

# AGENT APPOINTMENT REQUEST

Mail complete agent application to:

Licensing Department  
PO Box 9216  
Des Moines, IA 50306-9216

Or fax your complete application to: (515) 698-2025

If you have any questions, please contact us at: (800) 235-5965



Issued by ING Life Insurance and Annuity Company, ING USA Annuity and Life Insurance Company or ReliaStar Life Insurance Company of New York  
Registered products distributed by Directed Services, LLC., member FINRA

## 1. TYPE OF REQUEST

- Individual Appointment Request *(Complete sections 1, 2, 3, 5 & 6.)*
- Corporate Appointment Request *(Complete sections 1, 2, 4, 5 & 6.)*
- Broker-Dealer Change *(Complete sections 1, 3, 5 & 6.)*

## 2. COMPANY APPOINTMENT REQUEST

- ING Life Insurance and Annuity Company *(individual registered annuity products marketed under ING Financial Solutions.)*
- ING USA Annuity and Life Insurance Company and/or ReliaStar Life Insurance Company of New York *(individual registered annuity products sold through Annuities - servicing only.)*
- ING USA Annuity and Life Insurance Company *(individual non-registered annuity products marketed under Annuities.)*

## 3. INDIVIDUAL APPOINTMENT

Broker-Dealer Name \_\_\_\_\_  FID (Financial Institution Division)

Agent Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Jr / Sr) \_\_\_\_\_

Date Of Birth \_\_\_\_\_ SSN \_\_\_\_\_ Gender  Male  Female

CRD Number \_\_\_\_\_ Rep ID Number \_\_\_\_\_ NPN \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

\*E-mail address \_\_\_\_\_

## 4. CORPORATE APPOINTMENT

FINRA Registered Broker-Dealer Name \_\_\_\_\_ Tax ID # \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

G.A. Name \_\_\_\_\_ Tax ID # \_\_\_\_\_

**5. BACKGROUND INFORMATION** (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. 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
- 2. Within the past 10 years, have you ever initiated bankruptcy proceedings or declared bankruptcy? . . . . .  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, or do you have any unsatisfied liens or judgments?. .  Yes  No
- 4. Within the past 10 years, has any insurance carrier canceled your contract or appointment for any reason other than lack of production? . . . . .  Yes  No
- 5. 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
- 6. 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
- 7. 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
- 8. 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
- 9. 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
- 10. Have you ever been found guilty or nolo contendere (no contest) of violating state insurance department, federal or state securities or investment related regulation or statute, or have you ever had your insurance license or securities registration suspended, revoked, investigated, audited or had a license denied? . . . . .  Yes  No

**6. AUTHORIZATION AND ACKNOWLEDGEMENTS**

I hereby certify that my answers to the questions contained in this application are true and correct. I acknowledge that ING USA Annuity and Life Insurance Company, ReliaStar Life Insurance Company of New York or ING Life Insurance and Annuity Company (hereinafter called the "Company," "we," or "us," as the case may be) has informed me of the Company's practice 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 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 ING affiliate companies and to third parties where the third parties' legal interests and/or obligations are involved. I also authorize the Company to distribute any financial, business, legal, tax or work performance history regarding me that it receives from third parties, from any ING affiliate companies or which is generated by the Company or from the ING affiliate companies' data source that is not part of the investigative report, to all ING affiliate companies or to third parties including but not limited to agents or agencies that assume my debt balance responsibilities.

I hereby authorize any employer, insurance company, general or managing agent, educational institution, financial institution, consumer reporting agency, criminal justice agency, insurance department, or individual having any information relating to my activities to release such information to insurance companies indicated on reverse side, Customer Contact Center, P.O. Box 9271, Des Moines, IA 50306-9271 or any consumer reporting agency acting on behalf of the indicated insurance companies on the reverse side. This information may include, but is not limited to employment and job performance history, academic records, credit records, disciplinary, arrest and conviction records, and personal history, including information as to character, general reputation and mode of living.

**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 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 (b) 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 strike out the language certifying that you are not subject to backup withholding due to underreporting 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.**

**I also certify by my signature below that I authorize the Company, now or in the future, to obtain an investigative consumer report on me.**

Signature of Representative or Signature of Principal Officer for Broker-Dealer Corporate Appointment.

Signature \_\_\_\_\_ Date \_\_\_\_\_