

APPLICATION FOR ANNUALIZATION - MORTGAGE TERM

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



APPLICANT INFORMATION

Applicant Name _____ Social Security Number _____

Business Address _____

City _____ State _____ ZIP _____

Phone _____ Email Address _____

Do you presently, or have you in the past, received financing or some form of advanced unearned commissions from another life insurance company? Yes No If Yes, complete the following:

Insurance Company Name	Company Address	Current Debit Balance (Approximate)
		\$
		\$
		\$

Please respond to all questions. If you answer "Yes" to any questions, you must attach an explanation with all relevant information and supporting documents. Failure to disclose information could result in denial of annualization.

1. Within the past 10 years, have you ever initiated bankruptcy proceedings or been declared bankrupt? Yes No
2. Do you have any unsatisfied liens or judgments? 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) in a court to a misdemeanor or a felony? Yes No

Contract Advance and Annualization Rate

Indicate amount of advance on any one Contract: \$ _____

Indicate total advance to Applicant on all Contracts: \$ _____

Indicate annualization rate of eligible commissions: _____%

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.

Signature of Applicant _____ Date _____

Signature of General Agent (if other than Applicant) _____ Date _____

Signature of Recruiting Producer _____ Date _____

Signature of Home Office Acceptance _____ Date _____