



Helping Financial Advisors Help Their Clients

ReliaStar & Security Life of Denver Contracting

Please fax these pages toll-free to IPG:

877-488-3361

Application for Appointment & Contract (Form 128225)

Assignment of Commission (Form 128051)

If commissions are to be paid to someone other than the Individual Agent

W-9 (Only when assigning commissions)

Authorization Agreement for Compensation Direct Deposit

Copy of Current State Insurance License(s)

Proof of E & O Coverage

Proof of Anti-Money Laundering Class

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
 (the "Company")
 Members of the ING family of companies
 Service Office: P.O. Box 9190, Des Moines, IA 50306-9190
 Phone: (877) 882-5050, Fax: (877) 788-5122



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.) _____
 Professional Designations _____
 Date of Birth _____ SSN _____ Sex: Male Female
 Producer Residence Street Address _____
 City _____ State _____ ZIP _____
 Producer Phone # _____ How long at your current residence? Yrs. _____ Mos. _____
 Former Residence Street Address _____
 City _____ State _____ ZIP _____
 Business Phone # _____ Business Fax # _____
 Business Street Address _____
 City _____ State _____ ZIP _____
 Application Type: Individual Corporate/Agency E-mail Address _____
 Corporate/Agency Name _____ TIN _____

B. ERRORS & OMISSIONS INFORMATION

Do you have Errors & Omissions (E&O) coverage? Yes No
 Provide E & O Coverage Carrier (required) _____ Policy # (required) _____

C. 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 the NASD? Yes No
 If yes, please provide C.R.D. Number. _____
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) in a court 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 found guilty or nolo contendere (no contest) of 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

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

The Financial Crimes Enforcement Network (FinCEN), a bureau of the Treasury Department, published a final rule on anti-money laundering programs for insurance companies, which was effective May 2, 2006. The Company requires that all producers selling covered products complete AML training by May 1, 2007. Please complete the following section explaining how you completed this AML training.

Please check all that apply:

I am a registered representative through a BD with an active agreement with the Company. My broker dealer is _____

I am a producer with a bank that has an active agreement with the Company. My bank is _____

I will be selling only term insurance, which is excluded from this regulation.

I completed the AML training with one of the following vendors:

LIMRA Other vendor Vendor Name _____

With the exception of LIMRA, a certification form from the vendor is required with your contracting paperwork. If you do not have this form, please complete the Company's AML Training Certification form #137505. All vendors must be approved by the Company. To see if your vendor is approved or to get a copy of Form #137305, please contact Licensing at (877) 882-5050.

If you completed training through a BD with an active ING agreement, you do NOT need to provide any additional proof. If you completed training through a BD without an active agreement, please complete form #137305.

E. 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 not to solicit or sell, as determined by state law, any business until I have been notified by each checked Company that I have been contracted and I am authorized to solicit or sell business for it.
- I have included a copy of a current license for each state in which I do business.
- 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 below 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 below.**

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

Check Requested Company Appointments (If new, attach copies of current licenses)

ReliaStar Life Insurance Company

ReliaStar Life Insurance Company of New York

Security Life of Denver Life Insurance Company

E. CONDITIONS AND AGREEMENTS (continued)

Indicate Commission Schedule Level Codes¹

ReliaStar Life 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 Renewals	<input type="text"/> <input type="text"/>

Variable (For ING Financial Partners Registered Reps Only)	Level Code ¹
Target Compensation	<input type="text"/> <input type="text"/>
Excess/Renewals/Trails	<input type="text"/> <input type="text"/>

ReliaStar Life Insurance Company of New York

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 Renewals	<input type="text"/> <input type="text"/>

Variable (For ING Financial Partners Registered Reps Only)	Level Code ¹
Target Compensation	<input type="text"/> <input type="text"/>
Excess/Renewals	<input type="text"/> <input type="text"/>

Security Life Of Denver Insurance Company

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 (For ING Financial Partners Registered Reps Only)	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").

