

ING HOMEGUARD APPLICATION FOR ANNUALIZATION

ReliaStar Life Insurance Company, Minneapolis, MN
 A member 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 _____

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

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 that is recommending Applicant for annualization to the Company by General Agent signature below.

 Applicant Signature _____

Agent Number _____ Date _____

 General Agent Signature *(if other than Applicant)* _____

Agent Number _____ Date _____

 Recruiting Producer Signature _____

Agent Number _____ Date _____