

AUTHORIZATION FOR EMPLOYEE BENEFITS ONLINE COMPENSATION STATEMENTS

ReliaStar Life Insurance Company, Minneapolis, MN
ReliaStar Life Insurance Company of New York, Woodbury, NY
Member of the Voya® family of companies

Send completed form to:
Voya Employee Benefits, Compensation Department
Route 7136, PO Box 20, Minneapolis, MN 55440
Email: csr.commissions@voya.com; Fax 800-558-4570

Name of Individual to be granted online access _____

Address _____

Email _____ Phone (_____) _____

Request for access to compensation statements for the following Agents/Agencies:

Agent/Agency Name _____

Address _____

Agent Number _____ Tax Identification Number _____

Agent/Agency Name _____

Address _____

Agent Number _____ Tax Identification Number _____

Agent/Agency Name _____

Address _____

Agent Number _____ Tax Identification Number _____

Access to online compensation statements or services is restricted. To protect your privacy, you will be asked to enter a Logon ID and Password. Your Logon ID and Password verifies your Identity so that we can provide you with access to authorized information and services while restricting access by unauthorized individuals.

Voya is not liable for any direct, indirect or consequential loss, damage or inconvenience arising out of your use of this online access or the information contained therein. Voya reserves the right to cancel or restrict your online access without notice to you. Voya is not responsible for damages suffered by you or any inconvenience caused directly or indirectly by our termination of your online access, or, caused by any Voya unauthorized use of the online access which includes, but is not limited to, online access gained by using a lost or stolen password or password you provided to any third party.

I have read and I understand that by signing this authorization, I consent to the online access to compensation statements and services provided to the agent(s) or agency(s) listed above.

AUTHORIZATION

Agent/Agency Signature ¹ _____ Date _____

Print Name ¹ _____ Title _____

Email _____ Phone (_____) _____

¹ Your request is incomplete without this information.