RESET FORM

# AUTHORIZATION FOR DIRECT DEPOSIT

ReliaStar Life Insurance Company, Minneapolis, MN
ReliaStar Life Insurance Company of New York, Woodbury, NY
*Members of the Voya® family of companies*
Completed forms can be returned by:
Email: VLMClaims@Voya.com

**Complete this form to receive your payment by direct deposit to your bank account.**

## A. OWNER INFORMATION

Owner Full Name *(First)* _____ *(Middle Initial)* _____ *(Last)* _____ SSN _____

Group or Association Name [1] _____

Group or Association Policy Number [1] _____ **OR** Insurance Policy Number(s) _____

[1] ***Group or Association Name and Group or Association Policy Number*** *apply ONLY if coverage was obtained through an Employer or Association.*

## B. BANK ACCOUNT INFORMATION

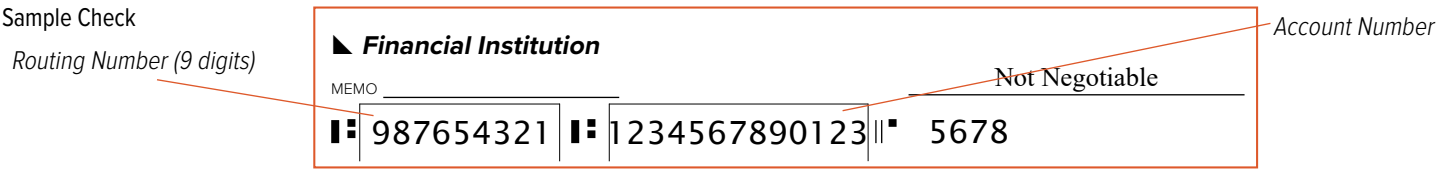
Bank Name _____ Bank Account Type: ☐ Checking ☐ Savings

Bank Routing Number *(9 digits)* _____ Bank Account Number _____

**Notice regarding Electronic Funds Transfer:** When you select electronic funds transfer as your payment method, we may receive and contribute customer account and payment account data to a third party consumer reporting agency to confirm the feasibility of a transaction to your account.

For your protection, if we are unable to validate your banking information, we will issue you a check to avoid any delay in payment.

Sample Check




## C. SIGNATURE

Please sign and date. If you are completing this form electronically, by typing your name into the box below, you are electronically signing this document. Your electronic signature will be legally binding and enforceable and the legal equivalent of your handwritten signature.

Signature _____ Date _____