



YOUR APPLICATION MAY BE RETURNED!

You must be licensed and appointed with the company prior to submitting an application. Insurance companies are now ***returning*** applications submitted by brokers who are not ***licensed and appointed*** for the respective company in the state of solicitation.

**** ATTENTION ****

**THIS PAPERWORK MUST BE
RETURNED TO YOUR
BROKERAGE
GENERAL AGENCY.**

**Failure to return to your Brokerage General Agency
will result in a delay of the appointment and possible
rejection, by the carrier, of any business submitted.**

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by the carrier, of any business submitted.**



***** IMPORTANT *** PLEASE READ CAREFULLY *****

If you have submitted NEW business or will be submitting business with one of the following ING Companies, and are NOT contracted & appointed when the business was taken:

*ING ReliaStar Life Insurance Co.
ING ReliaStar Life Ins. of New York
Security Life of Denver Ins. Co.
ING USA Annuity & Life Ins. Co.*

The business could be rejected because you were not appointed within the time-frame allowed by the state in which the business was written.

Please refer to the states listed below that have specific guidelines for appointment when submitting NEW business.

*Georgia - Agent must be appointed within **10** days of the date of the client application*

*California - Agent must be appointed within **14** days of the date of the client application*

*Alabama, Arkansas, Connecticut, Delaware, Hawaii, Idaho, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, South Carolina, South Dakota, Tennessee, Vermont, West Virginia, Wisconsin & Wyoming - Agent must be appointed within **15** days of the date of the client application*

*District of Columbia, Iowa, Kansas, North Carolina, North Dakota, Ohio, Pennsylvania, Texas, Utah, Virginia, Washington - Agent must be appointed within **30** days of the date of the client application*

*Florida & Oklahoma - Agent must be appointed within **45** days of the date of the client application*

*For states **NOT LISTED**, there is no guideline.*

If you have any questions, please contact your Brokerage General Agency.

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 INFORMATIONCheck 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)

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 Codes¹)**ReliaStar Life Insurance Company****Variable**

(For ING Financial Partners Registered Reps Only)

General Account	Level Code ¹
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 ¹
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 ¹
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 ¹
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 ¹
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 ¹
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"/>

¹ 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) _____ 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 _____

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) _____ 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. 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 (attach deposit slip) **This option NOT available to Worksite ReliaStar.**

Account Owner Name _____ Account # _____

Financial Institution Name _____ Transit/ABA # _____

Branch Address _____

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

Account Owner Name _____ Account # _____

Financial Institution Name _____ Transit/ABA # _____

Branch Address _____

Sample Check

Name _____ 123456 5678

Address _____

City, State ZIP _____ DATE _____

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

Financial Institution _____ Account # _____

MEMO _____ Not Negotiable

⑆098765432⑆⑆1234567890123⑆⑆ 5678

Account Owner Information points to Name and Address fields.

Transit/ABA # points to Financial Institution field.

Account # points to Account # field.

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 **X** _____ Date _____

Print Name _____ Telephone _____

Name of Corporation (if applicable) _____ SSN or TIN (last 4 digits only) _____

ASSIGNMENT OF COMMISSION

- 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
 Administrative Office:
 P.O. Box 9190, Des Moines, IA 50306-9190
 Toll Free: 877-882-5050
 Fax: 877-788-5122

ASSIGNMENT INFORMATION

From: General Agent/Producer Name _____
 General Agent/Producer Number _____ Date _____

For VALUE RECEIVED, I hereby assign and transfer unto:

Assignee Name _____

All my right, title and interest in and to the commission payable by the Company indicated above under the assignor agent number listed below as specified in the commission agreement in effect with respect to any and all policies sold on behalf of and underwritten by the Company, and I hereby authorize said Company to pay such commission to the assignee.

Assignee Agent Number _____ SSN / TIN _____

Street Address _____

City _____ State _____ ZIP _____

ASSIGNMENT TYPE

- Absolute: This applies to commissions payable on current and future policies submitted by me under the Assignor number(s) noted below
- Specific¹: If this is for a specific policy or policies, list policy number and insured names below

Policy Number _____ Insured's Name _____

Policy Number _____ Insured's Name _____

¹If specific policy numbers are not given, the Company will assume this is an absolute assignment.

