



ReliaStar Life Contracting

Helping Financial Advisors Help Their Clients

Please fax these pages toll-free to IPG:

877-488-3361

Fixed Annuity Sales Agreement

(Signature page only)

Licensing Questionnaire

Fair Credit Reporting Act Disclosure

W-9

Direct Deposit Authorization (optional)

Copy of Current State License(s)



CHECK-OFF LIST AND INSTRUCTIONS FOR FIXED ANNUITY CONTRACTING AND APPOINTMENT

Region Code _____

Recruiter Agent I Lewis M. Kelley, Jr.
NAME

AGENCY NAME			DOS AGENT ID F608701
AGENT NAME	LAST	FIRST	MIDDLE
SOCIAL SECURITY #		FEDERAL TAX ID # (CORPORATIONS ONLY)	

Please complete the attached REQUIRED forms:

- _____ 1 copy 15037 – Check-off List
- _____ *1 copy 01650 – W-9 Payer's Request for Taxpayer Identification Number
- _____ *Photocopy of current agent's license OR application for first-time license, if applicable
- _____ *Application for license appointment (in applicable states: CT, GA, HI [GA's only], MA, OH)
- _____ *Appointment fee for Broker
- _____ *First-time license fee (if applicable)

Make all licensing fees payable to ReliaStar Life Insurance Company

INCOMPLETE CONTRACTING PAPERS WILL BE RETURNED UNPROCESSED IN ENTIRETY.

**These forms not required if you are currently under contract with Northern Life*

For Home Office Use Only:

_____ DSS Agent ID _____ Profile

_____ Contract Start Date _____ Profile

_____ Contract Level



FIXED ANNUITY SALES AGREEMENT

APPOINTMENT

You are hereby appointed an Agent of ING Northern Annuity/Northern Life Insurance Company ("the Company"), subject to the terms and conditions of this Agreement. You understand and agree that your relationship with the Company is that of an independent contractor.

RESPONSIBILITIES

You agree to:

- (a) Treat all monies received or collected by you for the Company as property held in trust, and remit such monies at once to the Company with a full and detailed statement.
- (b) Procure applications for Fixed Annuities.
- (c) Be governed strictly by all rules, regulations, and instructions contained in the Company rate books and manuals, together with all other regulations instituted from time to time, and observe and comply with the insurance laws and regulations of the state or states in which you operate.
- (d) Hold all rate books and supplies furnished you by the Company as property of the Company, and treat all books of account, card records, documents, vouchers, and papers connected with the business written with this Company as property of the Company and at any and all times subject to examination by it and return such property to the Company upon the termination of this Agreement.
- (e) Hold information including names of policyholders and information concerning policyholders or their policies (for example, current status report forms or lists showing policyholders), whether such materials were in existence before your appointment, or are created during your term as Agent, as confidential material and trade secrets of the Company, holding such information in trust for the Company.
- (f) To not issue any advertising, printed or electronic matter, typewritten circular, or other material pertaining to our annuity programs, or company without the written approval of our Compliance Department.

LIMITATION OF AUTHORITY

You have no authority and agree not to:

- (a) Bind the Company by any promise or agreement or incur any debt, expense, or liability whatever in its name or account, contract for or publish any advertising matter or other statement, in the name of, or for, the Company except by and pursuant to specific written authority of the Company.
- (b) Pay or allow or offer to pay or allow, as an inducement to any person to insure, any rebate of premium or consideration or any inducement not specified in the policy.

COMPENSATION

You agree that:

- (a) Subject to the terms and conditions set forth, fees will be payable to you in accordance with the Fixed Annuity Compensation Schedule in effect on the effective date of the policies to which they relate, less fees earned by your agents under their compensation schedules.
- (b) The Company reserves the right to discontinue or withdraw any plan of annuity and to fix fees on plans not included in the Fixed Annuity Compensation Schedule which is now or may hereafter be issued by the Company.
- (c) Upon written notice, the Company may change its plan of compensation insofar as it relates to Annuities written after such notice.
- (d) The amount and time of payment of fees on replacements, changes, transfers, exchanges, renewals, and other special cases shall be governed by the Company rules and regulations.
- (e) If the Company, for any reason, refunds any premium or part of a premium on any policy, any fee paid to you on the amount refunded shall be repaid to the Company.
- (f) You will accept the Company's account with you as conclusive evidence of the state of the account unless objection in writing is received by the Company at its home office within 20 days of the Company's mailing of the account to you. A copy of said account will be furnished to you at least once each month.
- (g) You will service the policyholders where you are the active servicing agent. In the event of a full or partial surrender, any requests which you cannot or do not conserve may be assigned by the Company to another sales representative. If such sales representative conserves the policy or reduces the amount of the withdrawal, no further compensation on the policy shall be paid to you. This paragraph shall apply both during the term of this Agreement and after its termination.

