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ING Life Insurance Company Contracting Application

Highest Commissions – Guaranteed!

Highest commissions - Contracting - ING Life Insurance. Call NAAIP direct at **1-800-770-0492** for appointment. Alternatively, complete the attached application and sign where indicated. Fax or email your completed application along with copies of all insurance licenses for the states in which you will be soliciting business.

Please fax or email pages back to us that you have written on. Include your state insurance license(s) and void check. Void check must have pre-printed bank information - otherwise letter from the bank.

**Agents will be Contracted at the Highest Commission Level.
Call NAAIP Agent Services before filling out this PDF for a higher contract.**

1-800-770-0492

ING Life agent contracting - highest commissions.

Please go to <http://www.hellosign.com> to electronically fill out the contract. Hellosign is free.

Go to www.naaip.org to learn about our free agent websites with 3 quote engines and our free lead program. Monday thru Thursday conference call at Noon ET.

2014 Commission Schedule Click Here

Sincerely,

Agent Services (www.naaip.org)

Tel: 1-800-770-0492

Fax: 1-866-436-1640

Email: [david \(at\) naaip.org](mailto:david@naaip.org)

ING ALTERNATIVE MARKETS APPLICATION FOR APPOINTMENT AND CONTRACT

ReliaStar Life Insurance Company, Minneapolis, MN
(the "Company")
A member of the ING family of companies
Service Office: PO Box 9190, Des Moines, IA 50306-9190
Phone: 877-882-5050; Fax: 877-788-5122



NEW BUSINESS (If providing a Client name, the Client SSN is also required.)

I am submitting the following New Business: Policy Number (if applicable) _____ Application Signed Date _____

Client Name _____ Client SSN (last 4 digits ONLY) _____ State _____

A. APPLICANT INFORMATION (Provide former address if you have lived at your current address less than 2 years.)

Applicant/Producer Name (First) _____ (Last) _____ (M.I.) _____

Professional Designations _____ E-mail _____

Birth Date _____ SSN _____ Gender: Male Female

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 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. 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.

D. AGREEMENT AND COMPENSATION SCHEDULE INFORMATION

Select Agreement Type:

- General Agent Agreement - Alternative Markets (Order #167542) Recruiting Producer Agreement - Alternative Markets (Order #142723)

Enter the 2-digit Level Codes from the appropriate Commission Schedule (i.e., "07")

Level Code for Target Compensation

Level Code for Renewals

E. CONDITIONS AND AGREEMENTS

I hereby certify that my answers to the questions contained in this application are true and correct. I acknowledge that ReliaStar Life Insurance Company (*hereinafter called the "Company"*) has 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, that are listed above.

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 or on the Producer/Distributor Web site (www.ingforprofessionals.com).

F. 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)

IMPORTANT NOTE: 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 _____ 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 Recruiting Producer Name _____ Recruiting Producer Code(s)
(if applicable) _____ (if applicable) _____

 Recruiting Producer Signature
(if applicable) _____ Date _____

Print General Agent Name
(required unless same as Applicant) _____

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

General Agent Code (Provide General Account 7 digit code) _____

Producer's Next Immediate Upline

Name _____ Agent # or SSN _____

General Agent Checklist (Verify the following critical items are completed. Failure to include any of the below items will result in a delay of contracting and therefore a delay in the issuing of new business.)

- Corporate information is completed in Part A, if applicable.
- All Yes and No questions in Part B have been completed. If there is a "Yes" answer, then supporting documentation is included.
- Recruiting Producer or General Agent Agreement Type, in Part D, is checked and Recruiting Producer Agreement is provided to Agent.
- Compensation Codes are indicated in Part D and Compensation Schedules are provided to Agent.
- Producer signed Part F.
- If applicable, any overriding producers are indicated above.
- If applicable, Recruiting Producer signed and indicated above.
- General Agent signature and General Agent code(s) are included.
- Fair Credit Reporting Act Disclosure (Order #130294) and "A Summary of Your Rights..." (Order #131406) is provided to Agent.

ING LIFE COMPANIES RECRUITING PRODUCER AGREEMENT - ALTERNATIVE MARKETS

ReliaStar Life Insurance Company, Minneapolis, MN
(the "Company")

A member of the ING family of companies

c/o ING Service Center, 909 Locust St., Des Moines, IA 50309

Fax: 877-788-5122



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

I. PARTIES

A. Company: ReliaStar Life Insurance Company
Address: c/o ING Service Center
Attn: Distributor Services
909 Locust St.
Des Moines, IA 50309
Fax: 877-788-5122
E-mail: lifelicensing@us.ing.com

