

INNOVATIVE UNDERWRITERS

1700 Market Street, Suite 3232, Philadelphia, PA 19103
215-875-8650 800-4-INSURANCE Fax 215-875-3594
www.Innovativeunderwriters.com

Reliastar ING

All Agents

Please Complete, Sign and return the following:

- | | | |
|---|--|-------------|
| 1 | Application For Appointment And Contract | 1 Copy |
| 2 | Direct Deposit | 1 Copy |
| 3 | Assignment of Commissions | 1 Copy |
| 6 | Current E&O Certificate (minimum of \$1,000,000 required) | 1 Copy |
| 7 | Copy of State License Personal/Corporate | 1 copy each |
| 8 | Prove of Anti-Money Laundering Course
Completion - This is Mandatory | 1 Copy |

Are you a Guardian Agent? Yes or No

If yes, who is your Guardian General Agent? _____

Are you an Innovative Agent? Yes or No

Email address _____

APPLICATION FOR APPOINTMENT AND CONTRACT

ReliaStar Life Insurance Company, Minneapolis, MN
 ReliaStar Life Insurance Company of New York, Woodbury, NY
 Security Life of Denver Insurance Company, Denver, CO
Members of the ING family of companies
 Service Office: PO Box 9190, Des Moines, IA 50306-9190
 Phone: 877-882-5050, Fax: 877-788-5122



Employees of a licensed entity must complete form #128391 (Application for Appointment).

NEW BUSINESS PENDING (Internal use only: Image P1 if completed.)

Policy Number (if applicable) _____ App Sign Date _____ State _____
 Client Name _____ Last 4 digits of Client SSN (Required) _____

A. APPLICANT INFORMATION (Provide former address if you have lived at your current address less than 2 years.)

Applicant/Producer Name (First) _____ (Last) _____ (M.I.) _____
 Birth Date _____ SSN _____ Gender: Male Female
 E-mail _____
 Residence Street Address _____
 City _____ State _____ ZIP _____
 Producer Phone (_____) _____ How long at your current residence? Years _____ Months _____
 Former Residence Street Address _____
 City _____ State _____ ZIP _____
 Business Phone (_____) _____ Business Fax (_____) _____
 Business Street Address _____
 City _____ State _____ ZIP _____

CORPORATE CONTRACT ONLY: Complete this section **only** if you are the signing officer of the corporation and are contracting both you and your corporation, with your individual commissions being paid to your corporation. Do **not** complete this section if you are an agent having your commissions paid to a corporation and are not the signing officer. By signing this contract as a signing officer of your company, you agree to have your commissions paid to the TIN.

Agency Name _____ TIN _____

B. QUESTIONNAIRE (Please respond to all questions for you personally and any organization over which you have exercised control. If you answer "Yes" to any questions, you must attach an explanation with all relevant information and supporting documents.)

1. Are you currently a registered representative with FINRA? Yes No
 Provide CRD number if you are a registered representative. _____
2. Have you ever had an insurance and/or securities license or registration under another name? Yes No
 If yes, please provide that name. _____
3. Have you ever been discharged or permitted to resign from your employment appointment because you were accused of fraud or wrongful taking of property, violating investment-related or insurance-related statutes, regulations, rules or industry standards of conduct, or violating company rules? Yes No
4. Within the past 10 years, have you ever initiated bankruptcy proceedings or declared bankruptcy? Yes No
5. Do you have any knowledge of an indebtedness to an insurance carrier or financial organization that involves yourself or an organization you have been associated with, or do you have any unsatisfied liens or judgements? Yes No
6. Within the past 10 years, has any insurance carrier canceled your contract or appointment for any reason other than lack of production? Yes No
7. Within the past 10 years, have you ever had a complaint filed against you that resulted in a fine, penalty, censure, cease and desist order, consent order or disciplinary action? Yes No
8. With the exception of routine traffic violations, have you ever been charged with, convicted of or pled guilty or nolo contendere (no contest) to a misdemeanor or felony? Yes No
9. Are you involved in any pending or current litigation, investigations, complaints, or E & O claims or has any E & O carrier denied, paid claims on, or canceled your coverage? Yes No
10. Have you ever been named as a defendant or codefendant in a lawsuit, or have you ever sued or been sued by an insurance company? Yes No
11. Has a bonding company ever denied, paid out on, or revoked a surety or fidelity bond for you, or is there any reason you cannot secure a bond? Yes No
12. Have you ever been charged with or convicted of or pled guilty or nolo contendere (no contest) to violating state insurance department, federal or state securities, or investment-related regulations or statutes, or have you ever had your insurance license or securities registration suspended, revoked, investigated, audited or had a license denied? Yes No

