

REQUEST FOR CONVERSION (NON-UNDERWRITTEN)

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
(the "Company")



Customer Service: PO Box 5075, Minot, ND 58702-5075
Overnight Delivery: c/o New Business, 2000 21st Ave. NW, Minot, ND 58703

Note: The effective date of the conversion will be the current month and will bear the same day of the month of the original contract unless specified otherwise. If converting to an Indexed Universal Life Insurance Product and the original contract is dated after the 20th day of the current month, we will use the date closest to the original day, either the 20th or the 1st of the following month.

A. CURRENT POLICY INFORMATION

Insured Name _____

Owner Name _____

Existing Policy/Certificate Number _____ Existing Company _____

NOTE: Please complete the appropriate common life application when requesting an increase, addition of coverage, or change of premium class in connection with this conversion.

All conversion requests must be accompanied by a signed sales illustration.

Convert \$ _____ of (Base/Rider Type) _____ to (Product Name) _____

Question 1 (Select 1 checkbox):

Continue balance of existing insurance \$ _____ Discontinue balance of existing insurance Not applicable

Question 2 (Select 1 checkbox): Refund excess premium Apply excess premium to new policy Not applicable

B. REQUIREMENTS

- The converted contract must be issued to the same owner and insured as the original contract.
- **If this conversion is between Security Life of Denver Insurance Company and ReliaStar Life Insurance Company, completion of Section H (Inforce/Replacement Information) and a replacement form may be required. The notes accompanying this Request for Conversion (#127999) on Voya for Professionals include a list of states where conversions between affiliates are considered a replacement.**
- If the Owner 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 in Section I are complete. If the Owner has never been married, Section I or a spouse signature is not required.
- Sales Illustrations must be dated and include the names and signature of the policy owner and the agent/producer.
- When submitting an In Lieu of Illustration form, complete the applicable Accelerated Benefit Rider/Living Benefit Rider Disclosure form.
- Submit first modal premium payment. If monthly mode is selected, attach a completed EFT (#128623) and a voided check.
- Complete this Request for Conversion.

The following sections beginning on page 2 must be completed:

- Section C - Primary Insured Information
- Section D - Owner/Trust Information
- Section E - Policy Information
- Section F - Rider Information
- Section G - Beneficiary Information
- Section L - Agent/Producer Information

Indexed Universal Life requires this additional section on page 4 to be completed:

- Section J - Telephone Authorization

Variable Life requires these additional sections on page 4 to be completed:

- Section J - Telephone Authorization
- Section K - Suitability

Requirements for Variable ONLY:

- Fund Allocation of Premium Payments
- Disclosure and New Account Forms (Voya Financial Advisors, Inc. ONLY)

C. PRIMARY INSURED INFORMATION

First Name _____ MI _____ Last Name _____
Birth Date _____ State/Country _____ Gender: Male Female
SSN _____ Phone (_____) _____
Address (PO boxes are not permitted.) _____
City _____ State _____ ZIP _____

D. OWNER/TRUST INFORMATION (Complete if Owner is other than Primary Insured. If Owner is a Trust, please complete and submit the Trust Certification.)

1. Owner/Trust/Corporation Name _____
2. Owner Relationship to Proposed Primary Insured _____
3. Owner SSN/TIN _____ Owner Phone (_____) _____ Owner Birth Date _____
4. Owner Address (PO boxes are not permitted.) _____
City _____ State _____ ZIP _____
5. Trust/Corporation Address _____
City _____ State _____ ZIP _____
6. Billing Address (PO boxes are not permitted.) _____
City _____ State _____ ZIP _____
7. Type of Government Issued ID (Driver's License/Passport) _____ Document Number _____
Issuing State or Country _____ Issuance Date _____ Expiration Date _____
8. Trust Contact Name _____ TIN _____ Trust Date _____
9. Trust Type: Revocable Irrevocable Purpose of the Trust _____
10. Incorporation/Trust Situs State _____ Trustee/Corporate Officer Name _____
11. Does the above trustee have sole authority to act on behalf of the trust? Yes No (If "No", list the names and addresses of all trustees on a separate page. All trustees must sign the application.)

E. POLICY INFORMATION (Must attach a copy of the illustration signed by the applicant.)

Base Face Amount (Not including Riders) \$ _____
Payment Mode _____ Planned Scheduled Premium _____
Death Benefit Option: (If no option is selected - default is Option A.) A or 1-Level B or 2-Increasing or Variable
Death Benefit Qualification Test: (If no option is selected - default is Guideline Premium Test.) Guideline Premium Test Cash Value Accumulation Test
Remaining Amount in the Term Policy: (Only applicable for partial conversions) \$ _____

F. RIDER INFORMATION (Check appropriate box and enter amounts. Automatic riders are not listed below. Not all riders are available with all products or in all states.)**Signed illustration is required for permanent products.**

- Waiver of Cost of Insurance Rider (only applicable if the original policy had a Waiver of Premium Rider in force at the time it was converted)
 Other _____ \$ _____

G. BENEFICIARY INFORMATION FOR PRIMARY AND JOINT INSURED (If Beneficiary is a Trust, please complete and submit the Trust Certification. If Corporation, provide state of incorporation.)

