

ING HOMEGUARD AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT AND FUND TRANSFER

ReliaStar Life Insurance Company, Minneapolis, MN
 (the "Company")
 A member of the ING family of companies
 Mail or Fax Completed form to:
 ING Service Center, 909 Locust St., Des Moines, IA 50309
 Fax: 877-788-5122



Note: Compensation information is available on ING for Professionals (www.inglifeinsurance.com).

INSTRUCTIONS FOR DEPOSIT (See sample below.)

- 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 _____ Account # _____

Branch Address _____

Account #2 Checking Savings

Financial Institution Name _____ Transit/ABA # _____

Account Owner Name _____ Account # _____

Branch Address _____

Sample Check

Name
1-23/456
5678

Address
DATE _____

City, State ZIP
Account # _____

PAY TO THE ORDER OF _____
\$ _____

_____ DOLLARS

Financial Institution
Not Negotiable

MEMO _____

⑆ 987654321 ⑆ 1234567890123 ⑆ 5678

Account Owner Information (points to Name, Address, City, State ZIP)

Transit/ABA # (points to 1-23/456)

Account # (points to 5678)

AUTHORIZATION

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.

Signature _____ Date _____

Print Name _____ Telephone _____

SSN or TIN (**last 4 digits only**) or Agent # _____

For corporate direct deposit request, the signature must be that of the signing officer on record with the Company.

Name of Corporation (*if applicable*) _____