

SUITABILITY PROFILE

Voya Insurance and Annuity Company, Des Moines, IA
ReliaStar Life Insurance Company, Minneapolis, MN - (Voya Retirement Index Select only)
ReliaStar Life Insurance Company of New York, Woodbury, NY
Voya Retirement Insurance and Annuity Company, Windsor, CT
(the "Company")
Members of the Voya® family of companies



Fax: 515-698-2000

Mail: PO Box 1337, Des Moines, IA 50305-1337

Customer Service: 909 Locust Street, Des Moines, IA 50309-2899

Website: Voya.com Phone: 800-369-5303

Fixed Annuities

The purpose of this profile is to help ensure that the product you are purchasing is appropriate based on your financial situation and long-term goals. Please complete this profile in its entirety and submit it with your application.

OWNER/JOINT OWNER INFORMATION

Owner's name ¹ :	Current age:	Anticipated retirement age:
SSN/TIN:	Are you actively employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Retired	
Joint owner's name:	Current age:	Anticipated retirement age:
SSN/TIN:	Are you actively employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Retired	
How long have you known the Producer? <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> 3+ years		

For Trust Owned contracts - complete the form based on the Trust information as compared to the Annuitant or Grantor of the Trust.

Note: Any death benefit is payable upon the death of the annuitant for Non-Natural Owned Annuity Contracts.

FINANCIAL STATUS

- The **first year** surrender charge for the Voya annuity applied for is (not applicable for SPIA)..... %.
- The surrender charge time period for the Voya annuity applied for is (not applicable for SPIA) years.
- Do you anticipate any of the following changes during the surrender charge period (or the payout period for your immediate annuity) indicated for the Voya annuity?
If you answer yes to any part of question 3, please explain. If possible estimate when you expect changes and the amount.
 - Significant increase/decrease in living expenses (e.g. housing, medical care, assisted living costs)..... Yes No
If yes, please explain: _____
 - Significant increase/decrease in income (e.g. retirement, lower pension amount, change in jobs)..... Yes No
If yes, please explain: _____
 - Significant increase/decrease in liquid assets (e.g. children's education, real estate transactions)..... Yes No
If yes, please explain: _____
 - Significant increase/decrease in net worth (e.g. bonuses/stock options, inheritance, settlements)..... Yes No
If yes, please explain: _____
- Federal income tax bracket: 0% 10% 15% 25% 28% 33% 35% ____%
- The **PRIMARY** financial objective or intended use for purchasing this product is:

<input type="checkbox"/> Income now	<input type="checkbox"/> Guarantees provided	<input type="checkbox"/> Growth potential	<input type="checkbox"/> Growth, followed by income
<input type="checkbox"/> Tax-deferred growth	<input type="checkbox"/> Pass on to beneficiaries	<input type="checkbox"/> Other _____	
- How many years of investment/financial experience do you have?
 None Less than 1 year 1-2 years 3-5 years 5+ years
- For SPIA only, is the annuity being purchased to fund the premium payments of a new life insurance policy?.... Yes No

¹ For non-individually owned (including Trusts) contracts, see producer guide for instructions on completion of form.

FINANCIAL STATUS (continued)

MONTHLY HOUSEHOLD ⁴ INCOME	
Salary/wages	\$
Social Security payments	
Pension/retirement	
Annuity payments ¹	
Interest/dividend income	
Other (e.g; Rental income, unemployment benefits, please explain)	
Total income:	\$

MONTHLY HOUSEHOLD ⁴ EXPENSES	
Rent/mortgage payment	\$
Utilities/transportation/food	
Debt repayment	
Health care/health insurance premiums	
Taxes ²	
Other (e.g; Dependent support, charitable donations, please explain)	
Total expenses:	\$

Total income \$ _____ - Total expenses \$ _____ = Disposable income \$ _____

Instructions for Household⁴ Net Worth/Liquid Assets: List the total amount of your financial holdings for each category under **Net Worth (left hand column)**. If any of the assets you list in Net Worth are in part or fully liquid (easily converted to cash without a penalty), list the dollar amount of the liquid portion under **Liquid Assets (right hand column)**. There should be no items under Liquid Assets that are not also included in Net Worth. For Example: If you own \$50,000 in annuities (excluding premium of the proposed annuity), and \$5,000 of that is surrender charge free/liquid; list \$50,000 in the Net Worth column, and \$5,000 in the Liquid Assets column for annuities. For further instruction/examples on how to fill out this section, please refer to the producer's guide (143180).

