

# RELEASE OF POLICY INFORMATION AUTHORIZATION

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



Customer Service: PO Box 122, Minneapolis, MN 55440-0122; Fax: 860-607-5401  
Completed forms can be emailed to: pdservice@voya.com

Use this form to designate a third party to receive information about your insurance coverage. **Note:** This authorization does not allow the third party designated to make changes to the policy. To authorize the designated third party to make policy changes, submit a notarized copy of the Power of Attorney (POA).

## POLICY INFORMATION

Policy/Group Benefit Plan Number \_\_\_\_\_

Group Name \_\_\_\_\_

Policy Owner Name (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (Last) \_\_\_\_\_

Insured Name (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (Last) \_\_\_\_\_

## AUTHORIZATION

As owner of the above coverage, I authorize the Company to release the following information to the third party designated below.

Information to be released (Select all that apply.):  Premium/billing information  Policy values  Claim status  Request forms  
 Copy of the policy  Copies of previous policy correspondence  Benefit amounts  Beneficiaries


Third Party Name \_\_\_\_\_ Third Party Birth Date \_\_\_\_\_

If the Third party is a company or organization, provide to Customer Service the corporate resolution / certificate of incumbency / list of authorized members and provide the Tax identification number (TIN) \_\_\_\_\_

This authorization has no expiration date. To revoke permission, the policy owner may contact Customer Service in writing to remove the authorization.

## SIGNATURES

 Policy Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

 Third Party Signature \_\_\_\_\_ Date \_\_\_\_\_

Policy Owner Title <sup>1</sup> \_\_\_\_\_

<sup>1</sup> If the owner is a trust, partnership or corporation, the signature and title of the trustee, partner, corporate representative or authorized corporate representative are required.