



Voya

(formerly ING)

Contracting Checklist

Agent/ Agency: _____

Direct Upline: _____

Documents To Be Completed & Returned:

- Application for Appointment and Contract [128225]
- Anti-Money Laundering Training Certification of Completion [137305]
- Individual State License(s)
- Corporate State License(s) (If Applicable)
- Proof of E&O
- Authorization Agreement for Compensation Direct Deposit [133854] (OPTIONAL)
- Assignment of Commission [128051] (OPTIONAL) *To be completed if you wish to setup direct deposit for any account that does not list your name on it OR if you would like commission checks payable to someone other than yourself. (i.e. payable to corporate or a 3rd party).*
- Application for Annualization [131352] (OPTIONAL)
- Annualization Agreement [131417] (OPTIONAL)

SEND TO:

Mail: Attention: Life Licensing
American Brokerage Services
803 East Willow Grove Avenue
Wyndmoor, PA 19038
Email: lifesubmission@absgo.com
Fax: (215) 233-3140

APPLICATION FOR APPOINTMENT AND CONTRACT

ReliaStar Life Insurance Company, Minneapolis, MN
ReliaStar Life Insurance Company of New York, Woodbury, NY
Security Life of Denver Insurance Company, Denver, CO
Members of the Voya family of companies
(the "Company")
Customer Service: PO Box 9190, Des Moines, IA 50306-9190
Phone: 877-882-5050; Fax: 877-788-5122



Employees of a licensed entity must complete Application for Appointment form #128391.

NEW BUSINESS PENDING (Internal use only: Image P1 if completed.)

Policy Number (if applicable) _____ App Sign Date _____ State _____

Client Name _____ Last 4 digits of Client SSN (Required) _____

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.) _____

Birth Date _____ SSN _____ Gender: Male Female

Email _____

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 charged with, 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. ERRORS & OMISSIONS INFORMATION (Errors & Omissions certificate not required if this section is completed.)

Provide E & O Coverage Carrier (required) _____ Policy # (required) _____

D. AGREEMENT/APPOINTMENT INFORMATION

Check Agreement Type: General Agent (Order #131419) Producer (Order #131420) Servicing Agreement (Order #131441)

Check Requested Company Appointments

ReliaStar Life Insurance Company ReliaStar Life Insurance Company of New York Security Life of Denver Life Insurance Company

E. COMPENSATION (Indicate Commission Schedule Level Codes¹ for GA or Producer Agreements. Section to be completed by General Agency.)

General Account

ReliaStar Life Insurance Company		ReliaStar Life Insurance Company of New York (Requires New York License)		Security Life Of Denver Insurance Company	
General Account	Level Code ¹	General Account	Level Code ¹	General Account	Level Code ¹
Target Compensation	<input type="text"/>	Target Compensation	<input type="text"/>	Target Compensation	<input type="text"/>
Excess/Renewals	<input type="text"/>	Excess/Renewals	<input type="text"/>	Excess	<input type="text"/>
Term Target Compensation	<input type="text"/>	Term Target Compensation	<input type="text"/>	Renewals Years 2 - 10	<input type="text"/>
Term Renewals	<input type="text"/>	Term Renewals	<input type="text"/>	Renewals Years 11+	<input type="text"/>
				Trails	<input type="text"/>

Variable (For Voya Financial Advisors, Inc.)

ReliaStar Life Insurance Company		ReliaStar Life Insurance Company of New York (Requires New York License)		Security Life Of Denver Insurance Company	
General Account	Level Code ¹	General Account	Level Code ¹	General Account	Level Code ¹
<input type="checkbox"/> Servicing only		<input type="checkbox"/> Servicing only		Target Compensation	<input type="text"/>
				Excess	<input type="text"/>
				Renewals	<input type="text"/>
				Trails	<input type="text"/>

¹ Enter the 2 digit Level Code from the appropriate Commission Grid (i.e., "07"). Grids should be obtained from Regional home office.

