YOUR PAYMENT OPTIONS AS A LIFE INSURANCE BENEFICIARY

As a convenience to beneficiaries, the Company offers several different types of payment options or payment types for receiving the death benefit proceeds of a life insurance policy. This document describes the most commonly selected payment options for insurance proceeds and is provided for informational purposes only - it should not be solely relied upon in making your payment method selection. State regulations and/or the terms of the policy may limit or exclude some payment methods described in this document.

This document explains general payment options which may or may not be available under the policy on which you have been named a beneficiary; it does not discuss payment or settlement options for death claims related to qualified retirement plans under Internal Revenue Code Section 401(a) or 403(b) or individual retirement annuities. Contact our claims department at the toll-free number appearing on your Claimant Statement if you have any questions. You should consult with a tax, investment, or other financial advisor regarding potential tax liability and/or investment options prior to making a final decision regarding any of the payment options/types described. **NOTE: Once you elect a payment method, it cannot be changed.**

PAYMENT OPTIONS

The Company offers three types of payment options. Each option type provides full payment through either a single check or immediate access to the entire proceeds of the policy as described below.

- **Voya Personal Transition Account.** The Voya Financial Lifeline Program is a type of lump sum payment option available if the death benefit proceeds are $5,000 or greater. The Voya Personal Transition Account earns interest with a guaranteed minimum rate and gives you full access to your benefit through a draftbook while you consider longer-term financial decisions. You can use the draftbook to write a draft for the full balance of the account at any time or smaller drafts at your convenience. Further details are provided in the enclosed Supplemental Contract and the Voya Personal Transition Account brochure. The Voya Personal Transition Account is not available if you live in AK, IL, NV, NC, or KS.
- **Proceeds Held at Interest.** Under this option, your proceeds are held by the Company while earning interest at a declared rate credited annually. The declared rate may be subject to a guaranteed minimum specified in the policy, **which may be higher than the rate offered under the Voya Personal Transition Account.** You can make withdrawals in amounts of $100 or more, up to the remaining balance, by contacting us. Funds left on deposit with the Company are backed by the financial strength and claims-paying ability of the Company itself and are not insured by FDIC. You will receive an annual statement disclosing the current balance of funds remaining on deposit, as well as any interest earned over the previous year. **Note:** The Company derives income from proceeds left on deposit to the extent those funds are part of the Company's general account. Fees are incurred for certain administrative services.
- **Lump Sum Check.** You may request the entire proceeds be paid as a single check payable to you.

For further information contact your State Department of Insurance.

INSTALLMENT PAYMENT OPTIONS

The Company also offers a number of deferred payment options, which pay out the proceeds over a period of time that you select (e.g., over your lifetime). If you select a deferred payment option, we will provide you with a written description of the terms of the installment payment option you selected. The most common deferred payment options are described below. Refer to the policy to see if additional options are available to you.

- **Annuity Options without Life Contingency** (Not based on your life expectancy). Under these options, payments will be made to you in equal installments and continue until all proceeds and interest are exhausted. There are two options:

  Fixed Amount. Equal installments are paid to you in the amount you choose until the balance is exhausted.

  Fixed Period. Equal installments are calculated and paid to you over the time period you choose.
- **Annuity Options with Life Contingency** (Paid for as long as you live). Under this type of annuity option, payments continue for as long as you live, and the amounts paid may either cease at your death or continue for a guaranteed period to a survivor. There are three options.

  Single Life / Life Income Annuity. Equal installments are paid to you over time until your death, after which no further payments will be made.

  Fixed Period / Period Certain Annuity. Equal installments are paid to you over time for a guaranteed period. If you should die before the end of the guarantee period, a beneficiary you designate will receive the balance of the guaranteed payments.

  Joint and Survivor Annuity. Installment payments are made over period of time of the lives of two annuitants. At the first death of one annuitant, payment will continue to the survivor for life. Payments to the survivor may remain the same or be reduced (to two-thirds or one-half) depending on the terms of the annuity option you choose. This option may not be available to some beneficiaries, such as under group life insurance policies.

