

OUTGOING ROLLOVER/TRANSFER/1035 EXCHANGE REQUEST FIXED/VARIABLE ANNUITIES - CHECKLIST FOR IRA AND NON-QUALIFIED ANNUITIES

ReliaStar Life Insurance Company (Home Office: Minneapolis, MN)
ReliaStar Life Insurance Company of New York (Home Office: Woodbury, NY)
(the "Company")
Members of the Voya® family of companies
Customer Service: PO Box 1559, Hartford, CT 06144-1559
Phone: 877-884-5050



Use this form to request a rollover or transfer from your traditional IRA, SEP IRA, or Roth IRA to another company. Also use this form to request a 1035 exchange from your Non-Qualified annuity contract to another company. Please follow the checklist to avoid delays in processing your request. A distribution is a tax reportable event that may not be reversed.

Section 1: RETURN COMPLETED FORMS

- Have you provided the letter of acceptance from your new custodian? The letter of acceptance must be on company letterhead, include the type of account the funds are being deposited into, address where to send the funds, and an authorized signature.

Section 2: CONTRACT OWNER INFORMATION

- Have you completed the section 1? All fields in this section are required.

Section 3: ACCOUNT YOU ARE MOVING ASSETS TO

- Have you completed section 3? All fields in this section are required.

Section 4: WITHDRAWAL AMOUNT

- Have you completed section 4? Provide the dollar amount you are requesting.

Section 5: WITHDRAWAL CHARGE/MARKET VALUE ADJUSTMENT ACKNOWLEDGMENT

- Have you completed section 5? A withdrawal charge and/or market value adjustment of \$500 or more must be acknowledged. If there is a variance of greater than \$100, your request will be considered not in good order.

NOTE: If you are unsure if the disbursement is subject to a withdrawal charge or market value adjustment, please contact Customer Service for assistance.

Section 7: DISBURSEMENT TYPE

- Have you completed section 7? Indicate type of disbursement you are requesting.

Section 10: CONTRACT OWNER, SPOUSE AND ALTERNATE PAYEE SIGNATURES, ACKNOWLEDGEMENTS AND TAX WITHHOLDING CERTIFICATION

- Have you completed section 11? Review all of the information; complete the Non-Resident Alien Status, if applicable. Complete the signature and date fields.

Note: If any of these sections are incomplete, your request may be considered not in good order and a new form may be sent back to you for completion and re-submission.

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GOOD ORDER

All transactions will be processed upon completion and receipt of this form and any other required document in good order. Good order is defined as receipt of any required information by Customer Service accurately and entirely completed, with any applicable signatures. If this form is not received in good order, a new form will be sent to you for completion and re-submission. If additional required documents are not properly executed and received within 30 days of receipt of the initial documentation, the entire submission will be closed and new paperwork will be required. To allow adequate time for processing and reporting of your distribution in the current tax year, please return this form in good order by December 15.

Reminder to Insurance Producer regarding New York Issued Annuity Contracts: Before making any recommendation, you must have adequate knowledge of the transaction you're recommending and provide your client with the relevant features of the annuity contract and potential consequences of the transaction, both favorable and unfavorable. If you have any questions about the annuity contract or transaction prior to making a recommendation, please contact the Company.

RETURN COMPLETED FORMS

Choose only one submission method. Multiple submissions may result in processing delays and/or duplicate withdrawals.

Regular Mail:

Customer Service
PO Box 1559
Hartford, CT 06144-1559

Overnight Delivery:

Customer Service
One Orange Way
Windsor, CT 06095

Fax:

Customer Service
Toll-Free Fax: 800-382-5744

1. CONTRACT OWNER INFORMATION *(Please print.)*

Contract Number **(Required)** _____
(Financial transactions require a separate form for each contract.)

Contract Owner Name **(Required)** _____ SSN/TIN **(Required)** _____

Check here if the address provided below is your current permanent mailing address. We will update our records to reflect this address if not currently on file.

Address **(Required)** _____

City _____ State _____ ZIP _____ Phone _____

Resident state for tax purposes: _____ *(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 the above box is not checked and the address provided above does not match the address we have on file, your request will be considered not in good order and a new form will be required.

