

REQUEST FOR POLICY SERVICE

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
(the "Company")



Members of the Voya® family of companies

Customer Service: 2000 21st Ave. NW, Minot, ND 58703

Fax: 877-788-6314; Website: voya.com; Completed forms can be emailed to: liferequest@voya.com

If you are considering making changes in the status of your policy, you should consult with a licensed insurance or financial advisor. Not all options are available on all products.

Policy/File Code Number _____

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

Owner Name (First) _____ (Middle Initial) _____ (Last) _____

Owner SSN _____

A. AUTOMATIC PREMIUM LOAN

Start Premium Loan Stop Premium Loan Option (if applicable) _____

B. CHANGE NONFORFEITURE OPTION

Change to: Reduced Paid-Up Insurance Extended Term Insurance

C. EXERCISE NONFORFEITURE OPTION (No existing riders are continued on extended term insurance or paid-up insurance unless otherwise specified in the rider.)

Option: Reduced Paid-Up Insurance Extended Term Insurance Fully Paid-Up Insurance

D. CHANGE DIVIDEND OPTION (Choose ONLY one. Changes will not be effective until the next Policy Anniversary date.)

Change to: Reduced Premiums Accumulate at Interest Pay in Cash
 Purchase Additional Paid Up Insurance Other (Specify) _____

E. WITHDRAWAL OF DIVIDENDS, PAID-UP ADDITIONS AND PREMIUM DEPOSIT FUNDS

Dividend option remains the same. For partial withdrawals use the Request for Partial Withdrawal (130997). For surrenders use the Surrender Application (131394).

Use: Dividends on Deposit Paid-Up Additions Premium Deposit Funds Issue Check
 Full Value or \$ _____

To: Pay premiums due on _____ on policy number _____ for \$ _____
 Pay loan interest due on _____ on policy number _____ for \$ _____
 Apply on loan principal on policy number _____ for \$ _____
 Other _____

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.

F. CHANGE PREMIUM PAYMENT

- Change Premium Amount (*flexible premium policies ONLY*) to \$ _____
- Annually Semi-Annually Quarterly List Bill Other (*Specify*) _____
- Electronic Funds Transfer (EFT) (*Complete EFT form 128623.*)

G. CHANGE EXISTING COVERAGE

- Add a child to or remove a child from the Children's Term Insurance Rider on my policy.

- Add a child Remove a child

Child Name (*First*) _____ (*Middle Initial*) _____ (*Last*) _____

Birth Date _____ Gender: Male Female

Before you choose to make any of the changes listed below, we recommend that you call Customer Service at 877-886-5050 to request an illustration to project the impact of the change on your policy. Depending on your policy type and its status, the premium may not decrease or adjust as expected after the change is implemented.

- Remove rider or benefit

Name of Rider or Benefit _____

- Decrease rider ¹ _____ to \$ _____

- Exercise the provisions of the Guaranteed Insurability Option Rider, Future Purchase Option Rider, or Guaranteed Life Option Rider.

If you wish to elect a coverage amount other than the maximum currently available under your policy's rider, specify that amount here: \$ _____.

The amount of coverage selected must be at least equal to the minimum coverage amount allowed by the product, if separate coverage is issued as a result of the rider election.

Certain products may require a Request for Conversion (127999) and a sales illustration to be submitted.

- Exercise Term Rider to Base conversion option. (Only available for certain policies. If this option is selected, a new illustration will be sent to you.)

- Change Death Benefit Option (Additional underwriting may be required.)

- A or 1 - Level ¹ B or 2 - Increasing or Variable

- C or 3 - Face Amount + Premium ¹ D or 4 - Face Amount + Premium + Interest \$ _____

- Decrease the Face Amount of my policy to \$ _____. (Depending on your policy provisions, a pro-rata surrender charge may be assessed.)

If decreasing the face amount of the policy will cause the policy to become a Modified Endowment Contract (MEC) under federal tax law, the following statement must be agreed to:

- I understand that this requested decrease in face amount will cause my policy to become a modified endowment contract. I understand the implications of this status and accept the modified endowment contract status. I understand that additional requirements may be needed.

¹ The new face amount cannot fall below the minimum face amount allowed for the plan.

H. CHRONIC ILLNESS ACCELERATED DEATH BENEFIT RIDER NOTICE (*Applicable to policies with the Chronic Illness Rider.*)

By your signature on the next page, 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.

I. COMMUNITY PROPERTY STATE REQUIREMENTS (If the owner 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 a spouse signature or the completion of this section will result in a delay in completing the requested change.)

- If never married, **do not** complete Section I.
 - If deceased, indicate Date of Death of Spouse _____
 - If divorced, this section must be completed. **Check 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.

J. 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.


K. SIGNATURES

All who sign agree that no change will be made unless the policy is eligible for the change requested according to its terms or under our rules and until we are satisfied that, as of the date of this request, all insureds and proposed insureds are eligible for the requested coverage.

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 ² _____ Date _____

Owner Address _____ Daytime Phone (_____) _____

 Spouse Signature ³ (if owner lives in community property state) _____ Date _____

 Assignee/Irrevocable Beneficiary Signature (if applicable) _____ Date _____

² 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.

³ Completion of Section I 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).

CUSTOMER SERVICE USE ONLY

Endorsed by _____ Date _____ Effective Date _____

Endorsed by _____ Date _____

Send confirmation to: Policy Owner Agent Mail Code _____