

# RELEASE OF POLICY INFORMATION AUTHORIZATION

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, Indianapolis, 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  
Completed forms can be emailed to: liferequest@voya.com



**Use this form to designate a third party to receive information on a life insurance policy.**

## POLICY INFORMATION

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

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

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

## AUTHORIZATION

As owner of the above policy, I authorize the Company to release the following information to the third party designated below.

Information to be released \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


Third Party Name \_\_\_\_\_ Third Party Birth Date \_\_\_\_\_

If the Third party is a company or organization, provide to Customer Service the corporate resolution / certificate of incumbency / list of authorized members and provide the Tax identification number (TIN) \_\_\_\_\_

This authorization has no expiration date. To revoke permission, the policy owner may contact Customer Service in writing to remove the authorization.

## SIGNATURES

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

 Third Party Signature \_\_\_\_\_ Date \_\_\_\_\_

Policy Owner Title <sup>1</sup> \_\_\_\_\_

<sup>1</sup>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.