



Final Expense Contracting

Let us help you outsmart your competition!

- *Better* rates and *fast* approvals for your clients
 - Higher commissions for you
 - Quality affordable leads so you have people to see every day?
- You are paid directly from the insurance company and fully vested on day one.

Avoid delays to your contracting

1. Fill out all forms completely. If you have “yes” answers to the questions you **MUST** include a separate page with full clear explanations or your contracting will not be processed.
2. Please print all information legibly. If your handwriting is hard to read , please have your spouse, friend, or someone else fill out the forms. The biggest delay with contracting comes from unreadable handwriting.
3. Please send the contracting for each company you want in a separate email or fax. Include your insurance license, drivers license, voided check, etc. with **EACH** company's contracting. ING will also require a copy of your E&O insurance.
4. When emailing, make the subject say “(company name) contracting for (your name)”
example= ForeThought Contracting for John Smith

Email all forms to scott@newburyfinancial.com or Fax all forms to (877) 562-8753

Fexcontracting is: Travis Tubbs and J Scott Burke

Call us at (800) 673-5309

Put **MORE** money in **YOUR** pocket! Your commission level with most of our Final Expense Companies is at least 110% with no production history requirement. Your commissions will always be paid directly from the insurance company to you. Most companies offer advancing of 9-months (75%) with good credit.

For licensed agent use only. Not intended for the general public.

NOTE: ING does require E & O Insurance

ING LIFE STRATEGIC DISTRIBUTION CHANNEL 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
 ING USA Annuity and Life Insurance Company, Des Moines, IA
 ("the Company")

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



NEW BUSINESS

Policy Number (if applicable) _____ Application Signed Date _____

Client Name _____ Client SSN (Last 4 digits ONLY) _____

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

Applicant/Producer Name (First) _____ (Last) _____ (M.I.) _____

Professional Designations _____ E-mail _____

Birth Date _____ SSN _____ Gender: Male Female

Residence Street Address _____

City _____ State _____ ZIP _____

Producer Phone (_____) _____ How long have you lived 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 or have you ever been a registered representative with FINRA (formerly NASD)? Yes No
 If "Yes," provide CRD number, even if not currently registered. _____
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 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. TYPE OF CONTRACTING SETUP

Agreement Type:

- Managing Director (Order #142034) General Agent (Order #142035) Producer (Order #142036) Servicing Agreement (Order #136376)

Commission Type:

- Strategic Distribution - Weighted Annual Premium (WAP) (Complete section E) OR Strategic Distribution - Net Annual Commissions (NAC) (Complete section F)

E. CONTRACTING SETUP FOR STRATEGIC - WAP

Part 1 - Life Contract (Check Requested Company Appointments and Indicate Commission Schedule Level Codes¹)

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

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
Target Compensation	<input type="text"/> <input type="text"/>
Excess Renewals	<input type="text"/> <input type="text"/>
Term Target Compensation	<input type="text"/> <input type="text"/>
Term Renewal	<input type="text"/> <input type="text"/>

General Account	Level Code ¹
Target Compensation	<input type="text"/> <input type="text"/>
Excess Renewals	<input type="text"/> <input type="text"/>
Term Target Compensation	<input type="text"/> <input type="text"/>
Term Renewal	<input type="text"/> <input type="text"/>

General Account	Level Code ¹
Target Compensation	<input type="text"/> <input type="text"/>
Excess	<input type="text"/> <input type="text"/>
Renewals Years 2 - 10	<input type="text"/> <input type="text"/>
Renewals Years 11+	<input type="text"/> <input type="text"/>
Trails	<input type="text"/> <input type="text"/>

Variable Account (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

Servicing Only

Servicing Only

Variable	Level Code ¹
Target Compensation	<input type="text"/> <input type="text"/>
Excess	<input type="text"/> <input type="text"/>
Renewals	<input type="text"/> <input type="text"/>
Trails	<input type="text"/> <input type="text"/>

¹ Enter the 2 digit Level Code from the appropriate Commission Grid (i.e., "07").

