

AUTHORIZATION AGREEMENT FOR COMPENSATION DIRECT DEPOSIT

Email, fax, or mail the completed form to Distributor Services:
Email: DS_Maintenance@voya.com
Fax: 877-788-5122
Mail: PO Box 1593, 909 Locust Street, Des Moines, IA 50305-15933



Note: Compensation information is available on Voya for Professionals (www.voyaprofessionals.com).

A. BUSINESS UNITS *(All Companies will be set up for direct deposit unless otherwise specified.)*

Life *(Contact Phone: 877-882-5050):*

- ReliaStar Life Insurance Company
- ReliaStar Life Insurance Company of New York
- Security Life of Denver Insurance Company

Annuities *(Contact Phone: 800-369-5305):*

- Voya Insurance and Annuity Company
- ReliaStar Life Insurance Company of New York (includes Fixed and Variable Annuities)
- Voya Retirement Insurance and Annuity Company

Retirement Services:

- ReliaStar Life Insurance Company (Annuities/Education) *(Contact Phone: 877-882-5050)*
- Voya Retirement Insurance and Annuity Company *(Contact Phone: 888-238-6297)*

Hereinafter called the "Company."

I do not wish to have all Company commissions paid by direct deposit. Please pay commission by direct deposit for the following business units only.
(List business units) _____

B. INSTRUCTIONS FOR DEPOSIT *(See sample below. Please note that for the Retirement Services Business Unit, ReliaStar Life Insurance Company ("ReliaStar") cannot support direct deposits spread across more than one account, nor can it support a direct deposit to a savings account. If the Two Accounts option is selected, only the first account will be utilized for ReliaStar/Retirement Services compensation. If a Savings account option is selected, ReliaStar/Retirement Services compensation will be paid by check.)*

One Account: Deposit 100% of my compensation into Account #1.

Two Accounts: Deposit _____ % of my compensation into Account #1. Balance will be deposited into Account #2.

Account #1 Checking Savings

Financial Institution Name _____ Bank Routing Number ¹ | | | | | | | | | |

Account Owner Name ¹ _____ Account Number ¹ _____

Branch Address _____

Account #2 Checking Savings

Financial Institution Name _____ Bank Routing Number ¹ | | | | | | | | | |

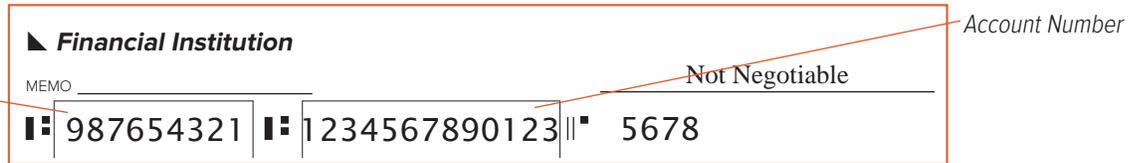
Account Owner Name ¹ _____ Account Number ¹ _____

Branch Address _____

¹ Your request will be incomplete without this information.

Sample Check

Routing Number (9 digits)



C. AUTHORIZATION

I hereby authorize the Company to initiate credit entries and, if necessary, adjustments for credit entries in error to the checking and/or savings account indicated on this form. This authority is to remain in full effect until the Company has received written notification from me of its termination. I understand that this authorization is subject to the terms of any agent or representative contract, commission agreement, or loan agreement that I may have now, or in the future, with the Company.

Signature ¹ _____ Date _____

Print Name ¹ _____ Phone (_____) _____

SSN/TIN *(Last 4 digits only)* or Agent/Agency Number _____

¹ Your request will be incomplete without this information.

For corporate direct deposit request, the signature must be that of the signing officer on record with the Company.

Name of Corporation *(if applicable)* _____