Joint Contract Owner Name _____ SSN/TIN **(Required)** _____

2. ALTERNATE PAYEE INFORMATION *(Please print. Complete this section if you are an alternate payee requesting a withdrawal due to a Domestic Relations Order.)*

Contract Number **(Required)** _____

Alternate Payee Name **(Required)** _____ SSN/TIN **(Required)** _____

Address **(Required)** _____

City _____ State _____ ZIP _____ Phone _____

Resident state for tax purposes: _____ *(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.)*

3. ACCOUNT YOU ARE MOVING ASSETS TO

A letter of acceptance is required from this financial institution.

Financial Institution Name (Required) _____

Advisor/Agent Name (Required) _____

Note: Please print. If illegible or incomplete, a new form will be sent to you for completion and re-submission.

4. WITHDRAWAL AMOUNT (Select A. or B.)

Minimum withdrawal limits apply. Any withdrawal may be subject to a withdrawal charge and/or positive or negative market value adjustment (MVA). Please refer to your contract for more detailed information regarding the impact of withdrawals from your annuity.

- A. Partial Withdrawal (Select one. Partial amounts are not available for a Non-Qualified contract.)
 Specific Dollar Amount \$ _____
 Percentage of Contract Value _____ %
 Amount Available Free of Withdrawal Charge \$ _____ (If no amount is provided, the maximum amount available with no withdrawal charge will be withdrawn. If the full contract value is available free of withdrawal charge and no amount is provided, a full withdrawal will be processed.)
 Maximum Partial Withdrawal Leaving Account Active (Following a partial withdrawal, the remaining contract value must be at least the amount specified in the contract.)
 B. Full Withdrawal

5. WITHDRAWAL CHARGE/MARKET VALUE ADJUSTMENT ACKNOWLEDGMENT (Prior to processing your request, we require written acknowledgement of any withdrawal charge and/or market value adjustment of \$500 or more. If not provided or variance is greater than \$100, a new form will be sent to you for completion and re-submission.)

Withdrawal Charge/Market Value Adjustment Acknowledgement

\$ _____ Amount of Withdrawal Charge and/or Market Value Adjustment incurred for the withdrawal.

6. VARIABLE ANNUITY FUND SELECTION FOR PARTIAL WITHDRAWALS

Amounts will be withdrawn from each investment option on a pro rata basis. If, however, you wish to have your partial withdrawal from a specific investment option, you may do so by specifying below. Each percentage must be rounded to the nearest whole percent (Example: 15%, not 15.5%). If the fund name and number do not match, your request will be considered not in good order and a new form will be required.

Table with 6 columns: Fund Name, Fund # (Required), Amount Or %, Fund Name, Fund # (Required), Amount Or %

7. DISBURSEMENT TYPE (Select one option.)

A Letter of Acceptance from the recipient institution is required for the following options. See the Special Tax Notice concerning your election.

- OPTION A: DIRECT ROLLOVER - A direct rollover is an eligible withdrawal paid directly from one financial institution to another that does not qualify as one of the below transfers. The following rollovers are not subject to federal or state income tax withholding, but are subject to reporting.
 Direct Rollover of Traditional IRA/SEP IRA to:
 403(b) 401(a) 401(k) Governmental 457(b) SIMPLE
 OPTION B: IRA TRANSFER - The following transfers are not subject to federal or state income tax withholding or reporting.
 1. Transfer of Traditional IRA/SEP IRA to Traditional IRA/SEP IRA
 2. Transfer of Traditional IRA/SEP IRA to Inherited IRA
 3. Transfer of Roth IRA to Roth IRA
 4. Transfer of Roth IRA to Inherited Roth IRA
 5. Transfer of IRA to Roth IRA
 OPTION C: NON-QUALIFIED 1035 EXCHANGE - Only a Full Withdrawal may be selected in section 4. Assignment form from receiving company is required.

8. REQUIRED MINIMUM DISTRIBUTION (RMD) (Complete only if electing a Direct Rollover and if the distribution is subject to an RMD. This is only applicable on full withdrawals. An RMD will not be disbursed when a partial withdrawal is requested.)

