

Request for Change



ReliaStar Life Insurance Company
 Box 20, Minneapolis, MN 55440
A member of the ING family of companies

Please Use Black or Blue Ink
 Return completed form to ReliaStar Life Insurance Company

Insured	Date of Birth	Social Security Number
Employer or Association	Policy/Plan Number	Certificate Number

Policy/Certificate Changes

Change name of: Insured or Owner

Previous Name: _____ New Name: _____

Reason for change: Marriage Divorce Other (explain): _____

Attach a copy of the court order if name change is due to other than marriage.

Change address to: (include zip code)

Issue duplicate policy/certificate

Exchange Individual Policy (same insurer) *Attach completed policy application for new individual policy.*

Please exchange policy number(s) _____ in the amount of \$ _____

for (policy type) _____ in the amount of \$ _____

The exchanged policy(ies) will be terminated as of the effective date of the new policy.

Coverage Reduction *(cannot be backdated)* See policy or certificate for plan increment requirements.

Reduce policy/certificate face amount to \$ _____ effective (month, day, year) _____

Reduce spouse coverage/rider amount to \$ _____ effective (month, day, year) _____

Reduce child(ren) coverage/rider amount to \$ _____ effective (month, day, year) _____

Other reduction (specify) _____ effective (month, day, year) _____

Coverage Cancellation *(cannot be backdated)* See policy or certificate for minimum plan requirements.

Cancel policy/certificate effective (month, day, year) _____

Cancel spouse coverage/rider effective (month, day, year) _____

Cancel child(ren) coverage/rider effective (month, day, year) _____

Youngest child reached maximum age (see policy) on (date) _____

Attach a copy of child's birth certificate.

Other cancellation (specify) _____ effective (month, day, year) _____

Signature of Owner	Date
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For Insurer or Plan Administrator Use Only

Date received	Date processed	Processed by
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