

INSTRUCTIONS FOR SUCCESSFULLY COMPLETING THE BENEFICIARY DESIGNATION FORM

Review the following instructions prior to completing the Beneficiary Designation Form. **The information noted below is required in order to ensure your request is completed without delay.** Ensure all information provided on this form is printed and legible.

All 4 pages of the Beneficiary Designation **must be returned** to complete your request.

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.

Section A: Owner(s) & Insured(s) Information: **The Owner's Name and the Policy/File Code Number are required to process your request.** The Policy Owner's full name and the Insured's full name should be provided exactly as they appear on the policy record.

Section B: Primary Beneficiaries: Review the instructions at the top of this section closely. Take care to print the beneficiary name as noted and provide all the information requested. **Note:** This information will assist in processing any future claim as quickly as possible. **Specific conditions apply when naming an Irrevocable Beneficiary. Once named, no contractual change (to include a Beneficiary Change) may be completed without the Irrevocable Beneficiary's consent.**

If you wish payment to the primary beneficiaries be made in equal shares, indicate this by checking the Equal Shares box above the table.

Your **Primary Beneficiary Designations must equal 100%** (see examples circled below):

	Name (First, MI, Last) ¹	DOB	Gender	SSN/TIN	Relationship	%	Is this Beneficiary a Trust or Irrevocable?
1	John D. Smith	XX/XX/XXXX	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	XXX-XX-XXXX	husband	50	<input type="checkbox"/> Irrevocable <input type="checkbox"/> Trust
	Address 147 70 Street, Key West, FL 12341				Phone (954) 216-7899		
2	Jan D. Smith	XX/XX/XXXX	<input type="checkbox"/> M <input checked="" type="checkbox"/> F	XXX-XX-XXXX	daughter	50	<input type="checkbox"/> Irrevocable <input type="checkbox"/> Trust
	Address 148 71 Street, Key West, FL 12314				Phone (954) 456-9856		



TOTAL (MUST EQUAL 100%)

100

Note: If naming an insured's child as a beneficiary, and he or she dies before the insured, you wish to designate the child's share to be divided among the child's surviving children, if any, check the "Grandchildren's Clause checkbox located just below the Beneficiary Designation box.

INSTRUCTIONS FOR SUCCESSFULLY COMPLETING THE BENEFICIARY DESIGNATION FORM *(Continued)*

Section C: Contingent Beneficiaries: Review the instructions at the top of this section closely. Take care to print the beneficiary name as noted and provide all the information requested. **Note:** This information will assist in processing any future claim as quickly as possible.

Your **Contingent** Beneficiary Designations must equal **100%** (see examples circled below):

	Name (First, MI, Last) ¹	DOB	Gender	SSN/TIN	Relationship	%	Is this Beneficiary a Trust?
1	Sam, M, Jones	XX/XX/ XXXX	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	XXX-XX-XXXX	father	75	<input type="checkbox"/> Trust
	Address 147 70 Street, Key West, FL 12314				Phone (954) 236-8974		
2	ABC Trust Company	XX/XX/ XXXX	<input type="checkbox"/> M <input type="checkbox"/> F	XX-XXXXXXXX		25	<input checked="" type="checkbox"/> Trust
	Address 148 71 Street, Key West, FL 12314				Phone (954) 452-8745		



TOTAL (MUST EQUAL 100%)

100

Additional Beneficiary Designation Examples: For additional beneficiary designations, the details should be written as shown below. If extra space is needed, attach another piece of paper including the policy number, insured name and owner's signature.

Estate: If an estate is named, specify whose estate, such as: "Estate of the Insured."

Business Partners: Under a cross ownership plan, designate the surviving partners as beneficiaries. For example, for insurance on the life of John Jones, designate "Henry Smith and William Brown, partners, in equal shares, or the survivor." Similar designation may be made for the other partners.

Just as a corporation may be the owner and beneficiary of a policy, a partnership may, in the partnership name, own and be the beneficiary of a policy. The firm name should be used together with the words, "a partnership." For example, "Jones, Smith and Brown, a partnership presently consisting of John Jones, Henry Smith and William Brown."

Custodian: Custodian for a minor child, name the Custodian and the Minor Child. For example: "Anna May Smith as custodian for William Smith under the applicable Uniform Transfer to Minors Act/Uniform Gifts to Minors Act."

Funeral Home: The _____ Funeral Home "as their interest lies" and also name a second primary beneficiary of your choice to receive any benefit not used by the funeral home. The percentage column should be left blank as the funeral home will receive the amount of their service and any remaining amount will be paid to the second Primary Beneficiary.

* **MN residents** must identify the Funeral Home as an Irrevocable Beneficiary using the following designation: Irrevocably to any funeral home that has provided funeral or burial services to the insured to the extent of those services. As noted above, a second primary beneficiary of your choice should be named to receive any remaining benefit amount.

* **SD residents** must identify the Funeral Home as an Irrevocable Beneficiary "as their interest lies". As noted above, a second primary beneficiary of your choice should be named to receive any remaining benefit amount.

Note: Some state regulations do not permit the designation of a Funeral Home as a Beneficiary.

Section D: Community Property State Requirements: If the owner lives in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA or WI), Section D must be completed or a spouse signature is required. Failure to provide a spouse signature or the completion of this section will result in a delay in completing the requested Beneficiary Change.) **If never married, do not complete this section.**

Section E: Read all the provided disclosures and provisions.

