

ELECTRONIC FUNDS TRANSFER (EFT)

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
(the "Company")
Customer Service, 2000 21st Ave. NW, Minot, ND 58703
Fax: 877-788-6305; Website: www.voyalifecustomerservice.com
Completed forms can be emailed to: liferequest@voya.com



ELECTRONIC FUNDS TRANSFER (EFT)

What is the EFT plan?

The EFT plan allows us to pay your policy premiums by automatically withdrawing 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 bank.

How much will be deducted from my account?

We will only 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 plan within 7 – 10 business days. You may also call us at 877-886-5050 to cancel the plan.

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

If the plan is cancelled, you must pay any unpaid and future premiums directly to us on the premium due date. Termination of the plan does not change the premium due dates.

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

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

Authorization Agreement for Prearranged Payments

I authorize the Company to withdraw funds from my checking or savings account, identified on the next page, to pay premiums on my life 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.

Important Notice for Term Insurance Premiums: Premiums paid more frequently than annually may result in higher total premiums for the same coverage.

This agreement authorizes: A new monthly transfer A change in the existing transfer amount A change in financial institution

Payment Frequency: Monthly Quarterly Semi-Annually Annually *(Frequency other than monthly depends on the policy type.)*

Insured Name <i>(Please print.)</i>	Policy Number	Deduction
		\$
		\$
		\$
		\$

ELECTRONIC FUNDS TRANSFER (EFT) *(Continued)*

Request Specific Draft Date for Recurring Payments ¹ *(Between the 1st and the 28th)* _____

Bank Name _____ Account Type: Checking Savings

Bank Address _____

City _____ State _____ ZIP _____

Name(s) on Account _____ Account Owner Phone (_____) _____

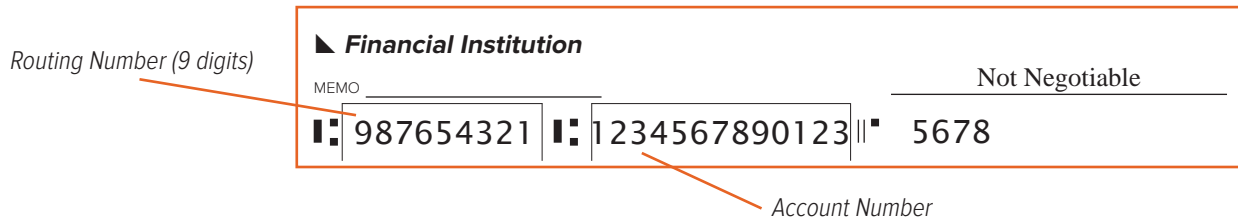
For checking accounts, please tape a voided check in the space below. If you cannot provide this, you may write the bank routing number and account number in the appropriate fields. Deposit slips will not be accepted in lieu of voided checks.



Routing Number (9 digits) _____ Account Number _____

 Account Owner Signature _____ Date _____

Sample Check



¹ Depending on the type of policy you own, the draft date options may vary. Please call us at 877-882-5050 option 1, option 1 for more information.