

TRANSFER OF OWNERSHIP

Security Life of Denver Insurance Company (SLD), Denver, CO
Midwestern United Life Insurance Company (MULIC), Indianapolis, IN
SLD and MULIC ("SLD/MULIC") affiliated
ReliaStar Life Insurance Company (RLIC), Minneapolis, MN
ReliaStar Life Insurance Company of New York (RLNY), Woodbury, NY
RLIC and RLNY ("RLSTR") affiliated
Venerable Insurance and Annuity Company (Venerable), Des Moines, IA
(the "Company")

Customer Service, PO Box 981331, Boston, MA 02298-1331; Overnight mail: 10 Dan Road, Dock 2, Canton, MA 02021
Fax: 877-788-6305; Web: customer.resolutionlife.us; Completed forms can be emailed to: liferequest@resolutionlife.us

SLD/MULIC, RLSTR and Venerable may provide administrative services to each other, but are otherwise unaffiliated. All contractual obligations under each insurance policy or contract are the sole responsibility of the issuing insurance company.

If you are considering making changes in the status of your policy, you should consult with a licensed insurance or financial advisor.

IMPORTANT INFORMATION AND INSTRUCTIONS

Reminder to Producer regarding New York Issued Contracts: 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, contact the Company.

- Do not return your policy with this request. Complete the form and forward it to Customer Service.
- The current owner and the new owner must authorize this request by signing in section I.
- If a company is to be named the new owner, provide **ONE** of the following: 1) a copy of the Corporate Resolution stating who is authorized to sign on behalf of the Company, 2) a letter signed by a corporate secretary on company letterhead stating who is authorized to sign on behalf of the Company, or 3) a Secretary of State Certificate from the state, stating the Company's name and who is authorized to sign on behalf of the Company.
- If a partnership or a limited liability partner (LLP) is to be named the new owner, provide **ONE** of the following: 1) a copy of the legal entity paperwork stating the name of the partnership, 2) a copy of the partnership contract/agreement showing the date, the names of partners and who is authorized to sign, or 3) a letter on partnership letterhead stating who is authorized to sign on behalf of the partnership.
- The transfer of ownership is subject to any policy loan and any assignment on file at Customer Service.
- For multiple owners, use the Multiple Ownership form number 128697.
- To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who purchases a life insurance policy. What this means for you: When you apply for an insurance policy or apply for a change of ownership, we will ask for your name, address, birth date, Social Security number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

A. CURRENT OWNER INFORMATION *(Please print.)*

Policy/File Code Number _____

Insured Name (First) _____ (Middle Initial) _____ (Last) _____

Owner Name (First) _____ (Middle Initial) _____ (Last) _____

SSN/TIN (Required) _____ Owner Phone (_____) _____ Email _____

B. NEW OWNER INFORMATION *(Physical address is required, however you may provide a different mailing address.)*

New Owner Name (First) _____ (Middle Initial) _____ (Last) _____

Relationship to the Insured _____ Email _____

SSN/TIN (Required) _____ Birth Date _____ Phone (_____) _____ Gender: Male Female

New Owner Physical Address (Required) _____

City _____ State _____ ZIP _____

Mailing or PO Box Address _____

City _____ State _____ ZIP _____

B. NEW OWNER INFORMATION *(Continued)*

If New Owner Is a Trust: *(The Trust Certification form is required.)*

Trust Name _____ SSN/TIN *(Required)* _____

Trustee Name(s) _____ Phone (_____) _____

Relationship to the Insured _____

Is this trust: Revocable Irrevocable or Irrevocable Life Insurance Trust (ILIT)? Trust Date _____

Trust Mailing or PO Box Address _____

The new owner may exercise all the rights and receive all the benefits of this policy during the insured's lifetime. **The change of ownership will not change any beneficiary designation or any method of optional settlement previously elected.** However, if the new owner is an **irrevocable life insurance trust (ILIT) as indicated above**, the beneficiary designation will automatically change to the trust unless the following option is checked:
EXCEPTION: **The beneficiary designation should remain as it is presently designated.**

C. BILLING METHOD

Billing Method *(If no box or multiple boxes are selected, the EFT will automatically be removed and premium notices will be sent to the new owner.)*

Billing is to remain the same.

