

SALARY REDUCTION AGREEMENT AND CONTRIBUTION ALLOCATION REQUEST

ReliaStar Life Insurance Company
 A member of the ING family of companies
 Home Office: Minneapolis, MN
 c/o: ING Service Center, PO Box 5050, Minot, ND 58702-5050



Employee Name _____ SSN/TIN _____

Employer Name, City and State _____

New Restart (Transmittal also required.) Increase (Transmittal also required.) Decrease Change in Allocation Stop

SALARY REDUCTION AGREEMENT – 403(b) Roth 403(b) 457 Other _____

The Salary Reduction Agreement is intended to meet the requirements of, and qualify under, and Internal Revenue Code 403(b) and/or 457 and of the provisions of the plan adopted by the Employer. The terms of the Agreement are as follows: (1) the Agreement is a legal and binding contract, applies only to compensation paid after the date the Agreement is executed and is irrevocable with respect to compensation paid while it is in effect; (2) it replaces any previous Agreement executed by the employee, (3) it shall continue to be effective until one of the following occurs: it is amended or terminated by a written notice to the Employer by the Employee, the Employee terminates employment with the Employer or the Employer terminates the plan.

No provision of this Agreement shall affect the right of the Employer to discharge the Employee, with or without cause, nor shall the Agreement affect the terms and conditions of any contract of employment between the parties, except as provided herein. By signing this form, the Employee certifies that the information provided is complete and accurate.

The Employer also agrees that any beneficiary designation made pursuant to participation in a 403(b) Plan of the Employer shall be provided on a separate form required by the Employer or, if the issuer of the 403(b)(1) Annuity Contract and/or 403(b)(7) Custodial Account (as applicable) and/or service provider has agreed to maintain beneficiary designations, then on such forms as may be required by the issuer or service provider.

The maximum amount of salary reduction contributions may not exceed the limits of IRC 402(g), 415(c) and 414(v).

Reduce each pay period check by:

Pre-tax basis After-tax basis \$ _____ Effective Date _____

Amend each pay period check reduction:

Pre-tax basis After-tax basis \$ _____ Effective Date _____

Remit above amounts to ReliaStar Life Insurance Company. Amounts will be invested into the contracts as allocated below.

CONTRIBUTION ALLOCATIONS: *(This section must be completed by contractholders with multiple contracts.)*

Source of Funds <i>(Check one.)</i>		Tax Qualification of Contributions <i>(Check one.)</i>	
<input type="checkbox"/>	A. Employee Voluntary Contributions: Pre-tax contributions you make through salary reduction on a voluntary basis.	<input type="checkbox"/>	403(b) "TSA": Tax-Sheltered Annuity
<input type="checkbox"/>	D. Employer Contributions: Assets contributed by your Employer to your account on your behalf.	<input type="checkbox"/>	Roth 403(b)
<input type="checkbox"/>	E. Employee Matching Contributions: Pre-tax contributions you make through salary reduction to qualify for your Employer's matching contribution.	<input type="checkbox"/>	457 Deferred Comp: Tax-Deferred Annuity
<input type="checkbox"/>	G. Employee After-tax Contributions: Money that has already been taxed.	<input type="checkbox"/>	Traditional IRA: Individual Retirement Account
		<input type="checkbox"/>	Roth IRA: Individual Retirement Account
		<input type="checkbox"/>	Other: Please Explain

Contract Code Types

- 01 - Fixed Annuity
- 02 - Variable Annuity
- 03 - Indexed Annuity
- 04 - Life Insurance Policy

Contract Code	Contract Number <i>(If a number has not been assigned, please enter "NEW" in the space.)</i>	Percentage <i>(Enter whole number or a specific dollar amount.)</i>
Totals must equal: 100%		

SIGNATURES

Employee Signature _____ Date _____

Agent Signature _____ Agent # _____ Date _____

Employer Signature (If Required by Employer) _____ Date _____