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

Broker/Dealer Name _____ CRD 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 Variable Appointment.) _____ Date _____

Broker/Dealer Officer (please print) _____

G. 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) _____

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

Corporate/Agency Contact Name _____ Telephone # _____

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 Associate General Agent Name Lewis M. Kelley, Jr. Associate General Agent Code(s) 855V100, 156198
(if applicable) _____ (if applicable) _____

Associate General Agent Signature
(if applicable) Lewis M. Kelley, Jr. _____ Date _____

Print General Agent Name
(required unless same as Applicant) Maxx Financial Partners LLC _____

General Agent Signature
(required unless same as Applicant) Jamil E. [Signature] _____ Date _____

General Agent Code(s) _____

ReliaStar Life: General Account (7 digit code) 855V103 Variable (5 digit code) _____

ReliaStar Life of New York: General Account (7 digit code) _____ Variable (5 digit code) _____

Security Life of Denver: General Account (6 digit code) 128720 Variable (6 digit code) _____

Attention General Agent

Please verify the following critical items are completed.

- Individual or Corporate information is checked in Part A. For questions about your agency's or corporation's appointment, please call Licensing at 877-882-5050.
- E&O Coverage Information is listed in Part B. If carrier and policy # are listed in Part B, a copy of the certificate is not needed.
- All Yes and No questions in Part C have been completed. If there is a "yes" answer, then supporting documentation is included.
- For Variable Appointments, Broker Dealer Name and Officer Signature are completed in Part D.
- Producer or General Agent Agreement Type in Part E is checked.
- Compensation Codes are indicated in Part E.
- Producer signed Part F.
- If applicable, any overriding producers are indicated below.
- If applicable, AGA signed.
- Your General Agent signature and General Agent code(s) are included.

Please list Producer's full upline or hierarchy.

Level 2 (if applicable) _____

Level 3 (if applicable) _____

Level 4 (This level will be the AGA, if applicable.) Lewis M. Kelley, Jr. _____

Level 5 GA Maxx Financial Partners, LLC _____

G. ADMINISTRATIVE OFFICE/INTERNAL USE ONLY

Approved by SVP (please print) _____ Region Code _____

SVP Signature _____ Date _____

ASSIGNMENT OF COMMISSION

- ReliaStar Life Insurance Company, Minneapolis, MN
 - ReliaStar Life Insurance Company of New York, Woodbury, NY
 - Security Life of Denver Insurance Company, Denver, CO
- (the "Company")



A member of the ING family of companies

Administrative Office:

P.O. Box 9190, Des Moines, IA 50306-9190

Toll Free: 877-882-5050

Fax: 877-788-5122

ASSIGNMENT INFORMATION

From: General Agent/Producer Name Maxx Financial Partners, LLC

General Agent/Producer Number 855V000 / 128720 Date _____

For VALUE RECEIVED, I hereby assign and transfer unto:

Assignee Name _____

All my right, title and interest in and to the commission payable by the Company indicated above under the assignor agent number listed below as specified in the commission agreement in effect with respect to any and all policies sold on behalf of and underwritten by the Company, and I hereby authorize said Company to pay such commission to the assignee.

Assignee Agent Number _____ SSN / TIN _____

Street Address _____

City _____ State _____ ZIP _____

ASSIGNMENT TYPE

Absolute: This applies to commissions payable on current and future policies submitted by me under the Assignor number(s) noted below.

Specific¹: If this is for a specific policy or policies, list policy number and insured names below

Policy Number _____ Insured's Name _____

Policy Number _____ Insured's Name _____

¹If specific policy numbers are not given, the Company will assume this is an absolute assignment.

AUTHORIZATION

Assignor Name _____

Assignor Agent Number _____ SSN / TIN _____

Assignor Signature _____

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



TYPE OF REQUEST: New enrollment in Direct Deposit. Change to an existing Direct Deposit arrangement.

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

Life (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)

Agent/Agency Number
 (if new appointment, leave blank.)

Annuity (Contact Phone: 800-369-5307, option 1)

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

Worksite

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

The selections above are hereinafter called the "Company."

INSTRUCTIONS FOR DEPOSIT (See sample below.)

- 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 Savings (*attach deposit slip*) **This option NOT available to Worksite ReliaStar.**

Account Owner Name _____ Account # _____

Financial Institution Name _____ Transit/ABA # _____

Branch Address _____

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

Account Owner Name _____ Account # _____

Financial Institution Name _____ Transit/ABA # _____

Branch Address _____

Sample Check

Account Owner Information

Transit/ABA #

Name	1-23/456	5678
Address		
City, State ZIP	DATE _____	
PAY TO THE ORDER OF _____		\$ []
		DOLLARS
Financial Institution		
MEMO _____	Not Negotiable	
987654321	1234567890123	5678

Account #

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 (**last 4 digits only**) _____

INSTRUCTIONS FOR ANTI-MONEY LAUNDERING TRAINING CERTIFICATION OF COMPLETION



Effective May 2, 2006, Insurance Companies are required to establish and maintain Anti-Money Laundering programs for covered products, in accordance with USA PATRIOT Section 352 (US 31 CFR 103.137). Agents and brokers must be integrated into these programs and receive anti-money laundering training. This form was developed to provide you with a convenient means to verify, to the various companies with whom you do business, that you have completed this training.

