



Voya Contracting Checklist

Agent/ Agency: _____

Direct Upline: _____

Documents To Be Completed & Returned:

- ☐ Application for Appointment and Contract [128225]
- ☐ Anti-Money Laundering Training Certification of Completion [137305]
- ☐ Fair Credit Reporting Act Disclosure [131405]
- ☐ Life Companies Producer Agreement [131420]
- ☐ Individual State License(s)
- ☐ Corporate State License(s) (If Applicable)
- ☐ Proof of E&O
- ☐ Authorization Agreement for Compensation Direct Deposit [133854] (OPTIONAL)
- ☐ Assignment of Commission [128051] (OPTIONAL) *To be completed if you wish to setup direct deposit for any account that does not list your name on it OR if you would like commission checks payable to someone other than yourself. (i.e. payable to corporate or a 3rd party).*
- ☐ Application for Annualization – General Account [131352] (OPTIONAL)
- ☐ Annualization Agreement – General Account [131417] (OPTIONAL)

SEND TO:

Mail: Attention: Life Licensing
American Brokerage Services
803 East Willow Grove Avenue
Wyndmoor, PA 19038
Email: lifesubmission@absgo.com
Fax: (215) 233-3140

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
Members of the **Voya®** family of companies
(the "Company")
Customer Service: 909 Locust Street, Des Moines, IA 50309-2899
Phone: 877-882-5050; Fax: 877-788-5122



Life

Employees of a licensed entity must complete Application for Appointment form #128391.

NEW BUSINESS PENDING (Internal use only: Image P1 if completed.)

Policy Number (if applicable) _____ App Sign Date _____ State _____

Client Name _____ Last 4 digits of Client SSN (Required) _____

A. APPLICANT INFORMATION (Provide former address if you have lived at your current address less than 2 years.)

Applicant/Producer Name (First) _____ (M.I.) _____ (Last) _____

Birth Date _____ SSN _____ Gender: ☐ Male ☐ Female

Email _____

Residence Street Address _____ City _____ State _____ ZIP _____

Producer Phone (_____) _____ How long at your current residence? Years _____ Months _____

Former Residence Street Address _____ City _____ State _____ ZIP _____

Business Phone (_____) _____ Business Fax (_____) _____

Business Street Address _____ City _____ State _____ ZIP _____

CORPORATE CONTRACT ONLY: Complete this section **only** if you are the signing officer of the corporation and are contracting both you and your corporation, with your individual commissions being paid to your corporation. Do **not** complete this section if you are an agent having your commissions paid to a corporation and are not the signing officer. By signing this contract as a signing officer of your company, you agree to have your commissions paid to the TIN.
Agency Name _____ TIN _____

B. 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 or have you ever been a registered representative with FINRA (formerly NASD)? ☐ Yes ☐ No
If "Yes," provide CRD number, even if not currently registered. _____
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 charged with, convicted of or pled guilty or nolo contendere (no contest) 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 charged with or convicted of or pled guilty or nolo contendere (no contest) to 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



C. ERRORS & OMISSIONS INFORMATION *(Errors & Omissions certificate not required if this section is completed.)*

Provide E & O Coverage Carrier *(required)* _____ Policy Number *(required)* _____

D. AGREEMENT/APPOINTMENT INFORMATION

Check Agreement Type: ☐ General Agent (Order #131419) ☐ Producer (Order #131420) ☐ Servicing Agreement (Order #131441)

Check Requested Company Appointments

☐ ReliaStar Life Insurance Company ☐ ReliaStar Life Insurance Company of New York ☐ Security Life of Denver Life Insurance Company

E. COMPENSATION *(Indicate Commission Schedule Level Codes ¹ for GA or Producer Agreements. Section to be completed by General Agency.)*

General Account

ReliaStar Life Insurance Company		ReliaStar Life Insurance Company of New York <i>(Requires New York License)</i>		Security Life Of Denver Insurance Company	
General Account	Level Code ¹	General Account	Level Code ¹	General Account	Level Code ¹
Target Compensation	<input type="text"/> <input type="text"/>	Target Compensation	<input type="text"/> <input type="text"/>	Target Compensation	<input type="text"/> <input type="text"/>
Excess/Renewals	<input type="text"/> <input type="text"/>	Excess/Renewals	<input type="text"/> <input type="text"/>	Excess	<input type="text"/> <input type="text"/>
Term Target Compensation	<input type="text"/> <input type="text"/>	Term Target Compensation	<input type="text"/> <input type="text"/>	Renewals Years 2 - 10	<input type="text"/> <input type="text"/>
Term Renewals	<input type="text"/> <input type="text"/>	Term Renewals	<input type="text"/> <input type="text"/>	Renewals Years 11+	<input type="text"/> <input type="text"/>
				Trails	<input type="text"/> <input type="text"/>

Variable *(For Voya Financial Advisors, Inc.)*

ReliaStar Life Insurance Company		ReliaStar Life Insurance Company of New York <i>(Requires New York License)</i>		Security Life Of Denver Insurance Company	
<input type="checkbox"/> Servicing only		<input type="checkbox"/> Servicing only		General Account	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"). Grids should be obtained from Regional home office.

Please list Producer's Next Immediate Upline

Name _____ Agent Number or SSN _____

General Agent Code(s)

ReliaStar Life Insurance Company: General Account *(7 digit code)* _____

ReliaStar Life of New York Insurance Company: General Account *(7 digit code)* _____

Security Life of Denver: Insurance Company General Account *(6 digit code)* _____ Variable *(6 digit code)* _____

Assign Commissions? ☐ Yes ☐ No *If "Yes," complete the Assignment of Commission form (Order #128051)*

Direct Deposit / EFT? ☐ Yes ☐ No *If "Yes," complete the Authorization Agreement for Direct Deposit form (Order #133854)*

F. BROKER-DEALER INFORMATION *(for Variable Appointment only)*

☐ New Variable Appointment ☐ Broker-Dealer Change

Broker-Dealer Name _____ CRD Number _____

Broker-Dealer signature is required unless the Voya Life Broker-Dealer Selling Agreement includes a background amendment.

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.

Required for Variable Appointment

 Broker-Dealer Officer Signature _____ Date _____

Broker-Dealer Officer Name *(Please print.)* _____

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

The Financial Crimes Enforcement Network (FinCEN), a bureau of the U.S. Department of Treasury, enacted regulations surrounding the anti-money laundering (AML) programs for insurance companies, which took effect May 2, 2006. The Company requires that all producers selling or servicing specified products complete AML training and certify with Voya at the time of contracting. In addition, under these regulations, Voya requires that all agents selling specified products recertify their AML training biennially based on the date the last certification was completed.