CHARGEBACK

You shall repay any amounts advanced to you. The Company shall not be limited to its right of offset but may at any time demand immediate repayment. If you have a debit balance with us due to advance on commissions and a policy is fully or partially surrendered or premium on that policy is reduced or stopped, we will chargeback against your account any commission for the unearned portion of that advance. If it becomes necessary to refund premiums to a policyholder or applicant, you agree to repay the company the amount equal to commissions earned on the refunded premiums. In addition, we will chargeback any commission paid on a policy in accordance with the terms of the Fixed Annuity Compensation Schedule attached to this agreement.

APPOINTMENT OF AGENTS

You are authorized:

To recommend the appointment of agents and when contracted by the Company, you shall be fully responsible to the Company of the debit balances of agents under your supervision, or any matter entrusted to them. The agents shall be deemed to be under your supervision so long as they continue to work under your direction, and continue to submit applications on which you receive a fee. The contract of such agents may be cancelled, revised, or amended by the Company only.

ASSIGNMENT

You may not assign this Agreement or the compensation accruing under it, or any interest therein, except with the prior written consent of the Company.

CORPORATION-PARTNERSHIP

- (a) If you are a corporation, this Agreement shall automatically terminate upon the dissolution or disqualification of the corporation to do business under the applicable state laws.
- (b) Wherever in this Agreement reference is made to a natural person and you are either a partnership or corporation, such references shall be deemed to mean the partners or officers, as the case may be, and the provisions of the Agreement which are applicable only to a natural person shall not apply; except, however in the Termination and Payments after Termination Provisions, the references to death refer to the death of the person signing below on behalf of a corporation.
- (c) If you are a corporation, the officer of the corporation personally signing this Agreement guarantees the performance of all of its terms, conditions, and covenants, including personal responsibility and liability for repayment to the Company of any and all indebtedness owed the Company by the arising out of the terms of this Agreement or any agreement entered into coincidentally with or subsequent to this Agreement with respect to financing without the necessity of our first enforcing any default against the corporation. In addition, you shall immediately notify the Company if any stock of the corporation shall be sold, transferred, or assigned.

TERMINATION

You agree that this Agreement, together with any and all riders and supplements thereto, shall terminate:

- (a) Three days following election and written notice by either party.
- (b) Immediately "for cause" which shall include but not be limited to any act of dishonesty or fraud, or any attempt on your part to induce any agents of the Company to terminate their services, or to induce any policyholders to terminate any policy of the Company, or your failure to comply with any of the terms or conditions of this Agreement.
- (c) Upon your death.

PAYMENTS AFTER TERMINATION

You agree that:

- (a) Payment of commissions does not cease on your death and payment will be made to your estate.
- (b) If this Agreement is terminated "for cause" it may, at the option of the Company, result in the loss of all fees or other compensation otherwise due under this Agreement.
- (c) If this Agreement is terminated by written notice, the Company will make payments due under this Agreement, unless such payments are terminated in accordance with this Agreement.
- (d) Upon termination of this Agreement, we may at our option, declare all sums you owe us to be immediately due and payable without protest, presentment, or demand, all of which you expressly waive. Upon termination of this Agreement, in addition to any other remedy available to us under this Agreement or as a matter of law, all commissions or other amounts due or accruing under this Agreement, or any other Agreement with you, may hereby be assigned to us to apply to the liquidation of your debt until repaid.
- (e) When this Agreement terminates, we will pay commission, excluding service fee, on any continued annuity premiums produced by you before termination of this Agreement. We will pay this commission for up to 20 years from the date of issue of the policy(ies). You are not entitled to payment of the commission beyond that which would have been payable if

this Agreement had remained in force. Continued payment is subject to all terms of this Agreement, including the next paragraph (f).