B. Recruiting Producer:

Individual or Legal entity _____

Address _____ City _____ State _____ ZIP _____

E-mail _____ Fax (_____) _____

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 the Recruiting Producer or Producer is appointed and their respective officers, directors, employees and assigns. "Issuing Company" means the specific company issuing a Contract. If Recruiting 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 Recruiting Producer and each of the Companies with which Recruiting 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 Recruiting Producer and one Company are distinct from the rights, obligations and responsibilities between Recruiting 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 Recruiting Producer or a Producer and includes, but is not limited to, commission schedules, and supplemental commission schedules.
- D. **"Contract"** means a Alternative Markets life insurance contract (including riders, endorsements, amendments, or other modifications of benefits or coverage) issued by Company, in its sole discretion, as a result of an Application attributable to Recruiting Producer or Producer while this Agreement is inforce. An Alternative Markets life insurance contract shall include only those products shown on an Alternative Markets Compensation Schedule.
- E. **"Debit Balance"** means any amount owed by Recruiting Producer, directly or through liability for any 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 inforce; and does not include advances.
- G. **"Recruiting Producer"** means an individual or legal entity that is:
1. Licensed to sell insurance contracts; and
 2. Appointed with Company and holds an ING Life Companies Recruiting Producer Agreement. The term "Recruiting Producer" includes the Recruiting Producer and its heirs, representatives, officers, directors, employees and assigns.

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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 enforceability shall be deemed, to the maximum extent possible, not to effect 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.

Company:

 By (Signature) _____ Date _____

Name (Please print.) _____

Title _____

Recruiting Producer:

 By (Signature) _____ Date _____

Name (Please print.) _____

Title _____

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



Your future. Made easier.®

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):*

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

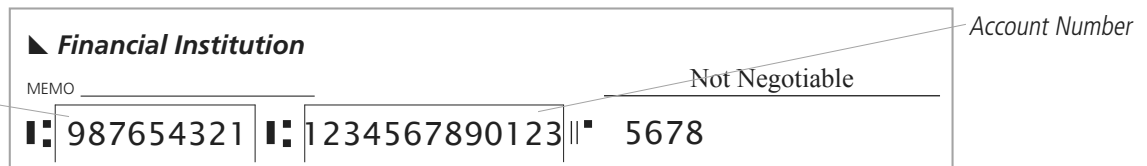
Financial Institution Name _____ Transit/ABA Number _____

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)* _____

ANTI-MONEY LAUNDERING TRAINING CERTIFICATION OF COMPLETION



Agents: Complete Sections A through C. Section D is for Broker-Dealers, Banks and Insurance Companies.

A. AGENT INFORMATION *(This certification cannot be used for LIMRA purposes.)*

Agent Name _____ SSN _____
Address _____
City _____ State _____ ZIP _____
Daytime Phone (_____) _____ Evening Phone (_____) _____

B. TRAINING INFORMATION

Title of training program _____
Date training program was completed _____

Training was delivered by: *(Check all that apply.)*

- Insurance Company
Full Name and Contact Information _____
- Broker-Dealer
Full Name and Contact Information _____
- Bank
Full Name and Contact Information _____
- Vendor
Full Name and Contact Information _____
- Other
Full Name and Contact Information *(Attach outline of training program.)* _____

C. AFFIRMATION OF ANTI-MONEY LAUNDERING TRAINING PROGRAM COMPLETION

I am a duly licensed insurance agent and affirm that I have completed the above-referenced training program, which to the best of my knowledge satisfies requirements imposed on insurance companies by regulations issued under USA Patriot Act Section 352 (US 31 CFR 103.137). I acknowledge that the insurance company to which this certification has been provided retains the right to review and approve the training program and its curriculum before accepting this certification. I affirm (i) that I have read and understand the insurance company's Producer's Guide for Insurance Agents and (ii) that I am knowledgeable about my obligations under the regulation.

➡ Agent Signature _____ Date _____

D. FOR BROKER-DEALERS, BANKS AND INSURANCE COMPANIES ONLY *(Attach a certificate documenting the contents of the training program or complete and execute the items below.)*

Check all that apply.

- Training program covers the ACLI Core Elements for an AML Course
- Training program is in compliance with regulations issued under USA Patriot Act Section 352 (US 31 CFR 103.137 and/or NASD Rule 3011)

I affirm that the above referenced agent completed the above reference training program and that the program either covers the ACLI Core Elements and/or is in compliance with regulations issued under USA Patriot Act Section 352 (US 31 CFR 103.137 and/or NASD Rule 3011).