Producers meeting the following are recognized as having completed their required AML obligations without further documentation:

- Currently have an active variable annuity or variable life contract with Voya.
- Currently affiliated (commissions paying to) with a wirehouse when soliciting/servicing life insurance policies offered by Voya.
- Currently affiliated with a broker-dealer or bank, or with an agency of a broker-dealer or bank, whose Voya selling agreement covers all associated agents under a blanket AML certification. Please check with your broker-dealer or bank compliance office. You may also call Voya at 877-882-5050 to speak with a Voya Licensing Representative.
- Completed the AML course using LIMRA as the training service (aml.limra.com)

If you have not met one of the above qualifications, you will be required to certify your AML training completion by:

- Submitting an AML training certificate of completion sponsored by an ACLI or FINRA recognized organization.
- Submitting an AML training certificate of completion sponsored by a Voya approved training organization (list available by calling your Voya Licensing Representative).
- Completing the AML course using LIMRA as the training service (aml.limra.com).
- Completing the Voya AML Training Certificate of Completion (Form #137305).

Failure to certify your AML training may lead to delays in new business issuance. Failure to re-certify your AML training may lead to delays in new business issuance beyond the AML training expiration date. **Note:** Term Life policy issuance, with the exception of term products with Return of Premium product features, will not encounter delays due to AML training certification requirements.

H. CONDITIONS AND AGREEMENTS

I hereby certify that my answers to the questions contained in this application are true and correct. I acknowledge that Security Life of Denver, ReliaStar Life Insurance Company or ReliaStar Life Insurance Company of New York (*hereinafter called the "Company"*) have informed me of the Company's practices 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 also expressly authorize the Company, for the purpose of facilitating the licensing and appointment process, to share information gathered as a result of these investigations with my agency and/or broker-dealer (*including any third parties authorized by my agency and/or broker-dealer*). 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 Voya affiliate companies and to third parties where the third parties' legal interests and/or obligations are involved.

I authorize the Company to share any financial, business, legal, tax or work performance history regarding me that it receives from third parties, from any Voya affiliate companies or which is generated by the Company or from the Voya affiliate companies' data source that is not part of the investigative report, with all other Voya affiliate companies.

I also authorize the Company to share my debt balance information with agents, agencies or other third parties that assume my debt balance responsibilities, as well as debt collection agencies and debt reporting services.

I certify that I have reviewed this application and I understand that if any information provided in this application is found to be incorrect or incomplete, it will be grounds for rejecting this application or for termination of my appointment, all in the sole discretion of the company.

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 above and that are incorporated by reference into this Application. I understand and agree that by my signature, I am agreeing to all of the terms and conditions of the Agreements, including specified Compensation Schedules.

I agree to read and abide by the Company's Business Guidelines and other Company policies and procedures, as they may be amended from time to time, located at <https://forprofessionals.voya.com> or on the Producer/Distributor website (www.voyaprofessionals.com).

I. US TAXPAYER CERTIFICATIONS

Under penalties of perjury, I certify that:

1. The Taxpayer Identification Number that appears on this form is correct,
2. I am not subject to backup withholding due to failure to report interest and dividend income ¹, and
3. I am a U.S. person

¹ If you are subject to back-up withholding, you must strike through statement number 2.

NON-RESIDENT ALIEN STATUS

If you are a Non-Resident Alien, please check the box and provide your country of residence below.

☐ Under penalties of perjury, I certify that I am a Non-Resident Alien and my country of residence is: _____.

The amount paid to you will be subject to 30% withholding, unless you submit an IRS Form W-8, and are entitled to claim a reduced rate of withholding under the applicable US tax treaty.

Print Applicant/Producer Name

(Corporate/Agency Name if applicable) _____

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

The signing officer's signature, for corporate direct deposit request, must be the signature of the signing officer that Voya has on record.

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

Corporate/Agency Contact Name _____ Phone (_____) _____

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 General Agent Name

(required unless same as Applicant) _____

General Agent Code(s)

(if applicable) _____

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

LIFE COMPANIES PRODUCER AGREEMENT

ReliaStar Life Insurance Company, Minneapolis, MN
ReliaStar Life Insurance Company of New York, Woodbury, NY
Security Life of Denver Insurance Company, Denver, CO
Members of the Voya® family of companies
Customer Service: 699 Walnut Street STE. 1350, Des Moines, IA 50309-3942
Fax: 877-788-5122



Life

In consideration of the following terms and conditions, this Life Companies Producer Agreement (the "Agreement") is between the following parties, and made effective as of the Effective Date stated in the Producer's Life Companies Application for Appointment and Contract, or

_____, whichever is later.

I. Parties

- A. Company: ReliaStar Life Insurance Company
ReliaStar Life Insurance Company of New York
Security Life of Denver Insurance Company
Address: c/o Customer Service
Attn: Distributor Services
699 Walnut Street STE. 1350,
Des Moines, IA 50309-3942
Fax: 877-788-5122

- B. Producer (individual or legal entity) _____
Street Address _____
City _____ State _____ ZIP _____
Fax _____
Email _____

II. Definitions

- A. "Application" means any part of a formal request for a new Contract or a change or addition to an inforce Contract.
- B. "Company" means any of the above named companies with which Producer is appointed and its respective officers, directors, employees and assigns. "Issuing Company" means the specific company issuing a Contract. If Producer is appointed with more than one Company it is agreed that this Agreement is to be construed as a separate and distinct agreement between Producer and each of the Companies with which Producer is appointed. Except with respect to recovery of any Debit Balance in accordance with the provisions of this Agreement, the rights, obligations and responsibilities between Producer and one Company are distinct from the rights, obligations and responsibilities between Producer and any one of the other Companies. No Company will have responsibility or liability for the acts or omissions of any of the other Companies under this Agreement.
- C. "Compensation Schedule" means any Issuing Company Compensation Schedule containing amounts payable on the sale of a Contract, whether to a General Agent or a Producer and includes, but is not limited to, commission schedules and bonus commissions.
- D. "Contract" means a life insurance contract (including riders, endorsements, amendments, or other modifications of benefits or coverage) issued by the Issuing Company, in its sole discretion, as a result of an Application attributable to Producer while this Agreement is inforce.
- E. "Debit Balance" means any amount owed by Producer to a Company or to a Voya Affiliate Company, as defined below, that is not paid when due, including but not limited to, a debt resulting from a refund of premium, payment of compensation, chargeback, loan, advance, annualization, settlement or indemnification obligation.
- F. "First Commissionable Event" means the first date on which the Issuing Company applies premium to a Contract that is issued and inforce; and does not include advances.



