

POLICY LOAN REQUEST

- ReliaStar Life Insurance Company, Minneapolis, MN
 - ReliaStar Life Insurance Company of New York, Woodbury, NY
 - Security Life of Denver Insurance Company, Denver, CO
 - Voya Insurance and Annuity Company, Des Moines, IA
 - Midwestern United Life Insurance Company, Fort Wayne, IN
- Customer Service: 2000 21st Ave. NW, Minot, ND 58703
Fax: 1-877-788-6305 (toll free); Web site: www.voyalifecustomerservice.com



POLICY INFORMATION

Insured Name _____ Policy/File Code Number _____
Policy Owner Name _____ Policy Owner SSN/TIN _____
Policy Owner Address _____ Daytime Phone (_____) _____

POLICY LOAN AMOUNT (Check one.)

- \$ _____
- Maximum Loan Amount Available
- \$ _____ to pay premium due on Policy Number _____ (N/A on Universal Life or Variable Universal Life Plans)

ERISA PLANS

If this contract is under a plan which is subject to ERISA, please complete the information in this section. If I am married, my spouse must sign the spousal consent before a notary public. If I do not complete the information in this section, my signature below is certification that the contract is not subject to ERISA and/or that I am not married. **Requested Disbursement is for Loan Proceeds.** I hereby join in and consent to the above disbursement of loan proceeds. I understand that with this consent, the balance of the participant's interest under the Employer's plan will be used as security for repayment of the loan and when an event occurs which results in a distribution (other than an in-service distribution) of all or part of my spouse's interest under the Employer's plan, the amount my spouse or my spouse's beneficiary receives will be reduced by the balance of the outstanding loan. The undersigned verifies that the payment requested is in accordance with the terms of the plan, applicable law and regulations.

 Participant's Spouse Signature _____ Date _____

Employer Name _____

 Employer or Plan Administrator Signature _____ Date _____

Title _____ Phone (_____) _____

POLICY LOAN AGREEMENT

The undersigned hereby assign the Insurance Policy listed above as collateral to secure repayment of the loan amount requested. The undersigned agree to pay interest on this loan at the rate provided in, and according to the terms of the loan provisions of the policy. The undersigned further agree that loan interest not paid when due will be added to the principal of the outstanding loan and shall bear interest at the same rate. If the total indebtedness against the policy, including the amount of this loan and any unpaid interest, at any time equals or exceeds the then cash surrender value of the policy, the cash surrender value shall be applied to the payment of the indebtedness and the policy shall automatically terminate. Any indebtedness shall be automatically deducted from the policy proceeds if this policy matures as a death claim or otherwise. This loan may be repaid in whole or in part at any time before the Insured's death. We expressly warrant that no one has any interest in the policy except the undersigned, that no proceedings in insolvency or bankruptcy have been instituted or are pending against the undersigned, and there is no Federal Tax lien in force against the undersigned. If the policy has been classified as a Modified Endowment Contract under the 1988 Technical and Miscellaneous Revenue Act (TAMRA), then any distribution or withdrawals you receive from the Company that exceed your investment based on the contract are taxable and subject to Federal Income tax withholding, and/or penalties.

CHRONIC ILLNESS ACCELERATED DEATH BENEFIT RIDER NOTICE *(Applicable to policies with the Chronic Illness Rider.)*

By your signature below, you acknowledge that certain changes to your policy or riders may terminate the Chronic Illness Accelerated Death Benefit Rider ("Rider"). For example, loans, partial withdrawals, death benefit option changes, coverage increases and decreases, and benefit payments on any other accelerated death benefit rider under the same policy may terminate Rider benefits. Please refer to the Rider for detailed information and contact your producer with questions about your policy.

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 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.

SIGNATURES

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

 Owner Signature _____ Date _____

Owner Address _____

Title ¹ _____ Daytime Phone (_____) _____

 Spouse Signature *(if Owner lives in Community Property State)* _____ Date _____

 Assignee/Irrevocable Beneficiary Signature *(if applicable)* _____ Date _____

Title ¹ _____

 Agent Signature *(Optional)* _____ Date _____

¹If owner or assignee is a trust, partnership, or company, officer signature and title is required.