

# Beneficiary Designation and Change of Personal Information Form

For your **Voya Financial®** Personal Transition Account – proudly serving our customers

Voya Financial Lifeline  
P.O. Box 535405, Pittsburgh, PA 15253-5405  
800.625.7440

## Voya personal transition accountholder's information (Please fill out completely)

<b>Name</b> (Please print)	Date
Account number	Social Security Number
Phone (Day)	Phone (Evening)
E-mail	Signature

If more than one primary beneficiary is named below, this amount will be transferred as specified to those beneficiaries surviving me, or to the last survivor, unless otherwise indicated. If no beneficiary survives me, ownership will be transferred to my estate. I reserve the right to change this designation.

**This designation replaces all previous designations.**

## Beneficiary designation

For more than one beneficiary, the total designation must equal 100%. Please use whole percentages only. If no percentages are specified, the proceeds will be divided equally among your designated beneficiaries. If you need more space or want to list more than three beneficiaries, please attach a separate sheet with the required information. Sign and date each additional sheet naming beneficiaries and attach it to the Beneficiary Designation Form.

I designate the following beneficiary(ies) to receive the proceeds of the Voya Personal Transition Account in the event of my death. This designation replaces and supercedes any prior designation:

Check this box if additional beneficiaries are listed on the back. Please include the same information requested here or attach a separate sheet.

**Beneficiary 1** (Name) Social Security Number: Designation: %

Date of birth Relationship to accountholder

Address City State Zip

Phone number

**Beneficiary 2** (Name) Social Security Number: Designation: %

Date of birth Relationship to accountholder

Address City State Zip

Phone number

**Beneficiary 3** (Name) Social Security Number: Designation: %

Date of birth Relationship to accountholder

Address City State Zip

Phone number

## Change of personal information (Please indicate below)

Name Date

Address City State Zip