C. ERRORS & OMISSIONS INFORMATION (Errors & Omissions certificate not required if this section is completed.)

Provide E & O Coverage Carrier (required) _____ Policy # (required) _____

D. AGREEMENT/APPOINTMENT INFORMATION

Check Agreement Type: General Agent (Order #131419) Producer (Order #131420) Servicing Agreement (Order #131441)

Check Requested Company Appointments

ReliaStar Life Insurance Company ReliaStar Life Insurance Company of New York Security Life of Denver Life Insurance Company

E. COMPENSATION (Indicate Commission Schedule Level Codes¹ for GA or Producer Agreements. Section to be completed by General Agency.)

General Account

ReliaStar Life Insurance Company		ReliaStar Life Insurance Company of New York (Requires New York License)		Security Life Of Denver Insurance Company	
General Account	Level Code ¹	General Account	Level Code ¹	General Account	Level Code ¹
Target Compensation	03	Target Compensation	01	Target Compensation	03
Excess/Renewals	07	Excess/Renewals	08	Excess	05
Term Target Compensation	04	Term Target Compensation	01	Renewals Years 2 - 10	05
Term Renewals	00	Term Renewals	08	Renewals Years 11+	05
				Trails	05

Variable (For ING Financial Partners)

ReliaStar Life Insurance Company		ReliaStar Life Insurance Company of New York (Requires New York License)		Security Life Of Denver Insurance Company	
General Account	Level Code ¹	General Account	Level Code ¹	General Account	Level Code ¹
<input type="checkbox"/> Servicing only		<input type="checkbox"/> Servicing only		Target Compensation	
				Excess	
				Renewals	
				Trails	

¹ Enter the 2 digit Level Code from the appropriate Commission Grid (i.e., "07"). Grids should be obtained from Regional home office.

Please list Producer's Next Immediate Upline

Name _____ Agent # or SSN _____

General Agent Code(s)

ReliaStar Life: General Account (7 digit code) 7328000
 ReliaStar Life of New York: General Account (7 digit code) 608500
 Security Life of Denver: General Account (6 digit code) 154698 Variable (6 digit code) _____

Assign Commissions? Yes No If "Yes," complete the Assignment of Commission form (Order #128051)
 Direct Deposit / EFT? Yes No If "Yes," complete the Authorization Agreement for Direct Deposit form (Order #133845)

F. BROKER-DEALER INFORMATION (for Variable Appointment only)

New Variable Appointment Broker-Dealer Change

Broker-Dealer Name _____ CRD Number _____

Broker-Dealer signature is required unless the ING Life Broker-Dealer Selling Agreement includes a background amendment.

Broker-Dealer Verification/Recommendation: Broker-Dealer verifies that a background investigation has been conducted on the Applicant, who is a registered representative of Broker-Dealer, and that a copy will be made available upon request. Broker-Dealer recommends that the Applicant be appointed with each Company checked below and attests that it has policies and procedures, to supervise the activities of its registered representatives, that are reasonably designed to achieve compliance with applicable securities laws and regulations.

➔ Broker-Dealer Officer Signature (Required for Variable Appointment.) _____ Date _____

Broker-Dealer Officer (please print) _____

G. PRODUCER ANTI-MONEY LAUNDERING (AML) TRAINING REQUIREMENT

The Financial Crimes Enforcement Network (FinCEN), a bureau of the U.S. Department of Treasury, enacted regulations surrounding the anti-money laundering (AML) programs for insurance companies, which took effect May 2, 2006. The Company requires that all producers selling or servicing specified products complete AML training and certify with ING at the time of contracting. In addition, under these regulations, ING requires that all agents selling specified products recertify their AML training biennially based on the date the last certification was completed.

