

POLICY MAINTENANCE

- 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, Fort Wayne, IN



Members of the Voya family of companies

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

Fax: 1-877-788-6305 (toll free); Website: www.voyaservicecenter.com

A. CURRENT OWNER INFORMATION

Insured Name(s) _____ Policy Number _____

Owner Name (Please print.) _____ SSN/TIN _____ Phone (_____) _____

B. CHANGE OWNER INFORMATION

Change Legal Name From _____ To _____

Reason for Change: Correction Marriage Divorce Adoption Court Order Other _____
(Attach supporting documents if other than Marriage or Divorce.)

Owner SSN _____ Owner Birth Date _____

Owner Address _____
(PO Boxes are not permitted without a physical address. APO/FPO are permitted.)

City _____ State _____ ZIP _____

C. CHANGE INSURED INFORMATION

Change Legal Name From _____ To _____

Reason for Change: Correction Marriage Divorce Adoption Court Order Other _____
(Attach supporting documents if other than Marriage or Divorce.)

Insured SSN _____ Insured Birth Date _____ Insured Phone (_____) _____

Insured Address _____
(PO Boxes are not permitted without a physical address. APO/FPO are permitted.)

City _____ State _____ ZIP _____

D. CHANGE BENEFICIARY INFORMATION

Change Legal Name From _____ To _____

Reason for Change: Correction Marriage Divorce Adoption Court Order Other _____
(Attach supporting documents if other than Marriage or Divorce.)

Beneficiary SSN _____ Beneficiary Birth Date _____ Beneficiary Phone (_____) _____

Beneficiary Address _____
(PO Boxes are not permitted without a physical address. APO/FPO are permitted.)

City _____ State _____ ZIP _____

E. CHANGE PAYOR INFORMATION

Change Legal Name From _____ To _____

Reason for Change: Correction Marriage Divorce Adoption Court Order Other _____
(Attach supporting documents if other than Marriage or Divorce.)

F. CHANGE OF TRUSTEE (Please provide first and last page of the Trust Agreement. In addition, provide the page(s) of the Trust naming the replacement Trustee(s).)

Current Trustee Name (Please print.) _____ is no longer a Trustee due to:

- Death (Provide a copy of the death certificate.) Disability (Provide a copy of the letter of conservatorship.)
 Resignation (Provide a copy of the resignation.) Removal Other _____

Complete option 1 or 2 as applicable. A copy of the Trustees' acceptance is required for option 2.

1. Replacement Trustee Name (Please print.) _____

Replacement Trustee Address _____

City _____ State _____ ZIP _____

2. There is no replacement Trustee: If the Trust Agreement does not require the naming of a replacement Trustee, please check the following box. Otherwise, please provide an explanation.

The Trust Agreement does not require the naming of a replacement Trustee; the current Trustees have the authority to act for the trust.

Explanation _____

G. CERTIFICATION (Trustee Signature required for changes to Section F.)

The undersigned certify that they are the authorized Trustees of the Trust and that the Trust is in full force and effect. The Trustees have the authority to sell, assign, exchange and alter any life insurance policies considered assets of the Trust, following terms and conditions the Trustees deem advisable.

The Insurer will not be required to know the terms of the Trust Agreement, to inquire into any action taken by the Trustees, or to monitor the application of money delivered to the Trustees. The Insurer is released from any liability for actions taken in reliance upon this form.

Any change to the information on this form must be made in writing and will not be binding until it is received by the Insurer at Customer Service.

 Trustee Signature _____ Date _____

 Trustee Signature _____ Date _____

H. OWNER AUTHORIZATION (Signature required for any entries to Sections A, B, C, D or E.)

Owner Address _____

City _____ State _____ ZIP _____

 Owner Signature _____ Date _____