

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



Note: Compensation information is available on ING for Professionals (www.ing.com/us/prologin).

A. BUSINESS UNITS *(All Companies will be set up for direct deposit unless otherwise specified.)*

Life - Including Strategic Distribution *(Contact Phone: 877-882-5050):*

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)

ING Financial Solutions & Annuities *(Contact Phone: 800-369-5307):*

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

ING Life Insurance and Annuity Company (ILIAC)

Retirement Services:

ReliaStar Life Insurance Company (Annuities/Education) *(Contact Phone: 877-882-5050)*

ING Life Insurance and Annuity Company (ILIAC) *(Contact Phone: 888-238-6297)*

Hereinafter called the "Company."

I do not wish to have all my ING Company commissions paid by direct deposit. Please pay my commission by direct deposit for the following business units only. *(Please list business units)* _____

B. INSTRUCTIONS FOR DEPOSIT *(See sample below. Please note that for the Retirement Services Business Unit, ReliaStar Life Insurance Company ("ReliaStar") cannot support direct deposits spread across more than one account, nor can it support a direct deposit to a savings account. If the Two Accounts option is selected, only the first account will be utilized for ReliaStar/Retirement Services compensation. If a Savings account option is selected, ReliaStar/Retirement Services compensation will be paid by check.)*

One Account: Deposit 100% of my compensation into Account #1.

Two Accounts: Deposit _____ % of my compensation into Account #1. Balance will be deposited into Account #2.

Account #1 Checking Savings

Financial Institution Name _____ Transit/ABA Number _____

Account Owner Name *(Required)* _____ Account Number _____

Branch Address _____

Account #2 Checking Savings

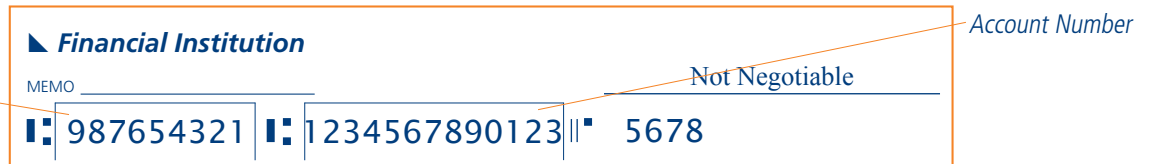
Financial Institution Name _____ Transit/ABA Number _____

Account Owner Name *(Required)* _____ Account Number _____

Branch Address _____

Sample Check

Routing Number (9 digits)



C. 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 _____ Phone (_____) _____

SSN/TIN *(Last 4 digits only)* or Agent/Agency Number _____

For corporate direct deposit request, the signature must be that of the signing officer on record with the Company.

Name of Corporation *(if applicable)* _____