If you are subject to a required minimum distribution for the current tax year, we want to help ensure that obligation has been or will be met prior to completing the selected rollover request. **If no selection is made below, we will default to distributing any RMD** applicable to this contract and will apply the default federal withholding rate of 10% and any state withholding required. (See *withholding requirements and disclosures in the Tax Withholding for RMD Only section of this form.*)

- DO NOT distribute** the RMD. The RMD for the current tax year has been or will be distributed from this or another contract. (If this box is **not** selected, the RMD **will be** disbursed.)
- DO distribute** the RMD. Please complete the Tax Withholding for RMD Only section.

9. TAX WITHHOLDING FOR RMD ONLY

Federal Withholding

Regardless of whether or not federal or state income tax is withheld, you are liable for taxes on the taxable portion of the payment. If you do not have a sufficient amount withheld, you may be subject to tax penalties under the Estimated Tax Payment rules. 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 it is changed or revoked. You may change or revoke your election at any time prior to a payment being made by submitting IRS form W-4P. U.S. persons having their payment delivered outside the U.S. or its possessions may not make an election of NO withholding. In this case, if you choose no withholding, the default rate will be applied. Non-resident aliens are subject to a mandatory 30% withholding rate unless they are eligible for a reduced rate or exemption under a tax treaty and the required documentation is submitted.

Non-periodic payments – 10% withholding: Non-periodic, non-rollover eligible payments from pensions, annuities, IRA's and life insurance contracts are subject to a flat 10% federal withholding rate unless you choose not to have federal income tax withheld. These include for example, required minimum distributions, hardship withdrawals, and distributions from IRA's that are payable on demand. You can choose not to have withholding applied to your non-periodic distribution by checking the applicable box below. You may also elect withholding in excess of the flat 10% rate.

Federal Withholding Instructions:

- DO NOT** withhold any federal income tax unless mandated by law
- DO** withhold federal taxes

Additional amount you want withheld from your payment(s) \$ _____ (Note: This amount is in addition to the standard federal withholding rate applicable to your distribution.)

State Withholding Instructions:

Resident state for tax purposes: _____ (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 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.

10. CONTRACT OWNER, SPOUSE AND ALTERNATIVE PAYEE SIGNATURES, ACKNOWLEDGEMENTS AND TAX WITHHOLDING CERTIFICATION

Under penalties of perjury, I declare that I have examined the tax withholding for state and federal purposes and to the best of my knowledge and belief it is true, correct and complete, including state and federal opt out elections, as applicable.

By signing this form, I acknowledge and accept the following conditions:

- I affirm that I am the owner or beneficiary of the listed ReliaStar contract and I authorize this transaction.
- The information provided is complete and accurate.
- I hold ReliaStar harmless from any income or excise tax liability, including penalties and interest, as a result of this transaction.
- I direct ReliaStar to send the requested payment to the address provided by the receiving institution named in section 3. If such payment is returned for any reason, I affirm that ReliaStar is not responsible for any lost investment opportunities that may result from failed direct rollovers, transfers or 1035 Exchanges.
- I acknowledge that maintenance fees, early withdrawal charges, and/or market value adjustments may be imposed on the account value of my annuity contract prior to this transaction and that it may not be in my best interest to begin a new surrender charge schedule.

I understand that the Company reserves the right to directly or through a third party recover any payments made in excess of amounts to which I am entitled under the terms of the Contract regardless of the method of payment.

Note to Owner regarding New York Issued Annuity Contracts: If your insurance producer is providing a recommendation regarding this transaction, the insurance producer is required to provide you with the relevant features of the annuity contract and potential consequences of the transaction, both favorable and unfavorable.

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

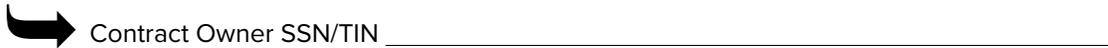
If you are a Non-Resident Alien, please check the box and provide your country of residence below.

Under penalties of perjury, I certify that I am a Non-Resident Alien and my country of residence is _____.

