

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

ReliaStar Life Insurance Company, Minneapolis, MN
ReliaStar Life Insurance Company of New York, Woodbury, NY
Members of the *Voya*® family of companies
(the "Company")
Administrative Office: Route 8525, PO Box 122, Minneapolis, MN 55440-0122
Phone: 800-537-5024; Fax: 860-607-5401



Use this form to set up automatic withdrawals of your premium payment from your checking or savings account.

What is the EFT plan?

The EFT plan allows you to pay your policy premiums by allowing us to automatically withdraw funds from your financial institution's account.

What happens if my financial institution does not honor a withdrawal?

If your financial institution does not honor a withdrawal, your premium due will be considered unpaid. Premium payments are necessary to fund your policy; therefore, you will be required to send us a replacement payment. If we do not receive a replacement payment within the time required by your policy, your policy will enter its grace period and then lapse. Once a policy lapses, it no longer offers life insurance coverage. To help prevent this, we encourage you to obtain overdraft protection from your financial institution.

How much will be deducted from my account?

We will deduct premium payments according to the payment schedule outlined in your policy.

How can I cancel the EFT plan?

You have two options. You can write to us at the address above. Once we receive your request, we will cancel the EFT plan within 7 – 10 business days. You may also call us to cancel the plan.

We will cancel the EFT plan without notice if a withdrawal is not honored or 30 days after we provide written notice to you.

If the EFT plan is cancelled, you must pay any unpaid and future premiums directly to us by the premium due date in order to keep your coverage in force. Termination of the EFT plan does not change the premium due dates.

I'd like to enroll. Where do I sign?

Please read the following agreement, then sign and date this form.

EFT PAYMENT ELECTION

I authorize the Company to withdraw funds from my checking or savings account, identified below, to pay premiums on my insurance policy. This authorization will remain in effect until the Company has received a written request or phone call from me to terminate this agreement.

This Agreement Authorizes: A new transfer A change in existing transfer amount A change in financial institution

Payment Frequency: Monthly Quarterly Semi-Annually Annually

If you wish to specify a payment date, please indicate the date here (*between the 1st and the 26th*). _____

Policy / Certificate Owner Name (<i>Please print.</i>)	Policy / Certificate Number / Financial Account (FID) Number	Deduction
		\$
		\$
		\$
		\$

Bank Name _____ Account Type: Checking Savings

Bank Address _____ City _____ State _____ ZIP _____

Name(s) on Account _____

EFT PAYMENT AUTHORIZATION

For checking accounts, please tape a voided check in the space below. If you cannot provide this, please write the bank routing number and account number in the appropriate fields. Please make sure the bank routing number and account number are written exactly as they appear on the check (see example below).


Tape voided check here.

Routing Number **(9 digits)** Account Number

 Account Owner Signature _____ Date _____

Print Account Owner Name _____ Account Owner Phone (_____) _____

Example

Routing Number (9 digits) 

Financial Institution MEMO _____ Not Negotiable

987654321 **1234567890123** **5678**

Account Number 