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- G. "General Agent" means an individual or legal entity who is:
1. Licensed to sell insurance contracts; and
 2. Appointed with a Company and holds a Life Companies General Agent Agreement.
- The term "General Agent" includes the General Agent and its heirs, representatives, officers, directors, employees and assigns.
- H. "Guidelines" means the Business Guidelines, as amended from time to time.
- I. "Voya Affiliate Company" means any legal entity, other than a Company, that is a subsidiary of Voya Financial, Inc.
- J. "Notice" means written notice:
1. Deemed given when:
 - a. Received by facsimile or email transmission; or
 - b. Placed in the U.S. mail, postage prepaid; or
 - c. Sent by overnight courier service; and
 2. Addressed to:
 - a. The applicable address, facsimile number, or email address stated on the first page of this Agreement, unless Notice has been given to the other party of a change of address; or
 - b. For the Producer, the last known address, facsimile number, or email address as shown in the Company records; or
 - c. For Company, the current mailing address, facsimile number, and email address of the Customer Service in Des Moines, IA, as posted on the Company Producer/Distributor Website.
- K. "Producer" means an individual or legal entity who is:
1. Licensed to sell insurance contracts; and
 2. Appointed with a Company and holds a Life Companies Producer Agreement; and
 3. Designated by a General Agent in a Life Companies Application for Appointment and Contract form.
- The term "Producer" includes the Producer and its heirs, representatives, officers, directors, employees and assigns. A Producer (who may then be referred to as the "Recruiting Producer") may also designate another Producer in a Life Companies Application for Appointment and Contract form.
- L. "Producer/Distributor Website" is a Website for General Agents and Producers that provides information regarding the Company that may be amended and renamed from time to time. In 2014, it is known as Voya for Professionals.
- III. Producer
- A. Distribution
1. Producer agrees to use its best efforts to find appropriate purchasers for Contracts.
 2. Producer agrees that this Agreement does not grant any exclusive territory or contract to Producer and Company may provide continuing service directly to the Contract owners and their representatives.
- B. Compliance. Producer agrees to:
1. Give immediate Notice to Company of any change in its current mailing address, facsimile number and email address; and
 2. Give immediate Notice to Company if Producer is convicted of a felony; and
 3. At all times be properly licensed under all applicable state laws; and
 4. Comply with all applicable state and federal laws and regulations, including but not limited to, any replacement regulations; and
 5. Read and abide by the Company's Business Guidelines and other Company policies and procedures, as they may be amended from time to time. The Company's Business Guidelines are also posted on the Producer/Distributor Website (Voyaprofessionals.com); and
 6. Use only advertising and sales materials, including illustrations, that are approved by Company prior to use; and
 7. Comply with Company procedures, as stated in the Guidelines, prohibiting unfair competition and rebating, even in states where rebating is not illegal under state law; and
 8. Implement procedures providing that anyone involved in the sales presentation, solicitation or receipt of compensation pertaining to any Contract will act in accordance with applicable laws and regulations; and
 9. Immediately send all Applications, other required documentation and payments to Company at the address indicated on the Application, or any other address designated by Company; and
 10. Implement procedures providing that Producer and each of its employees will only make a recommendation to purchase a Contract when there are reasonable grounds to believe that the product meets the needs of the purchaser; and
 11. Assure that it has access to the most current version of the following:
 - a. Company software for sales illustrations, needs analysis and other sales tools; and
 - b. The Producer/Distributor Website for updates on Company policies, procedures, and products, as well as regulatory and Company training opportunities.

- C. Limitation of Authority. Producer will have no authority and agrees not to:
1. Bind Company by any promise or agreement; and
 2. Incur any debt, expense, or liability whatsoever in Company's name or account; and
 3. Receive any money due or to become due to Company other than first premiums received in accordance with Company procedures; and
 4. Accept payment for a Contract in cash or cash equivalents, except to the extent permitted by the Voya Anti-Money Laundering policies; and
 5. Deliver or allow any Contract to be delivered until the first premium has been paid in full; and
 6. Deliver a Contract if, after reasonable inquiry, Producer is aware that the true facts as to the health, habits, occupation or other factors pertinent to the insurability of the proposed insured are not then as represented in the Application for such Contract; and
 7. Make, modify or discharge any Contract, or bind Company by making any promises respecting any Contract, including but not limited to, extending the time for paying premiums; and
 8. Hold any bank account using "Voya" or any of the Company insurance company names in the account name.

D. General Provisions

1. Producer is responsible for payment of one hundred percent (100%) of Producer's Debit Balance owed to any Company, as provided in the "Debit Balance" paragraph in this Agreement.
2. The relationship of Producer to Company is that of an independent contractor. Nothing in this Agreement should be construed to create the relationship of employer and employee, partnership, joint venture or franchise. Producer is free to exercise independent judgment as to the time, place and means of performing all acts under this Agreement.
3. Producer is solely responsible for its staff, office space and expenses, including payment of all employment, state and federal taxes.
4. Producer will keep accurate records of all transactions on behalf of Company for so long as the Contract is active, or a period of five years after the termination of the Contract, whichever is longest, but in no event less than required by law, and make such records, including but not limited to Customer Information, as defined below, available for examination and copying.

IV. Compensation

A. Compensation Schedules

1. The Producer Compensation Schedules, as amended from time to time, are incorporated by reference into this Agreement and govern the parties' agreement with respect to compensation.
2. Subject to the conditions of this Agreement and only as provided in the applicable Producer Compensation Schedule in effect on the date the Application for the Contract is signed, the Issuing Company will pay Producer compensation on any Contract in accordance with the applicable commission cycle.
3. If the Producer Compensation Schedule provides that General Agent has the responsibility for compensating Producer, Producer agrees that the Issuing Company has no obligation to pay any compensation directly to Producer.
4. The amount, if any, and the time of payment of compensation on replacements, changes, conversions, exchanges, term renewals, premiums paid in advance, Contracts issued on a "guaranteed issue" basis, and other special cases and programs will be governed by the practices of the Issuing Company, including underwriting and issue rules, in effect on the effective date of the change or other transaction.

B. Payment of Compensation

1. No compensation will be earned or payable until the Issuing Company receives and applies, in its sole discretion, the Contract premium at Customer Service in Minot, ND, all delivery requirements are met, and the Contract is placed in force; provided however, when commissions are advanced, commissions are payable according to the terms of the applicable Annualization Agreement or Amendment. The current mailing address, facsimile number, and email address of Customer Service in Minot, ND, is posted on the Company Producer/Distributor Website.
2. Producer will continue to receive the compensation specified in the Producer Compensation Schedules, except in the following situations:
 - a. During an investigation of Producer by any Company or Voya Affiliate Company, any Company reserves the right to withhold payment of any compensation pending resolution of the investigation;
 - b. Any Company owing compensation to Producer will cease to pay any compensation after termination of this Agreement for cause;
 - c. If termination of this Agreement is due to the death of Producer, any remaining compensation owed under the Compensation Schedules will be paid to Producer's estate; and
 - d. Producer may not assign all or any part of Producer's compensation accruing under this Agreement without the written consent of Company. Any assignment is subject to Company's right of offset and first lien provided for in this Agreement. A General Agent's release or termination of compensation will not affect any Producer's right to compensation.

- C. Chargebacks. The Company will charge back compensation to Producer in accordance with the applicable Compensation Schedule. In addition, if any Company, in its sole discretion, determines at any time that a refund of premium should be made, any compensation paid to Producer on the amount refunded will be charged back and to the extent not repaid, will become a part of Producer's Debit Balance, to be repaid to such Company promptly following Notice to Producer.