Entity Delivering Training _____

Name & Title _____ Phone (_____) _____

➡ Signature _____ Date _____

ING ALTERNATIVE MARKETS APPLICATION FOR ANNUALIZATION

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



APPLICANT INFORMATION

Applicant Name _____ SSN (Last 4 digits only) _____

Business Address _____ City _____ State _____ ZIP _____

Phone (_____) _____ E-mail Address _____

QUESTIONNAIRE *(Please respond to all questions. If you answer "Yes" to any questions, you must attach an explanation with all relevant information and supporting documents.)*

- 1. Within the past 10 years, have you ever initiated bankruptcy proceedings or declared bankruptcy? Yes No
- 2. Do you have any unsatisfied liens or judgements? Yes No
- 3. 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? Yes No
- 4. Are you involved in any pending or current litigation, investigations, or E & O claims? Yes No
- 5. 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

CONTRACT ADVANCE AND ANNUALIZATION RATE *(Please see Quick Guide)*

Annualization Rate To Be Applied To Commissions _____%

Maximum Amount Of Advance On Any One Contract \$ _____ Maximum Total Advance To Applicant On All Contracts \$ _____

AUTHORIZATION / ACKNOWLEDGEMENT *(Form will be returned if not signed.)*

The undersigned Applicant hereby affirms that the preceding answers are true, correct, and complete. By signing below, Applicant authorizes the Company to make a thorough investigation of this information and releases from all liability any persons, companies or corporations supplying information. Applicant further authorizes the Company to review the results of the investigation with the General Agent that is recommending Applicant for annualization to the Company by General Agent signature below.

 Applicant Signature _____

Agent Number _____ Date _____

 General Agent Signature *(if other than Applicant)* _____

Agent Number _____ Date _____

 Recruiting Producer Signature _____

Agent Number _____ Date _____

ANNUALIZATION AGREEMENT - ALTERNATIVE MARKETS

ReliaStar Life Insurance Company, Minneapolis, MN
(the "Company")

A member of the ING family of companies

c/o ING Service Center, 909 Locust St., Des Moines, IA 50309

Fax: 877-788-5122



In consideration of the following terms and conditions, this Annualization Agreement - General Account (the "Agreement") is between the following parties and made effective as of the Effective Date stated below.

I. PARTIES

A. Company: ReliaStar Life Insurance Company
(as indicated above)

Address: c/o ING Service Center
Attn: Distributor Services
909 Locust St.
Des Moines, IA 50309
Fax: 877-788-5122

B. Applicant (General Agent or Producer):

Individual or Legal Entity _____

Street Address _____ City _____ State _____ ZIP _____

E-mail _____ Fax (_____) _____

C. Guarantor (General Agent - required unless Applicant is the General Agent):

Individual or Legal Entity _____

StreetAddress _____ City _____ State _____ ZIP _____

E-mail _____ Fax (_____) _____

II. DEFINITIONS

- A. "Applicant" (or "you" or "your" or "yours") means a General Agent or Producer contracted and appointed with the Company. The terms "General Agent" and "Producer" include the named party, heirs, representatives, officers, directors, employees and assigns.
- B. "Company" means the company or companies indicated above. If you are contracted and appointed with more than one Company, the parties agree that this Agreement is to be construed as a separate and distinct Agreement between you and each of the Companies with which you are contracted and appointed. Except with respect to recovery of any Advances or Debit Balances in accordance with the provisions of this Agreement, the rights, obligations and responsibilities between you and one Company are distinct from the rights, obligations and responsibilities between you and the other Company. No Company will have responsibility or liability for the acts and omissions of the other Company under this Agreement.
- C. "Eligible Commissions" means first year base commissions, excluding commissions paid on excess premiums and EAP, as provided in the applicable Compensation Schedule.
- D. "Eligible Contracts" means any general account life insurance contract issued by a Company in which the First Commissionable Event occurs while this Agreement is in effect.
1. Eligible Contracts include:
 - a. Contracts paid by bank draft on all modes; and
 - b. Contracts paid by list bill.
 2. Eligible Contracts exclude:
 - a. Contracts paid by direct pay; and
 - b. Contracts insuring yourself, your immediate family members (spouse, children, parents and siblings); and
 - c. Term conversions and internal exchanges; and
 - d. Contracts on which the commissions are required to be paid to a broker-dealer.

VI. GENERAL TERMS

- A. Any failure by any Company to insist upon strict compliance with the terms or conditions of this Agreement will not be construed as a waiver unless specifically agreed to by the Company in writing.
- B. Company may assign this Agreement at any time and to any person or entity.
- C. Company may amend any part of this Agreement by giving Notice to you. No oral promises or representations will be binding.
- D. Each party represents that the person signing this Agreement on its behalf has the authority and capacity to bind the party.
- E. This Agreement will be governed by and construed under the laws of the State of New York except its choice of law rules. The parties consent to exclusive jurisdiction and venue in the federal courts located in, and the state courts of, Fulton County, Georgia.
- F. THE PARTIES AND GUARANTOR WAIVE THEIR RIGHTS TO A JURY TRIAL.
- G. THE PARTIES AND GUARANTOR 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.

