

BENEFICIARY DESIGNATION REQUEST

ReliaStar Life Insurance Company, Minneapolis, MN
 ReliaStar Life Insurance Company of New York, Woodbury, NY
 Members of the Voya® family of companies
 (the "Company")
 Administrative Office: PO Box 20, Minneapolis, MN 55440



POLICY INFORMATION (This request will apply to life insurance and/or accidental death coverage under the policy number(s) listed below.)

Policy Number(s) 706965

INSURED INFORMATION

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

Birth Date (mm/dd/yyyy) _____ SSN _____ Phone () _____

Address _____ City _____ State _____ ZIP _____

Employer/Plan Administrator Name Midwest Coalition of Labor Trust

BENEFICIARY INFORMATION (See page 2 for completion instructions.)

Primary Beneficiary: The person designated to receive insurance proceeds when they become due.

Contingent Beneficiary (Also referred to as a secondary beneficiary.): An alternate beneficiary designated to receive insurance proceeds if there is no eligible primary beneficiary.

Irrevocable Beneficiary: A beneficiary whose rights cannot be canceled without consent. (See descriptions on page 2.)

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

Primary Beneficiaries must total 100%. Contingent Beneficiaries must total 100%. (See BENEFICIARY ALLOCATION EXAMPLE on page 2.)

	Name (First, Middle Initial, Last) / Full Trust Name ¹	Birth Date / Trust Date	Gender <input type="checkbox"/> M <input type="checkbox"/> F	SSN/TIN	Relationship	%	Beneficiary Type <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
1	Address _____		<input type="checkbox"/> M <input type="checkbox"/> F		Phone () _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
2	Address _____		<input type="checkbox"/> M <input type="checkbox"/> F		Phone () _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
3	Address _____		<input type="checkbox"/> M <input type="checkbox"/> F		Phone () _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
4	Address _____		<input type="checkbox"/> M <input type="checkbox"/> F		Phone () _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent

¹ Add additional beneficiary information on a separate document and attach to this form. **Date, policy number, and owner's signature are required.**

AUTHORIZATION AND ACKNOWLEDGMENT

I request that the beneficiaries under this policy/certificate be changed as indicated above. This designation is revocable as to each beneficiary except when otherwise stated, and beneficiaries of like class shall share equally with right of survivorship. Any designation of an individual shall mean an individual living at the Insured's death.

Owner Signature _____ Date _____

Owner Address _____ City _____ State _____ ZIP _____

Irrevocable Beneficiary(ies) Signature(s) ² _____ Date _____

Spousal Consent Signature ³ _____ Date _____

² Signature(s) required only if Irrevocable Beneficiary previously named.

³ **Spousal Consent:** ReliaStar Life Insurance Company does not require spousal consent for a beneficiary designation and will not refuse a beneficiary designation based on lack of spousal consent. However, if the Insured resides in a community property state and changes the beneficiary from the spouse to another person or entity, it is suggested that spousal consent be obtained to protect the claim proceeds of the named beneficiary.

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 Company for approval if any of the following apply: 1) The wording used in the request differs from the examples given below; 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 Company will return a copy of the approved Beneficiary Designation Request form.

For Beneficiary Designation Request forms that do not require the Company approval, retain a copy of the approved form with the insured's records.

BENEFICIARY ALLOCATION EXAMPLE

Your **Primary** and **Contingent** Beneficiary Designations must each equal 100% (see examples circled below):

