

Annuity Quick Quote.com

A Division of Lead Brokerage, LLC

Please complete the following contracting packages and then fax to
Lead Brokerage at (315) 682-0349.

If any questions, concerns or changes to existing contracts may arise, please feel free to
contact Bryan Place or Tom Long at 888-693-8393.

Lead Brokerage
104 Smith Street
PO Box 59
Manlius, New York 13104

Phone: (888) 693-8393

Fax: (315) 682-0349

www.AnnuityQuickQuote.com

Licensed Agents

Dear Fellow Agent- Get appointed and licensed with our General Agency:

The fastest and easiest way to get appointed and/or licensed is to click the insurance company names below and simply download the proper appointment forms that are needed. Upon completion of the paperwork, please fax to (315) 682-0349. If you may have any questions, feel free to call us at (888) 693-8393 to speak with either Bryan Place or Tom Long.

- American National
- First Colony
- Genworth
- Genworth New York
- Great American
- ING/ ReliaStar
- Integrity
- MetLife
- National Integrity
- Presidential Life
- Prudential
- SBLI
- United of Omaha

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
 (the "Company")
Members 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



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.) _____
 Professional Designations _____
 Date of Birth _____ SSN _____ Sex: Male Female
 Producer Residence Street Address _____
 City _____ State _____ ZIP _____
 Producer Phone # _____ How long at your current residence? Yrs. _____ Mos. _____
 Former Residence Street Address _____
 City _____ State _____ ZIP _____
 Business Phone # _____ Business Fax # _____
 Business Street Address _____
 City _____ State _____ ZIP _____
 Application Type: Individual Corporate/Agency E-mail Address _____
 Corporate/Agency Name _____ TIN _____

B. ERRORS & OMISSIONS INFORMATION

Do you have Errors & Omissions (E&O) coverage? Yes No
 Provide E & O Coverage Carrier (required) _____ Policy # (required) _____

C. 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 a registered representative with the NASD? Yes No
 If yes, please provide C.R.D. Number. _____
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 convicted of or pled guilty or nolo contendere (no contest) in a court 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 found guilty or nolo contendere (no contest) of 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

D. PRODUCER ANTI-MONEY LAUNDERING (AML) TRAINING REQUIREMENT

The Financial Crimes Enforcement Network (FinCEN), a bureau of the Treasury Department, published a final rule on anti-money laundering programs for insurance companies, which was effective May 2, 2006. The Company requires that all producers selling covered products complete AML training by May 1, 2007. Please complete the following section explaining how you completed this AML training.

Please check all that apply:

I am a registered representative through a BD with an active agreement with the Company. My broker dealer is _____

I am a producer with a bank that has an active agreement with the Company. My bank is _____

I will be selling only term insurance, which is excluded from this regulation.

I completed the AML training with one of the following vendors:

LIMRA Other vendor Vendor Name _____

With the exception of LIMRA, a certification form from the vendor is required with your contracting paperwork. If you do not have this form, please complete the Company's AML Training Certification form #137505. All vendors must be approved by the Company. To see if your vendor is approved or to get a copy of Form #137305, please contact Licensing at (877) 882-5050.

If you completed training through a BD with an active ING agreement, you do NOT need to provide any additional proof. If you completed training through a BD without an active agreement, please complete form #137305.

E. CONDITIONS AND AGREEMENTS

By signing this Application, I acknowledge and represent that:

- All information furnished by me in this Application is true, correct and complete.
- I understand that no Company has an obligation to approve this Application and I release any Company that does not appoint or contract me from all liabilities.
- I agree not to solicit or sell, as determined by state law, any business until I have been notified by each checked Company that I have been contracted and I am authorized to solicit or sell business for it.
- I have included a copy of a current license for each state in which I do business.
- I authorize any person or entity that may have knowledge of my employment, financial, criminal or other history to release such information to any Company in connection with this Application. I authorize each Company to release any information regarding my Debit Balance to Vector One, or any successor organization. A photocopy of this authorization will be as valid as the original, regardless of the date it is signed.
- **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 below and that are incorporated by reference into this Application. I understand and agree that by my signature below, I am agreeing to all of the terms and conditions of the Agreements, including specified Compensation Schedules, that are listed below.**

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

Check Requested Company Appointments (if new, attach copies of current licenses)

