

# Beneficiary Designation

Signature(s) Required Below



ReliaStar Life Insurance Company  
P.O. Box 20 Minneapolis, Minnesota 55440  
A member of the ING family of companies

## Instructions:

**Insured/Owner:** Type or print legibly in ink. Sign and date form. Return original and retain a copy for your records.

**Plan Administrator:**

- Send the completed form to the insurance company for approval if any of the following apply: 1) The wording used in the request differs from the examples given on the reverse side; 2) The policy/certificate has been assigned; 3) The previous beneficiary is irrevocable; or 4) The coverage is under an individual policy. Also send copies of all previous beneficiary changes, assignment forms, and a copy of the insured's enrollment form or application. The insurance company will return a copy of the approved form.
- For forms that do not require insurance company approval, retain a copy of the approved form with the insured's records.

Name of Insured		Date of Birth
Name of Employer or Association	Policy Number	Social Security Number

I request that the beneficiary under this policy/certificate be changed as indicated below. Unless otherwise provided in this request, if two or more primary beneficiaries are named, the proceeds shall be paid in equal shares to the named primary beneficiaries if surviving the insured, or to the survivor or survivors. If no primary beneficiaries survive, the proceeds shall be paid in equal shares to the named contingent beneficiaries, if any. If no beneficiary survives, payment shall be made according to the terms of the policy. The right of the owner to change the beneficiary hereafter is reserved.

For each Beneficiary give Full Name, Address (*street, city, state and zip code*), Date of Birth, Social Security Number and Relationship to Insured.

Primary Beneficiaries:


Contingent Beneficiaries:


This designation is revocable as to each beneficiary except when otherwise stated, and beneficiaries of like class shall share equally with right of survivorship. The insurance company will not accept any designation using the words "Per Stirpes." Please refer to the Suggested Beneficiary Designations on the reverse side of this form. Any designation of an individual shall mean an individual living at the insured's death.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner/Insured

\_\_\_\_\_  
Signature of Irrevocable Beneficiary(ies), if any