

PRODUCER/AGENT CHANGE AND REALLOCATION AUTHORIZATION

HOW TO CONTACT US

☎ 800-366-0066 (Variable Annuity), 800-369-5303 (Fixed Annuity)
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🌐 www.venerableannuity.com

Form Submissions: _____

✉ PO Box 9271, Des Moines, IA 50306-9271

📞 515-446-2994

✉ service@venerableannuity.com

Venerable Insurance and Annuity Company ("VIAC")
Voya Retirement Insurance and Annuity Company*
ReliaStar Life Insurance Company*
ReliaStar Life Insurance Company of New York*
Security Life of Denver Insurance Company*

*VIAC provides administrative services for these companies.

INSTRUCTIONS

- Producer/Agent Change, complete sections 1, 2, 3 (optional) and 4.
- Reallocation/Transfer and Strategy Change Authorization, complete sections 1, 3 and 4.

Linking # (Producer/Agent use only) _____

1. CONTRACT INFORMATION

Owner Name _____ Contract # _____

Address _____ City _____ State _____ ZIP _____

Social Security Number (SSN) (required) _____ Phone _____

Owner Email _____

Joint Owner Name (if applicable) _____ SSN _____

Joint Owner Email _____ Phone _____

Annuitant Name (if different than owner) _____

2. PRODUCER/AGENT INFORMATION

The split percentage will be equal if no percentage is indicated. Partial percentages will be rounded up. Percentages must total 100%. The first producer/agent listed will be given the highest percentage in the case of unequal percentages and will receive all correspondence regarding the contract.

If a servicing agreement is not in place between the new broker-dealer and the Company, this request may be delayed. If your account is registered under a custodial account and the custodian will be changed as a result of this request, you should also submit a change of ownership using the Non-Financial Services Request (129700).

New Producer/Agent Name _____ Split _____%

CRD or National Producer Number _____ Last 4 Digits of SSN _____

New Broker-Dealer/National Marketing Organization _____

Phone _____ Email _____

Secondary Producer/Agent Name _____ Split _____%

CRD or National Producer Number _____ Last 4 Digits of SSN _____

New Broker-Dealer/National Marketing Organization _____

Phone _____ Email _____

3. REALLOCATION/TRANSFER AND STRATEGY CHANGE AUTHORIZATION

By completing this section and signing this form, you authorize the Company to act upon applicable variable annuity reallocation/transfer instructions and/or fixed index annuity strategy change instructions, given by electronic means, voice command, or otherwise from the producer(s)/agent(s) named below or the individual(s) named below upon furnishing their Social Security number.

Neither the Company nor any person the Company authorizes will be responsible for any claim, loss, liability or expense in connection with instructions received by electronic means, voice command, or otherwise from such person if the Company acts in good faith in reliance upon this authorization in connection with instructions received. The Company will continue to act upon this authorization until you notify the Company by phone or in writing. The Company may discontinue or limit this privilege at any time.

I authorize the Company to act upon reallocation/transfer and/or strategy change instructions given by my producer(s)/agent(s) or individual(s) named below.

Producer/Agent Name _____

Broker-Dealer Name/National Marketing Organization _____

Producer/Agent Name _____

Broker-Dealer Name/National Marketing Organization _____

To provide a nonregistered individual with authorization, please complete the following. If the individual's Social Security Number is not provided, the individual will not be authorized.

Name _____ SSN _____

Name _____ SSN _____

Name _____ SSN _____

4. ACKNOWLEDGMENT AND SIGNATURES

I hereby certify that I have read and understand the terms of this form and that the information provided on this form is true and complete to the best of my knowledge, and I authorize the transaction requested.

Any non-natural owners must provide a Certificate of Trust form or a Corporate Resolution if not previously on file.

Owner Signature _____ **Date** _____

Joint Owner Signature (if applicable) _____ **Date** _____

Custodian Title (if applicable) _____

Custodian Signature (if applicable) _____ **Date** _____

Producer/Agent Signature _____ **Date** _____

Producer/Agent Signature (if applicable) _____ **Date** _____

A signature guarantee or notarized signature is required if a valid signature of owner or power of attorney is not on file.

(Notary date must match signature date above. Please print)

Place signature guarantee or notary stamp here.

Venue _____

Subscribed and sworn before me on this _____ day of _____, 20 _____

Notary Public Name _____ ID# _____ Phone _____

My commission expires _____

Firm Name on Medallion _____ ID# _____ Phone _____

Affix your notary stamp, if state required, and/or medallion signature guarantee stamp above. An embossing notary seal is not required. Please note that this form may be imaged and your transaction may be delayed when the stamp is illegible on scanned documents. The servicing Producer/Agent is not permitted to act as notary or signature guarantee.

NOTICE REGARDING TRANSACTIONS ON NEW YORK-ISSUED CONTRACTS

ReliaStar Life Insurance Company of New York
Voya Retirement Insurance and Annuity Company
PO Box 9271, Des Moines, IA 50306-9271

NOTE TO OWNER

If your producer is providing a recommendation regarding this transaction, the producer is required to provide you with the relevant features of the contract and potential consequences of the transaction, both favorable and unfavorable.

NOTE TO PRODUCER

Before making any recommendation, you must have adequate knowledge of the transaction you're recommending and provide your client with the relevant features of the contract and potential consequences of the transaction, both favorable and unfavorable. If you have any questions about the contract or transaction prior to making a recommendation, please contact the Company.