

# 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



Employees of a licensed entity must complete form #128391 (Application for Appointment).

## NEW BUSINESS PENDING *(Internal use only: Image P1 if completed.)*

Policy Number *(if applicable)* \_\_\_\_\_ App Sign Date \_\_\_\_\_ State \_\_\_\_\_  
Client Name \_\_\_\_\_ Last 4 digits of Client SSN *(Required)* \_\_\_\_\_

## 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 \_\_\_\_\_ Gender:  Male  Female  
E-mail \_\_\_\_\_  
Residence Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Producer Phone (\_\_\_\_\_) \_\_\_\_\_ How long at your current residence? Years \_\_\_\_\_ Months \_\_\_\_\_  
Former Residence Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Business Phone (\_\_\_\_\_) \_\_\_\_\_ Business Fax (\_\_\_\_\_) \_\_\_\_\_  
Business Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**CORPORATE CONTRACT ONLY:** Complete this section **only** if you are the signing officer of the corporation and are contracting both you and your corporation, with your individual commissions being paid to your corporation. Do **not** complete this section if you are an agent having your commissions paid to a corporation and are not the signing officer. By signing this contract as a signing officer of your company, you agree to have your commissions paid to the TIN.

Agency Name \_\_\_\_\_ TIN \_\_\_\_\_

## 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 or have you ever been a registered representative with FINRA (formerly NASD)? . . . . .  Yes  No  
If "Yes," provide CRD number, even if not currently registered. \_\_\_\_\_
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

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

Provide E & O Coverage Carrier *(required)* \_\_\_\_\_ Policy # *(required)* \_\_\_\_\_

**D. AGREEMENT/APPOINTMENT INFORMATION**

Check Agreement Type:     General Agent (Order #131419)     Producer (Order #131420)     Servicing Agreement (Order #131441)

Check Requested Company Appointments

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

**E. COMPENSATION** *(Indicate Commission Schedule Level Codes<sup>1</sup> for GA or Producer Agreements. Section to be completed by General Agency.)*

**General Account**

ReliaStar Life Insurance Company		ReliaStar Life Insurance Company of New York <i>(Requires New York License)</i>		Security Life Of Denver Insurance Company	
General Account	Level Code <sup>1</sup>	General Account	Level Code <sup>1</sup>	General Account	Level Code <sup>1</sup>
Target Compensation	<input type="text"/> <input type="text"/>	Target Compensation	<input type="text"/> <input type="text"/>	Target Compensation	<input type="text"/> <input type="text"/>
Excess/Renewals	<input type="text"/> <input type="text"/>	Excess/Renewals	<input type="text"/> <input type="text"/>	Excess	<input type="text"/> <input type="text"/>
Term Target Compensation	<input type="text"/> <input type="text"/>	Term Target Compensation	<input type="text"/> <input type="text"/>	Renewals Years 2 - 10	<input type="text"/> <input type="text"/>
Term Renewals	<input type="text"/> <input type="text"/>	Term Renewals	<input type="text"/> <input type="text"/>	Renewals Years 11+	<input type="text"/> <input type="text"/>
				Trails	<input type="text"/> <input type="text"/>

**Variable *(For ING Financial Partners)***

ReliaStar Life Insurance Company		ReliaStar Life Insurance Company of New York <i>(Requires New York License)</i>		Security Life Of Denver Insurance Company	
General Account	Level Code <sup>1</sup>	General Account	Level Code <sup>1</sup>	General Account	Level Code <sup>1</sup>
<input type="checkbox"/> Servicing only		<input type="checkbox"/> Servicing only		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"). Grids should be obtained from Regional home office.

Please list Producer's Next Immediate Upline

Name \_\_\_\_\_ Agent # or SSN \_\_\_\_\_

General Agent Code(s)

ReliaStar Life:                      General Account *(7 digit code)* \_\_\_\_\_

ReliaStar Life of New York:      General Account *(7 digit code)* \_\_\_\_\_

Security Life of Denver:          General Account *(6 digit code)* \_\_\_\_\_ Variable *(6 digit code)* \_\_\_\_\_

Assign Commissions?    Yes    No      If "Yes," complete the Assignment of Commission form (Order #128051)

Direct Deposit / EFT?    Yes    No      If "Yes," complete the Authorization Agreement for Direct Deposit form (Order #133854)

## F. BROKER-DEALER INFORMATION (for Variable Appointment only)

New Variable Appointment       Broker-Dealer Change

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) \_\_\_\_\_

## G. 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 (AML) programs for insurance companies, which took effect May 2, 2006. The Company requires that all producers selling or servicing specified products complete AML training and certify with ING at the time of contracting. In addition, under these regulations, ING requires that all agents selling specified products recertify their AML training biennially based on the date the last certification was completed.

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 or 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 office. You may also call ING at 877-882-5050 to speak with an ING Licensing Representative.
- Completed the AML course using LIMRA as the training service (aml.limra.com)

If you have not met one of the above qualifications, you will be required to certify your AML training completion by:

- Submitting an AML training certificate of completion sponsored by an ACLI or FINRA recognized organization.
- Submitting an AML training certificate of completion sponsored by an ING approved training organization (list available by calling your ING Licensing Representative).
- Completing the AML course using LIMRA as the training service (aml.limra.com).
- Completing the ING AML Training Certificate of Completion (Form #137305).

