

REQUEST FOR PARTIAL WITHDRAWAL

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 3 if applicable, before a notary public. If you do not complete this section, your signature on page 3 is certification that the policy is not subject to ERISA and/or that you are not married.

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

 Owner's Spouse Signature _____ Date _____

Employer/Plan Administrator Name _____

 Employer/Plan Administrator Signature _____ Date _____

Title _____ Phone (_____) _____

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.

C. WITHHOLDING ELECTIONS *(Continued)*

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.

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.)*

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.

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.

E. 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 unless one of the two areas are completed below. Failure to provide an owner's spouse signature (if other than the Insured) or the completion of this section will result in a delay in completing the requested change.)*

• If never married, **do not** complete Section E.

• If deceased, indicate Date of Death of Spouse _____

• If divorced, this section must be completed. **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.

F. 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.

G. 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.)

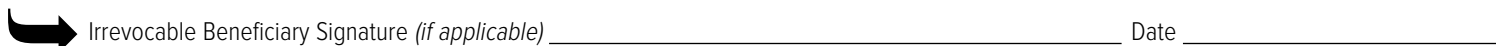
City _____ State _____ ZIP _____

 Spouse Signature ¹ _____ 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 _____

¹ Completion of Section E 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).

H. CUSTOMER SERVICE USE ONLY

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

New Face Amount \$ _____ By _____ Date _____