FRAUD WARNINGS

Alabama, Alaska, Arkansas, Delaware, Idaho, Indiana, Louisiana, Maine, Minnesota, Ohio, Oklahoma, Rhode Island, Tennessee, Texas, Washington, West Virginia: Any person who, knowingly with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and civil penalties, and denial of insurance benefits.

Arizona: For your protection Arizona Law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California: For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico: Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

PROOF OF DEATH - CLAIMANT'S STATEMENT

ReliaStar Life Insurance Company (RLIC), Minneapolis, MN
ReliaStar Life Insurance Company of New York (RLNY), Woodbury, NY
Members of the Voya® family of companies

Submit at voya.com/claims *(select Upload Documents);* **Phone:** 888-238-4840
Voya Life Claims: PO Box 1548, Minneapolis, MN 55440
Overnight Address: 250 Marquette Ave., Suite 900, Minneapolis, MN 55401

CLAIM CHECKLIST

☐ SIGN and DATE this completed form, then submit using one of the above methods.

☐ Attach a death certificate indicating manner and cause of death (a certified death certificate is required if the benefit is above $500,000 or upon request) and any other required documentation. **Missing or incomplete information may delay claim processing.**

☐ I agree to be contacted by the Empathy care team regarding any bereavement care benefits to which I may have access. To learn more about Empathy and our relationship with them, visit: join.empathy.com/voya-empathy.

GOOD ORDER

To process this paperwork in a timely manner, it must be received in good order; all questions answered, dated and all necessary signatures furnished. Forms and other requested information not received in good order may be returned to you for completion and will be processed when resubmitted in good order. The Company reserves the right to require or to obtain further proof or information should it be deemed necessary.

Furnishing of forms by the Company:
- Does not constitute an admission that there is any insurance in force.
- Does not obligate the Company to pay any proceeds.
- Does not waive any of the Company's defenses or rights in any claim which may be asserted.

SECTION 1. GROUP OR POLICY INFORMATION

Group or Association Name [1] *(If applicable)* _____

Group or Association Policy Number [1] _____ **OR** Insurance Policy Number(s) _____

Claim Number _____

[1] ***Group or Association Name*** *and* ***Group or Association Policy Number*** *apply ONLY if coverage was obtained through an Employer or Association.*

SECTION 2. INSURED INFORMATION

Select, if applicable.: ☐ International / Foreign Address

Primary Insured Name *(First)* _____ *(Middle Initial)* _____ *(Last)* _____

Birth Date _____ SSN _____ Sex*: ☐ Male ☐ Female

Other names the Primary Insured may have been known by _____

Address _____

Address _____

City _____ Province / State _____ ZIP _____

Country _____ Email _____

Phone (_____)_____ International Phone _____

Marital Status: ☐ Married ☐ Domestic Partner / Civil Union ☐ Never Married ☐ Divorced ☐ Widowed

* *We ask for your sex to help us make sure our prices are fair and accurate.*

SECTION 3. DECEASED INFORMATION

The Deceased Is: ☐ The Primary Insured ☐ Spouse of Primary Insured ☐ Domestic Partner / Civil Union of Primary Insured ☐ Child of Primary Insured
☐ Other _____

Cause of Death _____ Country Where Death Occurred _____

Date of Death _____ If caused by injuries, explain *(Attach newspaper clipping, if available.)* _____

If Deceased is **NOT** the Primary Insured, provide the below information.

