

# THIRD PARTY TELEPHONE AUTHORIZATION AND LIMITED POWER OF ATTORNEY

ReliaStar Life Insurance Company, Minneapolis, MN  
ReliaStar Life Insurance Company of New York, Woodbury, NY  
Security Life of Denver Insurance Company, Denver, CO  
Members of the Voya® family of companies  
(the "Company")  
Customer Service: 2000 21st Ave. NW, Minot, ND 58703  
Completed forms can be emailed to: liferequest@voya.com



Owner(s) \_\_\_\_\_ Owner SSN \_\_\_\_\_

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

**The owner of the above-referenced policy hereby appoints the below-named individual(s) as limited attorney-in-fact to: 1) transfer policy values among the available investment divisions; 2) change contribution allocations; and 3) make changes to instructions, initiate, or cease participation in the Dollar Cost Averaging and Automatic Rebalancing programs. This authorization is subject to the following:**

1. The Company reserves the right, in its sole discretion, to reject any order or transfer.
2. The owner and the limited attorney-in-fact, their heirs, legal representatives, their successors and assigns each release the Company from any liability for acting in reliance upon any instruction given pursuant to this authorization; and they jointly and severally agree to indemnify the Company against any claim, liability or expense, including reasonable attorneys' fees, arising out of any action or inaction made in reliance upon such instructions.
3. The Company or the limited attorney-in-fact may cease to honor this authorization by sending written notice to the owner and each other at the most recent address listed in their file. The owner may revoke this authorization by sending written notice of such revocation to the Company at the address shown above, which will be effective only when received and recorded by the Company.
4. A separate limited power of attorney must be completed for each policy over which such authorization is desired to be given. **Authorization may be granted only to specified individuals, not to corporate or partnership entities.**
5. This limited power of attorney/authorization is personal to the holder and may not be delegated to any other person or organization. The Company will not accept instructions from any person or organization purporting to be authorized by the limited attorney-in-fact. Further, the limited attorney-in-fact agrees to follow the Company's instructions and procedures and shall be subject to all provisions of the policy and the offering prospectus for making such transfers.
6. This authorization is effective only when received and recorded by the Company at Customer Service. Authorization is hereby granted, acknowledged and agreed to by the limited attorney-in-fact:

Name \_\_\_\_\_

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

Phone (\_\_\_\_\_) \_\_\_\_\_ SSN \_\_\_\_\_

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

Name \_\_\_\_\_

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

Phone (\_\_\_\_\_) \_\_\_\_\_ SSN \_\_\_\_\_

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

**Required Signatures: If owner is a corporation, officer signature and title is required.**

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

Owner Name (Please print.) \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

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

Owner Name (Please print.) \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_