

# REQUEST FOR A FIXED POLICY AGENT CHANGE OR UPDATE

ReliaStar Life Insurance Company, Minneapolis, MN  
ReliaStar Life Insurance Company of New York, Woodbury, NY  
Security Life of Denver Insurance Company, Denver, CO  
*Members of the Voya family of companies*  
Customer Service: PO Box 9190, Des Moines, IA 50306-9190  
Phone: 877-882-5050; Fax: 877-788-5122



**NOTE:** This document reflects the Company's current standard practice and may be changed at any time without notice at Company's sole discretion.

## POLICY INFORMATION

Policy Number(s) (Required) \_\_\_\_\_ Policy Owner \_\_\_\_\_

New Agent / Registered Rep Name (Required) \_\_\_\_\_

Agent Number (Required) \_\_\_\_\_ New Agent Email<sup>1</sup> (Required) \_\_\_\_\_


<sup>1</sup>An Agent Email address is required for communications regarding the status of this request.

## FIXED UNIVERSAL OR TERM LIFE POLICY REQUEST (Servicing only)

### Request Accepted from Client or Releasing Agent

Current Agent / Registered Rep Name \_\_\_\_\_

Releasing Agent Full Name \_\_\_\_\_

 Releasing Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

**OR**

Client / Policy Owner Full Name \_\_\_\_\_

 Client / Policy Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

## AGENT SPLIT REQUESTS (For compensation only.)

### Designate one agent as Servicing Agent. (if applicable, additional lines can be listed on a separate document and attached to this form.)

New Agent / Registered Rep Name \_\_\_\_\_

Agent Number (Required) \_\_\_\_\_ Percentage Split \_\_\_\_\_%  Servicing Agent

New Agent / Registered Rep Name \_\_\_\_\_

Agent Number (Required) \_\_\_\_\_ Percentage Split \_\_\_\_\_%  Servicing Agent

## RELEASE OF COMPENSATION

For Valued Received, I hereby assign and transfer to the agent and their hierarchy, identified above ("Assignee") all rights, title and interest in and to compensation payable to me on the above listed policy(s), and I hereby authorize said Company to pay such compensation to the Assignee unless and until the Assignment is released by the Assignee. I understand that the Company will report income paid under this Assignment to the Assignee for tax purposes.

Assignor / Releasing Agent Full Name \_\_\_\_\_

 Assignor / Releasing Agent Signature<sup>1</sup> \_\_\_\_\_ Date \_\_\_\_\_

Assignor / Releasing Hierarchy (GA/MD) \_\_\_\_\_

 Assignor / Releasing Hierarchy (GA/MD) Signature<sup>2</sup> \_\_\_\_\_ Date \_\_\_\_\_

Assignor / Releasing Hierarchy (e.g. AGA) \_\_\_\_\_

 Assignor / Releasing Hierarchy (e.g. AGA) Signature<sup>1</sup> \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> The Releasing Agent is the agent or corporation currently receiving the compensation.

<sup>2</sup> Any member of the releasing agent's hierarchy receiving compensation (e.g. AGA), all hierarchy members must sign to release the policy, add additional signature lines as needed.