Unless otherwise stated, the beneficiary designation is revocable and beneficiaries of like class shall share equally with right of survivorship.

	Name (First, MI, Last)	DOB	Gender	SSN/TIN	Relationship	%	Beneficiary Type
1			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
	Address				Phone ()		
2			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
	Address				Phone ()		
3			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
	Address				Phone ()		
4			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
	Address				Phone ()		

H. IN FORCE/REPLACEMENT INFORMATION (If this conversion is between Security Life of Denver Insurance Company and ReliaStar Life Insurance Company, complete this section only if the issue state is listed in the notes accompanying this form on Voya for Professionals.)

Questions 1-3 must be completed for each Proposed Insured and Owner.

	Proposed Insured			Proposed Owner	
	Yes	No		Yes	No
1. Do you currently have life insurance in force or applied for? (If "Yes," complete state required replacement form for model replacement regulation states ONLY.)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? (If "Yes," complete state required replacement form and provide details below.)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? (If "Yes," complete state required replacement form and provide details below.)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Insured Name	Insurance Company (Do not include group policies.)	Policy Number	Amount	Date Issued
			\$	
			\$	
			\$	
			\$	

4. Is this insurance intended to be a tax free or 1035 Exchange? (1035 not available on term insurance) Yes No
5. If "Yes," will a policy loan be carried over? Yes No

I. 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 an owner's spouse signature (if other than the Insured) or the completion of this section will result in a delay in completing the requested change.)

- If never married, **do not** complete Section I.
- If deceased, please indicate Date of Death of Spouse _____
- If divorced, this section must be completed. **Please 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.

J. TELEPHONE PRIVILEGES (Complete for Indexed and Variable Products ONLY)

I understand that telephone privileges are not automatically provided to me, my agent/registered representative and his/her assistants, unless I choose those privileges. The Company may use procedures to ensure instructions received by telephone are genuine, such as requiring forms of personal identification and tape recording phone calls. The Company and its distributor will not be liable for any loss, damage, costs or expenses incurred in acting on telephone instructions reasonably believed to be authentic. I understand that if I want to authorize telephone privileges, I must indicate below. I also understand that once granted, such privileges can be revoked only upon receipt of signed, written instructions at the Company.

I want telephone privileges. I want telephone privileges granted to my agent/registered representative and his/her assistant.

K. SUITABILITY/NEEDS ANALYSIS (Proposed Owner to complete for Variable Products ONLY)

1. Have you received a current prospectus including supplements for the variable life insurance policy and each of the Variable Account Investment Options? Yes No
Provide date of policy prospectus/supplement _____
2. Do you understand that: The amount or duration of the policy death benefit may vary under specified conditions; Policy values may increase or decrease with the investment experience of the investment options; Policy values may also increase with the interest credited in the Guaranteed Interest Division; The amount payable at the final policy date is not guaranteed, but is dependent on the account value and amounts owed under the policy at that time? Yes No
3. Do you understand that the fluctuation in values under the policy means that scheduled premium payments may not be sufficient to keep the policy in force in the event of market declines? Yes No
4. Do you understand that personalized illustrations are based on hypothetical rates of return which may not be indicative of future investment experience or of actual interest credited in the Guaranteed Interest Division? Yes No

L. AGENT/PRODUCER INFORMATION (To be completed by the Agent/Producer. For questions about this application or requirements, contact the New Business department.)

Agent/Producer Name/Broker-Dealer (Please print.)	Agent/Producer ID Number	% Split	Hierarchy ID	Hierarchy Name



Initial Payment: Check COD 1035 Exchange Administrative Office Exchange/Surrender Conversion EFT (at the time of issue)
 Age Used in Calculating Payment _____ Initial Payment \$ _____
 Planned/Scheduled/Modal Payment _____ Amount Collected \$ _____
 Annualized Planned Periodic Payment _____

No commission will be paid on the new policy if the term policy being converted has been sold to a life settlement company. If the new policy resulting from this conversion is settled within two years of issue, all compensation paid on this sale will be charged back. If you need a copy of your current compensation schedule applicable to this application, please contact Distributor Services at 1-877-882-5050.

M. SIGNATURES

ALL WHO SIGN AGREE THAT: No change will be made unless that policy is eligible for the change you request according to its terms or under our rules and until we are satisfied that, as of the date of this request, all Insureds and Proposed Insureds are eligible for the requested coverage.

Signed at (City/State) _____
 Irrevocable Beneficiary(ies) Signature _____ Date _____
 (Must sign to authorize transaction.)
 Insured Signature _____ Date _____
 Owner Signature ¹ (if other than Insured) _____ Date _____
 Spouse Signature ^{2,3} _____ Date _____
 Assignee Name ⁴ _____

 Assignee Signature (if applicable) _____ Date _____
 Agent/Producer Signature _____ Date _____
 Agent/Producer Phone (_____) _____ Fax (_____) _____ Agent Email Address _____

¹ If the owner is a trust, partnership, or corporation, a signature is required from an officer, partner, corporate representative or authorized corporate representatives.
² Completion of Section I or a Spouse signature is required if the owner currently lives in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA or WI).
³ Required if plan is 403(b)/ERISA.
⁴ Please 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.