Please list Producer's Next Immediate Upline

Name _____ Agent # or SSN _____

General Agent Code(s)

ReliaStar Life: General Account (7 digit code) _____

ReliaStar Life of New York: General Account (7 digit code) _____

Security Life of Denver: General Account (6 digit code) _____ Variable (6 digit code) _____

Assign Commissions? Yes No If "Yes," complete the Assignment of Commission form (Order #128051)

Direct Deposit / EFT? Yes No If "Yes," complete the Authorization Agreement for Direct Deposit form (Order #133854)

F. BROKER-DEALER INFORMATION (for Variable Appointment only)


New Variable Appointment Broker-Dealer Change

Broker-Dealer Name _____ CRD Number _____

Broker-Dealer signature is required unless the Voya Life Broker-Dealer Selling Agreement includes a background amendment.

Broker-Dealer Verification/Recommendation: Broker-Dealer verifies that a background investigation has been conducted on the Applicant, who is a registered representative of Broker-Dealer, and that a copy will be made available upon request. Broker-Dealer recommends that the Applicant be appointed with each Company checked below and attests that it has policies and procedures, to supervise the activities of its registered representatives, that are reasonably designed to achieve compliance with applicable securities laws and regulations.

Required for Variable Appointment

 Broker-Dealer Officer Signature _____ Date _____

Broker-Dealer Officer Name (Please print.) _____

G. 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 Voya at the time of contracting. In addition, under these regulations, Voya 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 Voya.
- Currently affiliated (commissions paying to) with a wirehouse when soliciting/servicing life insurance policies offered by Voya.
- Currently affiliated with a broker/dealer or bank, or with an agency of a broker/dealer or bank, whose Voya 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 Voya at 877-882-5050 to speak with a Voya 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 a Voya approved training organization (list available by calling your Voya Licensing Representative).
- Completing the AML course using LIMRA as the training service (aml.limra.com).
- Completing the Voya 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.

H. CONDITIONS AND AGREEMENTS

I hereby certify that my answers to the questions contained in this application are true and correct. I acknowledge that Security Life of Denver, ReliaStar Life Insurance Company or ReliaStar Life Insurance Company of New York (*hereinafter called the "Company"*) have 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 Voya 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 Voya affiliate companies or which is generated by the Company or from the Voya affiliate companies' data source that is not part of the investigative report, with all other Voya 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.

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 Voya.com or on the Producer/Distributor Web site (Voyaprofessionals.com).

I. US TAXPAYER CERTIFICATIONS

Under penalties of perjury, I certify that:

1. The Taxpayer Identification Number that appears on this form is correct,
2. I am not subject to backup withholding due to failure to report interest and dividend income¹, and
3. I am a U.S. person.

¹If you are subject to back-up withholding, you must strike through statement number 2.

NON-RESIDENT ALIEN STATUS

If you are a Non-Resident Alien, please check the box below.

Under penalties of perjury, I certify that I am a Non-Resident Alien.

The amount paid to you will be subject to 30% withholding, unless you submit an IRS Form W-8, and are entitled to claim a reduced rate of withholding under the applicable US tax treaty.

Print Applicant/Producer Name

(Corporate/Agency Name if applicable) _____

The signing officer's signature, for corporate direct deposit request, must be the signature of the signing officer that Voya has on record.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

 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 General Agent Name

(required unless same as Applicant) _____

General Agent Code(s)

(if applicable) _____

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

AUTHORIZATION AGREEMENT FOR COMPENSATION DIRECT DEPOSIT

Mail or Fax completed form to Customer Service:
Mail: PO Box 1593, Des Moines, IA 50305-15933
Fax: 877-788-5122
Customer Service: 909 Locust Street, Des Moines, IA 50309-2899



Note: Compensation information is available on Voya for Professionals (www.voyaprofessionals.com).

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)

Annuities: *(Contact Phone: 800-369-5305 or VoyaDS@Voya.com):*

- Voya Insurance and Annuity Company (includes Fixed and Variable Annuities for RLNY)
- Voya Retirement Insurance and Annuity Company (VRIAC)

Retirement Services:

- ReliaStar Life Insurance Company (Annuities/Education) *(Contact Phone: 877-882-5050)*
- Voya Retirement Insurance and Annuity Company (VRIAC) *(Contact Phone: 888-238-6297)*

Hereinafter called the "Company."