	Name (First, Middle Initial, Last) / Full Trust Name ¹	Birth Date / Trust Date	Gender	SSN/TIN	Relationship	%	Beneficiary Type
1	John D. Smith	01/01/1961	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	XXX-XX-XXXX	husband	50	<input checked="" type="checkbox"/> Primary
	Address 147 70 Street, Key West, FL 12314					246-7895	<input type="checkbox"/> Contingent
2	Jan D. Smith	01/01/1981	<input type="checkbox"/> M <input checked="" type="checkbox"/> F	XXX-XX-XXXX	daughter	50	<input checked="" type="checkbox"/> Primary
	Address 148 71 Street, Key West, FL 12314				Phone (345) 123-8984		<input type="checkbox"/> Contingent
3	Sam M. Jones	01/02/1932	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	XXX-XX-XXXX	father	25	<input type="checkbox"/> Primary
	Address 147 70 Street, Key West, FL 12314					62-867	<input checked="" type="checkbox"/> Contingent
4	Sally D. Smith	01/01/1945	<input type="checkbox"/> M <input checked="" type="checkbox"/> F			75	<input type="checkbox"/> Primary
	Address 148 71 Street, Key West, FL 12314				Phone (954) 123-5688		<input checked="" type="checkbox"/> Contingent

The Primary Percentages
add up to 100%

The Contingent Percentages
add up to 100%

SUGGESTED BENEFICIARY DESIGNATIONS

Personal Beneficiaries

1 Primary Beneficiaries must total 100%. Contingent Beneficiaries must total 100%.

Custodian for a Minor Child

2. If naming a Custodian for a minor child, name the Custodian and the Minor Child. For example: "Anna May Smith as custodian for William Smith under the applicable Uniform Transfer to Minors Act/Uniform Gifts to Minors Act."

Estate

3. If an estate is named, specify whose estate, such as: "Estate of the Insured."

Trustee

4. Trustee under the last will and testament of the insured, or his successors in trust, PROVIDED, HOWEVER, that if no claim is made by said Trustee within one year from the date of death of the insured or if the insured shall die leaving no last will and testament containing a trust covering this policy, the proceeds shall be payable to the estate of the insured. Payment of the proceeds of this policy to said Trustee or successors in trust shall fully and finally discharge the Company from all liability.
5. "The [XXXXXXXXXX] Trust Company, trustee under written trust agreement date [XX/XX/XXXX], or its successor or successors in trust, and payment of the proceeds of this policy to said Trustee or successor or successors shall fully and finally discharge the Company from all liability."

Business Partners

6. Under a cross ownership plan, designate the surviving partners as beneficiaries. Primary Beneficiaries must total 100%. Contingent Beneficiaries must total 100%.
- Just as a corporation may be the owner and beneficiary of a policy, a partnership may, in the partnership name, own and be the beneficiary of a policy. The firm name should be used together with the words, "a partnership." For example, "Jones, Smith and Brown, a partnership presently consisting of John Jones, Henry Smith and William Brown."

Irrevocable Beneficiary

7. If you want to name a beneficiary that you can not change without his/her consent, designate him/her as irrevocable beneficiary, such as: "Frank Jones, as irrevocable beneficiary." Then if you change the designation in the future, both you and the irrevocable beneficiary must sign the front of the form.

Funeral Home

8. [XXXXXXXXXX] Funeral Home "as their interest lies" and also name a second primary beneficiary of your choice to receive any benefit not used by the funeral home. The percentage column should be left blank as the funeral home will receive the amount of their service.

Persons with Disabilities/Special Needs

9. If naming a person with a disability or special needs, consider naming their special needs trust (instead of the individual directly) to help preserve access to benefits where applicable.
- For example, where Special Needs Trust is an inter vivos trust: "The Trustee of the [XXXXXXXXXX] Special Needs Trust dated [XX/XX/XXXX], established by [XXXXXXXXXX] as Grantor and [XXXXXXXXXX] as Trustee."

National Automatic Sprinkler Industry Pension Fund

Beneficiary Designation Form

The Pension Plan provides that a death benefit may be payable to the beneficiary of an unmarried participant who dies before retirement. Use this form to designate your beneficiary for any pension benefit payable in the event you die before you retire. A different benefit is payable to your qualified spouse in the event you are married and die before you retire. If a surviving spouse benefit is payable, no benefit will be payable based on your designation on this form. In order for the Fund to contact your beneficiary in the event of your death, please provide as much of the information for your beneficiary requested below as is available.