Producers meeting the following are recognized as having completed their required AML obligations without further documentation:

- Currently have an active variable annuity or variable life contract with ING.
- Currently affiliated (commissions paying to) with a wirehouse when soliciting/servicing life insurance policies offered by ING
- Currently affiliated with a broker/dealer or bank, or with an agency of a broker/dealer or bank, whose ING selling agreement covers all associated agents under a blanket AML certification. Please check with your broker-dealer or bank compliance office. You may also call ING at 877-882-5050 to speak with an ING Licensing Representative.
- Completed the AML course using LIMRA as the training service (aml.limra.com)

If you have not met one of the above qualifications, you will be required to certify your AML training completion by:

- Submitting an AML training certificate of completion sponsored by an ACLI or FINRA recognized organization.
- Submitting an AML training certificate of completion sponsored by an ING approved training organization (list available by calling your ING Licensing Representative).
- Completing the AML course using LIMRA as the training service (aml.limra.com).
- Completing the ING AML Training Certificate of Completion (Form #137305).

Failure to certify your AML training may lead to delays in new business issuance. Failure to re-certify your AML training may lead to delays in new business issuance beyond the AML training expiration date. **Note:** Term Life policy issuance, with the exception of term products with Return of Premium product features, will not encounter delays due to AML training certification requirements.

H. CONDITIONS AND AGREEMENTS

By signing this Application, I acknowledge and represent that:

- All information furnished by me in this Application is true, correct and complete.
- I understand that no Company has an obligation to approve this Application and I release any Company that does not appoint or contract me from all liabilities.
- I agree to comply with applicable state laws with regard to solicitation of business prior to appointment and contracting.
- I authorize any person or entity that may have knowledge of my employment, financial, criminal or other history to release such information to any Company in connection with this Application. I authorize each Company to release any information regarding my Debit Balance to Vector One, or any successor organization. A photocopy of this authorization will be as valid as the original, regardless of the date it is signed.
- I also acknowledge by my signature below that I authorize the Company, now or in the future, to obtain a consumer and/or investigative consumer report on me, and that I have received from the Company all disclosures required by the Fair Credit Reporting Act.
- I have received and read the Agreements, including specified Compensation Schedules, that are listed above and that are incorporated by reference into this Application. I understand and agree that by my signature below, I am agreeing to all of the terms and conditions of the Agreements, including specified Compensation Schedules, that are listed above.

I. AUTHORIZATIONS AND ACKNOWLEDGEMENTS

Under penalty of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. citizen (including U.S. resident alien)

INSTRUCTIONS: You must cross out item 2 above if the IRS has notified you that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return and you have not received notice from the IRS advising that backup withholding has terminated.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Print Applicant/Producer Name

(Corporate/Agency Name if applicable) _____

The signing officer's signature, for corporate direct deposit request, must be the signature of the signing officer that ING has on record.

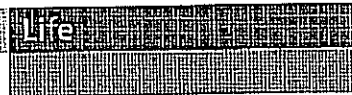
➔ Applicant/Producer Signature
(Corporate/Agency Officer if applicable) _____ Date _____

Corporate/Agency Contact Name _____ Phone (_____) _____

I have reviewed the above application and I recommend this Applicant for appointment and contracting, as applicable, and designate Applicant's Compensation Schedules as indicated. I have provided the applicable form numbers prior to the Applicant's signing of this application. I understand that these form numbers may not be changed after the Applicant's signature is obtained.

Print General Agent Name _____ **INNOVATIVE UNDERWRITERS** General Agent Code(s)
(required unless same as Applicant) _____ (if applicable) _____

➔ General Agent Signature
(required unless same as Applicant) _____ Date _____



ASSIGNMENT OF COMMISSION GENERAL ACCOUNT

ReliaStar Life Insurance Company, Minneapolis, MN
ReliaStar Life Insurance Company of New York, Woodbury, NY
Security Life of Denver Insurance Company, Denver, CO
Members of the ING family of companies
(the "Company")
Service Office: PO Box 9190, Des Moines, IA 50306-9190
Phone: 877-882-5050, Fax: 877-788-5122



ASSIGNMENT REQUESTED FOR THE FOLLOWING COMPANIES

- ReliaStar Life Insurance Company
- ReliaStar Life Insurance Company of New York
- Security Life of Denver Life Insurance Company

ASSIGNEE INFORMATION *(Agent/Corporation to receive commissions. Assignee must be licensed and appointed if required by state regulation (i.e. Virginia)).*

Assignee Agent Number _____ SSN/TIN _____

Assignee Street Address _____

Assignee City _____ State _____ ZIP _____

ASSIGNMENT

For VALUE RECEIVED, I hereby assign and transfer to:

Assignee Name _____

all my right, title and interest in and to commissions payable by the Company indicated above as specified in commission agreements in effect with respect to any and all policies sold under the assignor agent number listed below, and I hereby authorize said Company to pay such commissions to the Assignee unless and until the this Assignment is released by Assignee. I understand that the Company will report income paid under this Assignment to Assignee for tax purposes.