I do not wish to have all Company commissions paid by direct deposit. Please pay commission by direct deposit for the following business units only.
(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 _____ Bank Routing Number¹ | | | | | | | | | |

Account Owner Name¹ _____ Account Number¹ _____

Branch Address _____

Account #2 Checking Savings

Financial Institution Name _____ Bank Routing Number¹ | | | | | | | | | |

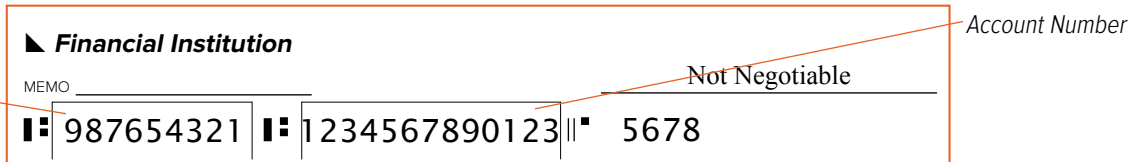
Account Owner Name¹ _____ Account Number¹ _____

Branch Address _____

¹Your request will be incomplete without this information.

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.

Signature¹ _____ Date _____

Print Name¹ _____ Phone (____) _____

SSN/TIN *(Last 4 digits only)* or Agent/Agency Number _____

¹Your request will be incomplete without this information.

For corporate direct deposit request, the signature must be that of the signing officer on record with the Company.

Name of Corporation *(if applicable)* _____

ASSIGNMENT OF COMMISSION GENERAL ACCOUNT

ReliaStar Life Insurance Company, Minneapolis, MN
ReliaStar Life Insurance Company of New York, Woodbury, NY
Security Life of Denver Insurance Company, Denver, CO
Members of the Voya family of companies
(the "Company")
Customer Service: PO Box 9190, Des Moines, IA 50306-9190
Phone: 877-882-5050; Fax: 877-788-5122



IMPORTANT: To avoid processing delays complete all sections of this form before forwarding to the Company.

ASSIGNMENT REQUESTED FOR THE FOLLOWING COMPANIES

- ReliaStar Life Insurance Company
- ReliaStar Life Insurance Company of New York
- Security Life of Denver Life Insurance Company

ASSIGNEE INFORMATION *(Agent/Corporation to receive commissions. Assignee must be licensed and appointed as required by state regulation).*

Assignee Agent Number _____ SSN/TIN _____

Assignee Street Address _____


Assignee City _____ State _____ ZIP _____

ASSIGNMENT

For VALUE RECEIVED, I hereby assign and transfer to:

Assignee Name _____

all my right, title and interest in and to commissions payable by the Company indicated above as specified in commission agreements in effect with respect to any and all policies sold under the assignor agent number listed below, and I hereby authorize said Company to pay such commissions to the Assignee unless and until the this Assignment is released by Assignee. I understand that the Company will report income paid under this Assignment to Assignee for tax purposes.

 Assignor Signature _____ Date _____

ASSIGNOR INFORMATION *(Agent/Corporation assigning commissions)*

Assignor Name _____

Assignor Agent Number _____ SSN/TIN _____

ADDITIONAL INFORMATION

Assignor General Agent/Managing Director Name _____

Assignor General Agent/Managing Director Number _____

Assignee Signing Officer Name _____ Signing Officer SSN _____

THE COMPANY DOES NOT ASSUME RESPONSIBILITY FOR THE VALIDITY OR SUFFICIENCY OF THIS ASSIGNMENT.