D. Debit Balance

1. Producer agrees to pay the Debit Balance of Producer owed to any Company when due.
2. If any Debit Balance is not paid when due, the amount will bear interest at the rate posted on the Producer/Distributor Website, but in no event in excess of that permitted by applicable law.
3. Producer grants to any Company a first lien on and the right to apply any amount due to Producer from any Company and any Voya Affiliate Company to offset Producer's Debit Balance with any Company or any Voya Affiliate Company.
4. Any Debit Balance of any Producer survives termination of this Agreement.

E. Modifications to Existing Compensation Schedules. Notwithstanding any language in this Agreement or any prior Agreement between the parties, including but not limited to, current or prior Compensation Schedules:

1. For Contracts on which the First Commissionable Event took place before January 1, 2006, on which there is an underwritten face increase occurring on or after January 1, 2006:
 - a. If a Contract:
 - i. Is on a policy form available for sale on or after January 1, 2006, or
 - ii. For ReliaStar Life Insurance Company Contracts only (including those formerly known as Security-Connecticut Life Insurance Company), is on a policy form that is no longer available for sale on or after January 1, 2006, compensation on the underwritten face increase will be paid to Producer at the rates provided in the applicable Producer's Compensation Schedule in effect on the effective date of the underwritten face increase; and
 - b. For Southland Life Insurance Company Contracts only, the compensation will be the same as that set forth in the Producer's Compensation Schedule applicable to the Contract in effect on December 31, 2005.
2. For Contracts on which the First Commissionable Event took place before January 1, 2004 on which there is an automatic cost of living face increase occurring on or after January 1, 2006, compensation will be paid at the rates specified and to the appropriate Producer as stated in the COLA Procedures set forth on the Producer/Distributor Website.
3. No compensation will be paid to Producer until the amount of compensation due exceeds a minimum amount. This minimum amount may vary from issuing Company to issuing Company, and may be amended from time to time. These amounts are published on the Producer/Distributor Website.
4. If the total payment due from any of the individual Companies during any calendar year following termination of this Agreement is less than \$10,000, then such Company may elect to pay the present value of the remaining compensation in one lump sum. The present value will be calculated based on an interest rate of 8% and the Linton B Persistency Table that in the Company's sole discretion reflects the expected persistency of the business. After such lump sum payment, the individual Company will be relieved of any further obligation under this Agreement for payment of compensation.

V. Termination

A. Immediate Termination

1. Termination for Cause. Company may terminate this Agreement as to all Companies and terminate all of Producer's Company appointments, for cause, without notice, in the case of the following:
 - a. Producer's fraud or misconduct, whether or not in conjunction with a Contract or this Agreement; and
 - b. Producer's conviction of a misdemeanor involving breach of trust or any felony; and
 - c. Producer's failure to comply with the terms of this Agreement; and
 - d. Producer's inducing any other Producer to discontinue Producer's Agreement with Company; and
 - e. Producer's inducing any Contract owner to surrender or exchange its Contract; and
 - f. Producer's withholding of any monies, documents, Applications or Contracts, after demand by Company.
2. Automatic Termination. This Agreement, and all of Producer's Company appointments, will terminate automatically, without notice, in the case of the following:
 - a. Producer's death or dissolution; or
 - b. Producer's loss of a valid, resident insurance license.

B. Termination With Notice. Either party may terminate this Agreement for any reason, by giving the other party fifteen (15) days written Notice.

C. Effect of Termination. Upon termination of this Agreement for any reason, Producer agrees to certify the destruction of all materials provided by Company to Producer, including but not limited to, all passwords, documents, forms, advertising materials, computer programs or other software.

VI. Liability

- A. Errors and Omissions Insurance. At Producer's expense, Producer will secure and maintain at all times errors and omissions insurance acceptable to Company in a minimum amount of \$1,000,000 per occurrence that covers the acts and omissions of Producer, and its employees, officers, directors and affiliates. Notwithstanding any insurance, Producer remains fully liable to pay Company for any obligations, including but not limited to, the amount of any deficiency. Producer will provide to Company a certificate demonstrating that the insurance coverage has been purchased and is in effect.
- B. Fidelity Bond. At Producer's expense and where required by state law, Producer will secure and maintain a fidelity bond including coverage for larceny and embezzlement, issued by a reputable bonding company covering all persons who have access to funds of Company or Contract owners.


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- C. Indemnification. Producer will indemnify and hold Company and any Voya Affiliate Company harmless from any and all losses, claims, costs, damages, liabilities and expenses, including but not limited to, attorney fees, settlement payments, judgments and/or fines, resulting, directly or indirectly, from any breach of this Agreement by Producer or arising, directly or indirectly, from any act or omission of Producer, and its employees, officers, directors, affiliates and anyone acting on Producer's behalf. Producer agrees to defend any Company, at Producer's cost, in any arbitration, litigation, regulatory action or other proceeding covered by this indemnification clause, and not covered by the mandatory arbitration clause in this Agreement.
- VII. Investigations, Complaints and Litigation
- A. Producer agrees to cooperate fully in any investigation, complaint, claim, proceeding, arbitration or litigation arising in connection with any Contract solicited or sold under this Agreement.
- B. Without limiting the foregoing, Producer will promptly (preferably within twenty-four (24) hours) give Notice to Company of any customer claim or complaint, regulatory investigation, arbitration or judicial proceeding pertaining to any Contract or against Company.
- C. Producer will also promptly notify Company of any significant regulatory investigation or litigation involving Producer of which Producer has knowledge, even though it may not directly or indirectly involve a Contract.
- D. In its sole discretion, Company may settle any claim of an applicant, Contract owner or other person or entity concerning any conduct, act or omission of Producer. Producer agrees to reimburse Company for the costs of such settlement.
- VIII. Customer Information. The parties desire to protect Customer Information, as defined below, and to comply as may be necessary with requirements of the Gramm-Leach-Bliley Act and all relevant state and federal regulations and state privacy laws (all referred to as "Privacy Law").
- A. "Customer Information" means an applicant's Application for a Contract or service and all non-public personal information about a customer that a party receives from another party. "Customer Information" includes, by way of example and not limitation, name, address, telephone number, social security number, health information and personal financial information (which may include consumer account number).
- B. The parties understand and acknowledge that they may be financial institutions subject to Privacy Law, and all Customer Information that one party receives from another party is received with limitations on its use and disclosure. The parties agree that they are prohibited from using the Customer Information received from another party other than:
1. As required by law, regulation or rule; or
 2. To carry out the purposes for which one party discloses Customer Information to the other party under this Contract, including use under an exception permitted by Privacy Law in the ordinary course of business to carry out the purposes.
- C. The parties agree that:
1. The purpose for which Producer discloses Customer Information to Company includes the establishment of a consumer/customer relationship between the consumer and Company in order to offer its financial products and the financial products of its affiliates to consumers;
 2. The purpose for which Company discloses Customer Information to Producer is to service the Company Contract or other services obtained by the customer; and
 3. They will use such information only as permitted by Privacy Law.
- D. Subject to the provisions of subparagraph B above, the parties will not disclose the Customer Information to any other person without prior written permission from the other parties.
- E. The parties will establish and maintain safeguards against the unauthorized access, destruction, loss, or alteration of Customer Information in their control that are no less rigorous than those maintained by a party for its own information of a similar nature. In the event of any improper disclosure of any Customer Information, the party responsible for the disclosure will immediately notify the other parties.
- IX. General Provisions
- A. Entire Agreement
1. This Agreement, including all applicable Producer Compensation Schedules, the Guidelines, and the Producer's Application for Appointment and Contract, which are incorporated by reference, constitute the entire agreement between the parties concerning the subject matter of this Agreement and supersedes in its entirety all prior agreements, understandings, negotiations and other written or oral communications between the parties with respect to the subject matter of this Agreement.
 2. The parties specifically agree that any prior general agent, agent or producer agreements, however titled, between Producer and any Company are terminated effective December 31, 2003.
- B. Amendment of Agreement. Company may amend any part of this Agreement, specifically including but not limited to, any Compensation Schedules (for prospectively issued Contracts only) by giving Notice to Producer. No oral promises or representations will be binding. Submission of an application for a Contract by Producer on or after the effective date of any such amendment will constitute Producer's agreement to the amendment.
- C. Non-Assignability. Producer may not assign this Agreement or any rights or obligations under this Agreement without Company's prior written consent.
- D. Arbitration.
1. Any dispute between a Company and Producer will be settled by arbitration. Without limiting the foregoing this will include, but not be limited to, any dispute or disagreement arising out of, or relating to, the formation, interpretation, performance, or breach of this Agreement, whether such dispute arises before or after termination of this Agreement, and whether in contract or tort or otherwise.

2. To initiate arbitration, either the Company or Producer will send Notice to the other party in writing of its desire to arbitrate. The Notice will identify the claimant, the contract at issue and the nature of the claims and/or issues. Notice of arbitration must be sent by certified mail, return receipt requested. The arbitration will be deemed to be commenced on the date the Notice of arbitration is received.
 3. The arbitration will be conducted in accordance with the Commercial Arbitration Rules of the American Arbitration Association ("AAA") and its Expedited Procedures with the exception of the following: There will be three arbitrators who will each have no less than five years of experience in life insurance and who are current or former officers of life insurance companies other than the parties to this Agreement. Within thirty (30) days following the commencement of arbitration proceedings, each party will provide the other party with identification and a copy of the curriculum vitae of their appointed arbitrator. The two party-appointed arbitrators will appoint a third arbitrator who will serve as the umpire. If they do not do so within thirty (30) days, the AAA will appoint the umpire.
 4. The arbitration will take place in Atlanta, Georgia, unless otherwise agreed to by the parties. The award rendered by the arbitrators will be final and binding upon the parties, except that the parties retain all rights to challenge an award under the Federal Arbitration Act, and judgment upon the award may be entered in any court with jurisdiction.
 5. Unless the arbitrators decide otherwise, each party will bear the expense of its own arbitration activities, including its appointed arbitrator and any outside attorney and witness fees. The parties will jointly and equally bear the expenses of the umpire and other costs of the arbitration.
 6. The parties agree that under no circumstances will any party be liable to any other party for lost profits, or any special, indirect, consequential, treble, multiple or punitive damages of any kind, whether or not foreseeable, incurred by any other party in connection with this Agreement.
- E. Governing Law and Venue. This Agreement will be governed by and construed under the laws of the State of Georgia. The parties agree that the federal courts located in, and the state courts of, Fulton County, Georgia, will have jurisdiction and be the appropriate venue for any required judicial interpretation and enforcement of this Agreement.
- F. Binding Effect. This Agreement will be binding on and will inure to the benefit of the parties to it and their respective successors in interest. Should any portion of this Agreement be determined to be invalid or unenforceable for any reason, such invalidity or enforceability shall be deemed, to the maximum extent possible, not to affect the validity and enforceability of the remainder of this Agreement.
- G. Waiver. Failure of any party to insist upon strict compliance with any condition of this Agreement will not be construed as a waiver of any such condition.
- H. Term of Agreement. This Agreement will continue indefinitely, until terminated by either party pursuant to the provisions in this Agreement.
- I. Authority. Each party represents that the person signing this Agreement on its behalf has the authority and capacity to bind the party.
- J. Execution. The parties' agreement to be bound by this Agreement may be evidenced by any one of the following methods:
1. By signature of both parties on the attached signature pages which may be executed simultaneously in two or more counterparts, each of which taken together will constitute one document and may be signed by written signature or by a facsimile of the signature of an authorized officer of any party; or
 2. By signature of Producer on an Application for Life Appointment and Contract that includes the form of this Agreement deemed as an attachment; or
 3. By Producer's submission of an application for a Contract on or after January 1, 2004.

COMPANY:

Reliastar Life Insurance Company
Reliastar Life Insurance Company of New York
Security Life of Denver Insurance Company

BY:

 Signature _____ Date _____

Name (Please print.) _____

Title _____

Producer:

 Signature _____ Date _____

Name (Please print.) _____

Title _____

AUTHORIZATION AGREEMENT FOR COMPENSATION DIRECT DEPOSIT

Email, fax, or mail the completed form to Producer Services:
Email: DS_Maintenance@voya.com
Fax: 877-788-5122
Mail: PO Box 1593, Des Moines, IA 50305-1593



Note: Compensation information is available on Voya for Professionals (www.voyaprofessionals.com).

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

Life (Contact Phone: 877-882-5050):

ReliaStar Life Insurance Company
ReliaStar Life Insurance Company of New York
Security Life of Denver Insurance Company

Annuities (Contact Phone: 800-369-5305):

Voya Insurance and Annuity Company
ReliaStar Life Insurance Company of New York (includes Fixed and Variable Annuities)
Voya Retirement Insurance and Annuity Company

Retirement Services (Contact Phone: 888-238-6297):

ReliaStar Life Insurance Company (Annuities/Education)
Voya Retirement Insurance and Annuity Company

☐ I do not wish to have all Company commissions paid by direct deposit. Please pay commission by direct deposit for the following business units only.
(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 _____ Bank Routing Number ¹ | | | | | | | | | |

Account Owner Name ¹ _____ Account Number ¹ _____

Branch Address _____

Account #2 ☐ Checking ☐ Savings

Financial Institution Name _____ Bank Routing Number ¹ | | | | | | | | | |

Account Owner Name ¹ _____ Account Number ¹ _____

Branch Address _____

¹ Your request will be incomplete without this information.

Sample Check

Routing Number (9 digits)

Financial Institution

MEMO

Not Negotiable

Account Number

⑆ 987654321 ⑆ 1234567890123 ⑆ 5678

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. **I certify I am an authorized signer of this account, and I confirm that this account complies with my obligations under Voya's Business Guidelines. I also understand that I may not share commissions with non-licensed entities and/or individuals and that I may not engage in any form of rebating.**

Signature ¹ _____ Date _____

Print Name ¹ _____ Phone (____) _____

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

¹ Your request will be incomplete without this information.

