

# NAME / ADDRESS CHANGE REQUEST

Security Life of Denver Insurance Company (SLD), Denver, CO  
Midwestern United Life Insurance Company (MULIC), Indianapolis, IN  
*SLD and MULIC ("SLD/MULIC") affiliated*  
ReliaStar Life Insurance Company (RLIC), Minneapolis, MN  
ReliaStar Life Insurance Company of New York (RLNY), Woodbury, NY  
*RLIC and RLNY ("RLSTR") affiliated*  
Venerable Insurance and Annuity Company (Venerable), Des Moines, IA

Customer Service: 2000 21st Ave., NW, Minot, ND 58703  
Fax: 877-788-6308; Website: voya.com; Completed forms can be emailed to: liferequest@voya.com

**SLD/MULIC, RLSTR and Venerable may provide administrative services to each other, but are otherwise unaffiliated. All contractual obligations under each insurance policy or contract are the sole responsibility of the issuing insurance company.**

**This form can be used to request a name or address change for both Life Insurance policies and Annuity contracts. The parties are referred to based on the type of product as Insured or Annuitant.**

## CURRENT OWNER INFORMATION *(This section is required for all Name and Address Change requests.)*

Policy / Contract Number \_\_\_\_\_

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

Owner SSN/TIN \_\_\_\_\_ Owner Phone (\_\_\_\_\_) \_\_\_\_\_

Joint Owner Name (if applicable) (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (Last) \_\_\_\_\_

Joint Owner SSN/TIN \_\_\_\_\_ Joint Owner Phone (\_\_\_\_\_) \_\_\_\_\_

## A. NAME CHANGE *(Attach supporting documents if other than Marriage or Divorce. Examples of acceptable supporting documents include: driver's license, passport and court paperwork showing the change (i.e. adoption or court order).*

Change legal name of:  Owner  Annuitant  Insured  Payor  Beneficiary

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

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

Reason for Change:  Correction  Marriage  Divorce  Adoption  Court Order  Other \_\_\_\_\_

## B. ADDRESS / PHONE / EMAIL CHANGE *(Provide the name of the person whose information is changing below).*

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

Change address, phone or email of:  Owner  Annuitant  Insured  Payor  Beneficiary

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## C. OWNER AUTHORIZATION *(Signature required for all name, address, phone or email changes.)*

Owner Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

Joint Owner Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

 Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_