

ABSOLUTE ASSIGNMENT OF GROUP LIFE INSURANCE

- ReliaStar Life Insurance Company, Home Office: Minneapolis, MN
 ReliaStar Life Insurance Company of New York, Home Office: Woodbury, NY
Members of the Voya family of companies
(the "Company")



Customer Service for Voya Administered Plans: PO Box 20, Minneapolis, MN 55440
Phone: 800-955-7736; Fax: 860-607-5401

IMPORTANT INFORMATION AND INSTRUCTIONS

Return this completed form to the plan's Customer Service, please contact your benefits department if you have any questions.

- Do not return your certificate with this request.
- The current owner and the assignee must authorize this request by signing the form.
- If a company is to be named the assignee, please 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 assignee, please 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 assignment does not affect any policy loan and/or any collateral assignment on file.
- 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, date of birth, 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.
- If policy is owned by a "Funded ERISA Plan" please contact Customer Service for additional information.

POLICY INFORMATION

This change will be effective as of the date the Assignment is signed, but it will not apply to any payment made or action taken before this form is recorded at Customer Service.

Group Policyholder Name (*Employer/Association*) _____ Group Policy Number _____
Insured Person Name _____ Insured Person SSN _____
Address _____ City _____ State _____ ZIP _____

ASSIGNEE INFORMATION

Assignee Name _____ Gender (*if applicable*): Male Female
Birth Date (*if applicable*) _____ SSN/TIN (*required*) _____ Phone (_____) _____
Assignee Physical Address (*required*) _____ City _____ State _____ ZIP _____
Mailing or PO Box Address _____ City _____ State _____ ZIP _____

The assignee may exercise all the rights and receive all the benefits of this policy during the insured's lifetime. **The assignment will not change any beneficiary designation or any method of optional settlement previously elected.** However, if the assignee 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.**

REASON FOR ASSIGNMENT

This change will be effective as of the date the assignment is signed, but it will not apply to any payment made or action taken before this form is recorded at Customer Service.

We are required to comply with certain record-keeping requirements under federal income tax law. In order to provide the assignee with a cost basis, please indicate the reason for this transfer below. **If a reason is not given, we will not adjust the cost basis.**

This assignment is the result of (**Choose one.**):

- Sale:** The present owner DID receive something of value in return for the policy. The assignee's cost basis will be adjusted in our records to equal the cash surrender value of the policy at the date of the change or \$_____ (sale price).
- Gift:** The present owner DID NOT receive something of value in return for the policy. The assignee's cost basis will remain equal to the previous owner's cost basis in our records.
- Other Non-taxable transfer:** The assignee's cost basis will remain equal to the previous owner's cost basis in our records. (*Specify type.*) _____

U.S. 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 income¹, and
3. I am a U.S. person.

¹If you are subject to back-up withholding, you must strike through statement number 2.

NON-RESIDENT ALIEN STATUS

If you are a Non-Resident Alien, please check the box below.

Under penalties of perjury, I certify that I am a Non-Resident Alien.

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.

ACKNOWLEDGEMENT AND AUTHORIZATION

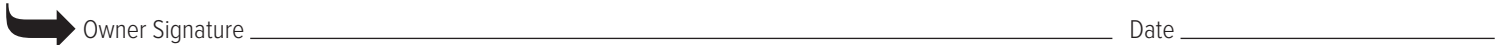
This assignment includes all insurance now in effect, or that may become effective in the future, under the captioned group life Policy.

Note: In some states, if a viatical settlement is involved in the assignment, then the ownership of accidental death benefits under the Policy, if any, is not transferable to the viatical settlement provider nor may the viatical settlement provider be the beneficiary for accidental death benefits. It is understood and agreed that this assignment is made subject to any indebtedness to, or lien in favor of the Company.

I hereby assign and transfer, for value received, the sufficiency of which is hereby acknowledged and/or for love and affection and no other valuable consideration, to the above named assignee, absolutely and forever, all incidents of ownership of the insurance on the life of the Insured provided under the captioned group life policy and any riders attached thereto, together with all rights, claims, and advantages whatsoever, now due or hereafter to arise or to be had or made by virtue thereof.

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

Dated this _____ day of _____, 20____, at _____,

 Owner Signature _____ Date _____

Witness _____

 Assignee Signature _____ Date _____

Witness _____

NOTE: This assignment cannot be released – a new assignment can be made by the current Assignee. Once an assignment has been made, only the Assignee can make beneficiary changes, assignment, or application for Conversion.

The Company assumes no responsibility as to the effect, sufficiency or validity of the above assignment.

CUSTOMER SERVICE USE ONLY

This request has been filed and recorded at Customer Service.

Filed by _____ Date _____