Deceased Name *(First)* _____ *(Middle Initial)* _____ *(Last)* _____

Address at Time of Death _____

City _____ State _____ ZIP _____

Birth Date _____ SSN _____ Sex: ☐ Male ☐ Female

Group or Policy Number _____

Primary Insured Name *(First)* _____ *(Middle Initial)* _____ *(Last)* _____

SECTION 4. BENEFICIARY INFORMATION *(Signature required on page 4.)*

Select, if applicable.: ☐ International / Foreign Address

Beneficiary Name *(Individual, Trust, Estate, or Entity)* _____

Relationship to Deceased: ☐ Spouse ☐ Domestic Partner ☐ Child ☐ Trustee ☐ Estate Administrator ☐ Other _____

If Relationship is "Trustee," on what date was the Trust created? _____

Birth Date _____ SSN / TIN [2] _____

Address _____

Address _____

City _____ Province / State _____ ZIP _____

Country _____ Email _____

Phone (_____)_____ International Phone _____

Mailing Address *(if different from above)* _____

City _____ State _____ ZIP _____

[2] *Enter Social Security Number if beneficiary is an individual. Enter Taxpayer ID Number (TIN) if beneficiary is a trust, estate, or entity.*

SECTION 5. PREFERRED PAYMENT METHOD

Select from the most common payment options below. For details of all options available to you, refer to the insurance policy or contact us. If you do not select an option and your benefit is greater than $5,000, it will be placed in a Voya Personal Transition Account described below. If your benefit is less than $5,000 and you do not select an option, a lump sum check will be mailed to you.

☐ **Lump Sum Payment placed into a Voya Personal Transition Account.** Your benefit will be placed in a Voya Personal Transition Account opened in your name. The Account earns interest with a guaranteed minimum rate and gives you full access to your benefit through a draftbook while you consider your longer-term financial decisions. You can use the draftbook to write a draft for the full balance of the account at any time. Further details are provided in the Supplemental Contract and the Voya Personal Transition Account brochure. **If you would like the benefit paid by a lump sum check, contact us. If you select this option and your claim is less than $5,000, you live in AK, IL, NV, NC, or KS, the Company will mail you a lump sum check.**

☐ **Proceeds Held At Interest.** Your benefit will be held by the Company while earning interest at a declared rate credited annually. The declared rate may be subject to a guaranteed minimum specified in the policy, **which may be higher than the rate offered under the Voya Personal Transition Account**. You can make withdrawals in amounts of $100 or more by contacting us.

☐ **Installment options.** Your benefit will be paid to you in installments over time while earning interest. If you choose an installment option, contact us and we will assist you in structuring your installment payments. The enclosed document, "Your Payment Options as a Life Insurance Beneficiary", provides further details.

INTEREST PAYABLE ON INDIVIDUAL LIFE INSURANCE POLICIES ISSUED IN ILLINOIS: As provided by Illinois insurance law, if payment is not made within 31 days from the date we receive due proof of death, interest at the rate of 10% from the date of death to the date of our payment will be included with the death benefit.

SECTION 6. U.S. TAXPAYER CERTIFICATIONS *(Signature required.)*

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;

☐ **If I am subject to backup withholding, I have checked here.**

3. I am a U.S. person.

NON-RESIDENT ALIEN STATUS

If you are a Non-Resident Alien, 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 required to avoid backup withholding.

By typing your name in the box below, you are electronically signing this document. Your electronic signature will be legally binding and enforceable and the legal equivalent of your handwritten signature.

By signing below, you acknowledge that you have reviewed the payment options on page 1 and the Fraud Warnings on page 2.

Beneficiary Authorized Signature _____ **Date** _____

Voya's Personal Transition Account

The Voya® Financial Lifeline Program is a lump sum type payment option for the entire proceeds of a Voya Life Insurance policy if the proceeds are $5,000 or greater. The proceeds of the policy are placed into an interest-bearing Personal Transition Account, and the beneficiary is provided with a draftbook. The account will earn a guaranteed minimum interest rate and is backed by the financial stability of the company that issues the contract or policy.

Why choose Voya's Personal Transition Account?

Our life is full of many transitions, and our goal is to make them easier for you. Voya's Personal Transition Account offers many benefits and services to assist you during times of change.

Immediate access to funds: We encourage you to take the time you need to make informed financial decisions. When you're ready, you may draw from the full balance at any time or make smaller withdrawals when needed based on what works best for you.