Failure to certify your AML training may lead to delays in new business issuance. Failure to re-certify your AML training may lead to delays in new business issuance beyond the AML training expiration date. **Note:** Term Life policy issuance, with the exception of term products with Return of Premium product features, will not encounter delays due to AML training certification requirements.

## H. CONDITIONS AND AGREEMENTS

I hereby certify that my answers to the questions contained in this application are true and correct. I acknowledge that Security Life of Denver, ReliaStar Life Insurance Company or ReliaStar Life Insurance Company of New York (*hereinafter called the "Company"*) have informed me of the Company's practices to conduct routine investigative reports on agents for licensing purposes, initial and renewal state appointments, and at any time the Company, at its discretion, deems it necessary to conduct background investigations. I expressly authorize the Company to conduct these investigations and authorize all persons and entities (*including past and present employers*) to provide the Company all requested information.

I also expressly authorize the Company, for the purpose of facilitating the licensing and appointment process, to share information gathered as a result of these investigations with my agency and/or broker-dealer (*including any third parties authorized by my agency and/or broker-dealer*). I release from liability all persons and entities which supply said information to the Company and agree to hold the Company harmless from any liability for conducting this investigation. I authorize the Company to use these investigative reports and to provide these reports and any other pertinent information to all ING affiliate companies and to third parties where the third parties' legal interests and/or obligations are involved.

I authorize the Company to share any financial, business, legal, tax or work performance history regarding me that it receives from third parties, from any ING affiliate companies or which is generated by the Company or from the ING affiliate companies' data source that is not part of the investigative report, with all other ING affiliate companies.

I also authorize the Company to share my debt balance information with agents, agencies or other third parties that assume my debt balance responsibilities, as well as debt collection agencies and debt reporting services.

I certify that I have reviewed this application and I understand that if any information provided in this application is found to be incorrect or incomplete, it will be grounds for rejecting this application or for termination of my appointment, all in the sole discretion of the company.

**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, I am agreeing to all of the terms and conditions of the Agreements, including specified Compensation Schedules.**

**I agree to read and abide by the Company's Business Guidelines and other Company policies and procedures, as they may be amended from time to time, located at [www.ing.us/professionals](http://www.ing.us/professionals) or on the Producer/Distributor Web site ([www.ingforprofessionals.com](http://www.ingforprofessionals.com)).**

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

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 General Agent Name

(required unless same as Applicant) \_\_\_\_\_

General Agent Code(s)

(if applicable) \_\_\_\_\_

 General Agent Signature  
(required unless same as Applicant) \_\_\_\_\_ 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



Note: Compensation information is available on ING for Professionals (<https://www2.ing-usa.com/portal/public>).

## A. BUSINESS UNITS *(All Companies will be set up for direct deposit unless otherwise specified.)*

Life - Including Strategic Distribution *(Contact Phone: 877-882-5050):*

- 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)

ING Financial Solutions *(Contact Phone: 800-369-5305 or [INGDS@us.ing.com](mailto:INGDS@us.ing.com)):*

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

Retirement Services:

- ReliaStar Life Insurance Company (Annuities/Education) *(Contact Phone: 877-882-5050)*
- ING Life Insurance and Annuity Company (ILIAC) *(Contact Phone: 888-238-6297)*

Hereinafter called the "Company."

I do not wish to have all my ING Company commissions paid by direct deposit. Please pay my commission by direct deposit for the following business units only. *(Please list business units)* \_\_\_\_\_

**B. INSTRUCTIONS FOR DEPOSIT** *(See sample below. Please note that for the Retirement Services Business Unit, ReliaStar Life Insurance Company ("ReliaStar") cannot support direct deposits spread across more than one account, nor can it support a direct deposit to a savings account. If the Two Accounts option is selected, only the first account will be utilized for ReliaStar/Retirement Services compensation. If a Savings account option is selected, ReliaStar/Retirement Services compensation will 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 Number \_\_\_\_\_

Account Owner Name *(Required)* \_\_\_\_\_ Account Number \_\_\_\_\_

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

Account #2  Checking  Savings

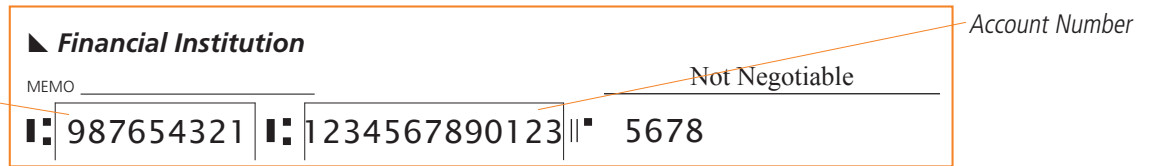
Financial Institution Name \_\_\_\_\_ Transit/ABA Number \_\_\_\_\_

Account Owner Name *(Required)* \_\_\_\_\_ Account Number \_\_\_\_\_

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

Sample Check

Routing Number (9 digits)



## C. 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 \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

SSN/TIN *(Last 4 digits only)* or Agent/Agency Number \_\_\_\_\_

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

Name of Corporation *(if applicable)* \_\_\_\_\_