Producer's Next Immediate Upline

Name _____ Agent Number or SSN _____

Managing Director Codes

ReliaStar Life: General Account (7 digit code) _____

ReliaStar Life of New York: General Account (7 digit code) _____

Security Life of Denver: General Account (6 digit code) _____ Variable (6 digit code) _____

Assign Commissions? Yes No If "Yes," complete the Assignment of Commissions form (Provide form - Order #128051)

Direct Deposit / EFT? Yes No If "Yes," complete the Authorization Agreement for Direct Deposit form (Order #133854)

Part 2 - Annuity Contract

Annuity Type? Fixed Annuities Variable Annuities

Requested Company Appointments? ING USA Annuity and Life Insurance Company ReliaStar Life Insurance Company of New York

Immediate Upline Name _____

Agent Number _____ Agent Commission Level _____

F. CONTRACTING SETUP FOR STRATEGIC PRODUCER - NAC *(ReliaStar of New York products unavailable with this contract.)*

Agreement Type: Non-Financed Financed (PIP) Provide forms - *(Order #142092 & Order #130582)* Closely Affiliated Agent (CAP)

Annualize Commissions? Yes No if "Yes," complete Annualization Agreement form *(Order #131417)*

Commission Level _____ NAC General Agent Code *(required)* _____

Assign Commissions? Yes No If "Yes," complete Assignment of Commissions form *(Order #158864)*

Direct Deposit/EFT? Yes No If "Yes," complete the Authorization Agreement for Direct Deposit form *(Order #133854)*

G. BROKER-DEALER INFORMATION *(for Variable Appointment only)*

New Variable Appointment Broker-Dealer Change

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

Broker-Dealer Name _____ C.R.D. Number _____

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 Life Variable Appointment.)*** _____ Date _____

Broker-Dealer Officer Name *(please print)* _____

H. 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.

I. ACKNOWLEDGEMENTS, CONDITIONS AND AGREEMENTS

I hereby certify that my answers to the questions contained in this application are true and correct. I acknowledge that ReliaStar Life Insurance Company, ReliaStar Life Insurance Company of New York, Security Life of Denver Insurance Company or ING USA Annuity and Life Insurance Company (*hereinafter called the "Company"*) have informed me of the Company's practices to conduct routine investigative reports on agents for licensing purposes, initial and renewal state appointments, and at any time the Company, at its discretion, deems it necessary to conduct background investigations. I expressly authorize the Company to conduct these investigations and authorize all persons and entities (*including past and present employers*) to provide the Company all requested information.

I also expressly authorize the Company, for the purpose of facilitating the licensing and appointment process, to share information gathered as a result of these investigations with my agency and/or broker-dealer (*including any third parties authorized by my agency and/or broker-dealer*). I release from liability all persons and entities which supply said information to the Company and agree to hold the Company harmless from any liability for conducting this investigation. I authorize the Company to use these investigative reports and to provide these reports and any other pertinent information to all ING affiliate companies and to third parties where the third parties' legal interests and/or obligations are involved.

I authorize the Company to share any financial, business, legal, tax or work performance history regarding me that it receives from third parties, from any ING affiliate companies or which is generated by the Company or from the ING affiliate companies' data source that is not part of the investigative report, with all other ING affiliate companies.

I also authorize the Company to share my debt balance information with agents, agencies or other third parties that assume my debt balance responsibilities, as well as debt collection agencies and debt reporting services.

I certify that I have reviewed this application and I understand that if any information provided in this application is found to be incorrect or incomplete, it will be grounds for rejecting this application or for termination of my appointment, all in the sole discretion of the company.

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, I am agreeing to all of the terms and conditions of the Agreements, including specified Compensation Schedules, that are listed above.

I agree to read and abide by the Company's Business Guidelines and other Company policies and procedures, as they may be amended from time to time, located at www.ing.us/professionals or on the Producer/Distributor Web site (www.ingforprofessionals.com).