VII. EFFECTIVE DATE

MM/DD/YYYY

Company:

 By (Signature) _____ Date _____

Name (Please print.) _____

Title _____

Applicant:

 By (Signature) _____ Date _____

Name (Please print.) _____

Title _____

Guarantee: (Guarantee is General Agent - required unless Applicant is the General Agent):

In consideration of the benefits derived by Guarantor resulting from Advances made to Applicant by any Company, Guarantor absolutely and unconditionally guarantees the payment of all Advances made by any Company to Applicant pursuant to this Agreement without regard to any circumstances that might constitute a legal or equitable defense of a surety or guarantor. Any Company may enforce Guarantor's obligation without first suing Applicant. Guarantor grants to each Company a first lien on and the right to apply any amount due or to become due to Guarantor from any Company and any ING Affiliate Company to offset any amounts due from Guarantor under this Agreement.

Guarantor:

 By (Signature) _____ Date _____

Name (Please print.) _____

Title _____

ING COMPENSATION SCHEDULE RECRUITING PRODUCER COMMISSIONS Alternative Markets Distribution



Schedule Date: June 10, 2013
ReliaStar Life Insurance Company ("Company")
c/o ING Service Center
909 Locust Street
Des Moines, Iowa 50309

I. Commission Rates: Unless otherwise stated, commissions are stated as a percentage of the premiums paid and accepted by Company.

WHOLE LIFE PRODUCT				
ING UltimAssure				
	<u>1st</u>	<u>2nd - 4th</u>	<u>5th - 10th</u>	<u>11+</u>
Level Ages (50-80)	110	5	3	1
Level Ages (81-85)	75	4	2	.50
Graded	85	4	2	1
Modified	60	1.75	1.25	1

Inclusion of a product on the list does not necessarily indicate that the product is currently available for sale. See the Producer/Distributor Website for specific product availability and state approvals.

II. General Provisions

- A. This Schedule:
- Is effective as of the Schedule Date, or the effective date of the Agreement of which it is made a part, whichever is later, and terminates when you are given Notice of a more current version of this Schedule, or as otherwise provided in this Schedule or the Agreement; and
 - Is subject to the terms and conditions of the Agreement of which it is made a part and is a Compensation Schedule attachment to the ING Life Companies Recruiting Producer Agreement; and
 - While in effect, constitutes the entire agreement between the parties concerning the subject matter of this Schedule 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 Schedule; and
 - Provides for the specified compensation to be paid on the sale of any identified product Contract for which the application is signed while this Schedule is in effect; and
 - Is deemed accepted by you upon submission of an application for an identified product Contract that is signed on or after the effective date of this Schedule.
- B. Notwithstanding any language in this Schedule or the Agreement to the contrary, provides that the calculation of your compensation under this Schedule may include reductions based on your designations in an ING Life Companies Application for Appointment and Contract or other Company document. No reduction amount is earned or assignable by you.

III. Definitions

- Target premium: An actuarially determined amount of premium for a Contract year.
- Renewal premium: Commissionable premium paid in Contract year two or later that is not Target Premium.
- Commissionable premium: Paid premium less premium excluded for purposes of commission determination.

IV. Commission Payment

- Exclusion. Any premium that is part of our normal renewal billing process or is received within 21 days prior to any annual Contract anniversary may not be considered received in the Contract year of receipt, and the applicable rate for the following Contract year will be applied.
- Riders. Commissions payable on target premium attributable to riders will be at the same rate as the base plan to which it is added.
- Commission Adjustment Events
 - UltimAssure Contracts: The policy fee is commissionable.
 - Commissions will not be paid on:
 - Premiums waived;
 - Group conversions;
 - Premiums paid in advance (except as they are applied toward payment of current premium); and
 - A permanent policy issued pursuant to conversion of a term contract if the owner of the converted policy is a life settlement company.
 - Substandard Ratings. Fully Underwritten term contracts only: Full commissions are payable for substandard table extra premiums through table H (300%) and on flat-extras more than five years. No commissions are paid on flat extra premiums of five years or less.
- Special Rules
 - Company's discretion will govern as to the commission payable on:
 - Contract changes, exchanges, replacements, or conversions, including but not limited to, those involving an ING Affiliate Company;
 - First year premiums for a Contract applied for within 12 months before or after a previously existing Contract on the same life is reduced or terminated;
 - On jumbo cases; a jumbo case is one where the insured has applied for, or has inforce with all life insurance companies, a total face amount of life insurance that requires facultative reinsurance;
 - Any Contract not identified in this Schedule; and
 - Adjustments and increases on Contracts no longer being sold by Company.

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