ANNUALIZATION AGREEMENT - GENERAL ACCOUNT

ReliaStar Life Insurance Company
ReliaStar Life Insurance Company of New York
Security Life of Denver Insurance Company
Members of the Voya family of companies
(the "Company")
Customer Service, 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
 ReliaStar Life Insurance Company of New York
 Security Life of Denver Insurance Company
Address: c/o Customer Service, 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 _____
Email _____ Fax (_____) _____
- C. Guarantor: Managing Director/General Agent (*if applicable*)
Individual or Legal entity _____
Street Address _____ City _____ State _____ ZIP _____
Email _____ 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.
- Eligible Contracts include:
 - Contracts paid by Electronic Funds Transfer and Bank Draft on a monthly pay mode; and
 - Contracts paid by list Military Allotment or List Bill on all modes.
 - Eligible Contracts exclude:
 - Contracts paid by direct pay; and
 - Contracts insuring yourself, your immediate family members (spouse, children, parents and siblings); and
 - Term conversions and internal exchanges.
- E. **"First Commissionable Event"** means the first date on which the Company applies premium to a Contract that is issued and in force, except when there is an exchange and commissions are advanced.
- F. **"Voya Affiliate Company"** means any legal entity, other than a Company, that is a subsidiary of Voya Financial, Inc.
- G. **"Notice"** means written notice:
- Deemed given when received by facsimile or email transmission; or placed in the U.S. mail, postage prepaid; or sent by overnight courier service; and
 - Addressed to the applicable address, facsimile number, or email address stated in this Agreement, unless Notice has been given to the other party of a change of address.

III. ADVANCES

- A. In its sole discretion, any Company may advance to you certain amounts in excess of commissions actually earned and payable to you on Eligible Contracts (the "Advances").
- B. You understand and agree that any Advances are your obligation and indebtedness and that you are liable to repay any Advances to any Company.
- C. Either party or a Guarantor may terminate this Agreement at any time upon Notice to the others.

IV. CONDITIONS FOR ADVANCES

- A. Once your Application for Annualization (Order #131352) has been approved by Company, the maximum Advance on any one Eligible Contract, the total maximum Advance to you on all Eligible Contracts and the annualization rate of Eligible Commissions will be as stated on that Application for Annualization, which is made a part of this Agreement.
- B. Any Contract changes after the First Commissionable Event, such as face increases or additions, will not cause recalculation of an Advance.
- C. A thirteen (13) month premium persistency rate of 80% or better on all Company Contracts must be continuously maintained to remain eligible for Advances.

V. PROMISSORY NOTE

- A. You promise to repay each Advance at the earliest of the following dates:
 - 1. Twelve (12) months after your receipt of the Advance; or
 - 2. Immediately if the Eligible Contract on which you received the Advance is returned to Company for refund of premium during the Free Look Period as described in the Contract form, or is lapsed or surrendered during the first twelve (12) months after your receipt of the Advance; or
 - 3. Immediately if the Contract on which you received the advance ceases to qualify as an Eligible Contract, or reduces planned premium payments;
 - 4. Immediately after termination of your Voya Life Companies General Agent or Producer Agreement; or
 - 5. Immediately after demand and Notice by Company.
- B. Repayment to Company will be made at Company's address, or such other place as Company may designate in writing.
- C. If any amount is not paid within the stated time period, the amount will bear interest at the rate posted on the Producer/Distributor Website, as it may be amended and renamed from time to time, but in no event in excess of that permitted by applicable law. The Producer/Distributor Website is a website for General Agents and Producers that provides information regarding Company. In 2008 it is known as Voya for Professionals Website.
- D. You are responsible to the Company for the payment of one hundred percent (100%) of Advances, which are part of your "Debit Balance" as defined in your Voya Life Companies General Agent or Producer Agreement. You grant to any Company a first lien on and the right to apply any amount due to you from any Company and any Voya Affiliate Company to offset your Debit Balance or other amounts you owe to any Company or any Voya Affiliate Company.
- E. In the event of default, you agree to pay all costs of collection, including reasonable attorney's fees, incurred in the collection of any amounts due under this Agreement.
- F. By signing this Agreement, you represent and warrant that:
 - 1. You have not assigned, transferred, mortgaged or otherwise encumbered any commissions on Eligible Contracts; and
 - 2. You do not have any lawsuits or proceedings pending or threatened against you.

