



ING LICENSING & CONTRACTING

**PLEASE COMPLETE THE ATTACHED APPOINTMENT
PAPERWORK AND MAIL, FAX OR EMAIL TO:**

**United Producers Inc
1100 East 6600 South, Suite 505
Salt Lake City, UT 84121**

Fax Toll Free: 888-888-7449

Email: kirby@uproducers.net

Please send a copy of the following with your appointment paperwork:

- **Copy of Insurance License**
- **Copy of E&O Coverage**
- **Anti-Money Laundering Completion Certificate**



IGA Producer Transmittal

General Account & Variable General Account Only Variable Only
Applicant requests appointment with the following ING life insurance company(ies):

- ReliaStar Life Insurance Company (RL)
- Security Life of Denver Insurance Company (SLD)
- ReliaStar Life Insurance Company of New York (RLNY)

Bonus - Please indicate Level and Payment method below

- Stepped Bonus
- Capped Bonus 1 2 3 4 5
- Specific Bonus 2 3 4 5
- Flat Bonus (Please include percentage) _____ %
- No Bonus

Bonus Effective Date

- Current Date
- Beginning of Year

Annualization

General Account (Please complete Application for Annualization #131417)

Sales Vice President Approval Required

VUL (Requires amendment to the broker/dealer selling agreement. Please contact Deborah Hancock, Marlys Halbeisen or Melanie Williams at 1-800-525-9852 Ext 2227 or 4982)

ALERT:

***New Business has been submitted by this agent for the following company(ies):**

(*In Accordance with State Insurance Business Regulations)

- ReliaStar Life
- ReliaStar Life of New York
- Security Life of Denver

PRODUCT LINE MUST BE INDICATED: General Account or Term VUL

Name of Producer/Registered Representative applying for appointment: _____

Name of Company/Corporation/Agency: _____

Name of Broker/Dealer (if applicable): _____

Social Security Number or Tax Identification Number: _____

New Producer
(Complete and attach form 128225)

New AGA (Associated General Agent)
Requirements:

Change in Hierarchy Level/
Compensation Level (complete and attach
page 2, part D on form 128225)

Send starter kit: Yes No

- Minimum of 5 producers must report to AGA
- 50 % of AGA total production is generated by their producers
- SVP approval required for AGAs at Level 9

CONTRACTING CHECKLIST

Along with the ING Application for Appointment, the following items have been completed and are included in this file:

Required Documents:

- W9 Request for Taxpayers Identification and Certification Form — For New York producers only
- Copy of current insurance licenses for all states and product types (fixed and variable) in which you are requesting appointment
- Errors & Omissions Insurance Documentation (Copy of Declarations Page or Certificate of Liability Coverage)
- NASD CRD Status Report (for variable business only)

***Please be sure your producer receives the ING Business Guidelines (#128279)**

NOTE: Unless contracted with an ING company in the last 30 days, must submit all items listed in the Required Documents section.

MANAGEMENT HIERARCHY

General Agent United Producers General Agent # 7734000

VUL Wholesaler _____ VUL Wholesale # _____

Producer/Registered Representative's Immediate Upline _____ Immediate Upline # _____

Mail to: ING Service Center, P.O. Box 9190, Des Moines, IA - 50306-9190 • Fax: 877-788-5122 • Phone: 877-882-5050



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
Members of the ING family of companies
Service Office: PO Box 9190, Des Moines, IA 50306-9190
Phone: 877-882-5050, Fax: 877-788-5122



If you are an employee of a licensed entity, please do not use this form. Employees must complete and submit Form #128391 (Application for Wirehouse/ Bank Appointment).

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.) _____

Birth Date _____ SSN _____ Sex: Male Female

Residence Street Address _____

City _____ State _____ ZIP _____

Producer Phone _____ How long at your current residence? Yrs. 0 Mos. 0

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. ERRORS & OMISSIONS INFORMATION (Errors & Omissions certificate not required if this section is completed.)

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 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 charged with, 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

D. 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.

E. AGREEMENT/APPOINTMENT INFORMATION

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

Check Requested Company Appointments

- ReliaStar Life Insurance Company
- ReliaStar Life Insurance Company of New York
- Security Life of Denver Life Insurance Company

F. COMPENSATION (Indicate Commission Schedule Level Codes¹)

ReliaStar Life Insurance Company

General Account	Level Code ¹
Target Compensation	06
Excess/Renewals	07
Term Target Compensation	05
Term Renewals	00

Variable (For ING Financial Partners Registered Reps Only)

	Level Code ¹
Target Compensation	
Excess/Renewals/Trails	

ReliaStar Life Insurance Company of New York (Requires New York License)

General Account	Level Code ¹
Target Compensation	02
Excess/Renewals	08
Term Target Compensation	02
Term Renewals	08

Variable (For ING Financial Partners Registered Reps Only)

	Level Code ¹
Target Compensation	
Excess/Renewals	

Security Life Of Denver Insurance Company

General Account	Level Code ¹
Target Compensation	06
Excess	06
Renewals Years 2 - 10	06
Renewals Years 11+	06
Trails	06

Variable (For ING Financial Partners Registered Reps Only)

	Level Code ¹
Target Compensation	
Excess	
Renewals	
Trails	

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

G. 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/MSG	5678
Address	DATE _____	
City, State ZIP		
PAY TO THE ORDER OF _____	\$ _____	
		DOLLARS
Financial Institution		Account #
MEMO	Not Negotiable	
⑆ 987654321 ⑆ 1234567890123 ⑆ 5678		

By signing below 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.