Print Applicant/Producer Name
(Corporate/Agency Name if applicable) _____ State _____

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
(if applicable) _____ General Agent Code(s)
(if applicable) _____

 General Agent Signature
(if applicable) _____ Date _____

Print Managing Director
(if applicable) _____

 Managing Director Signature
(if applicable) _____ Date _____

UNDERSTANDING YOUR LIFE & FIXED ANNUITY EDUCATION REQUIREMENTS

ReliaStar Life Insurance Company, Minneapolis, MN
 ReliaStar Life Insurance Company of New York, Woodbury, NY
 Security Life of Denver Insurance Company, Denver, CO
 ING USA Annuity and Life Insurance Company, Des Moines, IA
 ("the Company")

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



In an effort to make it easier for you to manage the educational requirements necessary to sell products offered by Security Life of Denver Insurance Company, ReliaStar Life Insurance Company, ReliaStar Life Insurance Company of New York and ING USA Annuity and Life Insurance Company, please review the following guidelines.

ANTI-MONEY LAUNDERING (AML) TRAINING REQUIREMENTS

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 ING life companies require that all producers selling or servicing "covered" products complete AML training and certify to completion of this training at the time of contracting. In addition, under these regulations, the ING life companies require that all agents selling "covered" products recertify their AML training biennially, prior to the date the original training was completed.

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

- Currently have an active variable life contract with an ING life company.
- Currently affiliated (commissions paying to) with a wire house when soliciting/servicing life insurance policies offered by the ING life companies.
- 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 (Option 2) 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 insurance is not a covered product with the exception of term products with Return of Premium product features, and will not encounter delays due to AML training certification requirements.**

IOWA INDEXED PRODUCT TRAINING

Iowa Indexed Product Training

Effective March 1, 2008, the ING life companies will no longer accept applications taken in Iowa for index life insurance products submitted by agents who have not confirmed completion of the Iowa Insurance Division (IID) index products training. To confirm the completion of index product training, fax the approved provider's certificate of completion to the ING Life Licensing Team at 877-788-5122 (Option 2).

Agents must meet this index product training requirement prior to the solicitation of indexed products in Iowa.

Pearson VUE (www.pearsonvue.com) manages the continuing education (CE) requirements for the IID surrounding index product training. Please visit their website or contact them at 877-538-3420 to obtain a complete list of vendors approved to deliver this training.

A full explanation of this regulation can be found on the Iowa Insurance Division website (www.iid.state.ia.us) or by contacting the IID at 515-281-5705.

ARKANSAS INDEXED PRODUCT TRAINING

Effective March 1, 2008, the ING life companies will no longer accept applications taken in Arkansas for index life insurance policies submitted by agents who have not completed index product training as mandated by the Arkansas Insurance Department (AID)

The Arkansas Insurance Department has approved the ING Life Index Product Training as meeting their index product education requirements. Please contact the ING Life Sales Desk at 866-464-7355 to receive instructions on completing this online training requirement. Agents must meet this index product training requirement prior to the solicitation of indexed products in Arkansas.

A full explanation of the Arkansas index product training regulation can be found on the Arkansas Insurance Department web site (www.insurance.arkansas.gov) or by contacting AID at 800-282-9134.

NAIC SUITABILITY IN ANNUITY TRANSACTIONS - 4-HOUR ANNUITY TRAINING

Producers soliciting individual annuity business in states **that have** adopted the 2010 NAIC Suitability in Annuity Transactions Model must fulfill that state's Annuity Training requirements prior to solicitation. Producers must complete a four-hour annuity training course approved by the Insurance Division of the state of policy solicitation. Alternatively, complete substantially similar training requirements of another state deemed to satisfy the training requirements of the state of solicitation.

Please note that agent's soliciting business in California must complete an eight (8) credit hours annuity training course approved by the California Department of Insurance and provided by an approved vendor offering an Annuity Products Course. Alternatively, complete substantially similar training requirements of another state's approved courses to satisfy the NAIC Suitability in Annuity Transactions training requirement. You will need to verify with your CE provider that the course has been approved for NAIC Suitability in Annuity Transactions training use and equals eight (8) credit hours or contact the California Department of Insurance related to any questions surrounding courses approved for NAIC training use. Ensure that the Company receives confirmation of training completion

ING annuity products solicited without first fulfilling the applicable Annuity Training requirements will be returned for contract re-solicitation.

