

BENEFICIARY DESIGNATION

- 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, Fort Wayne, IN
- Voya Insurance and Annuity Company, Des Moines, IA



(the "Company")
 Customer Service: 2000 21st Ave. NW, Minot, ND 58703
 Fax: 1-877-788-6308, Website: www.voyaservicecenter.com

Definitions: **Primary Beneficiary:** The person designated to receive insurance proceeds when they become due.
Contingent Beneficiary: An alternate beneficiary designated to receive insurance proceeds if there is no primary beneficiary living at the date of the insured's death. (Also referred to as a secondary beneficiary.)
Irrevocable Beneficiary: A beneficiary whose rights cannot be canceled without consent.

A. OWNER & INSURED INFORMATION

Insured Name (Please print.) _____ Policy/File Code Number _____
 Owner Name (Please print.) _____ Owner Phone (_____) _____

B. PRIMARY/CONTINGENT BENEFICIARY (Total percentage of all primary beneficiaries in Sections B, C, D and E must equal 100%. Total percentage of all contingent beneficiaries in Sections B, D and E must equal 100%. Fractions and dollar amounts are not accepted.)

Each beneficiary's Social Security number (SSN) or tax identification number (TIN) is required to process any future claims.

	Name (First, MI, Last) ¹	DOB	Gender	SSN/TIN	Relationship	%	Beneficiary Type
1			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
	Address			Phone ()			
2			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
	Address			Phone ()			
3			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
	Address			Phone ()			
4			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
	Address			Phone ()			
5			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
	Address			Phone ()			
6			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
	Address			Phone ()			

Grandchildren's Clause: If an insured's child is a beneficiary, and he or she dies before the insured, the child's share will be divided among the child's surviving children, if any. (Check box to apply.)

¹Add additional beneficiary information on a separate document and attach to this form. **Date, policy number, and owner's signature are required.**

C. IRREVOCABLE BENEFICIARY (Any named irrevocable beneficiary will be designated as a primary beneficiary. The irrevocable beneficiary must sign page 2. Any contract change requires the signed consent of the irrevocable beneficiary.)

	Name (First, MI, Last)	DOB	Gender	SSN/TIN	Relationship	%
1			<input type="checkbox"/> M <input type="checkbox"/> F			
	Address			Phone ()		
2			<input type="checkbox"/> M <input type="checkbox"/> F			
	Address			Phone ()		
3			<input type="checkbox"/> M <input type="checkbox"/> F			
	Address			Phone ()		

D. TRUST(S) BENEFICIARY

Choose one: Primary Beneficiary _____% **or** Contingent Beneficiary _____%

 **COPY OF THE SIGNATURE AND TITLE PAGES OF THE TRUST ARE REQUIRED.**

Trust Name _____ Trust Dated _____

Trustee Name _____ TIN _____

Trust Created By _____

E. TRUST CREATED BY WILL

Choose one: Primary Beneficiary _____% **or** Contingent Beneficiary _____%

The trustee who accepts the trusteeship of the trust created by the Last Will and Testament of _____ (Insured Name) will be the designated beneficiary. If the trust is terminated or if no trustee is qualified to receive the proceeds within six months of the insured's death, the proceeds will be paid to the owner or owner's estate.

F. ADDITIONAL DISCLOSURES AND PROVISIONS

When considering making changes to the status of your policy, you should consult with a licensed insurance or financial advisor.

This Beneficiary Designation replaces any and all prior designations, including any contingent or secondary designations. This designation is revocable as to each beneficiary except when otherwise stated, and beneficiaries of like class shall share equally with the right of survivorship by remaining class members unless otherwise specified.

The beneficiary designation is not to be used to elect an optional mode of settlement. If multiple payments are desired, please contact the Company.

Payment of proceeds to any beneficiary is subject to the interest of any assignee.

Owner Signature: The owner should sign the form exactly as designated in the policy. **If a legal representative is signing for the owner, please provide supporting legal documentation.**

Effective Date: Unless otherwise provided in the policy, any new beneficiary designation shall take effect on the date this form is signed if the form is in good order when received by Customer Service. The Company, however, will not be liable for any action it takes before this form is received at Customer Service.

Payment to a Minor or a Trust: Any payment to a minor beneficiary will be made to the legally appointed guardian of his or her estate, unless otherwise permitted by law.

If a trust is named as beneficiary, the Company is not required to know or research the terms of the trust. Payment to the named trustee will fully discharge all liability of the Company to the extent of such payment.

Irrevocable Beneficiary: The owner reserves the sole right to change the beneficiary unless an irrevocable beneficiary has been designated. If an irrevocable beneficiary has been designated, the right to change the beneficiary is a joint right between the owner and the irrevocable beneficiary.

 Owner(s) and or Assignee(s) Signature(s) _____ Date _____

Owner Title¹ _____

Address _____

City _____ State _____ ZIP _____

 Irrevocable Beneficiary Signature (if applicable) _____

 Spouse Signature^{2, 3} _____

 Plan Administrator Signature³ _____

¹If the owner is a trust, partnership, or corporation, officer signature and title of the trustee, partner, corporate representative or authorized corporate representatives are required.

²Required if owner lives in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA or WI). If deceased, please indicate. If divorced, please send a photocopy of the entire divorce decree including the settlement agreement or exhibits.

³Required if plan is 403(b)/ERISA.

CUSTOMER SERVICE USE ONLY

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

Filed by _____ Date _____