H. BROKER-DEALER INFORMATION (for Variable Appointment only)

I am requesting VUL appointment

Broker-Dealer Name _____ CRD Number _____

Broker Dealer signature is required unless the ING Life Broker Dealer Selling Agreement includes a background amendment. 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) _____

I. 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 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 above 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 above.

J. 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) _____

The signing officer's signature, for corporate direct deposit request, must be the signature of the signing officer that ING has on record.

➔ 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 Associate General Agent Name (if applicable) _____ Associate General Agent Code(s) (if applicable) _____

➔ Associate General Agent Signature (if applicable) _____ Date _____

Print General Agent Name (required unless same as Applicant) _____ General Agent Code(s) (if applicable) _____

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

General Agent Code(s)

ReliaStar Life: General Account (7 digit code) _____ 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) _____ Variable (6 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 _____

K. GENERAL AGENT CHECKLIST (Failing to include one of the below items will result in a delay of contracting and therefore a delay in the issuing of new business.)

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 G.
- Producer or General Agent Agreement Type in Part D is checked.
- Compensation Codes are indicated in Part F.
- Producer signed Part I.
- If applicable, any overriding producers are indicated below.
- If applicable, AGA signed.
- Your General Agent signature and General Agent code(s) are included.

L. ADMINISTRATIVE OFFICE/INTERNAL USE ONLY

Approved by SVP (please print) _____ Region Code _____

➔ SVP Signature _____ Date _____

ING LIFE COMPANIES PRODUCER AGREEMENT

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
 Service Office:
 909 Locust Street, Des Moines, IA 50309
 Fax: (877) 788-5122



In consideration of the following terms and conditions, this ING Life Companies Producer Agreement (the "Agreement") is between the following parties, and made effective as of the Effective Date stated in the Producer's ING Life Companies Application for Appointment and Contract, or _____, whichever is later.

I. Parties

A. Company: ReliaStar Life Insurance Company
 ReliaStar Life Insurance Company of New York
 Security Life of Denver Insurance Company
 Address: c/o ING Service Center
 Attn: Distributor Services
 909 Locust St.
 Des Moines, IA 50309
 Fax: 877-788-5122

B. Producer: _____
 (individual or legal entity)

Address: _____
 Street

 City State Zip

Fax: _____

E-mail: _____

II. Definitions

- A. "Application" means any part of a formal request for a new Contract or a change or addition to an inforce Contract.
- B. "Company" means any of the above named companies with which Producer is appointed and its respective officers, directors, employees and assigns. "Issuing Company" means the specific company issuing a Contract. If Producer is appointed with more than one Company it is agreed that this Agreement is to be construed as a separate and distinct agreement between Producer and each of the Companies with which Producer is appointed. Except with respect to recovery of any Debit Balance in accordance with the provisions of this Agreement, the rights, obligations and responsibilities between Producer and one Company are distinct from the rights, obligations and responsibilities between Producer and any one of the other Companies. No Company will have responsibility or liability for the acts or omissions of any of the other Companies under this Agreement.
- C. "Compensation Schedule" means any Issuing Company Compensation Schedule containing amounts payable on the sale of a Contract, whether to a General Agent or a Producer and includes, but is not limited to, commission schedules and bonus commissions.

