



# 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: P.O. 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

I am submitting the following New Business: Policy # (if applicable) \_\_\_\_\_ State \_\_\_\_\_

Client Name \_\_\_\_\_ Client SSN \_\_\_\_\_

### 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.) \_\_\_\_\_

Date of Birth \_\_\_\_\_ 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  Corporate/Agency E-mail Address \_\_\_\_\_

Corporate/Agency Name \_\_\_\_\_ TIN \_\_\_\_\_

### 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  
If yes, please provide C.R.D. Number. \_\_\_\_\_
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 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. AGREEMENT/APPOINTMENT INFORMATION**

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

Check Requested Company Appointments *(If new, attach copies of current licenses)*

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

**E. 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 specified products complete AML training.

Producers meeting the following are recognized as having completed their required AML obligations without further documentation:

- Currently have an active variable annuity or variable life contract with ING.
- Currently affiliated (commissions paying to) with a wirehouse when soliciting/servicing life insurance policies offered by ING
- Currently 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.)
- Completed the Anti-Money Laundering course using LIMRA as the training service ([www.aml.limra.com](http://www.aml.limra.com))

If you have not met one of the above qualifications, you will need to certify your completion of an ACLI or FINRA recognized Anti-Money Laundering training. Please do this by submitting your AML certificate of completion or by completing the ING Anti-Money Laundering Training Certificate of Completion (Form #137305).

**F. COMPENSATION** *(Indicate Commission Schedule Level Codes<sup>1</sup>)***ReliaStar Life Insurance Company****Variable***(For ING Financial Partners Registered Reps Only)*

| General Account          | Level Code <sup>1</sup>                   |
|--------------------------|---|
| Target Compensation      | <input type="text"/> <input type="text"/> |
| Excess/Renewals          | <input type="text"/> <input type="text"/> |
| Term Target Compensation | <input type="text"/> <input type="text"/> |
| Term Renewals            | <input type="text"/> <input type="text"/> |

|                        | Level Code <sup>1</sup>                   |
|------------------------|---|
| Target Compensation    | <input type="text"/> <input type="text"/> |
| Excess/Renewals/Trails | <input type="text"/> <input type="text"/> |

**ReliaStar Life Insurance Company of New York****Variable***(For ING Financial Partners Registered Reps Only)*

| General Account          | Level Code <sup>1</sup>                   |
|--------------------------|---|
| Target Compensation      | <input type="text"/> <input type="text"/> |
| Excess/Renewals          | <input type="text"/> <input type="text"/> |
| Term Target Compensation | <input type="text"/> <input type="text"/> |
| Term Renewals            | <input type="text"/> <input type="text"/> |

|                     | Level Code <sup>1</sup>                   |
|---------------------|---|
| Target Compensation | <input type="text"/> <input type="text"/> |
| Excess/Renewals     | <input type="text"/> <input type="text"/> |

**Security Life Of Denver Insurance Company****Variable***(For ING Financial Partners Registered Reps Only)*

| General Account       | Level Code <sup>1</sup>                   |
|-----------------------|---|
| Target Compensation   | <input type="text"/> <input type="text"/> |
| Excess                | <input type="text"/> <input type="text"/> |
| Renewals Years 2 - 10 | <input type="text"/> <input type="text"/> |
| Renewals Years 11+    | <input type="text"/> <input type="text"/> |
| Trails                | <input type="text"/> <input type="text"/> |

|                     | Level Code <sup>1</sup>                   |
|---------------------|---|
| Target Compensation | <input type="text"/> <input type="text"/> |
| Excess              | <input type="text"/> <input type="text"/> |
| Renewals            | <input type="text"/> <input type="text"/> |
| Trails              | <input type="text"/> <input type="text"/> |

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

**G. BROKER/DEALER INFORMATION (for Variable Appointment only)**

Broker/Dealer Name \_\_\_\_\_ CRD Number \_\_\_\_\_

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) \_\_\_\_\_

**H. 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 not to solicit or sell, as determined by state law, any business until I have been notified by each checked Company that I have been contracted and I am authorized to solicit or sell business for it.
- I have included a copy of a current license for each state in which I do business.
- 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 below 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 below.**

**I. 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 \_\_\_\_\_ Telephone # \_\_\_\_\_

**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) Lewis M. Kelley, Jr. Associate General Agent Code(s)  
(if applicable) \_\_\_\_\_

Associate General Agent Signature  
(if applicable) Lewis M. Kelley, Jr. 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 \_\_\_\_\_

**J. GENERAL AGENT CHECKLIST**

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.

**General Agent Code(s)**

ReliaStar Life: General Account (7 digit code) 855V103 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) 128720 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) Lewis M. Kelley, Jr. Agent # or SSN \_\_\_\_\_

Level 5 GA \_\_\_\_\_ Agent # or SSN \_\_\_\_\_

**K. ADMINISTRATIVE OFFICE/INTERNAL USE ONLY**

Approved by SVP (please print) \_\_\_\_\_ Region Code \_\_\_\_\_

SVP Signature \_\_\_\_\_ Date \_\_\_\_\_

# AUTHORIZATION AGREEMENT FOR COMPENSATION DIRECT DEPOSIT

Mail or Fax completed form to:  
ING Service Center, 909 Locust Street, Des Moines, IA 50309  
Fax: 877-788-5122



**TYPE OF REQUEST:**  New enrollment in Direct Deposit.  Change to an existing Direct Deposit arrangement.

Please select all companies you wish to have set up for Direct Deposit. Include appropriate agent/agency number(s).

