

TRUST VERIFICATION

ReliaStar Life Insurance Company (RLIC), Minneapolis, MN
 ReliaStar Life Insurance Company of New York (RLNY), Woodbury, NY



Submit at voya.com/claims (select *Upload Documents*)

Voya Life Claims Phone: 888-238-4840

Voya Life Claims Address: PO Box 1548, Minneapolis, MN 55440

Voya Supplemental Health Claims Phone: 877-236-7564

Voya Supplemental Health Claims Address: PO Box 320, Minneapolis, MN 55440

Overnight Address (Life Claims and Supplemental Health): 250 Marquette Avenue, Suite 900, Minneapolis, MN 55401

SECTION 1. INSURED / MEMBER / EMPLOYEE INFORMATION

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

Group or Association Name _____

Group or Association Policy Number _____ **OR** Insurance Policy Number _____

Claim Number (if available) _____ Product Type _____

SECTION 2. TRUST INFORMATION

The Company's records show the following as the beneficiary.

Trust Name _____

Trust Date _____ Trust TIN (Required) _____

Enter the Taxpayer Identification Number (TIN) assigned to the Trust. If the trust is revocable, the grantor's SSN may be used until the grantor dies. If the grantor is deceased, the Trust must apply for and be assigned a separate EIN by the IRS.

SECTION 3. CURRENT TRUSTEE INFORMATION

Trustee #1 Name _____

Birth Date _____ Phone (_____) _____

Address _____ City _____ State _____ ZIP _____

SECTION 3. CURRENT TRUSTEE INFORMATION *(Continued)***Trustee #2** Name _____

Birth Date _____ Phone (____) _____

Address _____ City _____ State _____ ZIP _____

Trustee #3 Name _____

Birth Date _____ Phone (____) _____

Address _____ City _____ State _____ ZIP _____

SECTION 4. CERTIFICATION AND SIGNATURES

The undersigned Trustee(s) certify(ies) to the Company that they constitute all of the authorized Trustees of the Trust and the Trust is in full force and effect. The Company will not be required to inquire into the terms of the Trust Agreement and will not be charged with knowledge of the terms of the Trust Agreement. Trustee(s) has (have) the authority to sell, assign, exchange or alter any of the life insurance policies which are assets of the Trust on the terms and conditions deemed advisable. The Company is not obligated to inquire into any action taken by Trustee(s) or to see to the application of any money delivered to Trustee(s). The Company is released from any liability for actions taken in reliance upon this form, and any change to the information on this form must be made in writing. Any change will not be binding on the Company until received by the Company's claim office.

The undersigned Trustee(s) certified that the replacement Trustee(s) has (have) the same rights and powers as the previous Trustee(s) and that the replacement Trustee(s) is (are) fully qualified to act for the Trust according to the terms of the Trust or a valid court order.

As Trustee(s) of the aforementioned Trust, I (we) certify under penalty of perjury that the stated tax identification number in Section #2 is the correct tax identification number for the Trust.

Currently authorized Trustee(s), must sign below. If a trustee is a corporation, print the corporate name.

Trustee #1 Name *(Please print.)* _____ Trustee Signature _____ Date _____Trustee #2 Name *(Please print.)* _____ Trustee Signature _____ Date _____Trustee #3 Name *(Please print.)* _____ Trustee Signature _____ Date _____