

MASTER ACCOUNT PLAN

Report for year ending 12-31-16



ReliaStar Life Insurance Company

Service Center

P.O. Box 5011 Minot, North Dakota 58702-5011

Account Number: 51547151

Account paid to: 1-20-17

Surplus in account: \$0.00

LARSON, RODNEY L
PO BOX 44847

EDEN PRAIRIE

MN
55344

AGENT NUMBER	AGENT'S NAME
81023	PETERSON, PAUL EVERE

The Master Account Plan (MAP) is a convenient way to budget your individual insurance payments to Voya ReliaStar. Instead of making separate payments for premiums and policy loan interest on each of your Voya ReliaStar policies, MAP allows you to consolidate all of them into one regularly scheduled payment.

MAP operates in the following way: As annual premiums and loan interest come due on the policies, they are paid by your account as if they were actually paid by you. As owner of the account, you make regular payments, part of which are used to reduce this amount paid out and another part which is allocated as an interest charge on the unpaid amount. This interest is charged at the rate of 5½% and for the year 2016 was \$ 3.67. (This interest has already been paid by you as a part of your scheduled payments.)

In addition, part of each of your payments is used to cover a 25 cent monthly charge for administration of your account. Your total service charge for 2016 was \$ 3.00 . (This service charge has also been paid by you as a part of your scheduled payments.)

The minimum payment necessary to keep your account functioning is determined by the total of all premiums, policy loan interest, interest charges and service charges. Any payments you have made in excess of the minimum have accumulated as a surplus in your account which, unless withdrawn by you, will reduce future interest charges to your account. These reduced interest charges effectively result in an interest savings to you which accrues as additional surplus in your account. If at any time, accumulated surplus exceeds the unpaid amount in your account, interest is credited at the rate of 4½% on the excess. Interest credited to your account in 2016 was \$ 0.01.

The total policy loan interest paid by your account in 2016 was \$ 0.00 .

KEEP THIS REPORT FOR YOUR TAX RECORDS

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2016

- PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
- SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name RODNEY L LARSON		Box 2. Beneficiary's Social Security Number 478-52-1117
Box 3. Benefits Paid in 2016 \$32,276.80	Box 4. Benefits Repaid to SSA in 2016 NONE	Box 5. Net Benefits for 2016 (Box 3 minus Box 4) \$32,276.80
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$31,018.00 Medicare Part B premiums deducted from your benefits \$1,258.80 Total Additions \$32,276.80 Benefits for 2016 \$32,276.80		DESCRIPTION OF AMOUNT IN BOX 4 NONE
		Box 6. Voluntary Federal Income Tax Withheld NONE
		Box 7. Address RODNEY L LARSON PO BOX 44847 EDEN PRAIRIE MN 55344-2547
		Box 8. Claim Number (Use this number if you need to contact SSA.) 478-52-1117A

Your New Benefit Amount

BENEFICIARY'S NAME: RODNEY L LARSON

Your Social Security benefits will increase by 0.3% percent in 2017 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much Will I Get And When?

- Your monthly amount (before deductions) is \$2,700.00
- The amount we deduct for Medicare medical insurance is \$113.00
(If you did not have Medicare as of November 17, 2016,
or if someone else pays your premium, we show \$0.00.)
- The amount we deduct for your Medicare prescription drug plan is \$0.00
(We will notify you if the amount changes in 2017. If you did not elect
withholding as of November 1, 2016, we show \$0.00.)
- The amount we deduct for voluntary Federal tax withholding is \$0.00
(If you did not elect voluntary tax withholding as of
November 17, 2016, we show \$0.00.)
- After we take any other deductions, you will receive \$2,587.00
on or about Jan. 25, 2017.

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. We would be happy to review the amounts.

If you receive a paper check and want to switch to an electronic payment, please visit the Department of the Treasury's Go Direct website at **www.godirect.org** online.

What If I Have Questions?

- Visit our website at **www.socialsecurity.gov** for more information about Social Security.
- Call us toll-free at **1-800-772-1213** (TTY **1-800-325-0778**) if you have questions. If you