

DEPARTMENT OF FINANCIAL SERVICES OF THE STATE  
OF NEW YORK  
APPENDIX 11 - DEFINITION OF REPLACEMENT

**ReliaStar Life Insurance Company of New York, Woodbury, NY**

- Customer Service, PO Box 5075, Minot, ND 58702-5075
- PO Box 122, Minneapolis, MN 55440-0122



IN ORDER TO DETERMINE WHETHER YOU ARE REPLACING OR OTHERWISE CHANGING THE STATUS OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS, AND IN ORDER TO RECEIVE THE VALUABLE INFORMATION NECESSARY TO MAKE A CAREFUL COMPARISON IF YOU ARE CONTEMPLATING REPLACEMENT, THE AGENT OR BROKER IS REQUIRED TO ASK YOU THE FOLLOWING QUESTIONS AND EXPLAIN ANY ITEMS THAT YOU DO NOT UNDERSTAND.

AS PART OF YOUR PURCHASE OF A NEW LIFE INSURANCE POLICY OR A NEW ANNUITY CONTRACT, HAS EXISTING COVERAGE BEEN, OR IS IT LIKELY TO BE:

- 1. LAPSED, SURRENDERED, PARTIALLY SURRENDERED, FORFEITED, ASSIGNED TO THE INSURER REPLACING THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, OR OTHERWISE TERMINATED? . . . . .  YES  NO
- 2. CHANGED OR MODIFIED INTO PAID-UP INSURANCE; CONTINUED AS EXTENDED TERM INSURANCE OR UNDER ANOTHER FORM OF NONFORFEITURE BENEFIT; OR OTHERWISE REDUCED IN VALUE BY THE USE OF NONFORFEITURE BENEFITS, DIVIDEND ACCUMULATIONS, DIVIDEND CASH VALUES OR OTHER CASH VALUES?. . . . .  YES  NO
- 3. CHANGED OR MODIFIED SO AS TO EFFECT A REDUCTION EITHER IN THE AMOUNT OF THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT OR IN THE PERIOD OF TIME THE EXISTING LIFE INSURANCE POLICY OR ANNUITY BENEFITS WILL CONTINUE IN FORCE? . . . . .  YES  NO
- 4. REISSUED WITH A REDUCTION IN THE AMOUNT SUCH THAT ANY CASH VALUES ARE RELEASED, INCLUDING ALL TRANSACTIONS WHEREIN AN AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE RELEASED ON ONE OR MORE OF THE EXISTING POLICIES?. . . . .  YES  NO
- 5. ASSIGNED AS COLLATERAL FOR A LOAN OR MADE SUBJECT TO BORROWING OR WITHDRAWAL OF ANY OF THE LOAN VALUE, INCLUDING ALL TRANSACTIONS WHEREIN ANY AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE BORROWED OR WITHDRAWN ON ONE OR MORE EXISTING POLICIES? . . . . .  YES  NO
- 6. CONTINUED WITH A STOPPAGE OF PREMIUM PAYMENTS OR REDUCTION IN AMOUNT OF PREMIUM PAID? . . . . .  YES  NO

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, A REPLACEMENT AS DEFINED BY NEW YORK INSURANCE REGULATION NO. 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR AGENT OR BROKER IS REQUIRED TO PROVIDE YOU WITH A COMPLETED DISCLOSURE STATEMENT AND THE IMPORTANT NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TO THE BEST OF MY KNOWLEDGE, A REPLACEMENT IS INVOLVED IN THIS TRANSACTION . . . . .  YES  NO

AGENT OR BROKER NAME \_\_\_\_\_ AGENT # \_\_\_\_\_

AGENT OR BROKER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**1ST COPY: APPLICANT      2ND COPY: CUSTOMER SERVICE      3RD COPY: AGENT/BROKER**

## NOTICE TO INSURER OF PROPOSED REPLACEMENT

### ReliaStar Life Insurance Company of New York, Woodbury, NY

ING Retail Life

PO Box 5075, Minot, ND 58702-5075; Fax: 1-866-308-7743

ING Employee Benefits

PO Box 122, Minneapolis, MN 55440-0122; Fax: 1-612-342-3051



**To be completed by agent or broker, signed by policy owner, and sent to Insurer whose contract is proposed to be replaced and RLNY, with a copy to the applicant.**

TO: Insurance Company proposed to be replaced \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Fax \_\_\_\_\_

FROM: Agent/Broker Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

DATE: \_\_\_\_\_

POLICY OWNER: \_\_\_\_\_

POLICY(S): \_\_\_\_\_

Please be advised that the policy owner named is considering replacing the policies listed above. The policy owner authorizes the insurer proposed to be replaced to release the information needed for completing the alternate New York State Disclosure statement attached. In accordance with New York Insurance Regulation No. 60, it is required that this information be furnished within twenty (20) days to:

1. The Agent or Broker named above
2. ReliaStar Life Insurance Company of New York
3. The Agent/Broker of record of the existing policy and/or contract

Check One: This Notice has been:  Mailed  Faxed

### AUTHORIZATION TO DISCLOSE POLICY INFORMATION

In accordance with New York Insurance Regulation No. 60, please furnish the information needed for completing the enclosed alternate New York State Disclosure Statement.

Please forward this information to the Agent or Broker named above **and** to the ReliaStar Life Insurance Company of New York address chosen at the top of this form.

This authorization is valid until revoked by the undersigned in writing.

 Policy Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**1ST COPY: APPLICANT 2ND COPY: ING CUSTOMER SERVICE CENTER 3RD COPY: REPLACED COMPANY 4TH COPY: AGENT/BROKER**

Order # 113592 07/23/2013