Agent or Broker: You should complete Sections A and B and execute the affirmation in Section C. If your training was provided by an insurance company, broker/dealer or bank, that entity must either provide a certificate including an outline of the training program or complete and execute Section D. This certification cannot be used for LIMRA purposes.

Section A: Agent Information

Please complete this section in its entirety. Make sure that you include at least one telephone number where you can be contacted to verify the information you have submitted.

Section B: Training Information

Please provide the name of the training program, the date you completed it, and the name of the entity providing the training, including a contact person. If you received training from an entity other than an insurance company, broker/dealer, bank, or vendor, you must attach an outline of the training program.

Section C: Agent Affirmation

You must complete and sign this form before you submit it to an insurance company as proof that you have completed training.

Section D: Training Program Content and Affirmation (Insurance Companies, Banks and Broker/Dealers Only)

If the training was delivered by an insurance company, bank, or broker-dealer, that entity must either provide a certificate (including an outline of the training program) or complete Section D, certifying that the training program covers the ACLI's "Recommended Core Elements for an AML Training Program for Life Insurance Agents and Brokers" and/or that the training program is in Compliance with regulations issued under the USA PATRIOT Act.

The ACLI Core Elements are posted on the internet at the following site:

<http://www.acli.com/ACLI/Issues+nonmembers/AML+Resources%3a+Integrating+Agents+and+Brokers.htm>

If the training was delivered by an insurance company, broker/dealer, or bank, this form will not be accepted unless the firm performing the training provides a certificate of completion or executes this affirmation.

Insurance companies, broker-dealers and banks are subject to AML requirements imposed by regulations issued under Section 352 of the USA Patriot Act (31 CFR 103.137 and/or NASD Rule 3011). If your training was provided by a vendor or an entity not subject to these regulations, the insurance company you represent will verify the content of the training.

Contact Information

If you have any questions, please speak with your agency manager.

ANTI-MONEY LAUNDERING TRAINING CERTIFICATION OF COMPLETION



Agents: Complete Sections A through C. Section D is for Broker/Dealers, Banks and Insurance Companies.

A. AGENT INFORMATION *(This certification cannot be used for LIMRA purposes.)*

Agent Name _____ SSN _____

Address _____
City State ZIP

Daytime Phone # _____ Evening Phone # _____

B. TRAINING INFORMATION

Title of training program _____

Date training program was completed _____

Training was delivered by: *(check all that apply)*

Insurance Company

Full Name and Contact Information _____

Broker/Dealer

Full Name and Contact Information _____

Bank

Full Name and Contact Information _____

Vendor

Full Name and Contact Information _____

Other

Full Name and Contact Information *and attach outline of training program* _____

C. AFFIRMATION OF ANTI-MONEY LAUNDERING TRAINING PROGRAM COMPLETION

I am a duly licensed insurance agent and affirm that I have completed the above-referenced training program, which to the best of my knowledge satisfies requirements imposed on insurance companies by regulations issued under USA Patriot Act Section 352 (US 31 CFR 103.137). I acknowledge that the insurance company to which this certification has been provided retains the right to review and approve the training program and its curriculum before accepting this certification. I affirm (i) that I have read and understand the insurance company's Producer's Guide for Insurance Agents and (ii) that I am knowledgeable about my obligations under the regulation.

Agent Signature _____ Date _____

D. FOR BROKER/DEALERS, BANKS AND INSURANCE COMPANIES ONLY

Attach a certificate documenting the contents of the training program or complete and execute the items below (check all that apply).

Training program covers the ACLI Core Elements for an AML Course

Training program is in compliance with regulations issued under USA Patriot Act Section 352 (US 31 CFR 103.137 and/or NASD Rule 3011)

I affirm that the above referenced agent completed the above reference training program and that the program either covers the ACLI Core Elements and/or is in compliance with regulations issued under USA Patriot Act Section 352 (US 31 CFR 103.137 and/or NASD Rule 3011).

Entity Delivering Training _____

Name & Title _____ Phone # _____

Signature _____ Date _____