

POLICY LOAN REQUEST

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® families of companies
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. POLICY INFORMATION

Policy/File Code Number _____

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

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

Policy Owner Address _____ City _____ State _____ ZIP _____


Policy Owner SSN/TIN _____ Daytime Phone (_____) _____

B. POLICY LOAN AMOUNT (Select one.)


- \$ _____
- Maximum Loan Amount Available
- \$ _____ to pay premium due on Policy Number _____ (N/A on Universal Life or Variable Universal Life Plans)
- 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.

C. ERISA PLANS

If this contract is under a plan which is subject to ERISA, complete the information in this section. If I am married, my spouse must sign the spousal consent before a notary public. If I do not complete the information in this section, my signature below is certification that the contract is not subject to ERISA and/or that I am not married. **Requested Disbursement is for Loan Proceeds.** I hereby join in and consent to the above disbursement of loan proceeds. I understand that with this consent, the balance of the participant's interest under the Employer's plan will be used as security for repayment of the loan and when an event occurs which results in a distribution (other than an in-service distribution) of all or part of my spouse's interest under the Employer's plan, the amount my spouse or my spouse's beneficiary receives will be reduced by the balance of the outstanding loan. The undersigned verifies that the payment requested is in accordance with the terms of the plan, applicable law and regulations.

 Participant's Spouse Signature _____ Date _____

Employer Name _____

 Employer or Plan Administrator Signature _____ Date _____

Title _____ Phone (_____) _____

D. POLICY LOAN AGREEMENT

The undersigned hereby assign the Insurance Policy listed above as collateral to secure repayment of the loan amount requested. The undersigned agree to pay interest on this loan at the rate provided in, and according to the terms of the loan provisions of the policy. The undersigned further agree that loan interest not paid when due will be added to the principal of the outstanding loan and shall bear interest at the same rate. If the total indebtedness against the policy, including the amount of this loan and any unpaid interest, at any time equals or exceeds the then cash surrender value of the policy, the cash surrender value shall be applied to the payment of the indebtedness and the policy shall automatically terminate. Any indebtedness shall be automatically deducted from the policy proceeds if this policy matures as a death claim or otherwise. This loan may be repaid in whole or in part at any time before the Insured's death. We expressly warrant that no one has any interest in the policy except the undersigned, that no proceedings in insolvency or bankruptcy have been instituted or are pending against the undersigned, and there is no Federal Tax lien in force against the undersigned. If the policy has been classified as a Modified Endowment Contract under the 1988 Technical and Miscellaneous Revenue Act (TAMRA), then any distribution or withdrawals you receive from the Company that exceed your investment based on the contract are taxable and subject to Federal Income tax withholding, and/or penalties.

E. 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.

F. 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 F.
- 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.

G. 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.

H. SIGNATURES


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 _____

(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.)

 Spouse Signature ¹ _____ 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.)

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 _____

 Agent Signature *(Optional)* _____ Date _____

¹ Completion of Section F 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).