AUTHORIZATION

Assignor Name _____

Assignor Agent Number _____ SSN / TIN _____

Assignor Signature **X** _____

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

REQUEST FOR ING VARIABLE APPOINTMENT

ING Service Center
P.O. Box 9190, Des Moines, IA 50306-9190
Fax: (877) 788-5122



COMPANY APPOINTMENT INFORMATION

Reason for Request: New Variable Appointment Changing Broker/Dealer

Choose ING Affiliate Company Appointment

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

APPLICANT INFORMATION

SVP/IGA Name (if not known call 877-878-1929) _____

Print Name (as it appears on Insurance License) _____ Date of Birth _____

SSN _____ Securities License Series: 6 7 63 Other _____

Corporation Name (if applicable) _____

CRD # (attach copy) _____ Tax ID # _____

Business Street Address _____

City _____ State _____ ZIP _____

Business Telephone # _____ Fax # _____

Residence Street Address _____

City _____ State _____ ZIP _____

Telephone # _____ Email Address _____

QUESTIONNAIRE (Attach explanation and supporting documents for all "Yes" answers)

- Have you ever had a life insurance and/or securities license under another name?..... Yes No
If yes, please provide that name: _____
- Have you ever been refused or had any insurance or securities license suspended or revoked; or have you been fined by an insurance department, the NASD, or any state or federal agency regulating securities?..... Yes No
- Have you ever filed for bankruptcy or do you have any outstanding judgements, liens, or default of debts?..... Yes No
- Have you ever been convicted, pled guilty or nolo contendere to a felony or misdemeanor other than a traffic violation, or are you now under indictment or are you currently a named defendant in a civil suit alleging fraud in the sale of insurance securities?..... Yes No

APPOINTMENT REQUEST

I request appointment(s) and have attached a license copy(s) for the states listed. 1. _____ 2. _____ 3. _____
 In requesting this variable appointment, I authorize all ING affiliated companies ("ING") to share any pertinent information they may have obtained regarding my financial, business, legal, tax or work performance, including copies of licenses and applications. In requesting this variable appointment, I agree not to solicit or sell as determined by state law, any business until I have been notified by each applicable ING Company that I have been contracted and I am authorized to solicit or sell business for it. I authorize the Broker/Dealer named below to release to ING, upon request, any and all information in their possession regarding my financial, business, legal, tax or work performance, including any information obtained under the Fair Credit Reporting Act. I agree that ING may offset and/or recoup any debit balance or any other indebtedness to ING, with compensation earned by me from any other ING affiliate. I represent and warrant that all information and answers in this Request for Appointment are true and correct.

Indemnification statement for writing agents:

"I agree to indemnify, defend and hold ING harmless from any and all expenses, attorney fees, costs, causes of actions and damages resulting from and in consequence of any fraudulent or negligent acts and/or omissions by me regarding the sale of all ING products."

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.

Full Legal Name of Registered Representative _____

Full Legal Signature of Registered Representative _____ Date _____

VERIFICATION/RECOMMENDATION/ACCEPTANCE (This section not required for additional state appointments.)

The undersigned representative of the Broker/Dealer verifies that a background investigation has been conducted on the named Registered Representative and that a copy will be made available upon request. The Broker/Dealer recommends that the named Registered Representative be appointed with the applicable ING Life Companies completed above and attests that it has policies and procedures to supervise the activities of each registered representative that are reasonably designed to achieve compliance with applicable securities laws and regulations.

Full Legal Name of Broker/Dealer Registered Principal (REQUIRED) _____

Print Name of Broker/Dealer _____ CRD# _____



FAIR CREDIT REPORTING ACT
DISCLOSURE

ING America Insurance Holdings, Inc. and each of its subsidiaries (the "Company") disclose to you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for employment' as an independent contractor. It may be an "investigative consumer report" that includes information as to your character, general reputation, personal characteristics and mode of living.

By signing below I acknowledge that I have received and understand this Disclosure in accordance with the requirements under the Fair Credit Reporting Act, as amended.