HOUSEHOLD ⁴ NET WORTH/LIQUID ASSETS - DO NOT INCLUDE: Primary residence, personal belongings/property (e.g; jewelry, furnishings, vehicles)	HOUSEHOLD ⁴ NET WORTH	HOUSEHOLD ⁴ LIQUID ASSETS
Estimated premium of proposed annuity	\$	
Annuities (excluding premium of proposed annuity) ³		\$
CDs		
Checking/savings/money market		
Pension/401K		
Stocks/bonds/mutual funds (other securities)		
Other (e.g; Cash value of life insurance, real estate, please explain)		
Total:	\$	\$

8. What is your general risk tolerance? (check one)
- Conservative Moderately Conservative Moderate Moderately Aggressive Aggressive
9. What is the source of this annuity's premium? (check all that apply)
- Life insurance Certificates of deposit Stocks/bonds/mutual funds Reverse mortgage
 Home equity loan Savings/checking/money market Death benefit proceeds from life insurance/annuity
 Annuity Employer Retirement Plan (401(k), 403(b), etc.) Inheritance _____
10. Do you now have or have you ever had a reverse mortgage?..... Yes No
11. Do you intend to apply for income based/means-tested government benefits, including but not limited to: Medicaid, MediCal, or Veteran's Aid and Attendance Benefits?..... Yes No
12. Have you replaced or exchanged another annuity/life insurance policy within the past 5 years?..... Yes No

¹ Do not include income currently earned on money that will be used to purchase this annuity. ³ Do not include the value of assets used to purchase this annuity.
² Include property taxes, income, and FICA taxes (if you are self-employed). ⁴ Household means applicant and spouse/partner, if a member of the applicant's household.

FINANCIAL STATUS (continued)

If the purchase of the Voya annuity is a replacement or exchange you must complete questions 12a through 12p. To expedite processing, please attach a Replacement Comparison or a copy of your most recent statement for each replaced life insurance policy or annuity contract.

	CONTRACT 1	CONTRACT 2
12a. Type of contract/policy being replaced.....	<input type="checkbox"/> Indexed Annuity <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Life Insurance	<input type="checkbox"/> Indexed Annuity <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Life Insurance
12b. Is this an internal exchange (coming from any company under the Voya family of companies)?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12c. Is the contract/policy being replaced less than 5 years old?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12d. If yes, was the contract/policy part of a prior replacement or exchange?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12e. Is there a surrender charge?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12f. What is the current accumulation value?.....	\$	\$
12g. What is the current surrender value?.....	\$	\$
12h. What is the surrender charge %?.....	%	%
12i. What is the total amount being transferred?.....	\$	\$
12j. What is the current death benefit on the contract/policy being replaced?.....	\$	\$
12k. What is the current living benefit amount on the contract/policy being replaced? (If not applicable, list \$0. Include riders and living benefits.).....	\$	\$
12l. What is the current interest rate and/or cap rate on contract/policy being replaced?.....	%	%
12m. What is the Minimum Guaranteed Interest Rate "MGIR" on the contract/policy being replaced?.....	%	%
12n. How many years of surrender charges remain on the contract being replaced?.....		
12o. What are the administrative/expense fees on contract/policy?.....	\$	\$

12p. Explain why the existing life insurance policy or annuity contract cannot meet your financial objectives.

Contract 1 _____

Contract 2 _____

ACCESSING YOUR MONEY

13. How do you anticipate taking withdrawals from this annuity? (check all that apply)

Required minimum distribution (IRA only)
 Systematic withdrawals
 Annuitize
 Partial withdrawals
 Enhanced withdrawal benefit
 Lump sum
 Immediate income
 None anticipated

14. When do you anticipate taking your first withdrawal from this annuity? (choose one)

Less than 1 year
 Between 1 and 5 years
 Between 6 and 9 years
 10 or more years
 None anticipated

15. By checking the box below (for SPIA only)

I acknowledge that this annuity does not provide a surrender option and that I will only have access to the regular income stream provided by the SPIA.

RIGHT TO EXAMINE AND RETURN

You may return the Contract by mailing or delivering it to Customer Service at the address shown above or to the producer through whom you purchased it within twenty days (or thirty days if this is a replacement contract as defined by applicable state regulation) after the date you receive it. If so returned, we will promptly pay you any portion of the Premium paid and not previously surrendered, as well as any Premium Tax, if applicable, as of the date the returned Contract is received by us. If you are unsure whether your Contract is a replacement contract, please contact Customer Service.

OWNER ACKNOWLEDGEMENT

By signing below, I understand that, if applicable to the annuity I purchased, I may incur a charge by taking money out of the annuity. If I purchased a SPIA, I understand that I will only have access to the regular income stream provided by the SPIA. I acknowledge that I reviewed the product-specific disclosure (if applicable) with my Producer. I understand the costs and features of the annuity I am purchasing. **To the best of my knowledge the information I provided is true and complete and no required fields have been left blank.** I understand that I should consult my tax advisor regarding tax implications of the purchase of an annuity or the exchange of an existing Employer Retirement Plan, Annuity or Life insurance policy.



Owner's signature:

Date:



Joint owner's signature:

Date:

PRODUCER BASIS OF RECOMMENDATION

THIS SECTION MUST BE COMPLETED. If additional space is needed, include additional page(s) or use the back of this form.



The basis for my recommendation for the proposed annuity is *(explain how this annuity better meets the needs of the client versus where the funds are currently invested)*:

PRODUCER ACKNOWLEDGEMENT

By signing below, I acknowledge that I have completed the product specific training and that I believe the annuity for which the owner(s) is applying is suitable, based on the information provided. I have provided all known details at this time. I have verified the identity of the owner(s) and believe that the identity information provided to me is true and accurate. Additionally, I acknowledge that the Company is not a fiduciary, or acting as a Financial Institution. I further acknowledge that I am compliant with the DOL fiduciary rule, as applicable, including the Impartial Conduct Standards.



Producer's signature:

Date:

Producer number: