

FIXED ANNUITY APPLICATION

Countrywide except FL, MA, and OR

Issued by ReliaStar Life Insurance Company.



FIXED ANNUITY APPLICATION

ReliaStar Life Insurance Company

A member of the ING family of companies

Home Office: 20 Washington Avenue South, Minneapolis, MN 55401-1900

ING Service Center Mailing Address: P.O. Box 5050, Minot, ND 58702-5050



Your future. Made easier.™

STATE REQUIRED NOTICES

Below are notices that apply only in certain states. Please read the following carefully to see if any apply in your state.

Arizona Right to Cancel Notice: The contract owner can request at any time information from the Company regarding benefits and provisions of this contract and the Company will respond within a reasonable period of time and provide the requested reasonable factual information. If for any reason you are not satisfied with the Contract you may return it within fifteen days of receipt, or within thirty days of receipt if you are sixty-five years of age or older as of the date the application was signed or if the Contract is replacing another existing life insurance or annuity contract, for a refund of all deposits.

California Reg. 789.8: The sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation. You or your agent may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana, Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an annuity is subject to criminal and civil penalties.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Arkansas, Washington D.C., Hawaii, Maine, New Mexico, Oklahoma, and Tennessee: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, submits an application for insurance containing any materially false, incomplete, or misleading information, or conceals for the purpose of misleading, any material fact, is guilty of insurance fraud, which is a crime and in certain states, a felony. Penalties may include imprisonment, fine, denial of benefits, or civil damages.

SUITABILITY PROFILE INSTRUCTIONS



The purpose of this profile is to help ensure that the annuity you are purchasing is appropriate based on your financial situation and long-term goals. It is in your best interest to provide the requested information so that a suitable product can be recommended to you. Please submit this profile with your application.

DEFINITIONS AND EXPLANATIONS

- A. Owner:** The owner typically refers to the person that will fund and own the annuity. If the owner is a non-natural entity (e.g., a trust or employer plan), write the annuitant's name in the owner name field.
- Anticipated Retirement Age:** Annuities are long-term contracts and best suited for people seeking long-term, tax-deferred accumulation of assets, generally for retirement income or other long-term purposes.
- B1. Annual household income:** Please estimate the total amount of all household income received in the prior year. This information is used to determine an appropriate amount to contribute to the annuity, and also to gain perspective on how attainable your goals are, given your available income.
- B2. Percentage of net household worth the annuity would represent:** Net worth represents all assets (excluding your primary residence, autos, and furnishings) less all liabilities and debts (excluding home mortgage). This information is used to gain perspective on how attainable your goals are, given your existing investment assets.
- B3. Federal income tax bracket:** Indicate your tax bracket. Income tax on annuities is deferred, which means you are not taxed on the interest your money earns while it stays in the annuity. The Internal Revenue Service taxes annuity distributions as ordinary income, not as capital gains. An advantage of tax deferral is that the tax bracket you're in when you receive annuity income payments may be lower than the one you're in during the accumulation period. You'll also be earning interest on the amount you would have paid in taxes during the accumulation period.
- C1. Why are you considering purchasing this annuity?** Please indicate your objectives and goals for purchasing the annuity. You may choose more than one.
- C2. a. Liquid net worth after annuity purchase:** Assets that are liquid can be easily converted to cash without incurring a penalty or charge. Liquid assets include any amount in a checking, savings, or money market account, as well as the penalty-free amount available for withdrawal from fixed annuities. An amount available for loan does not apply.
- b. Is the liquid net worth after purchasing the annuity sufficient?** As a general rule, investors should have the equivalent of 3-6 months living expenses saved in a money market account as a cash reserve for emergencies or unforeseen circumstances.
- C3. Which financial products do you own?** Please indicate the type of financial products you currently own or have owned in the past.
- C4. Indicate the source(s) of funds to be used for the purchase of the annuity:** Select the sources from which you intend to fund the new annuity in the first contract year.
- C5. If the source of funds is an annuity or life insurance ...** Consider what benefits you may be giving up to purchase the proposed annuity. Allow the agent to conduct a side-by-side comparison to highlight the pros and cons of a replacement. The proposed annuity should provide benefits that better meet your objectives and goals.
- C6. Are there fees, penalties, withdrawal charges or other costs ...** Substantial penalties or charges may not be offset by a higher interest rate or bonus from a new annuity. There may be a benefit to waiting until surrender charges are reduced or expire.
- C7. With the exception of any penalty-free withdrawals ...** Withdrawals taken within the penalty period will be subject to an early withdrawal charge. Consider increasing your liquid reserves to prevent withdrawals from an annuity during the penalty period.
- C8. Do you understand that if you take money out of this annuity ...** Withdrawals taken within the penalty period will be subject to an early withdrawal charge.
- C9. If there is any additional relevant information the agent should know?** Please inform your agent of any expected life changes or plans that might cause you to need access to the funds in the annuity. You may also wish to share if you do not have health insurance or long-term-care insurance, which may be more suitable purchases than an annuity.

SUITABILITY PROFILE



A. OWNER/JOINT OWNER INFORMATION

Owner SSN/TIN _____ Current Age _____ Anticipated Retirement Age _____
 Are you actively employed? Yes No
 Joint Owner SSN/TIN _____ Current Age _____ Anticipated Retirement Age _____
 Are you actively employed? Yes No

B. FINANCIAL INFORMATION (For Joint Owners, information should be combined.)

1. Annual household income: (Include income from all sources.)
 \$0 - \$25,000 \$25,001 - \$50,000 \$50,001 - \$75,000 \$75,001 - \$100,000 \$100,001 - \$500,000 \$500,001+

2. Percentage of net household worth the annuity would represent: 0% - 25% 26% - 50% 51% - 75% over 75%

3. Federal income tax bracket: 0% 10% 15% 25% 28% 33% 35% Other _____

C. FINANCIAL OBJECTIVES AND CONSIDERATIONS

1. Why are you considering purchasing this annuity? (Check all that apply.)
 Income (Annuitization) Features Capital Preservation Tax Deferral (Valid for Non-Qualified Annuities Only)
 Minimum Guarantees Pass Assets to Beneficiaries Employer Sponsored Retirement Plan Other _____

2. a. Liquid net worth after annuity purchase: \$0 - \$5,000 \$5,001 - \$10,000 \$10,001 - \$15,000 \$15,001 - \$20,000 \$20,001+
 b. Is the liquid net worth after purchasing the annuity sufficient (i.e. available cash, liquid assets, or other sources of income for 3-6 months) for living expenses, health care and emergencies? Yes No

3. Which financial products do you own or have you previously owned? (Check all that apply.)
 Variable Annuities Fixed Annuities Stocks/Bonds/Mutual Funds Certificate of Deposit (CD) Life Insurance

4. Indicate the source(s) of funds to be used for the purchase of the annuity. (Check all that apply.)
 Salary Deduction Individual Variable Annuities Individual Fixed Annuities Stocks/Bonds/Mutual Funds
 Certificate of Deposit (CD) Savings/Checking/Money Market Life Insurance Other _____

5. If the source of funds is an existing annuity or life insurance, explain how the new annuity better meets your objectives. _____

6. a. Will you incur a penalty or charge by taking money out of the existing account (from Question 4) to transfer into this new annuity? Yes No
 b. If "Yes," how much? _____%, totaling \$ _____
 c. Have you discussed with your agent the consequences of incurring these penalties or charges from the existing account? Yes No

7. With the exception of any penalty-free withdrawals or required minimum distributions, do you expect to withdraw any money from this annuity before the end of the surrender charge period? Yes No
 If "Yes", please explain. _____

8. Do you understand that if you take money out of this annuity in excess of the penalty-free withdrawal amount in the contract during the surrender charge period, you will incur a surrender charge? Yes No

9. If there is any additional relevant information the producer should know before making a final recommendation (i.e., expected major life changes, beneficiary needs, anticipated future changes in income and expenses, etc.), please explain. _____

Note: Withdrawals may be subject to federal/state income tax and, if taken prior to age 59½, an additional 10% federal penalty tax.

FIXED ANNUITY APPLICATION

**1. ANNUITANT** *(Must be the same as Owner for TSA, IRA, Roth IRA, or Roth 403(b).)*

Name _____ Birth Date _____
 Street Address *(required)* _____ SSN _____
 P.O. Box *(if applicable)* _____ Sex Male Female
 City _____ Phone (_____) _____
 State _____ ZIP _____ Alternate Phone (_____) _____

Joint Annuitant *(Available only for ING MVA and ING StrataFlex non-qualified products.)*

Name _____ Birth Date _____
 Street Address *(required)* _____ SSN _____
 P.O. Box *(if applicable)* _____ Sex Male Female
 City _____ Phone (_____) _____
 State _____ ZIP _____ Alternate Phone (_____) _____

2. OWNER *(If applicable to selected contract. If owner is different from annuitant, also provide owner's signature in section 10 of application. If a non-natural owner, please provide proper documents; e.g., first and last page of trust, corporate resolution, etc.)*

Name _____ Birth Date _____
 Street Address *(required)* _____ SSN/TIN _____
 P.O. Box *(if applicable)* _____ Sex Male Female
 City _____ Phone (_____) _____
 State _____ ZIP _____ Alternate Phone (_____) _____

Joint Owner *(Available only for ING MVA and ING StrataFlex non-qualified products.)*

Name _____ Birth Date _____
 Street Address *(required)* _____ SSN/TIN _____
 P.O. Box *(if applicable)* _____ Sex Male Female
 City _____ Phone (_____) _____
 State _____ ZIP _____ Alternate Phone (_____) _____

3. BENEFICIARY(S) (Must be completed unless the annuity is part of a Plan subject to the Employee Retirement Income Security Act of 1974 (ERISA). Beneficiaries of ERISA plans must be designated using the Beneficiary Election/Change Request - ERISA form.)
Beneficiary proceeds will be split equally if no percentages are provided.

Note: For Non-qualified contracts, if there are Joint Owners, death proceeds are paid first to the surviving Joint Owner.

Primary Beneficiary

Name _____ Birth Date _____ Percent _____ %

SSN/TIN _____ Relationship to Annuitant _____

Address _____

Primary Contingent Beneficiary

Name _____ Birth Date _____ Percent _____ %

SSN/TIN _____ Relationship to Annuitant _____

Address _____

Primary Contingent Beneficiary

Name _____ Birth Date _____ Percent _____ %

SSN/TIN _____ Relationship to Annuitant _____

Address _____

For additional Beneficiary designations, please use the space in section 8 or attach a separate page, signed and dated by the owner(s). Be sure to designate whether additional Beneficiaries are Primary or Contingent.

4. PRODUCT SELECTION AND PLAN TYPE

All products and plan types may not be available in all states.

Place a check mark in the box corresponding to your product and plan type selection.

Product/Plan Type	TSA Individual	TSA Group	Roth 403(b)	457 Individual	457 Group	Non-Qualified	IRA	SEP-IRA	Roth IRA
ING QuintaFlex (Indiv or Grp)				N/A					
ING Retirement Plus (Indiv or Grp)				N/A					
ING Premier Flex (Indiv or Grp)		N/A		N/A					
ING Premier 3 (Indiv or Grp)		N/A	N/A	N/A					
ING Premier 5 (Indiv)		N/A	N/A	N/A	N/A				
ING SelectStep -With Modified Repurchase Provision (Indiv)		N/A	N/A	N/A	N/A				
ING SelectStep - Without Modified Repurchase Provision (Indiv)		N/A	N/A	N/A	N/A				
ING StrataFlex (Indiv)		N/A	N/A		N/A				
ING MVA (Indiv)		N/A	N/A		N/A				
Other: _____		N/A							

Is this an ERISA plan? Yes No

If you have elected a Roth 403(b), please indicate the first year you made a contribution to any previously established Roth 403(b) account in your employer's plan: _____. If no year is provided, we will use the first year a payment is applied to this contract.

If you selected a Market Value Adjusted (MVA) Annuity, please check one duration period (years) below:

1 2 3 4 5 6 7 8 9 10

5. REPLACEMENT (Must be completed.)

Do you have any existing life insurance policies or annuity contracts?

Yes (Please continue below.) **No (Continue to next section.)**

If "Yes" and you reside in a state that has implemented the Model Replacement Regulation, please complete and return with this application a copy of your state's replacement form as provided by your agent.

For all other states, please answer the following questions to determine if a replacement will take place.

1. Are you considering discontinuing making premium payments (on an existing life insurance policy), surrendering, forfeiting, assigning to the new insurer, or otherwise terminating your existing policy or contract?
 Yes No
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new contract?
 Yes No

If you answered "Yes" to question 1 or 2 above, please complete and return with this application a copy of your state's replacement form(s) as provided by your agent.

6. EMPLOYER (If applicable.)

Employer Name _____

Contact Name _____ Phone _____

Mailing Address _____

City _____ State _____ ZIP _____

7. PAYMENT AND BILLING INFORMATION (Please select all options that apply.)

Initial Purchase Payment will be made by:

Check (attached) \$ _____ Other Source of Payment \$ _____
 Applicable Tax Year (IRA/Roth IRA only): _____ Describe: _____

Exchange/Transfer/Rollover (Complete information below.)

Exchange/Transfer/Rollover #1:

Check is enclosed? Yes No Acceptance Letter required? Yes No

Payer _____ Policy # _____ Amount \$ _____

Exchange/Transfer/Rollover #2:

Check is enclosed? Yes No Acceptance Letter required? Yes No

Payer _____ Policy # _____ Amount \$ _____

Premium Payments (The Company does not accept premium payments or loan repayments using money orders for amounts over \$5000.00 and may reject payments made by cashier's check, bank drafts, bank checks and treasurer's checks. All premium checks must be made payable to ReliaStar Life Insurance Company.)

Monthly Electronic Fund Transfer (EFT). (Does not apply to TSA. Attach EFT request.)

Who will make premium payment? Payment Amount X # of Payments = Annual Premium 1st Remittance Date

1. <input type="checkbox"/> Employee	1. \$			\$	
2. <input type="checkbox"/> Employer	2. \$			\$	
Total Annual Premium (12-month Period Only)				\$	

A Salary Reduction Agreement or Amendment to Employment Contract is required for 403(b), Roth 403(b) and 457 plans.

8. SPECIAL INSTRUCTIONS *(If necessary, attach a signed sheet containing any additional instructions.)*

9. APPLICANT SIGNATURES AND ACKNOWLEDGEMENTS *(Please read carefully and sign below.)*

Important Information: To help the government fight the funding for terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means to you: When you apply for an annuity, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I agree that, to the best of my knowledge and belief, all statements and answers in this form are complete and true and may be relied upon in determining whether to issue the applied for fixed annuity. Only the owner and ReliaStar Life Insurance Company have the authority to modify this form. I also represent that the Social Security Number or Tax Identification Number shown on this form is correct.

I believe the annuity I am applying for is suitable based on my insurance needs and financial objectives.

Make checks payable **ONLY** to ReliaStar Life Insurance Company. Do not make checks payable to the agent, an agency or another company. Only the President, Vice President, or Secretary of ReliaStar Life Insurance Company may modify, discharge or waive any of its rights under the contract.

ING MVA ANNUITY ONLY: Amounts are subject to a Market Value Adjustment prior to a date specified in the contract. The contract for which I am applying contains a Market Value Adjustment that may increase or decrease the values in the contract.

Signed at *(city, state)* _____ Date *(required)* _____

Annuitant Signature _____

Joint Annuitant Signature *(if applicable)* _____

Owner Signature *(if differs from Annuitant)* _____ Title _____

Joint Owner Signature *(if applicable)* _____

10. AGENT INFORMATION AND SIGNATURE

Does the applicant have any existing life insurance policies or annuity contracts?

Yes No (If "Yes", and this sale is in a state that has implemented the Model Replacement Regulation, complete and attach a copy of the replacement form.)

Do you have reason to believe that the contract applied for will replace any existing annuity or life insurance coverage?

Yes No (If "Yes", complete and attach a copy of any state replacement forms that apply.)

By signing below you certify: 1) any sales material was shown to the applicant and a copy was left with the applicant, 2) you used only insurer-approved sales material, 3) you have not made statements that differ from the sales material, and 4) no promises were made about the future value of any contract elements that are not guaranteed. (If applicable to your contract, this includes any expected future index gains that may apply.)

I acknowledge that I believe that the annuity for which the owner(s) is applying is suitable to the financial needs and objectives of the owner(s). I base this belief on the information the owner(s) provided and on everything I know at this time.

Customer Identification (Choose one.)

I certify that I personally met with the proposed owner(s) and reviewed government issued identification documents. To the best of my knowledge it accurately reflects the identity of the proposed owner(s).

I was unable to personally review the customer's identification documents for the reason stated below. I certify that, to the best of my knowledge, the information provided by the owner(s) is true and accurate.

Reason _____

Note: Failure to review the identification documents may delay the application process. The agent or owner may be contacted to provide additional information to validate the identity above.

I understand that misrepresentations in connection with this or other certifications in the Company's application documents may result in disciplinary action, termination, civil action, or prosecution for violation of state or federal criminal laws.

Compensation Alternative (Choose one. If no choice is made, Option A will be the default. Please verify which options are available.):

Option A Option B Option C Option D Option I HiLo Other _____

Please note: Compensation will be split equally if no percentages are indicated. Partial percentages will be rounded up. Agent #1 will be given the highest percentage in the case of unequal percentages. Agent #1 will receive all correspondence regarding the contract.

Required Certification:

By signing below, I, as the producer, certify that the information the applicant provided to me was truly and accurately recorded on the application and/or any forms or electronic order entry system associated with the product for which the applicant has applied.

Agent #1

Name (print) _____ Signature _____

Agent # _____ State License # (FL only) _____ Split _____%

Agent #2 (Optional)

Name (print) _____ Signature _____

Agent # _____ State License # (FL only) _____ Split _____%

Agent #3 (Optional)

Name (print) _____ Signature _____

Agent # _____ State License # (FL only) _____ Split _____%