DIRECT DEPOSIT AUTHORIZATION
FOR STOP LOSS CLAIM PAYMENTS

ReliaStar Life Insurance Company, Minneapolis, MN
ReliaStar Life Insurance Company of New York, Woodbury, NY
Members of the Voya® family of companies
(the "Company")
Stop Loss Claims: 20 Washington Avenue South, Route 5310, Minneapolis, MN 55401
Email: stoploss@voya.com

VOYA FINANCIAL

Use this form for enrollment in direct deposit, cancellation of direct deposit or a change (e.g., the financial institution changed or the account number changed). Send a copy of this form to your Voya Client Representative and retain a copy for your records.

Select one: ☑ Enrollment ☐ Cancellation ☐ Change

Plan Sponsor Name (Legal Entity) Effingham County Board of Commissioners   Tax Identification Number (TIN) 58-6000821

Address 601 North Laurel Street

City Springfield   State GA   ZIP 31329

Contact Name *(Provide the name of the person who should be contacted if this form is incomplete or requires additional information.)*

_____   Phone (_____)_____

Email address where Explanation of Reimbursement (EOR) should be sent. _____

BANK ACCOUNT INFORMATION

A voided check for the account should accompany this form. A deposit ticket is not acceptable. If you cannot provide a voided check, enter the bank's routing number and the full account number in the appropriate fields. **Your application cannot be processed without this information.**

Routing Number *(9 digits)* [| | | | | | | | |]   Account Number _____

Account Name *(Plan Sponsor, group or business name as listed on the account.)* _____

Bank Name _____   Account Type: ☐ Checking ☐ Savings

Bank Address _____

City _____   State _____   ZIP _____
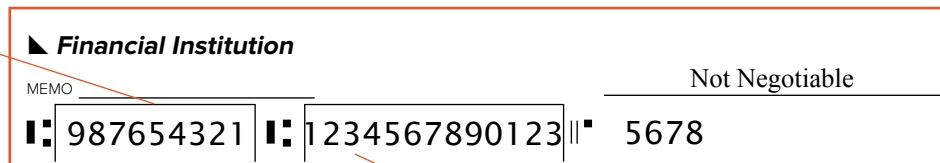
Bank Phone (_____)_____

AUTHORIZATION

The Plan Sponsor grants authorization to the Company to initiate credit entries to the checking or savings account at the financial institution named above. This authority is to remain in full effect until the Company has received written notification of a change or cancellation of this authorization.

Plan Sponsor Representative Name *(Please print.)* _____

➤ Signature _____   Date _____

Sample Check

Routing Number
(9 digits)

▶ *Financial Institution*

MEMO _____   Not Negotiable

⑆ 987654321 ⑆ 1234567890123 ⑈ 5678

Account Number