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

Name of Corporation (if applicable) _____



ASSIGNMENT OF COMMISSION - GENERAL ACCOUNT

ReliaStar Life Insurance Company, Minneapolis, MN
ReliaStar Life Insurance Company of New York, Woodbury, NY
Security Life of Denver Insurance Company, Denver, CO
Members of the *Voya® family of companies*
(the "Company")
Customer Service: 699 Walnut Street STE. 1350, Des Moines, IA 50309-3942
Phone: 877-882-5050; Fax: 877-788-5122



Life

IMPORTANT: To avoid processing delays complete all sections of this form before forwarding to the Company.

ASSIGNMENT REQUESTED FOR THE FOLLOWING COMPANIES

- ☐ ReliaStar Life Insurance Company
☐ ReliaStar Life Insurance Company of New York
☐ Security Life of Denver Life Insurance Company

ASSIGNEE INFORMATION (Agent/Corporation to receive commissions. Assignee must be licensed and appointed as required by state regulation.)

Assignee Agent Number _____ SSN/TIN _____

Assignee Street Address _____


Assignee City _____ State _____ ZIP _____

ASSIGNMENT

For VALUE RECEIVED, I hereby assign and transfer to:

Assignee Name _____

all my right, title and interest in and to commissions payable by the Company indicated above as specified in commission agreements in effect with respect to any and all policies sold under the assignor agent number listed below, and I hereby authorize said Company to pay such commissions to the Assignee unless and until the this Assignment is released by Assignee. I understand that the Company will report income paid under this Assignment to Assignee for tax purposes.

 Assignor Signature _____ Date _____

ASSIGNOR INFORMATION (Agent/Corporation assigning commissions)

Assignor Name _____

Assignor Agent Number _____ SSN/TIN _____

ADDITIONAL INFORMATION

Assignor General Agent/Managing Director Name _____

Assignor General Agent/Managing Director Number _____

Assignee Signing Officer Name _____ Signing Officer SSN _____

THE COMPANY DOES NOT ASSUME RESPONSIBILITY FOR THE VALIDITY OR SUFFICIENCY OF THIS ASSIGNMENT.



INSTRUCTIONS FOR ANTI-MONEY LAUNDERING TRAINING CERTIFICATION OF COMPLETION



Effective May 2, 2006, Insurance Companies are required to establish and maintain Anti-Money Laundering programs for covered products, in accordance with USA PATRIOT Section 352 (US 31 CFR 103.137). Agents and brokers must be integrated into these programs and receive anti-money laundering training. This form was developed to provide you with a convenient means to verify, to the various companies with whom you do business, that you have completed this training.

Agent or Broker: Complete Sections A and B and execute the affirmation in Section C. If your training was provided by an insurance company, broker-dealer or bank, that entity must either provide a certificate including an outline of the training program or complete and execute Section D. This certification cannot be used for LIMRA purposes.

Section A: Agent Information

Complete this section in its entirety. Include at least one telephone number where you can be contacted to verify the information you have submitted.

Section B: Training Information

Provide the name of the training program, the date you completed it, and the name of the entity providing the training, including a contact person. If you received training from an entity other than an insurance company, broker-dealer, bank, or vendor, attach an outline of the training program.

Section C: Agent Affirmation

Complete and sign this form before you submit it to an insurance company as proof that you have completed training.

Section D: Training Program Content and Affirmation (Insurance Companies, Banks and Broker-Dealers Only)

If the training was delivered by an insurance company, bank, or broker-dealer, that entity must either provide a certificate (including an outline of the training program) or complete Section D, certifying that the training program covers the ACLI's "Recommended Core Elements for an AML Training Program for Life Insurance Agents and Brokers" and/or that the training program is in Compliance with regulations issued under the USA PATRIOT Act.

The ACLI Core Elements are posted on the internet at the following site:

http://www.acli.com/Issues/Documents/13ffa0ff189a46ad8135a4e9a0d6cd91AML_Recommended_Core_Elements1.pdf

If the training was delivered by an insurance company, broker-dealer, or bank, this form will not be accepted unless the firm performing the training provides a certificate of completion or executes this affirmation.

Insurance companies, broker-dealers and banks are subject to AML requirements imposed by regulations issued under Section 352 of the USA Patriot Act (31 CFR 103.137 and/or NASD Rule 3011). If your training was provided by a vendor or an entity not subject to these regulations, the insurance company you represent will verify the content of the training.

Contact Information

If you have any questions, speak with your agency manager.

ANTI-MONEY LAUNDERING TRAINING CERTIFICATION OF COMPLETION



Agents: Complete Sections A through C. Section D is for Broker-Dealers, Banks and Insurance Companies.

A. AGENT INFORMATION *(This certification cannot be used for LIMRA purposes.)*

Agent Name _____ SSN _____

Address _____ City _____ State _____ ZIP _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

B. TRAINING INFORMATION

Training Program Title _____ Date Program Completed _____

Training was delivered by: *(Check all that apply.)*

☐ Insurance Company
Full Name and Contact Information _____

☐ Broker-Dealer
Full Name and Contact Information _____

☐ Bank
Full Name and Contact Information _____

☐ Vendor
Full Name and Contact Information _____

☐ Other
Full Name and Contact Information *(Attach outline of training program.)* _____

C. AFFIRMATION OF ANTI-MONEY LAUNDERING TRAINING PROGRAM COMPLETION

I am a duly licensed insurance agent and affirm that I have completed the above-referenced training program, which to the best of my knowledge satisfies requirements imposed on insurance companies by regulations issued under USA Patriot Act Section 352 (US 31 CFR 103.137). I acknowledge that the insurance company to which this certification has been provided retains the right to review and approve the training program and its curriculum before accepting this certification. I affirm (i) that I have read and understand the insurance company's Producer's Guide for Insurance Agents and (ii) that I am knowledgeable about my obligations under the regulation.

➡ Agent Signature _____ Date _____

D. FOR BROKER-DEALERS, BANKS AND INSURANCE COMPANIES ONLY *(Attach a certificate documenting the contents of the training program or complete and execute the items below.)*

Check all that apply:

☐ Training program covers the ACLI Core Elements for an AML Course.

☐ Training program is in compliance with regulations issued under USA Patriot Act Section 352 (US 31 CFR 103.137 and/or NASD Rule 3011).

I affirm that the above referenced agent completed the above reference training program and that the program either covers the ACLI Core Elements and/or is in compliance with regulations issued under USA Patriot Act Section 352 (US 31 CFR 103.137 and/or NASD Rule 3011).

Entity Delivering Training _____

Name & Title _____ Phone (_____) _____

➡ Signature _____ Date _____



FAIR CREDIT REPORTING ACT DISCLOSURE



Voya Financial, Inc. and each of its subsidiaries (the "Company") disclose to you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for employment¹ as an independent contractor. It may be an "investigative consumer report" that includes information as to your character, general reputation, personal characteristics and mode of living.

By signing below I acknowledge that I have received and understand this Disclosure in accordance with the requirements under the Fair Credit Reporting Act, as amended.