- (f) In addition to any other provisions of the Agreement, no commissions will be paid if, during the term of the Agreement or within the 36-month period immediately following termination of the Agreement, you or your assignee or beneficiary:
- (1) contacts or attempts to contact, directly or indirectly, any of our employees or representatives to represent anyone other than us in the sale and/or solicitation of annuity policies; or
 - (2) replaces or attempts to replace, directly or indirectly, any annuity policy issued by us; or
 - (3) acts dishonestly in connection with or related to our business.

At such time as payments under this Agreement shall be less than \$500 in any calendar year, payments hereunder shall terminate as of the end of such calendar year, and the Company shall be relieved of any further obligations under this Agreement.

DISPUTES

This Agreement is governed by the laws of the State of Washington. In any action or proceeding brought to enforce or otherwise arising out of or relating to this Agreement, you agree (1) to submit to the jurisdiction of any court sitting in King County, Washington; (2) to waive any objection you may have now or in the future to the laying of venue in any such action or proceeding in any such court; and (3) if you are not the prevailing party, to pay all of our expenses, including reasonable attorneys' fees, incurred by us to enforce our rights.

WAIVER OR MODIFICATION

- (a) Waivers.

Failure of the Company to insist upon strict compliance with any of the conditions of this Agreement or the rules of the Company shall not be construed as a waiver of any of the conditions or rules, but they shall continue to be in force and effect.

- (b) Modification.

This Agreement shall not be modified except by agreement in writing, executed on behalf of the Company by a duly authorized officer or duly authorized employee of the Company.

- (c) Entire Contract.

This Agreement supersedes all previous contracts, agreements, or oral understanding heretofore existing between you and the Company, but shall not affect any obligations of either party under any former agreement. This contract constitutes the entire agreement of the parties hereto. The following schedules which are attached to this Agreement are herein incorporated and made part of this Fixed Annuity Sales Agreement:

FIXED ANNUITY COMPENSATION SCHEDULE LEVEL: FGA2

AGENT

SIGNED	DATE	PRINTED NAME
--------	------	--------------

IF CORPORATION:

The undersigned is an officer, director, or shareholder of the Corporation, a corporation organized under the laws of the State of _____ . Said corporation is in good standing and the undersigned has a personal financial interest in said corporation. The undersigned has read of this Agreement, particularly Corporations & Partnerships thereof, and understands and agrees to the terms of said Provision.

SIGNATURE	PRINTED NAME
TITLE OR POSITION	NAME OF CORPORATION:

THE COMPANY

BY	EFFECTIVE DATE OF THIS AGREEMENT
----	----------------------------------



20 Washington Ave. S. Route 5600
 Minneapolis, MN 55401
 866-ING-TSAS

**LICENSING QUESTIONNAIRE
 (For Annuity Agents Only)**

ReliaStar Life Insurance Company

*No application for license will be accepted without
 this form completed in full. Please print or type.*

FULL NAME		LAST	FIRST	MIDDLE	<input type="checkbox"/> Male <input type="checkbox"/> Female
FIRM NAME (IF APPLICABLE)					
HOME ADDRESS			CITY	STATE	ZIP
BUSINESS ADDRESS			CITY	STATE	ZIP
BUSINESS PO BOX			CITY	STATE	ZIP
HOME PHONE NO. () () ()	BUSINESS PHONE NO. () () ()	FAX NO. () () ()		EMAIL ADDRESS	
BIRTHDATE		SOCIAL SECURITY NUMBER		FEDERAL I.D. NUMBER	
CURRENTLY LICENSED BY STATE(S) OF			LIFE LICENSE NUMBER		
LICENSE ISSUED TO <input type="checkbox"/> Individual <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation					
NAME AS IT SHOWS ON CURRENT LICENSE <input type="checkbox"/> Individual <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation					
ISSUE CONTRACT IN NAME OF (IF NOT INDIVIDUAL, PARTNERS OR PRINCIPLES MUST COMPLETE ADDITIONAL REPRESENTATIVES AGREEMENTS)					
NASD LICENSE <input type="checkbox"/> No <input type="checkbox"/> Yes		NASD NUMBER		SERIES NUMBERS HELD	

YOU MUST ANSWER ALL QUESTIONS IN ORDER TO BE CONTRACTED. EXPLAIN "YES" ANSWERS TO INDICATED QUESTIONS ON THE BACK OF THIS FORM.