NAIC SUITABILITY IN ANNUITY TRANSACTIONS - PRODUCT SPECIFIC TRAINING

Producers soliciting individual annuity business in all states must complete a Company provided Product-Specific Training prior to solicitation. ING product training is available on Kaplan. To access the ING annuity product courses, please click on the link below to create an account. Confirmation that you have completed this course will be sent to ING.

Course link: https://www.kfeducation.com/login/check-company?companyId=INGAnnuities&newUserActionType=createAccount&submit_createNew=Submit

ING annuity products solicited without first fulfilling the applicable Annuity Training requirements will be returned for contract re-solicitation.

ING APPLICATION FOR ANNUALIZATION 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")
ING Service Center, 909 Locust St., Des Moines, IA 50309
Fax: 877-788-5122



APPLICANT INFORMATION

Applicant Name _____ SSN (Last 4 digits only) _____
Business Address _____ City _____ State _____ ZIP _____
Phone (____) _____ E-mail Address _____

QUESTIONNAIRE *(Please respond to all questions. If you answer "Yes" to any questions, you must attach an explanation with all relevant information and supporting documents.)*

1. Within the past 10 years, have you ever initiated bankruptcy proceedings or declared bankruptcy? Yes No
2. Do you have any unsatisfied liens or judgements? Yes No
3. 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? Yes No
4. Are you involved in any pending or current litigation, investigations, or E & O claims? Yes No
5. With the exception of routine traffic violations, have you ever been convicted of or pled guilty or nolo contendere (no contest) to a misdemeanor or felony? Yes No

CONTRACT ADVANCE AND ANNUALIZATION RATE *(Please see Quick Guide)*

For the following Companies:

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

Indicate Annualization Rate to be applied to Commissions _____%

Maximum Amount Of Advance On Any One Contract \$ _____

Maximum Total Advance To Applicant On All Contracts \$ _____

AUTHORIZATION / ACKNOWLEDGEMENT *(Form will be returned if not signed.)*

The undersigned Applicant hereby affirms that the preceding answers are true, correct, and complete. By signing below, Applicant authorizes the Company to make a thorough investigation of this information and releases from all liability any persons, companies or corporations supplying information. Applicant further authorizes the Company to review the results of the investigation with the General Agent/Managing Director that is recommending Applicant for annualization to the Company by signature below.

 Applicant Signature _____

Applicant Agent Number _____ Date _____

 General Agent/Managing Director Signature
(if other than Applicant) _____

General Agent/Managing Director Agent Number _____ Date _____

ANNUALIZATION AGREEMENT - GENERAL ACCOUNT

- ReliaStar Life Insurance Company
 ReliaStar Life Insurance Company of New York
 Security Life of Denver Insurance Company
 (the "Company")

A member of the ING family of companies

c/o ING Customer Service Center, 909 Locust St., Des Moines, IA 50309

Fax: 877-788-5122



In consideration of the following terms and conditions, this Annualization Agreement - General Account (the "Agreement") is between the following parties and made effective as of the Effective Date stated below.

I. PARTIES

A. Company: ReliaStar Life Insurance Company

ReliaStar Life Insurance Company of New York
 Security Life of Denver Insurance Company
 (As indicated above.)

Address: c/o ING Customer Service Center, Attn: Distributor Services, 909 Locust St., Des Moines, IA 50309
 Fax: 877-788-5122