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 U.S. tax treaty.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications (in bold above) required to avoid backup withholding.

 Contract Owner Signature _____ Date _____

 Contract Owner SSN/TIN _____

 Joint Contract Owner Signature _____ Date _____

 Joint Contract Owner SSN/TIN _____

 Alternate Payee Signature _____ Date _____

If the Owner lives in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), the spouse's signature is required.

 Signature of Spouse _____ Date _____

IMPORTANT NOTICE: PLEASE NOTE THAT A DISTRIBUTION IS A TAX REPORTABLE EVENT THAT MAY NOT BE REVERSED.

Please note that duplicate requests for distribution, such as a fax followed by a mailed original, may result in multiple distributions. The Company will not be responsible for any gain/loss or charges that arise from multiple submissions.

STATE INCOME TAX WITHHOLDING NOTIFICATION

401, 403(b), 408 and Governmental 457 Plan Distribution



NOTIFICATION

If you are a resident of Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Iowa, Kansas, Maine, Maryland¹, Massachusetts, Michigan, Nebraska², North Carolina³, Oklahoma, Oregon, Vermont, or Virginia¹, your state requires state income tax withholding on the taxable portion of your distribution from your 401, 403(b), 408 Individual Retirement or Governmental 457 Plan. This state income tax withholding is in addition to the mandatory 20% (or, in some cases, 10%) federal income tax withholding. Please note, when a state cost basis differs from federal, the federal cost basis will be used in determining taxability for state income tax withholding purposes.

- If you are a resident of **California** or **Oregon** state income tax withholding will be calculated **unless** you elect “out” of state income tax withholding.
- If you are a resident of **Arkansas**, **North Carolina**³ or **Vermont**, state withholding will be automatically calculated when federal income tax withholding applies. If you do not elect “out” of 10% federal income tax withholding, you can still choose to elect out of state withholding. Requesting North Carolina withholding over mandatory amounts requires their Form NC-4P, Withholding Certificate for Pension or Annuity Payments.
- If you are a resident of **Iowa**, **Maine**, **Massachusetts**, **Nebraska**², or **Oklahoma**, state income tax withholding will be automatically calculated as these states do not allow an election “out” of state income tax withholding when federal income tax withholding applies.
- If you are a resident of **Delaware**, **Kansas** or **Maryland**¹ and are subject to mandatory 20% federal income tax withholding, state income tax withholding will be automatically calculated. State withholding is not required when 10% federal income tax withholding applies.
- If you are a resident of **Virginia**¹ or **Michigan**, state income tax withholding will be calculated automatically **unless** you meet certain criteria and claim an exemption from withholding. To claim an exemption or to request withholding over mandatory amounts, complete Form VA-4P for Virginia or Form MI-W4P for Michigan, and return the appropriate form to us with, and to the same designated location as, your Withdrawal Request.
- If you are a resident of the **District of Columbia** and are receiving a total distribution of your account balance, state income tax withholding will be automatically calculated. State withholding is not required for partial distributions.
- If you are a resident of **Georgia** and are receiving periodic payments, state income tax withholding will be automatically calculated unless you elect out.
- If you are a resident of **Connecticut** and are receiving partial non-periodic payments, state income tax withholding will be taken at the highest marginal rate unless you claim exemption from withholding and/or request additional withholding by completing Form CT-W4P. If you are receiving a total payment of your account balance, state income tax withholding will be taken at the highest marginal rate unless you request additional withholding by completing Form CT-W4P. You cannot claim exemption from withholding for a total payment. If you are receiving a periodic payment, state income tax withholding will be taken at the highest marginal rate unless you complete Form CT-W4P. Form CT-W4P must be returned to us with, and to the same designated location as, your Withdrawal Request.

¹Maryland and Virginia state income tax withholding is not required for distributions from 408 Plans.

²Nebraska state income tax withholding is not required for premature distributions from 408 Plans.

³North Carolina does not apply to distributions from NC state and local government or federal retirement systems for those vested as of 8/12/89.

KEEP A COPY FOR YOUR RECORDS