

# RELEASE OF ASSIGNMENT

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  
Website: voya.com; Completed forms can be emailed to: liferequest@voya.com



The Company assumes no responsibility for the validity of the contents of this document.

## ASSIGNMENT INFORMATION

Policy Number \_\_\_\_\_

Insured Name \_\_\_\_\_

Select only one alternative below:

Collateral Assignment to \_\_\_\_\_ Date \_\_\_\_\_

Split Dollar Endorsement to \_\_\_\_\_ Date \_\_\_\_\_

Split Dollar Collateral Assignment to \_\_\_\_\_ Date \_\_\_\_\_

Other Instrument \_\_\_\_\_ Date \_\_\_\_\_

## AUTHORIZATION

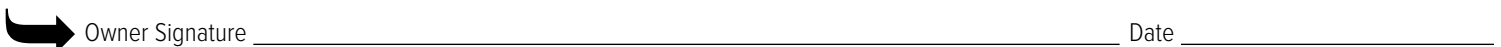
The undersigned hereby releases and relinquishes all of the undersigned's rights, benefits, title and interest in the above policy. All such rights shall become vested in the owner of the policy.

Assignee Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

*(Please 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 \_\_\_\_\_ Date \_\_\_\_\_

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.

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

Owner Title *(if the owner is a trust, partnership or corporation)* \_\_\_\_\_

## CUSTOMER SERVICE USE ONLY

Filed by \_\_\_\_\_ Date \_\_\_\_\_ Effective Date \_\_\_\_\_