

QUALIFIED DOMESTIC RELATIONS ORDER INSTRUCTIONS CERTIFICATION INFORMATION – 403(b) TAX SHELTERED ANNUITY

ReliaStar Life Insurance Company (Home Office: Minneapolis, MN)
ReliaStar Life Insurance Company of New York (Home Office: Woodbury, NY)
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("the Company")
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PO Box 1559
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GOOD ORDER

Good order is receipt at the designated location of this form accurately and entirely completed, and includes all necessary signatures. If this form is not received in good order, as we determine, it may be returned to you for correction and processed upon re-submission in good order at our designated location.

GENERAL INFORMATION

Rollovers to an eligible retirement plan that accepts rollovers are permissible only if the Alternate Payee is the Participant's Spouse or Former Spouse.

Cash withdrawals are subject to 20% federal income tax withholding and applicable state income tax withholding.

APPLICABILITY OF QDRO

The Employee Retirement Income Security Act (ERISA) and the Internal Revenue Service (IRS) Code require that each pension plan prohibit the assignment or alienation of benefits provided under the Plan. The Retirement Equity Act of 1984 (REA) created the concept of the Qualified Domestic Relations Order (QDRO) and added an exemption to the ERISA anti-alienation rule. This exemption provides for the payment of benefits in accordance with the applicable requirements of any QDRO.

While Tax Deferred Annuities (TDA) that are not subject to ERISA are not subject to the anti-alienation rule, the QDRO rules do apply to all TDAs. Accordingly, a qualified plan or any TDA must comply with the terms of an order that is determined to be a QDRO.

QDRO DEFINED

Generally, a Domestic Relations Order is a court judgment, decree, or order relating to the provision of child support, alimony, or marital property rights to a Spouse, Former Spouse, child, or other dependent of a Participant. For the order to be a "qualified" order, it must specify;

1. the name and last-known mailing address of both the Participant and the Alternate Payee;
2. the amount or percentage of the Participant's benefits to be paid to the Alternate Payee;
3. the number of payments or the period to which the order applies; and
4. each Plan to which the order applies.

A Domestic Relations Order is not a qualified order if;

- it requires a Plan to provide any type or form of benefit, or any option not otherwise provided by the Plan;
- it requires the Plan to provide increased benefits; or
- it requires the payment of benefits to an Alternate Payee that are required to be paid to another Alternate Payee under a previous QDRO.

The above QDRO requirements do not apply to governmental or church plans. A document will be considered a QDRO for governmental or church plans if it is a Domestic Relations Order which assigns all or a portion of the Participant's benefits payable under a Plan to an Alternate Payee.

Under no circumstances will we be responsible for determining the qualified status of a domestic relations order. Please do not attach the QDRO to the Certification Form.

QDRO PAYMENTS

The QDRO must provide that payments to the alternate payee begin only as permitted by IRS Code Section 414(p) and the Regulations under IRS Code Section 401(a)(13).

When the Alternate Payee is entitled to a withdrawal pursuant to a QDRO, he/she may either take a cash withdrawal (rollover eligible amounts subject to 20% federal income tax withholding as well as withholding for any applicable State Income Tax), establish an account on his/her behalf under the Plan, or if the Alternate Payee is the Participant's Spouse or Former Spouse, have the payment paid in a direct rollover in accordance with the provisions of IRS Code Section 402(e). When the Plan assets of a Participant are segregated on behalf of an Alternate Payee, the investment allocation of the Participant will be utilized. The Alternate Payee may reallocate the investments any time after the account has been established.

Direct Rollover is a direct transfer (in any amount), paid directly to another 403(b), 401 or governmental 457, or to a traditional Individual Retirement Arrangement (please note that a "traditional IRA" does not include a Roth IRA, SIMPLE IRA, or Education IRA) (only if severance from employment, retired, or attainment of age 59½), and is subject to Federal Income Tax reporting but not withholding. Please see the Special Tax Notice.

If the Alternate Payee is the Participant's Spouse or Former Spouse, a withdrawal made pursuant to a QDRO is taxed to the Spouse, and not the Participant. If the Alternate Payee is someone other than the Participant's Spouse, i.e., a child or dependent of the Participant, a withdrawal pursuant to a QDRO is taxed to the Participant.

403(b) LOANS

If the Participant in a 403(b) Plan has an outstanding loan, please also complete the Supplemental QDRO Certification Form. Amounts to be allocated to the Alternate Payee are subject to the terms of the applicable Loan Terms and Conditions of the Loan Agreement.

QUALIFIED DOMESTIC RELATIONS ORDER (QDRO) CERTIFICATION REQUEST – 403(b) TAX SHELTERED ANNUITY

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Please refer to instruction pages.

1. PARTICIPANT INFORMATION *(Please print.)*

Participant Name **(Required)** Damian De Andres SSN **(Required)** 265-15-4488

Contract Number **(Required)** CONVTD0003037D1 Date of Birth **(Required)** 07/10/1953

Address **(Required)** 7700 Citrus Hill Ln

City Naples State FL ZIP 34109

Complete Section 2 or 3 below. Complete only one.

2. SOLE AND SEPARATE PROPERTY

This contract is to remain sole and separate property of the participant. **If completed, move to section 4.**

3. ALTERNATE PAYEE INFORMATION

Alternate Payee Name **(Required)** Carol DeAndres SSN **(Required)** 264-25-2291

Address **(Required)** 7700 Citrus Hill Ln Date of Birth **(Required)** 06/28/1955

City 7700 Citrus Hill Ln State FL ZIP 34109

Allocation to Alternate Payee *(Please choose the appropriate option pursuant to QDRO.)*

50% **OR** \$ _____

Date Allocation Effective _____

(If effective date is not indicated, the default transaction effective date is the date this form is received in good order.)

Does the QDRO document specify that gains and losses are attributable to the Alternate Payee's distribution? Yes No

If yes, from what effective date are such gains and losses to be calculated? _____

Party responsible for the withdrawal charges (if applicable) _____

Access to Allocated Amount

The Alternate Payee can immediately access the amount allocated on his/her behalf.

The Alternate Payee's access to the allocated amounts is restricted as follows: _____

All distributions from the account established for the Alternate Payee must be initiated by submitting a withdrawal form.

4. SIGNATURES

The following parties certify that a QDRO, as defined by the Internal Revenue Service (IRS) Code Section 414(p), including the provisions relating to the Alternate Payee's access to the Allocated amounts, has been issued in the dissolution of the marriage of:

_____ and _____
and the instructions above reflect the order of the court. In addition, the parties acknowledge that the division requested on this QDRO Certification Request represents the agreement of the parties, and is subject to any restrictions under the annuity Contract, Plan, Loan Terms and Conditions, and Loan Agreement, if applicable, and the parties hereby waive any and all rights that might have been available to them under the state marital property laws.

If the following parties have not used an attorney in their divorce proceedings, they are to sign this form in front of a notary.

Participant Signature _____ Date _____

Participant Counsel's Signature _____ Date _____

Alternate Payee Signature _____ Date _____

Alternate Payee Counsel's Signature _____ Date _____

5. NOTARY PUBLIC CERTIFICATION *(If applicable.)*

I certify that those named above personally appeared and are known to me (or are satisfactorily proven) to be the persons whose names are subscribed to within this instrument. I acknowledge that they executed this document for the purpose stated.

Notary Public Name *(Please print.)* _____

Notary Public Signature _____ My Commission Expires _____

State _____ County _____ Date _____