<p>Have you ever been bonded? <input type="checkbox"/> No <input type="checkbox"/> Yes Have you ever been refused bond? <i>(If yes, explain below.)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes Has any state ever suspended, revoked, refused to renew and/or refused to issue any license held or applied for by you? <i>(If yes, explain below.)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes Has any state ever fined you or fined the insurance company you represented for your actions? <i>(If yes, explain below.)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Have you been convicted within the last 7 years of any crime other than a minor traffic violation, or are you now under indictment? <i>(If yes, explain below.)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes Have you ever filed for voluntary or involuntary bankruptcy? <i>(If yes, explain below.)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes At this moment do you have a debit balance with, or owe money to, any insurance company? <i>(If yes, explain below.)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes Do you represent other companies? <input type="checkbox"/> No <input type="checkbox"/> Yes The companies are:</p>
--	--

NOTE: A photocopy of your current resident and non-resident licenses and the appropriate state licensing forms, where required, must accompany this form.
 Mail completed form to: ING Service Center, P.O. Box 5050
 Form may be faxed, if followed by original in the mail, to: toll-free fax 1-877-745-8934

Additional Information: I do I do not wish my name to be printed in any company publication.

Use this space to explain 'Yes' answers to any questions on the other side of this licensing questionnaire. Use extra paper if necessary.

REFUSED BOND: _____
 LICENSE: _____
 FINES: _____
 CONVICTIONS: _____
 BANKRUPTCY: _____
 BANKRUPTCY AMOUNT \$ _____ REASON _____
 DATE DECLARED _____ DATE PAID OFF _____
 PAYMENT AMOUNT \$ _____ LENGTH OF TIME _____
 IS CASE STILL PENDING DISMISSED DATE DISMISSED _____
 WERE ANY INSURANCE COMPANIES INVOLVED? _____ PROVIDE A COPY OF COURT DOCUMENTS IF AVAILABLE.

NOTICE TO PROPOSED AGENT OF INVESTIGATIVE REPORT UNDER FAIR CREDIT ACT

As a part of our normal broker selection procedure, we may request that an investigative report be made. Such a report will include information as to your character, general reputation, personal characteristics, verification of residence, marital status, estimate of worth and income, occupation, and avocations. Information is usually obtained from several different sources. Confidential interviews are conducted with your neighbors, friends, associates, or acquaintances. Personal discussions may be arranged with yourself and your family. Public records may also be reviewed. Upon written request to: ING Service Center, P.O. Box 5050, Minot, ND 58702-5050, additional detailed information as to the nature and scope of this investigation, if one is made, will be provided.

I certify that the answers to this licensing questionnaire are correct as stated.

SIGNATURE OF AGENT **DATE**

Signatures are required before your contract will be completed.



FAIR CREDIT REPORTING ACT DISCLOSURE

ING America Insurance Holdings, Inc. and each of its subsidiaries (the "Company") disclose to you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for employment¹ as an independent contractor. It may be an "investigative consumer report" that includes information as to your character, general reputation, personal characteristics and mode of living.

By signing below I acknowledge that I have received and understand this Disclosure in accordance with the requirements under the Fair Credit Reporting Act, as amended.

- I authorize the Company, now and at any time while I am appointed and contracted to represent the Company for the sale and solicitation of the Company's products, to obtain a consumer report and/or investigative consumer report on me;
- I authorize and request any consumer reporting agency to furnish any and all information in their possession regarding me in connection with employment¹ as an independent contractor. I authorize that a photocopy of this disclosure be accepted with the same authority as the original;
- I have the right to make a written request within a reasonable period of time to receive the additional, detailed information about the nature and scope of this investigation;
- I authorize the Company to share this information with the appropriate people in the Company, including but not limited to identified persons and those involved in the licensing and contracting process;
- I understand I am not to solicit business on behalf of any Company until all required licenses and appointments have been obtained and all required contracts have been executed; and
- I have received "A Summary of Your Rights Under the Fair Credit Reporting Act."

Print Name _____ Date of Birth _____

If name changed (through marriage or otherwise), print former name here _____

Signature _____ Date Signed _____

California, Minnesota and Oklahoma Applicants Only. Please check here to have a copy of your consumer report sent directly to you by the appropriate credit repository.

If you have checked this box to receive a copy of your credit report, you must return this form with your agent contracting paperwork and provide your Social Security number below.