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- D. "Contract" means a life insurance contract (including riders, endorsements, amendments, or other modifications of benefits or coverage) issued by the Issuing Company, in its sole discretion, as a result of an Application attributable to Producer while this Agreement is in force.
 - E. "Debit Balance" means any amount owed by Producer to a Company or to an ING Affiliate Company, as defined below, that is not paid when due, including but not limited to, a debt resulting from a refund of premium, payment of compensation, chargeback, loan, advance, annualization, settlement or indemnification obligation.
 - F. "First Commissionable Event" means the first date on which the Issuing Company applies premium to a Contract that is issued and in force; and does not include advances.
 - G. "General Agent" means an individual or legal entity who is:
 - 1. Licensed to sell insurance contracts; and
 - 2. Appointed with a Company and holds an ING Life Companies General Agent Agreement.The term "General Agent" includes the General Agent and its heirs, representatives, officers, directors, employees and assigns.
 - H. "Guidelines" means the ING Business Guidelines, as amended from time to time.
 - I. "ING Affiliate Company" means any legal entity, other than a Company, that is a subsidiary of ING America Insurance Holdings, Inc.
 - J. "Notice" means written notice:
 - 1. Deemed given when:
 - a. Received by facsimile or e-mail transmission; or
 - b. Placed in the U.S. mail, postage prepaid; or
 - c. Sent by overnight courier service; and
 - 2. Addressed to:
 - a. The applicable address, facsimile number, or e-mail address stated on the first page of this Agreement, unless Notice has been given to the other party of a change of address; or
 - b. For the Producer, the last known address, facsimile number, or e-mail address as shown in the Company records; or
 - c. For Company, the current mailing address, facsimile number, and e-mail address of the ING Service Center in Des Moines, IA, as posted on the Company Producer/Distributor Web site.
 - K. "Producer" means an individual or legal entity who is:
 - 1. Licensed to sell insurance contracts; and
 - 2. Appointed with a Company and holds an ING Life Companies Producer Agreement; and
 - 3. Designated by a General Agent in an ING Life Companies Application for Appointment and Contract form.The term "Producer" includes the Producer and its heirs, representatives, officers, directors, employees and assigns. A Producer (who may then be referred to as the "Recruiting Producer") may also designate another Producer in an ING Life Companies Application for Appointment and Contract form.
 - L. "Producer/Distributor Web site" is a Web site for General Agents and Producers that provides information regarding the Company that may be amended and renamed from time to time. In 2003, it is known as the Virtual Financial Center.

III. Producer

- A. Distribution
 - 1. Producer agrees to use its best efforts to find appropriate purchasers for Contracts.
 - 2. Producer agrees that this Agreement does not grant any exclusive territory or contract to Producer and Company may provide continuing service directly to the Contract owners and their representatives.
- B. Compliance. Producer agrees to:
 - 1. Give immediate Notice to Company of any change in its current mailing address, facsimile number and email address; and
 - 2. Give immediate Notice to Company if Producer is convicted of a felony; and
 - 3. At all times be properly licensed under all applicable state laws; and

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4. Comply with all applicable state and federal laws and regulations, including but not limited to, any replacement regulations; and
 5. Conduct all business involving Company in accordance with the Guidelines, including but not limited to, the replacement and Anti-Money Laundering policies. The Producer acknowledges that it has received and read the Guidelines. The Guidelines, as amended from time to time, are also posted on the Producer/Distributor Web site; and
 6. Use only advertising and sales materials, including illustrations, that are approved by Company prior to use; and
 7. Comply with Company procedures, as stated in the Guidelines, prohibiting unfair competition and rebating, even in states where rebating is not illegal under state law; and
 8. Implement procedures providing that anyone involved in the sales presentation, solicitation or receipt of compensation pertaining to any Contract will act in accordance with applicable laws and regulations; and
 9. Immediately send all Applications, other required documentation and payments to Company at the address indicated on the Application, or any other address designated by Company; and
 10. Implement procedures providing that Producer and each of its employees will only make a recommendation to purchase a Contract when there are reasonable grounds to believe that the product meets the needs of the purchaser; and
 11. Assure that it has access to the most current version of the following:
 - a. ING software for sales illustrations, needs analysis and other sales tools; and
 - b. The Producer/Distributor Web site for updates on Company policies, procedures, and products, as well as regulatory and Company training opportunities.
- C. Limitation of Authority. Producer will have no authority and agrees not to:
1. Bind Company by any promise or agreement; and
 2. Incur any debt, expense, or liability whatsoever in Company's name or account; and
 3. Receive any money due or to become due to Company other than first premiums received in accordance with Company procedures; and
 4. Accept payment for a Contract in cash or cash equivalents, except to the extent permitted by the ING Anti-Money Laundering policies; and
 5. Deliver or allow any Contract to be delivered until the first premium has been paid in full; and
 6. Deliver a Contract if, after reasonable inquiry, Producer is aware that the true facts as to the health, habits, occupation or other factors pertinent to the insurability of the proposed insured are not then as represented in the Application for such Contract; and
 7. Make, modify or discharge any Contract, or bind Company by making any promises respecting any Contract, including but not limited to, extending the time for paying premiums; and
 8. Hold any bank account using "ING" or any of the Company insurance company names in the account name.
- D. General Provisions
1. Producer is responsible for payment of one hundred percent (100%) of Producer's Debit Balance owed to any Company, as provided in the "Debit Balance" paragraph in this Agreement.
 2. The relationship of Producer to Company is that of an independent contractor. Nothing in this Agreement should be construed to create the relationship of employer and employee, partnership, joint venture or franchise. Producer is free to exercise independent judgment as to the time, place and means of performing all acts under this Agreement.
 3. Producer is solely responsible for its staff, office space and expenses, including payment of all employment, state and federal taxes.
 4. Producer will keep accurate records of all transactions on behalf of Company for so long as the Contract is active, or a period of five years after the termination of the Contract, whichever is longest, but in no event less than required by law, and make such records, including but not limited to Customer Information, as defined below, available for examination and copying.

IV. Compensation

