

# AUTHORIZATION AGREEMENT FOR COMPENSATION DIRECT DEPOSIT AND FUND TRANSFER - MORTGAGE TERM

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



TYPE OF REQUEST:  New enrollment in Direct Deposit.  Change to an existing Direct Deposit arrangement.

Agent/Agency Number (if new appointment, leave blank.) \_\_\_\_\_

## INSTRUCTIONS FOR DEPOSIT (See sample below.)

**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 (*attach deposit slip*)

Account Owner Name \_\_\_\_\_ Account # \_\_\_\_\_

Financial Institution Name \_\_\_\_\_ Transit/ABA # \_\_\_\_\_

Branch Address \_\_\_\_\_

Account #2  Checking  Savings (*attach deposit slip*)

Account Owner Name \_\_\_\_\_ Account # \_\_\_\_\_

Financial Institution Name \_\_\_\_\_ Transit/ABA # \_\_\_\_\_

Branch Address \_\_\_\_\_

### Sample Check

Account Owner Information

Transit/ABA #

|                           |                |         |
|---------------------------|----------------|---------|
| Name                      | 1-23/456       | 5678    |
| Address                   | DATE _____     |         |
| City, State ZIP           |                |         |
| PAY TO THE ORDER OF _____ | \$ _____       |         |
|                           |                | DOLLARS |
| Financial Institution     |                |         |
| MEMO _____                | Not Negotiable |         |
| 987654321                 | 1234567890123  | 5678    |

Account #

## AUTHORIZATION

I hereby authorize the Company to initiate credit and/or debit 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 \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Corporation (if applicable) \_\_\_\_\_ SSN or TIN (*last 4 digits only*) \_\_\_\_\_