B. Applicant (General Agent or Producer):

Individual or Legal entity _____

Street Address _____ City _____ State _____ ZIP _____

E-mail _____ Fax (_____) _____

C. Guarantor: Managing Director/General Agent (if applicable)

Individual or Legal entity _____

Street Address _____ City _____ State _____ ZIP _____

E-mail _____ Fax (_____) _____

II. DEFINITIONS

- A. **"Applicant"** (or "you" or "your" or "yours") means a General Agent or Producer contracted and appointed with the Company. The terms "General Agent" and "Producer" include the named party, heirs, representatives, officers, directors, employees and assigns.
- B. **"Company"** means the company or companies indicated above. If you are contracted and appointed with more than one Company, the parties agree that this Agreement is to be construed as a separate and distinct Agreement between you and each of the Companies with which you are contracted and appointed. Except with respect to recovery of any Advances or Debit Balances in accordance with the provisions of this Agreement, the rights, obligations and responsibilities between you and one Company are distinct from the rights, obligations and responsibilities between you and the other Company. No Company will have responsibility or liability for the acts and omissions of the other Company under this Agreement.
- C. **"Eligible Commissions"** means first year base commissions, excluding commissions paid on excess premiums and EAP, as provided in the applicable Compensation Schedule.
- D. **"Eligible Contracts"** means any general account life insurance contract issued by a Company in which the First Commissionable Event occurs while this Agreement is in effect.
1. Eligible Contracts include:
 - a. Contracts paid by Electronic Funds Transfer and Bank Draft on a monthly pay mode; and
 - b. Contracts paid by list Military Allotment or List Bill on all modes.
 2. Eligible Contracts exclude:
 - a. Contracts paid by direct pay; and
 - b. Contracts insuring yourself, your immediate family members (spouse, children, parents and siblings); and
 - c. Term conversions and internal exchanges.
- E. **"First Commissionable Event"** means the first date on which the Company applies premium to a Contract that is issued and in force, except when there is an exchange and commissions are advanced.
- F. **"ING Affiliate Company"** means any legal entity, other than a Company, that is a subsidiary of ING America Insurance Holdings, Inc.
- G. **"Notice"** means written notice:
1. Deemed given when received by facsimile or e-mail transmission; or placed in the U.S. mail, postage prepaid; or sent by overnight courier service; and
 2. Addressed to the applicable address, facsimile number, or e-mail address stated in this Agreement, unless Notice has been given to the other party of a change of address.

III. ADVANCES

- A. In its sole discretion, any Company may advance to you certain amounts in excess of commissions actually earned and payable to you on Eligible Contracts (the "Advances").
- B. You understand and agree that any Advances are your obligation and indebtedness and that you are liable to repay any Advances to any Company.
- C. Either party or a Guarantor may terminate this Agreement at any time upon Notice to the others.

IV. CONDITIONS FOR ADVANCES

- A. Once your Application for Annualization (Eship #131352) has been approved by Company, the maximum Advance on any one Eligible Contract, the total maximum Advance to you on all Eligible Contracts and the annualization rate of Eligible Commissions will be as stated on that Application for Annualization, which is made a part of this Agreement.
- B. Any Contract changes after the First Commissionable Event, such as face increases or additions, will not cause recalculation of an Advance.
- C. A thirteen (13) month premium persistency rate of 80% or better on all Company Contracts must be continuously maintained to remain eligible for Advances.

V. PROMISSORY NOTE

- A. You promise to repay each Advance at the earliest of the following dates:
 - 1. Twelve (12) months after your receipt of the Advance; or
 - 2. Immediately if the Eligible Contract on which you received the Advance is returned to Company for refund of premium during the Free Look Period as described in the Contract form, or is lapsed or surrendered during the first twelve (12) months after your receipt of the Advance; or
 - 3. Immediately if the Contract on which you received the advance ceases to qualify as an Eligible Contract, or reduces planned premium payments;
 - 4. Immediately after termination of your ING Life Companies General Agent or Producer Agreement; or
 - 5. Immediately after demand and Notice by Company.
- B. Repayment to Company will be made at Company's address, or such other place as Company may designate in writing.
- C. If any amount is not paid within the stated time period, the amount will bear interest at the rate posted on the Producer/Distributor Website, as it may be amended and renamed from time to time, but in no event in excess of that permitted by applicable law. The Producer/Distributor Website is a website for General Agents and Producers that provides information regarding Company. In 2008 it is known as ING for Professionals Website.
- D. You are responsible to the Company for the payment of one hundred percent (100%) of Advances, which are part of your "Debit Balance" as defined in your ING Life Companies General Agent or Producer Agreement. You grant to any Company a first lien on and the right to apply any amount due to you from any Company and any ING Affiliate Company to offset your Debit Balance or other amounts you owe to any Company or any ING Affiliate Company.
- E. In the event of default, you agree to pay all costs of collection, including reasonable attorney's fees, incurred in the collection of any amounts due under this Agreement.
- F. By signing this Agreement, you represent and warrant that:
 - 1. You have not assigned, transferred, mortgaged or otherwise encumbered any commissions on Eligible Contracts; and
 - 2. You do not have any lawsuits or proceedings pending or threatened against you.

