

ING USA Annuity and Life Insurance Company

AGENT CONTRACT TRANSMITTAL

(This form should be used by new and existing agents who want to transfer or make changes to their personal information.)

□ New Agent □ Transfer/Change in Commission Level □ Change to Personal Information

1. Agents that are new, transferring, or changing commission level, please complete Sections 1 and 3 below:

I am requesting that ING USA Annuity and Life Insurance Company accept this request to transfer my current reporting status, in accordance with their transfer policies, and/or change my commission level, to what is listed below.

Agent's Name (Please print)	Commission Level (e.g. MGA II, GA, LA,)
Corporate Name (if different than Agent's)	

Please list the agent or agency to which this entity will directly report for commission purposes.

Upline's Name	Upline's Contract Number
Michael Ferguson	122643

2. Agents who are wanting to make changes to their personal information, please complete Sections 2 and 3 below:

Agent Name	Social Security Number	
Residential Address (Street, PO Box, City, State, ZIP)		
Residential Phone Number		
Business Address (Street, PO Box, City, State, ZIP)		
Business Phone Number		
Fax	E-mail address	

3. By signing below, I acknowledge all information above as accurate to the best of my knowledge .

Agent's Signature	Date