Life (Contact Phone: 877-882-5050)

Agent/Agency Number  
(if new appointment, leave blank.)

- ReliaStar Life Insurance Company (includes ReliaStar Life Insurance Company of New York)
- Security Life of Denver Insurance Company
- Security Life of Denver Insurance Company (formerly Southland Life Insurance Company)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Annuity (Contact Phone: 800-369-5307, option 1)

- ING USA Annuity and Life Insurance Company (includes Fixed and Variable Annuities for RLNY)

\_\_\_\_\_

Worksite

- ReliaStar Life Insurance Company (Annuities/Education) (Contact Phone: 877-882-5050, option 2, 4)
- ING Life Insurance and Annuity Company (ILIAC) (Contact Phone: 888-238-6297, option 2, 1)

\_\_\_\_\_  
\_\_\_\_\_

The selections above are hereinafter called the "Company."

## INSTRUCTIONS FOR DEPOSIT (See sample below.)

- One Account:** Deposit 100% of my compensation into Account #1.
- Two Accounts:** ***This option is NOT available to Worksite ReliaStar.***  
Deposit \_\_\_\_\_ % of my compensation into Account #1. Balance will be deposited into Account #2.

Account #1  Checking  Savings (***This option NOT available to Worksite ReliaStar.***)

Account Owner Name \_\_\_\_\_ Account # \_\_\_\_\_

Financial Institution Name \_\_\_\_\_ Transit/ABA # \_\_\_\_\_

Branch Address \_\_\_\_\_

Account #2  Checking  Savings (***This option NOT available to Worksite ReliaStar.***)

Account Owner Name \_\_\_\_\_ Account # \_\_\_\_\_

Financial Institution Name \_\_\_\_\_ Transit/ABA # \_\_\_\_\_

Branch Address \_\_\_\_\_

## Sample Check

Account Owner  
Information

Transit/ABA #

|                                    |                |          |
|------------------------------------|----------------|----------|
| Name<br>Address<br>City, State ZIP | 1-23/456       | 5678     |
| DATE _____                         |                |          |
| PAY TO THE<br>ORDER OF _____       |                | \$ _____ |
|                                    |                | DOLLARS  |
| Financial Institution              |                |          |
| MEMO _____                         | Not Negotiable |          |
| 987654321                          | 1234567890123  | 5678     |

Account #

## AUTHORIZATION

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Corporation  
(if applicable) \_\_\_\_\_ SSN or TIN (***last 4 digits only***) \_\_\_\_\_

# ASSIGNMENT OF COMMISSION GENERAL ACCOUNT

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*  
(the "Company")  
Service Office: P.O. Box 9190, Des Moines, IA 50306-9190  
Phone: 877-882-5050, Fax: 877-788-5122



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## ASSIGNMENT REQUESTED FOR THE FOLLOWING COMPANIES

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

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## ASSIGNMENT INFORMATION

For **VALUE RECEIVED**, I hereby assign and transfer to:

Name (*Agent/Corporation to receive commissions*) \_\_\_\_\_ (Assignee)  
*Assignee must be licensed and appointed if required by state regulation (i.e. Virginia).*

Assignee Agent Number \_\_\_\_\_ SSN / TIN \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

all my right, title and interest in and to commissions payable by the Company indicated above as specified in commission agreements in effect with respect to any and all policies sold under the assignor agent number listed below, and I hereby authorize said Company to pay such commissions to the Assignee unless and until the this Assignment is released by Assignee. I understand that the Company will report income paid under this Assignment to Assignee for tax purposes.

Assignor Name (*Agent/Corporation assigning commissions*) \_\_\_\_\_

Assignor Signature \_\_\_\_\_ Date \_\_\_\_\_

Assignor Agent Number \_\_\_\_\_ SSN / TIN \_\_\_\_\_

General Agent Name \_\_\_\_\_

General Agent Number \_\_\_\_\_

**THE COMPANY DOES NOT ASSUME RESPONSIBILITY FOR THE VALIDITY OR SUFFICIENCY OF THIS ASSIGNMENT.**

# Request for Taxpayer Identification Number and Certification

**Give form to the  
 requester. Do not  
 send to the IRS.**

Print or type  
 See Specific Instructions on page 2.

|  |   |
|--|---|
| Name   |   |
| Business name, if different from above   |   |
| Check appropriate box: <input type="checkbox"/> Individual/<br>Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ ..... <input type="checkbox"/> Exempt from backup<br>withholding |   |
| Address (number, street, and apt. or suite no.)  | Requester's name and address (optional) |
| City, state, and ZIP code  |   |
| List account number(s) here (optional)   |   |

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

|                        |
|------------------------|
| Social security number |
| +                      |

or

|                                |
|--------------------------------|
| Employer identification number |
| +                              |

**Note:** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

## Part II Certification

Under penalties 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 (IRS) 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, **and**
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

**Sign Here**

Signature of  
 U.S. person ▶

Date ▶

## Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**Note:** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Foreign person.** If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

## Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.