- **I authorize the Company, now and at any time while I am appointed and contracted to represent the Company for the sale and solicitation of the Company's products, to obtain a consumer report and/or investigative consumer report on me;**
- I authorize and request any consumer reporting agency to furnish any and all information in their possession regarding me in connection with employment¹ as an independent contractor. I authorize that a photocopy of this disclosure be accepted with the same authority as the original;
- I have the right to make a written request within a reasonable period of time to receive the additional, detailed information about the nature and scope of this investigation;
- I authorize the Company to share this information with the appropriate people in the Company, including but not limited to identified persons and those involved in the licensing and contracting process;
- I understand I am not to solicit business on behalf of any Company until all required licenses and appointments have been obtained and all required contracts have been executed; and
- **I have received "A Summary of Your Rights Under the Fair Credit Reporting Act."**

Print Name _____ Date of Birth _____

If name changed (through marriage or otherwise), print former name here _____

Signature _____ Date Signed _____

☐ **California, Minnesota and Oklahoma Applicants Only.** Please check here to have a copy of your consumer report sent directly to you by the appropriate credit repository.

If you have checked this box to receive a copy of your credit report, you must return this form with your agent contracting paperwork and provide your Social Security number below.

Social Security Number _____

¹Producers and agents are independent contractors, not employees. "Employment" is used in a non legal sense and includes qualification for certain programs available to independent contractors. Nothing in this form shall be construed to create an employer/employee relationship.



APPLICATION FOR ANNUALIZATION - GENERAL ACCOUNT

ReliaStar Life Insurance Company, Minneapolis, MN
ReliaStar Life Insurance Company of New York, Woodbury, NY
Security Life of Denver Insurance Company, Denver, CO
Members of the Voya® family of companies
(the "Company")
Customer Service: 699 Walnut Street STE. 1350, Des Moines, IA 50309
Fax: 877-788-5122



Life

APPLICANT INFORMATION

Applicant Name _____ SSN (Last 4 digits only) _____
Business Address _____ City _____ State _____ ZIP _____
Phone (_____) _____ Email _____

QUESTIONNAIRE (All questions must be completed. If you answer "Yes" to any questions, you must attach an explanation with all relevant information and supporting documents.)

1. Within the past 10 years, have you ever initiated bankruptcy proceedings or declared bankruptcy? ☐ Yes ☐ No
2. Do you have any unsatisfied liens or judgments? ☐ 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? ☐ Yes ☐ No
4. Are you involved in any pending or current litigation, investigations, or E & O claims? ☐ Yes ☐ No
5. With the exception of routine traffic violations, have you ever been convicted of or pled guilty or nolo contendere (no contest) to a misdemeanor? ☐ Yes ☐ No
6. With the exception of routine traffic violations, have you ever been convicted of or pled guilty or nolo contendere (no contest) to a felony? ☐ Yes ☐ No

CONTRACT ADVANCE AND ANNUALIZATION RATE (This information is REQUIRED to process your request. Please see Commission Annualization Quick Guide: Order #137569)

NOTE: Annualization is not available in Puerto Rico.

For the following Companies:

- ☐ ReliaStar Life Insurance Company
☐ ReliaStar Life Insurance Company of New York
☐ Security Life of Denver Insurance Company

Indicate Annualization Rate To Be Applied To Commissions: ☐ 25% ☐ 50% ☐ 75% ☐ 100%

Amount Of Advance On Any One Contract (Maximum = \$25,000.00) \$ _____

Total Advance To Applicant On All Contracts (Maximum = \$75,000.00) \$ _____

AUTHORIZATION / ACKNOWLEDGEMENT (Form will be returned if not signed.)

The undersigned Applicant hereby affirms that the preceding answers are true, correct, and complete. By signing below, Applicant authorizes the Company to make a thorough investigation of this information and releases from all liability any persons, companies or corporations supplying information. Applicant further authorizes the Company to review the results of the investigation with the General Agent/Managing Director that is recommending Applicant for annualization to the Company by signature below.

➔ Applicant Signature _____ Date _____

Applicant Agent Number _____

➔ General Agent / Managing Director Signature
(if other than Applicant) _____ Date _____

General Agent / Managing Director Name _____ Agent Number _____



ANNUALIZATION AGREEMENT - GENERAL ACCOUNT

ReliaStar Life Insurance Company
ReliaStar Life Insurance Company of New York
Security Life of Denver Insurance Company
Members of the *Voya®* family of companies
(the "Company")

Customer Service, 699 Walnut Street STE. 1350, Des Moines, IA 50309-3942
Fax: 877-788-5122



Life

In consideration of the following terms and conditions, this Annualization Agreement - General Account (the "Agreement") is between the following parties and made effective as of the Effective Date stated below.

I. PARTIES

A. Company: ☐ ReliaStar Life Insurance Company

☐ ReliaStar Life Insurance Company of New York

☐ Security Life of Denver Insurance Company

Address: c/o Customer Service, Attn: Distributor Services, 699 Walnut Street STE. 1350, Des Moines, IA 50309-3942

Fax: 877-788-5122

B. Applicant (*General Agent or Producer*):

Individual or Legal entity _____

Street Address _____ City _____ State _____ ZIP _____

Email _____ Fax (_____) _____

C. Guarantor: Managing Director/General Agent (*if applicable*)

Individual or Legal entity _____

Street Address _____ City _____ State _____ ZIP _____

Email _____ Fax (_____) _____

II. DEFINITIONS

A. **"Applicant"** (or "you" or "your" or "yours") means a General Agent or Producer contracted and appointed with the Company. The terms "General Agent" and "Producer" include the named party, heirs, representatives, officers, directors, employees and assigns.

B. **"Company"** means the company or companies indicated above. If you are contracted and appointed with more than one Company, the parties agree that this Agreement is to be construed as a separate and distinct Agreement between you and each of the Companies with which you are contracted and appointed. Except with respect to recovery of any Advances or Debit Balances in accordance with the provisions of this Agreement, the rights, obligations and responsibilities between you and one Company are distinct from the rights, obligations and responsibilities between you and the other Company. No Company will have responsibility or liability for the acts and omissions of the other Company under this Agreement.

C. **"Eligible Commissions"** means first year base commissions, excluding commissions paid on excess premiums and EAP, as provided in the applicable Compensation Schedule.



II. DEFINITIONS *(Continued)*

- D. **"Eligible Contracts"** means any general account life insurance contract issued by a Company in which the First Commissionable Event occurs while this Agreement is in effect.
1. Eligible Contracts include:
- Contracts paid by Electronic Funds Transfer and Bank Draft on a monthly pay mode; and
 - Contracts paid by list Military Allotment or List Bill on all modes.
2. Eligible Contracts exclude:
- Contracts paid by direct pay; and
 - Contracts insuring yourself, your immediate family members (spouse, children, parents and siblings); and
 - Term conversions and internal exchanges.
 - Contracts issued in Puerto Rico.
- E. **"First Commissionable Event"** means the first date on which the Company applies premium to a Contract that is issued and inforce, except when there is an exchange and commissions are advanced.
- F. **"Voya Affiliate Company"** means any legal entity, other than a Company, that is a subsidiary of Voya Financial, Inc.
- G. **"Notice"** means written notice:
- Deemed given when received by facsimile or email transmission; or placed in the U.S. mail, postage prepaid; or sent by overnight courier service; and
 - Addressed to the applicable address, facsimile number, or email address stated in this Agreement, unless Notice has been given to the other party of a change of address.