- I authorize the Company, now and at any time while I am appointed and contracted to represent the Company for the sale and solicitation of the Company's products, to obtain a consumer report and/or investigative consumer report on me;
- I authorize and request any consumer reporting agency to furnish any and all information in their possession regarding me in connection with employment' as an independent contractor. I authorize that a photocopy of this disclosure be accepted with the same authority as the original;
- I have the right to make a written request within a reasonable period of time to receive the additional, detailed information about the nature and scope of this investigation;
- I authorize the Company to share this information with the appropriate people in the Company, including but not limited to identified persons and those involved in the licensing and contracting process;
- I understand I am not to solicit business on behalf of any Company until all required licenses and appointments have been obtained and all required contracts have been executed; and
- I have received "A Summary of Your Rights Under the Fair Credit Reporting Act."

Print Name _____ Date of Birth _____

If name changed (through marriage or otherwise), print former name here _____

Signature **X** _____ Date Signed _____

California, Minnesota and Oklahoma Applicants Only. Please check here to have a copy of your consumer report sent directly to you by the appropriate credit repository.

If you have checked this box to receive a copy of your credit report, you must return this form with your agent contracting paperwork and provide your Social Security number below.

Social Security Number _____

Producers and agents are independent contractors, not employees. "Employment" is used in a non legal sense and includes qualification for certain programs available to independent contractors. Nothing in this form shall be construed to create an employer/employee relationship.



A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you — such as if you pay your bills on time or have filed bankruptcy — to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- * You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you — such as denying an application for credit, insurance, or employment — must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- * You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- * You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs — to which it has provided the data — of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- * Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- * You can dispute inaccurate items with the source of the information. If you tell anyone — such as a creditor who reports to a CRA — that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- * Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- * Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA — usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- * Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- * You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- * You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4367 (Toll-Free)
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051



Making It Easier To Do Business with ING

Business Guidelines

04/09/2007

- ING USA Annuity and Life Insurance Company
- ReliaStar Life Insurance Company
- ReliaStar Life Insurance Company of New York
- Security Life of Denver

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

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3. At all times be properly licensed under all applicable state laws; and
 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, which are attached to and made a part of this Agreement. 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

A. Compensation Schedules

1. The Producer Compensation Schedules, as amended from time to time, are incorporated by reference into this Agreement and govern the parties' agreement with respect to compensation.
2. Subject to the conditions of this Agreement and only as provided in the applicable Producer Compensation Schedule in effect on the date the Application for the Contract is signed, the Issuing Company will pay Producer compensation on any Contract in accordance with the applicable commission cycle.
3. If the Producer Compensation Schedule provides that General Agent has the responsibility for compensating Producer, Producer agrees that the Issuing Company has no obligation to pay any compensation directly to Producer.
4. The amount, if any, and the time of payment of compensation on replacements, changes, conversions, exchanges, term renewals, premiums paid in advance, Contracts issued on a "guaranteed issue" basis, and other special cases and programs will be governed by the practices of the Issuing Company, including underwriting and issue rules, in effect on the effective date of the change or other transaction.

B. Payment of Compensation

1. No compensation will be earned or payable until the Issuing Company receives and applies, in its sole discretion, the Contract premium at the ING Service Center in Minot, ND, all delivery requirements are met, and the Contract is placed in force; provided however, when commissions are advanced, commissions are payable according to the terms of the applicable Annualization Agreement or Amendment. The current mailing address, facsimile number, and e-mail address of the ING Service Center in Minot, ND, is posted on the Company Producer/Distributor Web site.
2. Producer will continue to receive the compensation specified in the Producer Compensation Schedules, except in the following situations:
 - a. During an investigation of Producer by any Company or ING Affiliate Company, any Company reserves the right to withhold payment of any compensation pending resolution of the investigation;
 - b. Any Company owing compensation to Producer will cease to pay any compensation after termination of this Agreement for cause;
 - c. If termination of this Agreement is due to the death of Producer, any remaining compensation owed under the Compensation Schedules will be paid to Producer's estate; and
 - d. Producer may not assign all or any part of Producer's compensation accruing under this Agreement without the written consent of Company. Any assignment is subject to Company's right of offset and first lien provided for in this Agreement. A General Agent's release or termination of compensation will not affect any Producer's right to compensation.

