

NEW BUSINESS TRANSMITTAL CHECKLIST

**A. UNDERWRITING INFORMATION**

Type of application submitted: Formal Application Informal/Trial Application Term Conversion Application

Application submitted to: ReliaStar Life Insurance Company: PO Box 5075, Minot, ND 58702-5075
 ReliaStar Life Insurance Company of New York: PO Box 5075, Minot, ND 58702-5075
 Security Life of Denver Insurance Company: PO Box 5065, Minot, ND 58702-5065

Prior to submission, case discussed with _____

Product _____ Face Amount \$ _____

B. APPLICANT INFORMATION

Applicant Name _____ Date _____

Policy Number (if applicable) _____

C. AGENT INFORMATION

Agent Name _____

Please indicate all Agent numbers associated with the following underwriting company and product line:

ReliaStar Life Insurance Company (Fixed Products) _____

ReliaStar Life Insurance Company (Variable Products) _____

ReliaStar Life Insurance Company of New York (Fixed Products) _____

ReliaStar Life Insurance Company of New York (Variable Products) _____

Security Life of Denver Insurance Company (Fixed Products) _____

Security Life of Denver Insurance Company (Variable Products) _____

New Business Contact Person _____ Phone Number (_____) _____

Fax Number (_____) _____ E-mail Address _____

Policy Delivery Address _____

City _____ State _____ ZIP _____

D. GENERAL AGENT INFORMATION

General Agent Name _____

Please indicate all General Agent numbers associated with the following underwriting company and product line:

ReliaStar Life Insurance Company (Fixed Products) _____

ReliaStar Life Insurance Company (Variable Products) _____

ReliaStar Life Insurance Company of New York (Fixed Products) _____

ReliaStar Life Insurance Company of New York (Variable Products) _____

Security Life of Denver Insurance Company (Fixed Products) _____

Security Life of Denver Insurance Company (Variable Products) _____

New Business Contact Person _____ Phone Number (_____) _____

Fax Number (_____) _____ E-mail Address _____

E. VERIFICATION

The application for life insurance must be completed and accompanied by all required state specific forms. Refer to the Forms Wizard tool on the ING for Professionals website, via www.inglifeinsurance.com, for the forms required by state.

- 1. Is the Agent’s Report complete? Yes No
 The writing agent/registered representative must be *licensed and appointed* in the state where the application was signed. The writing agent/registered representative must complete and sign the Agent’s Report. The Independent General Agent (if applicable) must also sign and include his or her Agent number(s) on the Agent’s Report.
- 2. Has the application been signed and dated? Yes No
- 3. Has the Consumer Privacy Notice and State Required Notice been given to the applicant? Yes No
- 4. Have all questions been fully answered? Yes No
- 5. Have all “Yes” answers been given full explanation and/or have the appropriate questionnaires been completed? Yes No
- 6. Has a signed illustration, In Lieu of Illustration or Acknowledgement and Certification of No Illustration been submitted? Yes No
- 7. Was licensing/contracting paperwork submitted simultaneously with this application? Yes No

F. STATE-SPECIFIC REQUIREMENTS

The following state-specific requirements are enclosed:

- | | |
|---|---|
| <input type="checkbox"/> Application for Life Insurance | <input type="checkbox"/> Children’s Term Insurance Rider Application |
| <input type="checkbox"/> Disclosure Statement(s) | <input type="checkbox"/> Regulation-60 paperwork (NY ONLY) |
| <input type="checkbox"/> Replacement Notice(s) | <input type="checkbox"/> Original 1035 Exchange/Service Request |
| <input type="checkbox"/> Living Benefit/Accelerated Benefit Rider Disclosure | <input type="checkbox"/> Check in the amount of \$ _____ |
| <input type="checkbox"/> HIV Consent | <input type="checkbox"/> Additional Application/Alternate Application |
| <input type="checkbox"/> Comparative Information Notice
(Provide if requested in AR or FL) | Product _____ |
| <input type="checkbox"/> Out-of-State Verification
(Required based on signed state/resident state) | Face Amount \$ _____ |

Variable Products ONLY: Has the proper Fund Allocation supplement been submitted? Yes No

Please specify the status of the following items:

- 1. Medical Examination. Attached To Follow
- 2. Blood Profile/Home Office Specimen (HOS) Attached To Follow
- 3. Electrocardiogram (EKG). Attached To Follow
- 4. Attending Physicians Statement (APS) Attached To Follow
- 5. Inspection Report (IR) Attached To Follow
- 6. Motor Vehicle Report (MVR) Attached To Follow
- 7. Electronic Funds Transfer (EFT). Attached To Follow
- 8. Questionnaires. Attached To Follow
- 9. Temporary Insurance Receipt Attached To Follow
- 10. MIB Authorization (*must be signed*) Attached To Follow