

AUTHORIZATION AGREEMENT FOR COMPENSATION DIRECT DEPOSIT

Mail or Fax completed form to:
 ING Service Center, 909 Locust Street, Des Moines, IA 50309
 Fax: 877-788-5122



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

Please select all companies you wish to have set up for Direct Deposit. Include appropriate agent/agency number(s).

Life (Contact Phone: 877-882-5050)

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

- 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) _____

Annuity (Contact Phone: 800-369-5307, option 1)

- ING USA Annuity and Life Insurance Company (includes Fixed and Variable Annuities for RLNY) _____

Worksite

- ReliaStar Life Insurance Company (Annuities/Education) (Contact Phone: 877-882-5050, option 2, 4) _____
- ING Life Insurance and Annuity Company (ILIAC) (Contact Phone: 888-238-6297, option 2,1) _____

The selections above are hereinafter called the "Company."

INSTRUCTIONS FOR DEPOSIT (See sample below.)

- One Account:** Deposit 100% of my compensation into Account #1.
- Two Accounts:** *This option is NOT available to Worksite ReliaStar.*
 Deposit _____ % of my compensation into Account #1. Balance will be deposited into Account #2.

Account #1 Checking Savings (*This option NOT available to Worksite ReliaStar.*)

Account Owner Name _____ Account # _____

Financial Institution Name _____ Transit/ABA # _____

Branch Address _____

Account #2 Checking Savings (*This option NOT available to Worksite ReliaStar.*)

Account Owner Name _____ Account # _____

Financial Institution Name _____ Transit/ABA # _____

Branch Address _____

Sample Check

Account Owner Information

Transit/ABA #

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

Account #

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.

Signature _____ Date _____

Print Name _____ Telephone _____

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