Direct premium notices to new owner.

Electronic Funds Transfer (EFT) change to new owner. *(The EFT form must be sent to the new owner for completion.)*

D. FUTURE PREMIUM NOTICES *(Only required if you wish to indicate a separate Payor to receive Premium Notices.)*

Send Premium Notices to the Payor. *By default, the new owner will receive premium notices unless indicated below.*

Payor Name _____ Phone (_____) _____

Payor Mailing Address _____

City _____ State _____ ZIP _____

E. ERISA PLANS *(Please print.)*

If this policy is under a plan that is subject to the Employee Retirement Income Security Act (ERISA), complete the information in this section. If you are married, your spouse must sign the spousal consent in section I before a notary public. If you do not complete the information in this section, your signature in section I is certification that the policy is not subject to ERISA or that you are not married.

Will the new owner be a "Funded ERISA Plan" as specified below? *(If "yes," indicate the type of plan below. If "no," the change of ownership may disqualify the policy and cause a taxable event. Contact your tax consultant for more information on the consequences of disqualifying your policy.)* Yes No

Tax-qualified plan (specify, e.g., 401(k), profit sharing, defined benefit, defined contribution, HR-10): _____

Section 419/419A plan (specify trust name): _____

VEBA Trust (specify trust name): _____

Secular Trust

Employer Name _____ Phone (_____) _____

F. COMMUNITY PROPERTY STATE REQUIREMENTS (If the owner currently lives in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA or WI), a spouse signature is required unless one of the two areas are completed below. Failure to provide a spouse signature or the completion of this section will result in a delay in completing the requested change.)

• If never married, **initial here.** _____

• If deceased, indicate Date of Death of Spouse _____

• If divorced, this section must be completed. **Check the box below and provide the Date of Divorce.**

I confirm that I am no longer married. Date of Divorce _____

I understand that the Company is not a party to my divorce decree or marriage settlement agreement and that I am responsible for any requirements included in these documents. Additionally, I understand that my failure to comply with property settlement requirements involving my divorce may give rise to a claim against my estate in the future.

G. REASON FOR TRANSFER OF OWNERSHIP (This section must be completed.)

This change of ownership is the result of a: (**choose one**)

Sale: The current owner **WILL/DID** receive something of value in return for the policy.

Date of the Purchase Agreement _____

Note: Internal Revenue Code § 6050Y-2(d)(2) requires an IRS Form 1099-LS be provided to the Company by the later of 20 calendar days after the reportable policy sale, or 5 calendar days after the end of the applicable state law rescission period. *However, if the later date is after January 15 of the year following the calendar year in which the reportable policy sale occurred, the IRS Form 1099-LS must be furnished by January 15.* The Company will file IRS Form 1099-SB using the effective date of the policy's ownership change as the date of sale if the Date of the Purchase Agreement is not provided or the IRS Form 1099-LS is not provided within the time period required. The new owner's cost basis will be re-set to \$0.00.

Gift: The present owner **WILL/DID NOT** receive something of value in return for the policy.

Other Explanation (required): _____

Required Tax Reporting Information: Internal Revenue Code § 6050Y incorporates certain tax reporting requirements when ownership of a life insurance policy is transferred in a reportable policy sale. The IRS defines a reportable policy sale as "the acquisition of an interest in a life insurance contract, directly or indirectly, if the acquirer has no substantial family, business, or financial relationship with the insured apart from the acquirer's interest in such life insurance contract." Tax laws are complex and change frequently. The Company and their agents and representatives do not give tax or legal advice. For further information on how this transaction may affect your personal tax situation, always consult your professional tax advisor.

H. U.S. TAXPAYER CERTIFICATIONS (Applicable to new owner only.)

Under penalties of perjury, I certify that:

1. The Taxpayer Identification Number that appears on this form is correct.

2. I am not subject to backup withholding due to failure to report interest and dividend income;

If I am subject to backup withholding, I have checked here.