Social Security Number _____

¹Producers and agents are independent contractors, not employees. "Employment" is used in a non legal sense and includes qualification for certain programs available to independent contractors. Nothing in this form shall be construed to create an employer/employee relationship.



A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you — such as if you pay your bills on time or have filed bankruptcy — to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you — such as denying an application for credit, insurance, or employment — must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs — to which it has provided the data — of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone — such as a creditor who reports to a CRA — that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA — usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:

PLEASE CONTACT:

CRAs, creditors and others not listed below

Federal Trade Commission
Consumer Response Center - FCRA
Washington, DC 20580
1-877-382-4367 (Toll-Free)

National banks, federal branches/agencies of foreign banks
(word "National" or initials "N.A." appear in or after bank's
name)

Office of the Comptroller of the Currency
Compliance Management, Mail Stop 6-6
Washington, DC 20219
800-613-6743

Federal Reserve System member banks (except national banks,
and federal branches/agencies of foreign banks)

Federal Reserve Board
Division of Consumer & Community Affairs
Washington, DC 20551
202-452-3693

Savings associations and federally chartered savings banks
(word "Federal" or initials "F.S.B." appear in federal
institution's name)

Office of Thrift Supervision
Consumer Programs
Washington, DC 20552
800-842-6929

Federal credit unions (words "Federal Credit Union" appear in
institution's name)

National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314
703-518-6360

State-chartered banks that are not members of the Federal
Reserve System

Federal Deposit Insurance Corporation
Division of Compliance & Consumer Affairs
Washington, DC 20429
800-934-FDIC

Air, surface, or rail common carriers regulated by former Civil
Aeronautics Board or Interstate Commerce Commission

Department of Transportation
Office of Financial Management
Washington, DC 20590
202-366-1306

Activities subject to the Packers and Stockyards Act, 1921

Department of Agriculture
Office of Deputy Administrator - GIPSA
Washington, DC 20250
202-720-7051

Request for Taxpayer Identification Number and Certification

**Give form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	
City, state, and ZIP code		
List account number(s) here (optional)		
Requester's name and address (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

Social security number								
or								
Employer identification number								

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties 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 (IRS) 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, **and**
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here

Signature of
U.S. person ▶

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

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



TYPE OF REQUEST

- New Enrollment in Direct Deposit. Change to an existing Direct Deposit arrangement.

Please indicate all companies you wish to have set up for Direct Deposit. Include the appropriate agent/agency number(s).

Life	Agent/Agency Number (if new appointment, leave blank)	Contact Telephone Number
<input type="checkbox"/> ReliaStar Life Insurance Company (includes ReliaStar Life Insurance Company of New York)	_____	(877) 882-5050
<input type="checkbox"/> Security Life of Denver Insurance Company	_____	(877) 882-5050
<input type="checkbox"/> Security Life of Denver Insurance Company* (*formerly Southland Life Insurance Company)	_____	(877) 882-5050

Annuity

- ING USA Annuity and Life Insurance Company _____ (800) 369-5307 (option 1)
(includes Fixed and Variable Annuities for RLNY and Career Network)

Worksite

- ReliaStar Life Insurance Company (Annuities/Education) _____ (877) 882-5050 (option 2,4)
 ING Life Insurance and Annuity Company (ILIAC) _____ (888) 238-6297 (option 3,1)

The selections above are hereinafter called the "Company."

INSTRUCTIONS FOR DEPOSIT

- One Account:** Deposit 100% of my compensation into Account #1.
 Two Accounts: ***This option is NOT available to Worksite ReliaStar.***
Deposit _____ % of my compensation into Account #1. Balance will be deposited into Account #2.

Account #1 Checking (***attach voided check***) Savings (***attach deposit slip***) ***This option NOT available to Worksite ReliaStar.***

Account Owner Name _____ Account Number _____

Account Joint Owner Name (if applicable) _____

Financial Institution Name _____ Transit ABA Number _____

Branch Address _____

City _____ State _____ ZIP _____ Telephone _____

Account #2 Checking (***attach voided check***) Savings (***attach deposit slip***) ***This option NOT available to Worksite ReliaStar.***

Account Owner Name _____ Account Number _____

Account Joint Owner Name (if applicable) _____

Financial Institution Name _____ Transit ABA Number _____

Branch Address _____

City _____ State _____ ZIP _____ Telephone _____

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 _____ Telephone _____

Name of Corporation _____
(if applicable) _____ SSN or TIN _____