ReliaStar Life Insurance Company

ReliaStar Life Insurance Company of New York

Security Life of Denver Life Insurance Company

E. CONDITIONS AND AGREEMENTS (continued)

Indicate Commission Schedule Level Codes¹

ReliaStar Life Insurance Company

General Account	Level Code ¹
Target Compensation	<input type="text"/> <input type="text"/>
Excess/Renewals	<input type="text"/> <input type="text"/>
Term Target Compensation	<input type="text"/> <input type="text"/>
Term Renewals	<input type="text"/> <input type="text"/>

Variable (For ING Financial Partners Registered Reps Only)

	Level Code ¹
Target Compensation	<input type="text"/> <input type="text"/>
Excess/Renewals/Trails	<input type="text"/> <input type="text"/>

ReliaStar Life Insurance Company of New York

General Account	Level Code ¹
Target Compensation	<input type="text"/> <input type="text"/>
Excess/Renewals	<input type="text"/> <input type="text"/>
Term Target Compensation	<input type="text"/> <input type="text"/>
Term Renewals	<input type="text"/> <input type="text"/>

Variable (For ING Financial Partners Registered Reps Only)

	Level Code ¹
Target Compensation	<input type="text"/> <input type="text"/>
Excess/Renewals	<input type="text"/> <input type="text"/>

Security Life Of Denver Insurance Company

General Account	Level Code ¹
Target Compensation	<input type="text"/> <input type="text"/>
Excess	<input type="text"/> <input type="text"/>
Renewals Years 2 - 10	<input type="text"/> <input type="text"/>
Renewals Years 11+	<input type="text"/> <input type="text"/>
Trails	<input type="text"/> <input type="text"/>

Variable (For ING Financial Partners Registered Reps Only)

	Level Code ¹
Target Compensation	<input type="text"/> <input type="text"/>
Excess	<input type="text"/> <input type="text"/>
Renewals	<input type="text"/> <input type="text"/>
Trails	<input type="text"/> <input type="text"/>

¹ Enter the 2 digit Level Code from the appropriate Commission Grid (i.e., "07").

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

Broker/Dealer Name _____ CRD Number _____

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.

Broker/Dealer Officer Signature
(Required for Variable Appointment.) _____ Date _____

Broker/Dealer Officer (please print) _____

G. AUTHORIZATIONS AND ACKNOWLEDGEMENTS

Under penalty of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
- 3. I am a U.S. citizen (including U.S. resident alien)

INSTRUCTIONS: You must cross out item 2 above if the IRS has notified you that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return and you have not received notice from the IRS advising that backup withholding has terminated.

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

Print Applicant/Producer Name
(Corporate/Agency Name if applicable) _____

Applicant/Producer Signature
(Corporate/Agency Officer if applicable) _____ Date _____

Corporate/Agency Contact Name _____ Telephone # _____

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 Associate General Agent Name
(if applicable) _____ Associate General Agent Code(s)
(if applicable) _____

Associate General Agent Signature
(if applicable) _____ Date _____

Print General Agent Name
(required unless same as Applicant) LEAD BROKERAGE, LLC

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

General Agent Code(s)

ReliaStar Life:	General Account (7 digit code) <u>6684-000</u>	Variable (5 digit code) <u>135981</u>
ReliaStar Life of New York:	General Account (7 digit code) <u>6030-000</u>	Variable (5 digit code) <u>135981</u>
Security Life of Denver:	General Account (6 digit code) <u>6684-000</u>	Variable (6 digit code) <u>135981</u>

Attention General Agent

Please verify the following critical items are completed.

- Individual or Corporate information is checked in Part A. For questions about your agency's or corporation's appointment, please call Licensing at 877-882-5050.
- E&O Coverage Information is listed in Part B. If carrier and policy # are listed in Part B, a copy of the certificate is not needed.
- All Yes and No questions in Part C have been completed. If there is a "yes" answer, then supporting documentation is included.
- For Variable Appointments, Broker Dealer Name and Officer Signature are completed in Part D.
- Producer or General Agent Agreement Type in Part E is checked.
- Compensation Codes are indicated in Part E.
- Producer signed Part F.
- If applicable, any overriding producers are indicated below.
- If applicable, AGA signed.
- Your General Agent signature and General Agent code(s) are included.

Please list Producer's full upline or hierarchy.

Level 2 (if applicable) _____

Level 3 (if applicable) _____

Level 4 (This level will be the AGA, if applicable.) _____

Level 5 GA _____

G. ADMINISTRATIVE OFFICE/INTERNAL USE ONLY

Approved by SVP (please print) _____ Region Code _____

SVP Signature _____ Date _____