Earn interest from day one: The moment your account is established, it starts earning interest at a guarantee rate.

No hidden fees, no draft limits: There are no minimums or limits on the number of drafts you can write from the account and no fees will be charged to write or reorder drafts. The account also does not charge a fee for account maintenance.

Secure and reliable: The account is backed by the financial stability of the insurance company that issued the contract or policy.

Ready to get started?

Our dedicated customer service team is here for you with ongoing support every step of the way. Whether you have questions or need guidance from a financial professional, we're committed to delivering quality service.

Support on call: Our experienced professionals will provide timely answers to your questions about your Voya Personal Transition Account, including terms and conditions, naming or changing a beneficiary or reporting personal information changes.

Convenient access: To help you manage your Voya Personal Transition Account you will have access to an automated 24-hour service and our website, **financiallifeline.voya.com**, where you can sign up to receive your statements online.

Financial guidance readily available: If you don't have a financial professional, Voya will assist you in contacting an experienced financial professional who can provide personalized guidance to help you make informed decisions.*

Voya's Personal Transition Account is not available if you live in Alaska, Illinois, Kansas, Nevada or North Carolina.

[1] Please refer to the Supplemental Contract for additional information on features of the account, including benefits and fees.

Not FDIC/NCUA/NCUSIF Insured | Not a Deposit of a Bank/Credit Union | May Lose Value | Not Bank/Credit Union Guaranteed | Not Insured by Any Federal Government Agency

* Financial professionals are investment adviser representatives and/or registered representatives of, and securities and investment advisory services offered through, Voya Financial Advisors, Inc. (member SIPC).

Neither Voya® nor its affiliated companies or representatives provide tax or legal advice. Please consult a tax adviser or attorney before making a tax-related investment/insurance decision.

All contractual obligations under each insurance policy or contract are the sole responsibility of the issuing insurance company.

Products and services offered through the Voya® family of companies: Voya Retirement Insurance and Annuity Company, ReliaStar Life Insurance Company and ReliaStar Life Insurance Company of New York.

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Voya.com

Personal Transition Account Supplemental Contract

Voya's Personal Transition Account

The Voya Personal Transition Account may be established as full payment to you of the death benefit or proceeds payable to you as a beneficiary of an insurance policy or contract (the "Insurance Product") if your proceeds are $5,000 or greater. Once the account is established, you will be the owner of the account and you will receive a "draftbook" as full payment to you as beneficiary of the proceeds of the Insurance Product.

Please note, you should contact the insurance company using the toll-free telephone number identified on the claimant statement or death claim form:

- **If you do not wish to have the proceeds deposited into the account and would like the proceeds paid by a single check made payable to you**
- **For additional infromation on the current and guaranteed interest rate offered under the settlement or payment options of your insurance product.**

The Personal Transition Account is an interest-bearing account which has a declared credited interest rate and is subject to a guaranteed minimum interest rate. The account allows immediate access to the proceeds and there is no limit on the number of drafts one can write from the account. Additionally, the account holder may choose to draw on the entire proceeds immediately by writing a draft for the full account balance, which includes earned interest.

This Supplemental Contract (the "Contract") shall be effective as of the date the account is established and sets forth your legal rights as the owner of the account, a part of Voya's Financial Lifeline program. For purposes of this Contract, "Insurance Company" shall mean any of the following Voya family of insurance companies, as named in the applicable Insurance Product: Voya Retirement Insurance and Annuity Company, ReliaStar Life Insurance Company, and ReliaStar Life Insurance Company of New York.

Other options offered by Voya

The Insurance Product may provide other settlement or payment options with different benefits, features, guarantees or paying higher guaranteed or current interest rates than the account. You should carefully review all settlement or payment options under the Insurance Product. We encourage you to consult your financial professional or tax advisor before choosing your settlement option. Once the account has been established, you may not elect any other settlement or payment option under the Insurance Product. In addition, please refer to the Claimant Statement or Death Claim form for all the settlement options available to you.