- C. Chargebacks. The Company will charge back compensation to Producer in accordance with the applicable Compensation Schedule. In addition, if any Company, in its sole discretion, determines at any time that a refund of premium should be made, any compensation paid to Producer on the amount refunded will be charged back and to the extent not repaid, will become a part of Producer's Debit Balance, to be repaid to such Company promptly following Notice to Producer.

D. Debit Balance

1. Producer agrees to pay the Debit Balance of Producer owed to any Company when due.
2. If any Debit Balance is not paid when due, the amount will bear interest at the rate posted on the Producer/Distributor Web site, but in no event in excess of that permitted by applicable law.
3. Producer grants to any Company a first lien on and the right to apply any amount due to Producer from any Company and any ING Affiliate Company to offset Producer's Debit Balance with any Company or any ING Affiliate Company.
4. Any Debit Balance of any Producer survives termination of this Agreement.

- E. Modifications to Existing Compensation Schedules. Notwithstanding any language in this Agreement or any prior Agreement between the parties, including but not limited to, current or prior Compensation Schedules.

1. For Contracts on which the First Commissionable Event took place before January 1, 2006, on which there is an underwritten face increase occurring on or after January 1, 2006:

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- a. If a Contract:
 - i. Is on a policy form available for sale on or after January 1, 2006, or
 - ii. For ReliaStar Life Insurance Company Contracts only (including those formerly known as Security-Connecticut Life Insurance Company), is on a policy form that is no longer available for sale on or after January 1, 2006,
compensation on the underwritten face increase will be paid to Producer at the rates provided in the applicable Producer's Compensation Schedule in effect on the effective date of the underwritten face increase; and
 - b. For Southland Life Insurance Company Contracts only, the compensation will be the same as that set forth in the Producer's Compensation Schedule applicable to the Contract in effect on December 31, 2005.
2. For Contracts on which the First Commissionable Event took place before January 1, 2004 on which there is an automatic cost of living face increase occurring on or after January 1, 2006, compensation will be paid at the rates specified and to the appropriate Producer as stated in the COLA Procedures set forth on the Producer/Distributor Web site.
 3. No compensation will be paid to Producer until the amount of compensation due exceeds a minimum amount. This minimum amount may vary from issuing Company to issuing Company, and may be amended from time to time. These amounts are published on the Producer/Distributor Web site.
 4. If the total payment due from any of the individual Companies during any calendar year following termination of this Agreement is less than \$10,000, then such Company may elect to pay the present value of the remaining compensation in one lump sum. The present value will be calculated based on an interest rate of 8% and the Linton B Persistency Table that in the Company's sole discretion reflects the expected persistency of the business. After such lump sum payment, the individual Company will be relieved of any further obligation under this Agreement for payment of compensation.

V. Termination

A. Immediate Termination

1. Termination for Cause. Company may terminate this Agreement as to all Companies and terminate all of Producer's Company appointments, for cause, without notice, in the case of the following:
 - a. Producer's fraud or misconduct, whether or not in conjunction with a Contract or this Agreement; and
 - b. Producer's conviction of a misdemeanor involving breach of trust or any felony; and
 - c. Producer's failure to comply with the terms of this Agreement; and
 - d. Producer's inducing any other Producer to discontinue Producer's Agreement with Company; and
 - e. Producer's inducing any Contract owner to surrender or exchange its Contract; and
 - f. Producer's withholding of any monies, documents, Applications or Contracts, after demand by Company.
2. Automatic Termination. This Agreement, and all of Producer's Company appointments, will terminate automatically, without notice, in the case of the following:
 - a. Producer's death or dissolution; or
 - b. Producer's loss of a valid, resident insurance license.

B. Termination With Notice. Either party may terminate this Agreement for any reason, by giving the other party fifteen (15) days written Notice.

C. Effect of Termination. Upon termination of this Agreement for any reason, Producer agrees to certify the destruction of all materials provided by Company to Producer, including but not limited to, all passwords, documents, forms, advertising materials, computer programs or other software.

