(Please print.)* _____ Trustee 2 Title ¹ _____

Address _____ City _____ State _____ ZIP _____

 Trustee 3 Signature _____ Date _____

Trustee 3 Name *(Please print.)* _____ Trustee 3 Title ¹ _____

Address _____ City _____ State _____ ZIP _____

 Owner Signature *(If other than the Proposed Insured)* _____ Date _____

Owner Name *(Please print.)* _____ Owner Title ¹ _____

Address _____ City _____ State _____ ZIP _____

¹ If the owner is a trust, partnership or corporation, the signature and title of the trustee, partner, corporate representative or authorized corporate representative are required.