

TRANSFER OF OWNERSHIP

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: 877-788-6308; 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.

IMPORTANT INFORMATION AND INSTRUCTIONS

- Do not return your policy with this request. Complete the form and forward it to Customer Service.
- The current owner and the new owner must authorize this request by signing in section H.
- If a company is to be named the new owner, provide **ONE** of the following: 1) a copy of the Corporate Resolution stating who is authorized to sign on behalf of the company, 2) a letter signed by a corporate secretary on company letterhead stating who is authorized to sign on behalf of the company, or 3) a Secretary of State Certificate from the state, stating the company's name and who is authorized to sign on behalf of the company.
- If a partnership or a limited liability partner (LLP) is to be named the new owner, provide **ONE** of the following: 1) a copy of the legal entity paperwork stating the name of the partnership, 2) a copy of the partnership contract/agreement showing the date, the names of partners and who is authorized to sign, or 3) a letter on partnership letterhead stating who is authorized to sign on behalf of the partnership.
- The transfer of ownership is subject to any policy loan and any assignment on file at Customer Service.
- For multiple owners, use the Multiple Ownership form number 128697.
- To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who purchases a life insurance policy. What this means for you: When you apply for an insurance policy or apply for a change of ownership, we will ask for your name, address, birth date, Social Security number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

A. CURRENT OWNER INFORMATION *(Please print.)*

Policy/File Code Number _____
Insured Name (First) _____ (Middle Initial) _____ (Last) _____
Owner Name (First) _____ (Middle Initial) _____ (Last) _____
SSN/TIN (required) _____ Owner Phone (_____) _____

B. NEW OWNER INFORMATION *(Physical address is required, however you may provide a different mailing address.)*

New Owner Name (First) _____ (Middle Initial) _____ (Last) _____
Relationship to the Insured _____
SSN/TIN (required) _____ Birth Date _____ Phone (_____) _____ Gender: Male Female
New Owner Physical Address (required) _____
City _____ State _____ ZIP _____
Mailing or PO Box Address _____
City _____ State _____ ZIP _____

B. NEW OWNER INFORMATION (Continued)

If New Owner Is a Trust: (The Trust Certification form is required.)

Trust Name _____ SSN/TIN (required) _____

Trustee Name(s) _____ Phone (_____) _____

Relationship to the Insured _____

Is this trust: Revocable Irrevocable or Irrevocable Life Insurance Trust (ILIT)? Trust Date _____

Trust Mailing or PO Box Address _____

The new owner may exercise all the rights and receive all the benefits of this policy during the insured’s lifetime. **The change of ownership will not change any beneficiary designation or any method of optional settlement previously elected.** However, if the new owner is an **irrevocable life insurance trust (ILIT) as indicated above**, the beneficiary designation will automatically change to the trust unless the following option is checked: **EXCEPTION:** **The beneficiary designation should remain as it is presently designated.**

C. BILLING METHOD

Billing Method (If no box or multiple boxes are selected, the EFT will automatically be removed and premium notices will be sent to the new owner.)

- Billing is to remain the same.
- Direct premium notices to new owner.
- Electronic Funds Transfer (EFT) change to new owner. (The EFT form must be sent to the new owner for completion.)

D. ERISA PLANS (Please print.)

If this policy is under a plan that is subject to the Employee Retirement Income Security Act (ERISA), complete the information in this section. If you are married, your spouse must sign the spousal consent in section H before a notary public. If you do not complete the information in this section, your signature in section H is certification that the policy is not subject to ERISA or that you are not married.

Will the new owner be a “Funded ERISA Plan” as specified below? (If “yes,” indicate the type of plan below. If “no,” the change of ownership may disqualify the policy and cause a taxable event. Contact your tax consultant for more information on the consequences of disqualifying your policy.) Yes No

Tax-qualified plan (specify, e.g., 401(k), profit sharing, defined benefit, defined contribution, HR-10): _____

Section 419/419A plan (specify trust name): _____

VEBA Trust (specify trust name): _____

Secular Trust

Employer Name _____ Phone (_____) _____

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 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 E.
- 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.

F. REQUIRED TAX REPORTING INFORMATION (This section must be completed for this form to be considered in good order for processing.)

Internal Revenue Code § 6050Y incorporates certain tax reporting requirements when ownership of a life insurance policy is transferred in a reportable policy sale. The Internal Revenue Service defines a reportable policy sale as “the acquisition of an interest in a life insurance contract, directly or indirectly, if the acquirer has no substantial family, business, or financial relationship with the insured apart from the acquirer’s interest in such life insurance contract.”

This transfer **IS NOT** a reportable policy sale.
The company will assume the previous owner’s cost basis will carry over to the new owner unless an alternate cost basis is provided here \$ _____
Reason for cost basis adjustment _____

This transfer **IS** a reportable policy sale under IRC § 6050Y.
The acquirer must submit the required IRS Form 1099-LS to the company at the address provided on page 1 of this form. The new owner’s cost basis will be re-set to \$0.00.

Tax laws are complex and change frequently. The Voya Life Companies and their agents and representatives do not give tax or legal advice. For further information on how this transaction may affect your personal tax situation, always consult your professional tax advisor.

G. U.S. TAXPAYER CERTIFICATIONS *(Applicable to new owner only.)*

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 not a U.S. citizen or U.S. resident alien, additional IRS forms may be required.)*

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: _____.

Any taxable amounts paid to you under this policy 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 undersigned verify that the change of ownership requested is in accordance with the terms of the plan and applicable laws and regulations. **This change will be effective as of the date the change of ownership is signed, but it will not apply to any payment made or action taken before this form is acknowledged at Customer Service.**

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

 Current Owner Signature _____ Date _____

Current 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.)

 New Owner Signature _____ Date _____

New 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 of Current Owner Signature ^{2,3} _____ Date _____


Subscribed and sworn before me this _____ day of _____, 20_____

Notary Public Signature ³ _____

My commission expires _____

Plan Administrator/Employer Signature ³ _____ Date _____

Plan Administrator/Employer Title _____


 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 _____

² 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).

³ Required if plan is 403b or ERISA.

CUSTOMER SERVICE USE ONLY

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

Filed by _____ Date _____