VI. Liability

- A. Errors and Omissions Insurance. At Producer's expense, Producer will secure and maintain at all times errors and omissions insurance acceptable to Company in a minimum amount of \$1,000,000 per occurrence that covers the acts and omissions of Producer, and its employees, officers, directors and affiliates. Notwithstanding any insurance, Producer remains fully liable to pay Company for any obligations, including but not limited to, the amount of any deficiency. Producer will provide to Company a certificate demonstrating that the insurance coverage has been purchased and is in effect.
- B. Fidelity Bond. At Producer's expense and where required by state law, Producer will secure and maintain a fidelity bond including coverage for larceny and embezzlement, issued by a reputable bonding company covering all persons who have access to funds of Company or Contract owners.

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- C. Indemnification. Producer will indemnify and hold Company and any ING Affiliate Company harmless from any and all losses, claims, costs, damages, liabilities and expenses, including but not limited to, attorney fees, settlement payments, judgments and/or fines, resulting, directly or indirectly, from any breach of this Agreement by Producer or arising, directly or indirectly, from any act or omission of Producer, and its employees, officers, directors, affiliates and anyone acting on Producer's behalf. Producer agrees to defend any Company, at Producer's cost, in any arbitration, litigation, regulatory action or other proceeding covered by this indemnification clause, and not covered by the mandatory arbitration clause in this Agreement.

VII. Investigations, Complaints and Litigation

- A. Producer agrees to cooperate fully in any investigation, complaint, claim, proceeding, arbitration or litigation arising in connection with any Contract solicited or sold under this Agreement.
- B. Without limiting the foregoing, Producer will promptly (preferably within twenty-four (24) hours) give Notice to Company of any customer claim or complaint, regulatory investigation, arbitration or judicial proceeding pertaining to any Contract or against Company.
- C. Producer will also promptly notify Company of any significant regulatory investigation or litigation involving Producer of which Producer has knowledge, even though it may not directly or indirectly involve a Contract.
- D. In its sole discretion, Company may settle any claim of an applicant, Contract owner or other person or entity concerning any conduct, act or omission of Producer. Producer agrees to reimburse Company for the costs of such settlement.

VIII. Customer Information. The parties desire to protect Customer Information, as defined below, and to comply as may be necessary with requirements of the Gramm-Leach-Bliley Act and all relevant state and federal regulations and state privacy laws (all referred to as "Privacy Law").

- A. "Customer Information" means an applicant's Application for a Contract or service and all non-public personal information about a customer that a party receives from another party. "Customer Information" includes, by way of example and not limitation, name, address, telephone number, social security number, health information and personal financial information (which may include consumer account number).
- B. The parties understand and acknowledge that they may be financial institutions subject to Privacy Law, and all Customer Information that one party receives from another party is received with limitations on its use and disclosure. The parties agree that they are prohibited from using the Customer Information received from another party other than:
 - 1. As required by law, regulation or rule; or
 - 2. To carry out the purposes for which one party discloses Customer Information to the other party under this Contract, including use under an exception permitted by Privacy Law in the ordinary course of business to carry out the purposes.
- C. The parties agree that:
 - 1. The purpose for which Producer discloses Customer Information to Company includes the establishment of a consumer/customer relationship between the consumer and Company in order to offer its financial products and the financial products of its affiliates to consumers;
 - 2. The purpose for which Company discloses Customer Information to Producer is to service the Company Contract or other services obtained by the customer; and
 - 3. They will use such information only as permitted by Privacy Law.
- D. Subject to the provisions of subparagraph B above, the parties will not disclose the Customer Information to any other person without prior written permission from the other parties.
- E. The parties will establish and maintain safeguards against the unauthorized access, destruction, loss, or alteration of Customer Information in their control that are no less rigorous than those maintained by a party for its own information of a similar nature. In the event of any improper disclosure of any Customer Information, the party responsible for the disclosure will immediately notify the other parties.

