

# SURRENDER APPLICATION

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")



Administrative Office: PO Box 20, Minneapolis, MN 55440  
Phone: 800-537-5024; Fax: 860-607-5401

**If you are considering making changes in the status of your Policy, you should consult with a licensed insurance or financial advisor.**

## POLICY INFORMATION *(Please print.)*

**This change will be effective as of the date the surrender is signed, but it will not apply to any payment made or action taken before this form is recorded at the Company's Administrative Office.**

Insured Name \_\_\_\_\_ Policy/File Code Number \_\_\_\_\_  
Owner Name \_\_\_\_\_ Owner SSN/TIN \_\_\_\_\_  
Owner Address \_\_\_\_\_ Is this a new address?  Yes  No  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

- I hereby surrender to the Company the above numbered Policy; all rights, title and interest in and to said Policy, and any benefits provided therein; and all agreements, amendments, endorsements, and riders attached thereto and made a part thereof.
- The surrender of said Policy shall be effective on the date of receipt of this form and properly executed at the Company's Administrative Office.
- This request will affect the guaranteed elements, non-guaranteed elements, face amount or surrender value of the Policy from which the values are released.
- I hereby certify that I am of legal age, that said Policy is not assigned or pledged, and that said Policy is not subject to any bankruptcy proceedings, attachment, or other lien or claim, except as follows:  
\_\_\_\_\_
- If more than one Policy number is listed above, the word "Policy" shall mean "Policies."

## NOTICE OF WITHHOLDING ON NON-PERIODIC DISTRIBUTIONS OR WITHDRAWALS FROM LIFE INSURANCE POLICIES AND ENDOWMENT CONTRACTS

The distributions or withdrawals you receive from the Company are subject to federal income tax withholding unless you elect not to have withholding apply. Withholding will only apply to the portion of your distribution or withdrawal that is included in your income subject to federal income tax. Thus, for example, there will be no withholding on the return of your own non-deductible contributions to the policy.

You may elect not to have withholding apply to your distribution by signing and dating the election and returning it to the Company's Administrative Office.

## TAX WITHHOLDING *(Please make the appropriate selections below.)*

Please indicate whether or not federal/state income taxes should be withheld from payments. Regardless of whether or not you elect to have federal/state income taxes withheld, you are liable for those taxes on the taxable portion of the benefits. You may also be subject to tax penalties under the Estimated Tax Payment rules. You are advised to seek the advice of a qualified tax advisor prior to making this election. An election made for a single non-recurring distribution applies only to the payment for which it is being made. For recurring payments, your withholding election will remain in effect until changed or revoked. You may change or revoke your election at any time prior to a distribution being made by submitting IRS Form W-4P.

### Federal Withholding

- I want federal income tax of 10% withheld from this payment.  
 I do not want federal income tax withheld from this payment.  
 I have read the withholding notice and elect to have additional income tax withheld of \$ \_\_\_\_\_.

**DEFAULT: If no election is made, standard federal income tax withholding will occur applicable to your type of distribution.**

### State Withholding

My residence state for tax purposes is \_\_\_\_\_ (If your current physical and/or mailing address is outside of your state of legal residence for tax purposes, please enter your tax state here. If no U.S. state or territory is on record and one is not specified, we will presume this income is not reportable to any U.S. state or territory.)

- DO NOT withhold any state income tax unless mandated by law.  
 DO withhold state taxes in the amount of \$ \_\_\_\_\_ or \_\_\_\_\_% (If you make this election, a dollar amount or percentage must be specified and cannot be less than any required withholding.)

If you do not make an election or if your state requires a greater amount of withholding, we will withhold at the rate specified by your state of residence for the type of payment you are receiving. In some cases, your state's specific withholding election form is required to opt out of withholding or to choose a rate other than the state's default rate. Refer to the attached State Income Tax Withholding Notification and/or your State Department of Taxation for details.

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## US 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 income<sup>1</sup>, and
3. I am a U.S. person.

*<sup>1</sup>If 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.

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**To avoid a delay in processing, please verify that all required signatures are complete.** By signing this form, I acknowledge that the information provided is complete and accurate. If this is a qualified Policy, I also acknowledge receipt of the Special Tax Notice and waive the 30-day notice requirement.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

 Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Title <sup>2</sup> \_\_\_\_\_ Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

Owner Address (Full Street Address required for tax purposes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

 Spouse Signature (if owner lives in a community property state) \_\_\_\_\_ Date \_\_\_\_\_

 Assignee/Irrevocable Beneficiary Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Title <sup>2</sup> \_\_\_\_\_

<sup>2</sup>If Owner or Assignee is a trust, partnership, or company, officer signature and title is required.