Review your beneficiary designation periodically and make changes as needed. If your designated beneficiary dies before you, payment will be made to the categories of persons (for example, your children or parents) in the order stated in the Plan. As provided in the Plan, a subsequent divorce from your spouse does not invalidate the designation of your former spouse as your beneficiary. A change in your beneficiary is not effective until the original form is received in the Fund Office.

YOUR INFORMATION

Name	Social Security Number	Home Phone
Address	Birth Date	Cell Phone
City	ST	ZIP
Email Address		

PRIMARY BENEFICIARY

Name	Percentage		
Address	Birth Date		
City	ST	ZIP	Relationship
Home Phone	Cell Phone	Email Address	

CO-BENEFICIARY (to share with primary beneficiary if desired)

Name	Percentage		
Address	Birth Date		
City	ST	ZIP	Relationship
Home Phone	Cell Phone	Email Address	

ALTERNATE BENEFICIARY

(to be used in the event your primary beneficiary dies before you)

Name	Percentage		
Address	Birth Date		
City	ST	ZIP	Relationship
Home Phone	Cell Phone	Email Address	

CO-ALTERNATE BENEFICIARY

(to share with alternate beneficiary if desired)

Name	Percentage		
Address	Birth Date		
City	ST	ZIP	Relationship
Home Phone	Cell Phone	Email Address	

This designation revokes any prior designation and is intended to be effective for any pre-retirement benefit payable from the National Automatic Sprinkler Industry Pension Fund for which the Plan pays benefits to a beneficiary.

Signature

Date

Mail to: NASI Pension Fund
8000 Corporate Drive
Landover, MD 20785

Sprinkler Industry Supplemental Pension Fund

Beneficiary Designation Form

When you become covered by the Plan, you should name someone to receive your Individual Account if you die. You may change your beneficiary designation at any time by filling out a new Beneficiary Form. If you are married, your spouse is entitled by law to one-half of your Individual Account as a Preretirement Surviving Spouse Benefit. You may also designate your spouse to be your beneficiary for the Preretirement Death Benefit; your spouse will then receive 100% of your Individual Account. You may also designate any other person to receive one-half of your Individual Account instead of your spouse. In order for the Fund to contact your beneficiary in the event of your death, please provide as much of the information for your beneficiary requested below as is available.

Review your beneficiary designation periodically and make changes as needed. If your designated beneficiary dies before you, payment will be made to the categories of persons (for example, your children or parents) in the order stated in the Plan. As provided in the Plan, a subsequent divorce from your spouse does not invalidate the designation of your former spouse as your beneficiary. A change in your beneficiary is not effective until the original form is received in the Fund Office.

YOUR INFORMATION

Name	Social Security Number	Home Phone
Address	Birth Date	Cell Phone
City	ST	ZIP
Email Address		

PRIMARY BENEFICIARY

Name	Percentage		
Address	Birth Date		
City	ST	ZIP	Relationship
Home Phone	Cell Phone	Email Address	

CO-BENEFICIARY (to share with primary beneficiary if desired)

Name	Percentage		
Address	Birth Date		
City	ST	ZIP	Relationship
Home Phone	Cell Phone	Email Address	

ALTERNATE BENEFICIARY

(to be used in the event your primary beneficiary dies before you)

Name	Percentage		
Address	Birth Date		
City	ST	ZIP	Relationship
Home Phone	Cell Phone	Email Address	

CO-ALTERNATE BENEFICIARY

(to share with alternate beneficiary if desired)

Name	Percentage		
Address	Birth Date		
City	ST	ZIP	Relationship
Home Phone	Cell Phone	Email Address	

This designation revokes any prior designation and is intended to be effective for any pre-retirement benefit payable from the Sprinkler Industry Supplemental Pension Fund for which the Plan pays benefits to a beneficiary.

Signature

Date

Mail to: SIS Pension Fund
8000 Corporate Drive
Landover, MD 20785