IX. General Provisions

- A. Entire Agreement

1. This Agreement, including all applicable Producer Compensation Schedules, the Guidelines, and the Producer's ING Companies Application for Appointment and Contract, which are incorporated by reference, constitute the entire agreement between the parties concerning the subject matter of this Agreement and supersedes in its entirety all prior agreements, understandings, negotiations and other written or oral communications between the parties with respect to the subject matter of this Agreement.
 2. The parties specifically agree that any prior general agent, agent or producer agreements, however titled, between Producer and any Company are terminated effective December 31, 2003.
- B. Amendment of Agreement. Company may amend any part of this Agreement, specifically including but not limited to, any Compensation Schedules (for prospectively issued Contracts only) by giving Notice to Producer. No oral promises or representations will be binding. Submission of an application for a Contract by Producer on or after the effective date of any such amendment will constitute Producer's agreement to the amendment.
- C. Non-Assignability. Producer may not assign this Agreement or any rights or obligations under this Agreement without Company's prior written consent.
- D. Arbitration.
1. Any dispute between a Company and Producer will be settled by arbitration. Without limiting the foregoing this will include, but not be limited to, any dispute or disagreement arising out of, or relating to, the formation, interpretation, performance, or breach of this Agreement, whether such dispute arises before or after termination of this Agreement, and whether in contract or tort or otherwise.
 2. To initiate arbitration, either the Company or Producer will send Notice to the other party in writing of its desire to arbitrate. The Notice will identify the claimant, the contract at issue and the nature of the claims and/or issues. Notice of arbitration must be sent by certified mail, return receipt requested. The arbitration will be deemed to be commenced on the date the Notice of arbitration is received.
 3. The arbitration will be conducted in accordance with the Commercial Arbitration Rules of the American Arbitration Association ("AAA") and its Expedited Procedures with the exception of the following: There will be three arbitrators who will each have no less than five years of experience in life insurance and who are current or former officers of life insurance companies other than the parties to this Agreement. Within thirty (30) days following the commencement of arbitration proceedings, each party will provide the other party with identification and a copy of the curriculum vitae of their appointed arbitrator. The two party-appointed arbitrators will appoint a third arbitrator who will serve as the umpire. If they do not do so within thirty (30) days, the AAA will appoint the umpire.
 4. The arbitration will take place in Atlanta, Georgia, unless otherwise agreed to by the parties. The award rendered by the arbitrators will be final and binding upon the parties, except that the parties retain all rights to challenge an award under the Federal Arbitration Act, and judgment upon the award may be entered in any court with jurisdiction.
 5. Unless the arbitrators decide otherwise, each party will bear the expense of its own arbitration activities, including its appointed arbitrator and any outside attorney and witness fees. The parties will jointly and equally bear the expenses of the umpire and other costs of the arbitration.
 6. The parties agree that under no circumstances will any party be liable to any other party for lost profits, or any special, indirect, consequential, treble, multiple or punitive damages of any kind, whether or not foreseeable, incurred by any other party in connection with this Agreement.
- E. Governing Law and Venue. This Agreement will be governed by and construed under the laws of the State of Georgia. The parties agree that the federal courts located in, and the state courts of, Fulton County, Georgia, will have jurisdiction and be the appropriate venue for any required judicial interpretation and enforcement of this Agreement.
- F. Binding Effect. This Agreement will be binding on and will inure to the benefit of the parties to it and their respective successors in interest. Should any portion of this Agreement be determined to be invalid or unenforceable for any reason, such invalidity or unenforceability shall be deemed, to the maximum extent possible, not to affect the validity and enforceability of the remainder of this Agreement.
- G. Waiver. Failure of any party to insist upon strict compliance with any condition of this Agreement will not be construed as a waiver of any such condition.
- H. Term of Agreement. This Agreement will continue indefinitely, until terminated by either party pursuant to the provisions in this Agreement.
- I. Authority. Each party represents that the person signing this Agreement on its behalf has the authority and capacity to bind the party.

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- J. Execution. The parties' agreement to be bound by this Agreement may be evidenced by any one of the following methods:
1. By signature of both parties on the attached signature pages which may be executed simultaneously in two or more counterparts, each of which taken together will constitute one document and may be signed by written signature or by a facsimile of the signature of an authorized officer of any party, or
 2. By signature of Producer on an ING Application for Life Appointment and Contract that includes the form of this Agreement deemed as an attachment; or
 3. By Producer's submission of an application for a Contract on or after January 1, 2004.

Company:

ReliaStar Life Insurance Company

ReliaStar Life Insurance Company of New York

Security Life of Denver Insurance Company

Producer:

By: _____
(Signature)

Name: _____
(Print)

Title: _____

By: _____
(Signature)

Name: _____
(Print)

Title: _____