Protection for Voya's Personal Transition Account

The account is not guaranteed by the Federal Deposit Insurance Corporation (FDIC), but may be guaranteed by the state's Insurance Guaranty Association applicable to the Insurance Product. The account is backed by the financial stability and claims paying ability of the Insurance Company that established the Account. It is not FDIC-insured, it is not a deposit, and it may lose value. You should contact the National Organization of Life and Health Insurance Guaranty Associations (www.nolhga.com) to learn more about the coverage limitations of the account.

Your ownership of the account

Upon the establishment of the account, you will be provided with a confirmation setting forth your account number, opening balance and the current interest rate. As the owner of the account, you may write drafts, transfer funds and exercise all rights related to the account as set forth in your contract. You may write one draft at any time to withdraw the full balance of the account including interest. There is no limit on the number of drafts you can write against the account. You may also establish electronic funds transfers (ACH) from your account.

To withdraw or expend funds you may use a draft from the draftbook initially sent to you in the same manner as you would use a check from a personal checking account. You may pay bills by writing a draft or you may withdraw cash by writing a draft payable to yourself. Your drafts may be used as a method of payment for the purchase of goods or services with merchants that accept drafts as a method of payment. Prior to making any purchase, you should verify with the merchant whether it will accept a draft as a method of payment.

Administration of your account

The account is established and maintained by the Insurance Company. The Insurance Company has engaged a bank to provide processing services including custodial and administrative services ("Processing Bank"). The current Processing Bank is the Bank of New York Mellon. The Insurance Company may change the bank serving as the processing bank at any time in its sole discretion and without notice to you.

If you become aware of unauthorized use of your account, you must notify the Insurance Company immediately.

Credited interest/guaranteed minimum rate of interest

Your account will be credited with interest earnings as described below. Interest on the account balance is credited from the date of the account's establishment to the day of any withdrawal, transfer or termination of the account. The Insurance Company guarantees that the balance will be credited with interest at a rate at least equal to 0.25% annually from the date the account is established. Interest may be credited above the guaranteed minimum interest rate at the current rate declared by the Insurance Company ("Current Interest Rate"). The current interest rate credited to your account is subject to change no more than twice in any twelve-month period and any decrease in the current interest rate will not occur less than one year since the last change.

The current interest rate is determined by the Insurance Company, in its sole discretion, based on factors including, but not limited to: current and anticipated market conditions, net cash flow, portfolio yields and the current competitive rate environment.

The crediting of interest on the account is subject to the financial stability and claims paying ability of the Insurance Company.

Account fees

The Insurance Company will charge the following fees when additional services are requested: $15 for each stop payment; $5 per copy of draft; $10 for drafts returned for insufficient funds; and $10 per statement ("account fees"). The Insurance Company may change the fees for these services at any time at its discretion. The processing bank will return drafts for the following reasons: insufficient funds, altered drafts, missing payee information and signatures that do not match your signature on file with the Insurance Company. Research costs are applied on an hourly basis. All fees are subject to change.

Restrictions on your account

The Insurance Company does not allow the account to be used to pay bills over the phone or make wire transfers to other accounts or vendors. The Insurance Company does not issue cashier's checks.

The ownership of the account may not be changed. Assignment of the account is not permitted.

Deposits to this account are not permitted. The account is funded solely from the proceeds of an Insurance Company Insurance Product.

Account statements

Each month that you have activity in the account other than credited interest, you will receive statements showing your account's activities, including current account balance, withdrawals and interest credited. If you do not have activity in your account, you will receive a statement at least quarterly. Statements will be delivered via postal mail unless you elect to suppress the paper copies and receive them electronically through our secured site dedicated to servicing account owners. E-statements eliminate the chance of paperwork being lost, provide "real time" account activity and offer the convenience of having all your information at your fingertips whenever you like.

Cancelled drafts

Cancelled drafts are kept on file for no longer than seven years. In the event you need a canceled draft, please contact the Insurance Company customer service center to discuss our records retention policy.

