

FIXED ANNUITIES AGENT CONTRACT TRANSMITTAL

ING USA Annuity and Life Insurance Company, Des Moines, IA
 ReliaStar Life Insurance Company of New York, Woodbury, NY
 Members of the ING family of companies
 Service Office: PO Box 1593, Des Moines, IA 50309-1593
 Phone: 800-369-5305 Fax: 515-698-2010



NOTE: This form applies to ING USA Annuity and Life Insurance Company and ReliaStar Life Insurance Company of New York agent contracts.

ING FIXED ANNUITIES AGENT TRANSFER POLICY

Any agent contracted with us will be immediately eligible to transfer to another hierarchy if he or she has had no production within the past six months. This includes new agents that have never had production with us. Production is defined as new business submitted to us, first-year commissions generated or override commissions generated by new business. The transfer will only be processed when new business is submitted.

There is no change in transfer rules for producing agents: Once we receive a transmittal for an actively producing agent, the agent will be transferred six months from the date of the last production as defined above.

1. PERSONAL INFORMATION

Agent Name *(Please print.)* _____ Social Security # _____

Corporate Name *(if different from agent)* _____

2. ONLY COMPLETE THIS SECTION if you will NOT sell any ING Fixed Annuity products through your Broker Dealer, or if you DO NOT have an association with a Broker Dealer.

Agent Commission Level _____ *(For Transfers Only: The commission level must be the same or less than the agent's current level; the new commission level cannot exceed the agent's current commission level.)*

Marketing Organization Name _____ Contract # _____

3. ONLY COMPLETE THIS SECTION if you will sell ALL or SOME ING Fixed Annuity products through your Broker Dealer. (Business sold through Broker Dealers shall be governed by Broker Dealer instructions.)

Agent Commission Level¹ _____ Broker Dealer Name _____ Contract # _____

¹ If Commission Level is left blank, all commissions will be paid to your Broker Dealer.

Marketing Organization Name _____ Contract # _____

If applicable, list your Marketing Organization for ING Fixed Annuity products **NOT** sold through your Broker Dealer.

Agent Commission Level _____ Marketing Organization Name _____ Contract # _____

4. CONTACT INFORMATION

Residence Address _____ Apt/Suite # _____

Residence City, State, ZIP _____ Residence Phone _____

Business Address _____ Suite # _____

Business City, State, ZIP _____ Business Phone _____

E-mail Address _____ Fax _____

5. AUTHORIZATION

I am making a request to transfer my current reporting status, in accordance with applicable transfer policies, to change my commission level or to change my contact information.

By signing below, I acknowledge all information above as accurate to the best of my knowledge.

 Agent Signature _____ Date _____