3. I am a U.S. person.

NON-RESIDENT ALIEN STATUS (If you are not a U.S. citizen or U.S. resident alien, additional IRS forms may be required.)

If you are a Non-Resident Alien, check the box and provide your country of residence below.

Under penalties of perjury, I certify that I am a Non-Resident Alien and my country of residence is: _____

Any taxable amounts paid to you under this policy will be subject to 30% withholding, unless you submit an IRS Form W-8, and are entitled to claim a reduced rate of withholding under the applicable US tax treaty.

I. SIGNATURES

Note to Owner regarding New York Issued Contracts: 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.

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

The undersigned verify that the change of ownership requested is in accordance with the terms of the plan and applicable laws and regulations. **This change will be effective as of the date the change of ownership is signed, but it will not apply to any payment made or action taken before this form is acknowledged at Customer Service.**

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

➔ Current Owner Signature _____ Date _____

Current Owner Title _____

(If the owner is a trust, partnership, or corporation, a signature is required from an officer, partner, corporate representative or authorized corporate representatives. If a trust, partnership or corporation, attach corporate resolution or Trust Certification. If entity has had a name change, include supporting documentation of successor in interest with listing of authorized signatories.)

➔ New Owner Signature _____ Date _____

New Owner Title _____

(If the owner is a trust, partnership, or corporation, a signature is required from an officer, partner, corporate representative or authorized corporate representatives. If a trust, partnership or corporation, attach corporate resolution or Trust Certification. If entity has had a name change, include supporting documentation of successor in interest with listing of authorized signatories.)

➔ Spouse of Current Owner Signature ^{2,3} _____ Date _____

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

Notary Public Signature ³ _____

My commission expires _____

Plan Administrator/Employer Signature ³ _____ Date _____

Plan Administrator/Employer Title _____

➔ Irrevocable Beneficiary Signature (if applicable) _____ Date _____

Irrevocable Beneficiary Title _____

(If the owner is a trust, partnership, or corporation, a signature is required from an officer, partner, corporate representative or authorized corporate representatives. If a trust, partnership or corporation, attach corporate resolution or Trust Certification. If entity has had a name change, include supporting documentation of successor in interest with listing of authorized signatories.)

Assignee Name _____

(Print full name of individual or entity. If an entity, attach corporate resolution or similar document listing authorized signatories. If entity has had a name change, include supporting documentation of successor in interest with listing of authorized signatories.)

➔ Assignee Signature (if applicable) _____ Date _____

² Completion of Section F or a Spouse signature is required if the owner lives in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA or WI).

³ Required if plan is 403b or ERISA.

CUSTOMER SERVICE USE ONLY

This request has been filed with the Company and recorded at Customer Service.

Filed by _____ Date _____

TRUST CERTIFICATION

Security Life of Denver Insurance Company (SLD), Denver, CO

Midwestern United Life Insurance Company (MULIC), Indianapolis, IN

SLD and MULIC ("SLD/MULIC") affiliated

ReliaStar Life Insurance Company (RLIC), Minneapolis, MN

ReliaStar Life Insurance Company of New York (RLNY), Woodbury, NY

RLIC and RLNY ("RLSTR") affiliated

Venerable Insurance and Annuity Company (Venerable), Des Moines, IA
(the "Company")

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SLD/MULIC, RLSTR and Venerable may provide administrative services to each other, but are otherwise unaffiliated. All contractual obligations under each insurance policy or contract are the sole responsibility of the issuing insurance company.

This form is used for situations where a Trust is the owner or primary beneficiary of a life insurance policy issued by the Company. The Trustee(s) and the Owner should complete and execute this form.

If additional space is needed, use a separate piece of paper, provide all required signatures and attach it to this form.

A. POLICY INFORMATION *(Complete if owner or primary beneficiary is a Trust.)*

Insured Name(s) _____ Policy Number _____

B. TRUST INFORMATION *(Complete if owner or primary beneficiary is a Trust.)*

1. Name of Trust ("Trust") *(30 character limit)* _____

State of Trust Creation _____ Creation Date _____ Trust Tax ID Number _____

3. Name(s) of Trustee(s) _____

Note: If any Trustee is also the Insurance Producer, provide below the reason and relationship of that individual to the insured/grantor/settlor.