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(S) WAIVE THEIR RIGHTS TO A JURY TRIAL.
- G. THE PARTIES AND GUARANTOR(S) 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. AUTHORIZATION

Effective Date (mm/dd/yyyy) _____

Company

 By (Signature) _____ Date _____

Name (Please print.) _____ Title _____

Applicant

 By (Signature) _____ Date _____

Name (Please print.) _____ Title _____

Guarantee

In consideration of the benefits derived by Guarantor(s) resulting from Advances made to Applicant by any Company, each 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 a Guarantor's obligation without first suing Applicant or any other Guarantor. Each Guarantor grants to each Company a first lien on and the right to apply any amount due or to become due to a Guarantor from any Company and any Voya Affiliate Company to offset any amounts due from a Guarantor under this Agreement.

Guarantor (A Guarantor is required unless Applicant is a General Agent/Managing Director.)

General Agent/Managing Director (If applicable.)

 By (Signature) _____ Date _____

Name (Please print.) _____ Title _____

APPLICATION FOR ANNUALIZATION GENERAL ACCOUNT

ReliaStar Life Insurance Company, Minneapolis, MN
ReliaStar Life Insurance Company of New York, Woodbury, NY
Security Life of Denver Insurance Company, Denver, CO
Members of the Voya family of companies
(the "Company")
Customer Service, 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 (_____) _____ Email _____

QUESTIONNAIRE *(All questions must be completed. 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 *(This information is REQUIRED to process your request. Please see Commission Annualization Quick Guide : Order #137569)*

For the following Companies:

- ReliaStar Life Insurance Company
- ReliaStar Life Insurance Company of New York
- Security Life of Denver Insurance Company

Indicate 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/Managing Director that is recommending Applicant for annualization to the Company by signature below.

 Applicant Signature _____

Applicant Agent Number _____ Date _____

 General Agent/Managing Director Signature
(if other than Applicant) _____

General Agent/Managing Director Agent Number _____ Date _____

COMMISSION ANNUALIZATION QUICK GUIDE

ReliaStar Life Insurance Company, Minneapolis, MN
ReliaStar Life Insurance Company of New York, Woodbury, NY
Security Life of Denver Insurance Company, Denver, CO
Members of the Voya family of companies
Customer Service: PO Box 9190, Des Moines, IA 50306-9190
Phone: 877-882-5050, Fax: 877-788-5122



Annualization is advanced compensation paid at the time of a sale based on expected earning of commissions and overrides on premium to be paid in the future.

A. CONTRACTING REQUIREMENTS

General Account: fully executed Application for Annualization and Annualization Agreement signed by Agent, General Agent/Managing Director, Associate General Agent (if applicable) and Sales Vice President.

Variable Business: fully executed Annualization Amendment to the Broker-Dealer Selling Agreement required for each life company prior to acceptance of Exhibit A's for each Eligible Representative. Exhibit A for each life company must be completed and signed by the **Registered Representative and Broker-Dealer**.

NOTE: Effective date of agreements must be at least one day prior to the application signed date of the policy in order for compensation on that policy to be eligible for advancement.

B. POLICY REQUIREMENTS *(Policies owned by the agent or sold to family members cannot be annualized.)*

The billing frequency for Electronic Funds Transfer (EFT) and Bank Draft methods must be Monthly. The billing frequency for Military Allotment or List Bill methods may be Monthly, Quarterly, or Semi-annual.

C. CALCULATIONS AND RATES

If the policy is a UL or VUL product, the annualized advance commission is calculated on the lesser of the Target premium or anticipated premium. If the policy is a Term product, the annualized advance commission is calculated on the commissionable annualized premium.

Commissionable Annualized Prem X Producer Split X Annualized Advance Percent X Compensation Rate

Policy anticipated premium is less than the target premium.

Product: Voya Investor Elite	Producer Split: 100%	Anticipated Annual Premium: \$800.00
Target: \$1000.00	Annualized Advance Percent: 75%	Commission Rate: 85%

$\$800 \times 100\% \times 75\% \times 85\% = \510.00

Policy anticipated premium is equal to the target premium.