Section F: Ensure the appropriate signatures/dates/Owner's address information is included before submitting this form. The owner should sign the form exactly as designated in the policy. If a legal representative is signing for the owner, provide supporting legal documentation.

BENEFICIARY DESIGNATION

Midwestern United Life Insurance Company, Indianapolis, IN
 ReliaStar Life Insurance Company, Minneapolis, MN
 ReliaStar Life Insurance Company of New York, Woodbury, NY
 Security Life of Denver Insurance Company, Denver, CO
Members of the Voya® family of companies
 Venerable Insurance and Annuity Company, Des Moines, IA
 (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

ReliaStar Life Insurance Company ("ReliaStar") administers, and is solely responsible for, the life insurance policies and annuity contracts that it issues, and it also provides administrative services in relation to certain life insurance policies issued by Venerable Insurance and Annuity Company ("Venerable"). ReliaStar and Venerable are not otherwise affiliated. All contractual obligations under each life insurance policy or annuity contract remain the sole responsibility of the issuing insurance company.

All 4 pages of this Beneficiary Designation must be returned to the Company.

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(S) & INSURED(S) INFORMATION

Owner(s) Name(s) (Required) _____

Policy/File Code Number (Required) _____

Insured(s) Name(s) _____ Owner Phone (_____)

B. PRIMARY BENEFICIARIES *(Total percentage of all primary beneficiaries 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.)*

Irrevocable Beneficiary: Any named irrevocable beneficiary will be designated as a primary beneficiary. Any contract change requires the signed consent of the 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. All irrevocable beneficiaries must sign this request on Page 4. **If you wish to designate a beneficiary as irrevocable, check the "irrevocable" box in association with that beneficiary's entry, below.**

Trust: If any of the below beneficiaries are a trust, include the full name and date of the trust in the Name field. 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. **If one or more of your primary beneficiaries is a trust, check the "Trust" box associated with that beneficiary's entry, below.**

If a Trust is designated as beneficiary, you must complete a Trust Certification form and submit it with this Beneficiary Designation.

Trust Created by Will: 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 in accordance with the policy's beneficiary provisions.

Equal Shares for Primary Beneficiaries: Check this box if you wish payment to the primary beneficiaries named below to be made in equal shares. *If you select this option, you do not need to indicate percentages in the table below.*

	Name (First, MI, Last) ¹	DOB	Gender	SSN/TIN	Relationship	%	Is this Beneficiary a Trust or Irrevocable?
1			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Irrevocable <input type="checkbox"/> Trust
	Address			Phone (_____)			
2			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Irrevocable <input type="checkbox"/> Trust
	Address			Phone (_____)			

All 4 pages of this Beneficiary Designation must be returned to the Company.

B. PRIMARY BENEFICIARIES (Continued)

	Name (First, MI, Last) ¹	DOB	Gender	SSN/TIN	Relationship	%	Is this Beneficiary a Trust or Irrevocable?
3			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Irrevocable <input type="checkbox"/> Trust
	Address			Phone ()			
4			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Irrevocable <input type="checkbox"/> Trust
	Address			Phone ()			
5			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Irrevocable <input type="checkbox"/> Trust
	Address			Phone ()			

TOTAL (MUST EQUAL 100%)

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.)

C. CONTINGENT BENEFICIARIES (Total percentage of all contingent beneficiaries 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.)

Trust: If any of the below beneficiaries are a trust, include the full name of the trust and the date of the trust. 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. **If one or more of your contingent beneficiaries is a trust, check the "Trust" box associated with that beneficiary's entry, below.**

Trust Created by Will: 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 in accordance with the policy's beneficiary provisions.

Equal Shares for Contingent Beneficiaries: Check this box if you wish payment to the contingent beneficiaries named below to be made in equal shares. If you select this option, you do not need to indicate percentages in the table below.

	Name (First, MI, Last) ¹	DOB	Gender	SSN/TIN	Relationship	%	Is this Beneficiary a Trust?
1			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Trust
	Address			Phone ()			
2			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Trust
	Address			Phone ()			

All 4 pages of this Beneficiary Designation must be returned to the Company.

C. CONTINGENT BENEFICIARIES (Continued)

	Name (First, MI, Last) ¹	DOB	Gender <input type="checkbox"/> M <input type="checkbox"/> F	SSN/TIN	Relationship	%	Is this Beneficiary a Trust?
3			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Trust
	Address			Phone ()			
4			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Trust
	Address			Phone ()			
5			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Trust
	Address			Phone ()			



TOTAL (MUST EQUAL 100%)

D. 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 request.)

- If never married, **initial here.** _____
- 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.

E. 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, contact the Company.

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

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.

All 4 pages of this Beneficiary Designation must be returned to the Company.

F. SIGNATURES *(The owner should sign the form exactly as designated in the policy. If a legal representative is signing for the owner, provide supporting legal documentation.)*

➔ Owner Signature _____ Date _____

Owner Address _____

City _____ State _____ ZIP _____

Check this box if the primary owner's address has changed and you would like us to send all future correspondence directed to the primary owner to the new address provided.

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.)

If there is more than one owner, the second owner should sign in the space below.

➔ Second Owner Signature *(if applicable)* _____ Date _____

➔ Spouse Signature _____ Date _____

(Completion of Section D 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). In addition, a spouse signature is required if the plan is 403(b)/ERISA.)

➔ 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 _____

➔ Plan Administrator Signature ² _____ Date _____

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

² Required if plan is 403(b)/ERISA.