Immediate family member Other _____

Note: If the trustee is a corporation, provide a corporate resolution detailing who can act on behalf of the trustee.

C. TYPE OF TRUST *(Complete if owner or primary beneficiary is a Trust. Check all boxes that apply.)*

Trust is: Revocable Trust Irrevocable Trust

Testamentary Trust under the last will and testament of _____

And

Trust is: Family Trust Insurance Trust Charity Trust Trusteed Buy/Sell Employer Sponsored Trust

Other type of Trust _____

D. CERTIFICATION AND AFFIRMATION

1. Signature Requirements

If there is more than one trustee, this statement, as well as any forms required to exercise rights under the policy, must be signed by all trustees unless the trust agreement or applicable state law provides otherwise. Indicate below who is authorized to sign under the terms of the trust agreement or applicable state law. If no box is checked, the Company will require all Trustees to sign all policy requests.

Any Trustee may act independently All Trustees must act unanimously A majority of Trustees may act for all

Certain Trustees must act jointly *(Print names below.)*

Trustee 1 _____ Trustee 2 _____

Trustee 3 _____

D. CERTIFICATION AND AFFIRMATION *(Continued)*

2. Certification

Each undersigned Trustee does hereby represent and certify the following:


- a. All information provided on this Certification is accurate and complete.
- b. I/We are duly authorized to act as trustee(s) under the terms of the trust provision and/or applicable law. If proposed owner is a trust, I/We have the power to exercise all rights associated with ownership of a life insurance policy, including but not limited to purchase, surrender, selection of and transfers between variable funding options, withdrawal of funds, taking loans or otherwise encumbering and/or assigning the policy.
- c. I/We acknowledge and agree that the Company is relying exclusively on the representations in this Certification and not upon a review of the trust document, even if the trust document has been or is later provided. The Company is permitted to rely upon the representations in this Certification, unless or until notice of any change, amendment, or revocation is provided in writing and delivered to the Company.
- d. The Trust is currently in effect and has not been revoked, modified or amended in any manner that would cause the representations in this Certification to be incorrect.
- e. If licensed to sell life insurance for the Company the undersigned trustee has reviewed and has abided by the Company's guidelines on producers acting as trustees.
- f. I/We understand that neither the Company nor its agents are responsible for the estate planning and tax implications of this Policy, that they may not give legal or tax advice and that the Company's acceptance of this Certification is not an endorsement of the named trust. I/We have had the opportunity to consult with an independent attorney and/or tax advisor, to the extent I/we deemed necessary, before executing this Certification.
- g. I/We agree to inform the Company in writing of any trust amendments, changes of trustee(s) or other facts and events that would affect or alter this Certification.

E. SIGNATURES

 Trustee 1 Signature _____ Date _____

Trustee 1 Name *(Please print.)* _____ Trustee 1 Title ¹ _____

Address _____ City _____ State _____ ZIP _____

 Trustee 2 Signature _____ Date _____

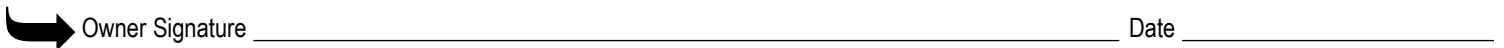
Trustee 2 Name *(Please print.)* _____ Trustee 2 Title ¹ _____

Address _____ City _____ State _____ ZIP _____

 Trustee 3 Signature _____ Date _____

Trustee 3 Name *(Please print.)* _____ Trustee 3 Title ¹ _____

Address _____ City _____ State _____ ZIP _____

 Owner Signature _____ Date _____

Owner Name *(Please print.)* _____ Owner Title ¹ _____

Address _____ City _____ State _____ ZIP _____

Email _____

¹ If the owner is a trust, partnership or corporation, the signature and title of the trustee, partner, corporate representative or authorized corporate representative are required.