➔ Assignor Signature _____ Date _____

ASSIGNOR INFORMATION *(Agent/Corporation assigning commissions)*

Assignor Name _____

Assignor Agent Number _____ SSN/TIN _____

ADDITIONAL INFORMATION

Assignor General Agent Name _____ Assignor General Agent Number _____

Assignee Signing Officer Name _____ Signing Officer SSN _____

THE COMPANY DOES NOT ASSUME RESPONSIBILITY FOR THE VALIDITY OR SUFFICIENCY OF THIS ASSIGNMENT.

AUTHORIZATION AGREEMENT FOR COMPENSATION DIRECT DEPOSIT



Mail or Fax completed form to:
ING Service Center, 909 Locust Street, Des Moines, IA 50309
Fax: 877-788-5122



Note: Compensation information is available on ING for Professionals (www.ing.com/us/prologin).

A. BUSINESS UNITS *(All Companies will be set up for direct deposit unless otherwise specified.)*

Life - Including Strategic Distribution *(Contact Phone: 877-882-5050):*

- ReliaStar Life Insurance Company (includes ReliaStar Life Insurance Company of New York)
- Security Life of Denver Insurance Company
- Security Life of Denver Insurance Company (formerly Southland Life Insurance Company)

ING Financial Solutions & Annuities *(Contact Phone: 800-369-5307):*

- ING USA Annuity and Life Insurance Company (includes Fixed and Variable Annuities for RLNY)
- ING Life Insurance and Annuity Company (ILIAC)

Retirement Services:

- ReliaStar Life Insurance Company (Annuities/Education) *(Contact Phone: 877-882-5050)*
- ING Life Insurance and Annuity Company (ILIAC) *(Contact Phone: 888-238-6297)*

Hereinafter called the "Company."

I do not wish to have all my ING Company commissions paid by direct deposit. Please pay my commission by direct deposit for the following business units only. *(Please list business units)* _____

B. INSTRUCTIONS FOR DEPOSIT *(See sample below. Please note that for the Retirement Services Business Unit, ReliaStar Life Insurance Company ("ReliaStar") cannot support direct deposits spread across more than one account, nor can it support a direct deposit to a savings account. If the Two Accounts option is selected, only the first account will be utilized for ReliaStar/Retirement Services compensation. If a Savings account option is selected, ReliaStar/Retirement Services compensation will be paid by check.)*

- One Account: Deposit 100% of my compensation into Account #1.
- Two Accounts: Deposit _____ % of my compensation into Account #1. Balance will be deposited into Account #2.

Account #1 Checking Savings

Financial Institution Name _____ Transit/ABA Number _____

Account Owner Name *(Required)* _____ Account Number _____

Branch Address _____

Account #2 Checking Savings

Financial Institution Name _____ Transit/ABA Number _____

Account Owner Name *(Required)* _____ Account Number _____

Branch Address _____

Sample Check

Routing Number *(9 digits)*

Financial Institution		Account Number
MEMO	Not Negotiable	
987654321	1234567890123	5678

C. AUTHORIZATION

I hereby authorize the Company to initiate credit entries and, if necessary, adjustments for credit entries in error to the checking and/or savings account indicated on this form. This authority is to remain in full effect until the Company has received written notification from me of its termination. I understand that this authorization is subject to the terms of any agent or representative contract, commission agreement, or loan agreement that I may have now, or in the future, with the Company.

Signature _____ Date _____

Print Name _____ Phone (____) _____

SSN/TIN *(Last 4 digits only)* or Agent/Agency Number _____

For corporate direct deposit request, the signature must be that of the signing officer on record with the Company.

Name of Corporation *(if applicable)* _____