Tax reporting

Only if the amount of annual interest on your account is over $10, the Insurance Company will send you a 1099-INT form each January reporting the amount of taxable interest earned on the account. The account may have tax implications and you should consult a tax advisor.

Account status/closing your account

You may close your account at any time. You may write one draft to access the full amount of the account, including interest, at any time. There may be delays in processing transactions if a draft is completed improperly or if any other requested transaction is not in good order as determined by the Insurance Company.

If at any time after the account is established, the available balance falls below $1,500.00, the account will be closed and a check will be sent to you for the remaining account balance and accrued interest at the end of that month.

The Insurance Company will periodically request that you confirm your intent to continue the account. If you do not affirmatively confirm your intent to keep the account active or if there is no financial activity with the account (excluding credited interest) or other customer initiated activity for a period of 36 months, the Insurance Company may be required by law to pay any remaining funds over to the state government in which the account was established. At this time, you will need to contact your respective state's Unclaimed Property division to obtain the proceeds.

If something happens to you

Upon notification of your death, the balance of the account and accrued interest will be paid to your named beneficiary or to your estate and the account will be closed. You may name a beneficiary of the account by completing the Beneficiary Designation Form. You may change your beneficiary designation at any time by notifying us in writing. If you need a Beneficiary Designation Form, please contact our customer service team at **800-625-7440**. If you do not name a beneficiary upon your death, the balance of the account and accrued interest will be paid to your estate and the account will be closed.

Company profit from the account

The funds related to the account are held by the Insurance Company in its general account which produces investment earnings for the Insurance Company. Since investment earnings may add to the profitability of the Insurance Company, the account contributes to the earnings and profitability of the Insurance Company. The amount of such profit the Insurance Company may realize from your account will vary depending upon a number of factors including the time period over which funds remain in the account. You may terminate or reduce your account at any time by withdrawing all or a portion of the account.

Amendment and termination of this contract and your account

The Insurance Company reserves the right in its discretion to terminate this contract at any time or to make changes to its terms and conditions (other than to the guaranteed minimum interest rate and to the frequency with which the current interest rate may be changed). In the event of a termination of the contract, your account will be closed and the remaining balance and accrued interest will be sent to you. The Insurance Company will notify you of changes to or termination of the contract. Please retain a copy of the Supplemental Contract for your records.

In the event that the Insurance Company contests the proceeds, the Insurance Company reserves the right to freeze the account pending resolution of the matter. In the event a third party makes a claim to the proceeds, the Insurance Company may freeze the account and may set off all or a portion of the account as required to pay such claim upon resolution.

Additional questions

Should you have additional questions prior to electing the Voya Personal Transition Account, please contact the Insurance Company using the toll-free telephone number on the claimant statement or death claim form.

For information upon establishment of the Voya Personal Transition Account, you will have access to the account on our website: financiallifeline.voya.com

You may also contact our customer service center by telephone at 800-625-7440. Or write to us at:

Voya's Financial Lifeline Program
P.O. Box 535405
Pittsburgh, PA 15253-5405

In order to send account information to you, please be sure that we have your correct mailing information. You should notify the customer service center promptly of any address changes.

Secretary for each Insurance Company with the Voya family of insurance companies

For further information, please contact your state's Department of Insurance.

Not FDIC/NCUA/NCUSIF Insured | Not a Deposit of a Bank/Credit Union | May Lose Value | Not Bank/Credit Union Guaranteed | Not Insured by Any Federal Government Agency

Neither Voya® nor its affiliated companies or representatives provide tax or legal advice. Please consult a tax adviser or attorney before making a tax-related investment/insurance decision.

All contractual obligations under each insurance policy or contract are the sole responsibility of the issuing insurance company.

Products and services offered through the Voya® family of companies: Voya Retirement Insurance and Annuity Company, ReliaStar Life Insurance Company and ReliaStar Life Insurance Company of New York.

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