VI. GENERAL TERMS

- A. Any failure by any Company to insist upon strict compliance with the terms or conditions of this Agreement will not be construed as a waiver unless specifically agreed to by the Company in writing.
- B. Company may assign this Agreement at any time and to any person or entity.
- C. Company may amend any part of this Agreement by giving Notice to you. No oral promises or representations will be binding.
- D. Each party represents that the person signing this Agreement on its behalf has the authority and capacity to bind the party.
- E. This Agreement will be governed by and construed under the laws of the State of New York except its choice of law rules. The parties consent to exclusive jurisdiction and venue in the federal courts located in, and the state courts of, Fulton County, Georgia.
- F. THE PARTIES AND GUARANTOR(S) WAIVE THEIR RIGHTS TO A JURY TRIAL.
- G. THE PARTIES AND GUARANTOR(S) AGREE THAT UNDER NO CIRCUMSTANCES WILL ANY PARTY BE LIABLE TO ANY OTHER PARTY FOR LOST PROFITS, OR ANY SPECIAL, INDIRECT, CONSEQUENTIAL, TREBLE, MULTIPLE OR PUNITIVE DAMAGES OF ANY KIND, WHETHER OR NOT FORESEEABLE, INCURRED BY ANY OTHER PARTY IN CONNECTION WITH THIS AGREEMENT.

VII. AUTHORIZATION

Effective Date (mm/dd/yyyy) _____

Company

 By (Signature) _____ Date _____

Name (Please print.) _____ Title _____

Applicant

 By (Signature) _____ Date _____

Name (Please print.) _____ Title _____

Guarantee

In consideration of the benefits derived by Guarantor(s) resulting from Advances made to Applicant by any Company, each Guarantor absolutely and unconditionally guarantees the payment of all Advances made by any Company to Applicant pursuant to this Agreement without regard to any circumstances that might constitute a legal or equitable defense of a surety or guarantor. Any Company may enforce a Guarantor's obligation without first suing Applicant or any other Guarantor. Each Guarantor grants to each Company a first lien on and the right to apply any amount due or to become due to a Guarantor from any Company and any ING Affiliate Company to offset any amounts due from a Guarantor under this Agreement.

Guarantor (A Guarantor is required unless Applicant is a General Agent/Managing Director.)

General Agent/Managing Director (If applicable.)

 By (Signature) _____ Date _____

Name (Please print.) _____ Title _____

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 (<https://www2.ing-usa.com/portal/public>).

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 *(Contact Phone: 800-369-5305 or INGDS@us.ing.com):*

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

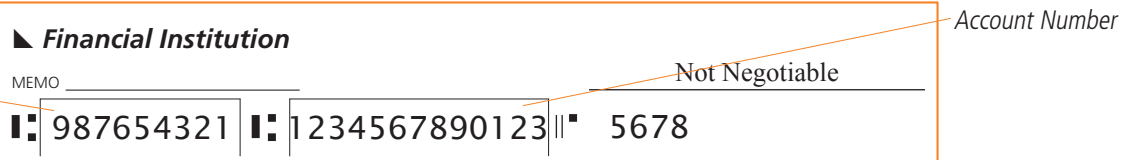
Financial Institution Name _____ Transit/ABA Number _____

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

Branch Address _____

Sample Check

Routing Number (9 digits)



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)* _____