Product: Voya Investor Elite	Producer Split: 100%	Anticipated Annual Premium: \$1000.00
Target: \$1000.00	Annualized Advance Percent: 75%	Commission Rate: 85%

$\$1000.00 \times 100\% \times 75\% \times 85\% = \637.50

- The amount of advance to Applicant on any one Contract is subject to Company maximum of \$25,000.
- The total advance on all Contracts is subject to Company maximum of \$75,000.
- The annualization rates of eligible commissions are 25%, 50%, 75% or 100%. (see examples above)

As of 01/01/2011, the annualization rates of eligible commissions for Puerto Rico agents are 25%, 50% or 75%.

D. CHARGEBACKS (RECOVERY OF ADVANCE)

If we are unable to recover a chargeback from the Applicant, we will recover the chargeback amount under the Guarantee. If both a General Agent/Managing Director and an Associate General Agent have guaranteed this obligation, we will look first to the AGA and then to the GA/MD for recovery.

Within the first year:

When there is either a change of billing mode to Direct Bill, a Lapse, a Surrender or a reversal of premium, we will recover the unearned advanced commissions at that time.

At the end of the first year:

The annualized commission must be offset within 12 months of the date it was annualized.¹ If it is not offset within that timeframe, a recoupment for the full amount remaining will be processed in the 13th month.

¹If the policy has a rolling target premium, the annualized commission must be offset at the end of the rolling period.

E. DISPLAY OF ANNUALIZATION OFFSET ON COMMISSION STATEMENT

Annualization will reflect on the statement with "Annualized Commissions" as the description. When premium is applied through out the year, one line will show with a positive amount and the next line will reflect a negative amount with "Annualized Offset" as the description. The system identifies when the agent reaches the maximum annualization advance balance according to the agreement. All commissions paid after the full annualized amount has been recouped are paid "as earned".

This is a summary of the annualization process, but it is not exhaustive and does not create a contract. Please refer to your fully executed annualization agreement.

INSTRUCTIONS FOR ANTI-MONEY LAUNDERING TRAINING CERTIFICATION OF COMPLETION



Effective May 2, 2006, Insurance Companies are required to establish and maintain Anti-Money Laundering programs for covered products, in accordance with USA PATRIOT Section 352 (US 31 CFR 103.137). Agents and brokers must be integrated into these programs and receive anti-money laundering training. This form was developed to provide you with a convenient means to verify, to the various companies with whom you do business, that you have completed this training.

Agent or Broker: You should complete Sections A and B and execute the affirmation in Section C. If your training was provided by an insurance company, broker-dealer or bank, that entity must either provide a certificate including an outline of the training program or complete and execute Section D. This certification cannot be used for LIMRA purposes.

Section A: Agent Information

Please complete this section in its entirety. Make sure that you include at least one telephone number where you can be contacted to verify the information you have submitted.

Section B: Training Information

Please provide the name of the training program, the date you completed it, and the name of the entity providing the training, including a contact person. If you received training from an entity other than an insurance company, broker-dealer, bank, or vendor, you must attach an outline of the training program.

Section C: Agent Affirmation

You must complete and sign this form before you submit it to an insurance company as proof that you have completed training.

Section D: Training Program Content and Affirmation (Insurance Companies, Banks and Broker-Dealers Only)

If the training was delivered by an insurance company, bank, or broker-dealer, that entity must either provide a certificate (including an outline of the training program) or complete Section D, certifying that the training program covers the ACLI's "Recommended Core Elements for an AML Training Program for Life Insurance Agents and Brokers" and/or that the training program is in Compliance with regulations issued under the USA PATRIOT Act.

The ACLI Core Elements are posted on the internet at the following site:

http://www.acli.com/Issues/Documents/13ffa0ff189a46ad8135a4e9a0d6cd91AML_Recommended_Core_Elements1.pdf

If the training was delivered by an insurance company, broker-dealer, or bank, this form will not be accepted unless the firm performing the training provides a certificate of completion or executes this affirmation.

Insurance companies, broker-dealers and banks are subject to AML requirements imposed by regulations issued under Section 352 of the USA Patriot Act (31 CFR 103.137 and/or NASD Rule 3011). If your training was provided by a vendor or an entity not subject to these regulations, the insurance company you represent will verify the content of the training.

Contact Information

If you have any questions, please speak with your agency manager.

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 _____