

ING LIFE HOMEGUARD APPLICATION FOR APPOINTMENT AND CONTRACT

ReliaStar Life Insurance Company, Minneapolis, MN
(the "Company")
A member 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 (If providing a Client name, the Client SSN is also required.)

I am submitting the following New Business: Policy # (if applicable) _____ App Sign Date _____

Client Name _____ Client SSN _____ State _____

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 _____

Birth Date _____ SSN _____ Sex: Male Female

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 OR Corporate/Agency E-mail Address _____

Corporate/Agency Name _____ TIN _____

(Request for Corporate Contract does not require the submission of an Assignment of Commissions form.)

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 a registered representative with FINRA? Yes No
Provide CRD number if you are a registered representative _____
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. 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 programs for insurance companies, which took effect May 2, 2006. The Company requires that all producers selling or servicing products complete AML training.

You have met your AML requirements if you (no additional action required):

- Currently have an active variable annuity or variable life contract with ING.
- Currently are affiliated (commissions paying to) with a wirehouse when soliciting/servicing life insurance policies offered by ING.
- Currently are affiliated with a broker-dealer, 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 officer. You may also call ING at 1-877-882-5050, Option 3, to speak with a licensing representative.)

You have met your AML requirement if you (additional action or documentation required):

- Complete the Anti-Money Laundering course using LIMRA as the training service (aml.limra.com)
- Submit an AML certificate of completion from an ACLI or FINRA recognized Anti-Money Laundering training course.
- Submit a completed ING Anti-Money Laundering Training Certificate of Completion (Form #137305)

You have not met your AML requirements if:

- You do not meet one of the above outlined criteria.

D. AGREEMENT/APPOINTMENT INFORMATION

Check Agreement Type: General Agent (Order #131419) Recruiting Producer (Order #142723)

Indicate Commission Schedule Level Codes¹

ReliaStar Life Insurance Company

Level Code for Term Target Compensation

Level Code for Term Renewals

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

E. ELECTRONIC FUND TRANSFERS (EFT)

I agree to be paid weekly (Complete EFT information below.) I agree to be paid monthly (Compensation to 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 # _____

Account Owner Name (Required) _____ Account # _____

Branch Address _____

Account #2 Checking Savings

Financial Institution Name _____ Transit/ABA # _____

Account Owner Name (Required) _____ Account # _____

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 #

I hereby authorize the Company to initiate credit and/or debit 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.

F. 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 to comply with applicable state laws with regard to solicitation of business prior to appointment and contracting.
- 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 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 and the specified Compensation Schedules, that are listed above and that are incorporated by reference into this Application. I understand and agree that by my signature above, I am agreeing to all of the terms and conditions of the Agreements, including specified Compensation Schedules, that are listed above.**

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 _____ 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 Recruiting Producer Name _____ Recruiting Producer Code(s) _____
(if applicable) _____ (if applicable) _____

 Recruiting Producer Signature
(if applicable) _____ Date _____

Print General Agent Name
(required unless same as Applicant) _____

 General Agent Signature
(required unless same as Applicant) _____ Date _____

General Agent Code (Provide General Account 7 digit code) _____

Please list Producer's full upline or hierarchy.

Level 2 (if applicable) _____ Agent # or SSN _____

Level 3 (if applicable) _____ Agent # or SSN _____

Level 4 (AGA, if applicable) _____ Agent # or SSN _____

Level 5 GA _____ Agent # or SSN _____

General Agent Checklist (Please verify the following critical items are completed. Failure to include any of the below items will result in a delay of contracting and therefore a delay in the issuing of new business.)

- Individual or Corporate information is checked in Part A.
- All Yes and No questions in Part B have been completed. If there is a "yes" answer, then supporting documentation is included.
- Compensation Codes are indicated in Part E.
- Producer signed Part F.
- If applicable, any overriding producers are indicated above.
- If applicable, Recruiting Producer signed and indicated above.
- Your General Agent signature and General Agent code(s) are included.