III. ADVANCES

- A. In its sole discretion, any Company may advance to you certain amounts in excess of commissions actually earned and payable to you on Eligible Contracts (the "Advances").
- B. You understand and agree that any Advances are your obligation and indebtedness and that you are liable to repay any Advances to any Company.
- C. Either party or a Guarantor may terminate this Agreement at any time upon Notice to the others.

IV. CONDITIONS FOR ADVANCES

- A. Once your Application for Annualization (Order #131352) has been approved by Company, the maximum Advance on any one Eligible Contract, the total maximum Advance to you on all Eligible Contracts and the annualization rate of Eligible Commissions will be as stated on that Application for Annualization, which is made a part of this Agreement.
- B. Any Contract changes after the First Commissionable Event, such as face increases or additions, will not cause recalculation of an Advance.
- C. A thirteen (13) month premium persistency rate of 80% or better on all Company Contracts must be continuously maintained to remain eligible for Advances.

V. PROMISSORY NOTE

- A. You promise to repay each Advance at the earliest of the following dates:
- Twelve (12) months after your receipt of the Advance; or
 - Immediately if the Eligible Contract on which you received the Advance is returned to Company for refund of premium during the Free Look Period as described in the Contract form, or is lapsed or surrendered during the first twelve (12) months after your receipt of the Advance; or
 - Immediately if the Contract on which you received the advance ceases to qualify as an Eligible Contract, or reduces planned premium payments; or
 - Immediately after demand and Notice by Company.
- B. Repayment to Company will be made at Company's address, or such other place as Company may designate in writing.
- C. If any amount is not paid within the stated time period, the amount will bear interest at the rate posted on the Producer/Distributor Website, as it may be amended and renamed from time to time, but in no event in excess of that permitted by applicable law. The Producer/Distributor Website is a website for General Agents and Producers that provides information regarding Company. In 2008 it is known as Voya for Professionals Website.
- D. You are responsible to the Company for the payment of one hundred percent (100%) of Advances, which are part of your "Debit Balance" as defined in your Voya Life Companies General Agent or Producer Agreement. You grant to any Company a first lien on and the right to apply any amount due to you from any Company and any Voya Affiliate Company to offset your Debit Balance or other amounts you owe to any Company or any Voya Affiliate Company.

V. PROMISSORY NOTE *(Continued)*

- E. In the event of default, you agree to pay all costs of collection, including reasonable attorney's fees, incurred in the collection of any amounts due under this Agreement.
- F. By signing this Agreement, you represent and warrant that:
1. You have not assigned, transferred, mortgaged or otherwise encumbered any commissions on Eligible Contracts; and
 2. You do not have any lawsuits or proceedings pending or threatened against you.

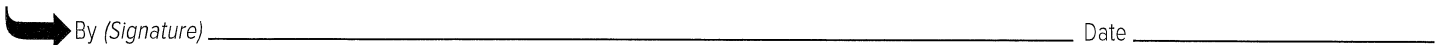
VI. GENERAL TERMS

- A. Any failure by any Company to insist upon strict compliance with the terms or conditions of this Agreement will not be construed as a waiver unless specifically agreed to by the Company in writing.
- B. Company may assign this Agreement at any time and to any person or entity.
- C. Company may amend any part of this Agreement by giving Notice to you. No oral promises or representations will be binding.
- D. Each party represents that the person signing this Agreement on its behalf has the authority and capacity to bind the party.
- E. This Agreement will be governed by and construed under the laws of the State of New York except its choice of law rules. The parties consent to exclusive jurisdiction and venue in the federal courts located in, and the state courts of, Fulton County, Georgia.
- F. THE PARTIES AND GUARANTOR(S) WAIVE THEIR RIGHTS TO A JURY TRIAL.
- G. THE PARTIES AND GUARANTOR(S) AGREE THAT UNDER NO CIRCUMSTANCES WILL ANY PARTY BE LIABLE TO ANY OTHER PARTY FOR LOST PROFITS, OR ANY SPECIAL, INDIRECT, CONSEQUENTIAL, TREBLE, MULTIPLE OR PUNITIVE DAMAGES OF ANY KIND, WHETHER OR NOT FORESEEABLE, INCURRED BY ANY OTHER PARTY IN CONNECTION WITH THIS AGREEMENT.

VII. AUTHORIZATION

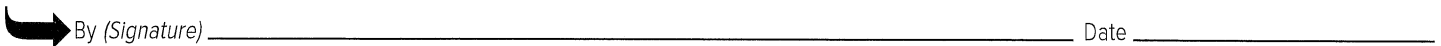
Effective Date *(mm/dd/yyyy)* _____

Company:

 By *(Signature)* _____ Date _____

Name *(Please Print.)* _____ Title _____

Applicant:

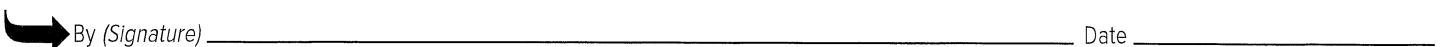
 By *(Signature)* _____ Date _____

Name *(Please Print.)* _____ Title _____

Guarantee: In consideration of the benefits derived by Guarantor(s) resulting from Advances made to Applicant by any Company, each Guarantor absolutely and unconditionally guarantees the payment of all Advances made by any Company to Applicant pursuant to this Agreement without regard to any circumstances that might constitute a legal or equitable defense of a surety or guarantor. Any Company may enforce a Guarantor's obligation without first suing Applicant or any other Guarantor. Each Guarantor grants to each Company a first lien on and the right to apply any amount due or to become due to a Guarantor from any Company and any Voya Affiliate Company to offset any amounts due from a Guarantor under this Agreement.

Guarantor *(A Guarantor is required unless Applicant is a General Agent / Managing Director.)*

General Agent / Managing Director *(If applicable.)*

 By *(Signature)* _____ Date _____

Name *(Please Print.)* _____ Title _____

COMMISSION ANNUALIZATION QUICK GUIDE

ReliaStar Life Insurance Company, Minneapolis, MN
ReliaStar Life Insurance Company of New York, Woodbury, NY
Security Life of Denver Insurance Company, Denver, CO
Members of the Voya® family of companies
Customer Service: 699 Walnut Street STE. 1350, Des Moines, IA 50309-3942
Phone: 877-882-5050; Fax: 877-788-5122



Life

Annualization is advanced compensation paid at the time of a sale based on expected earning of commissions and overrides on premium to be paid in the future.

A. CONTRACTING REQUIREMENTS

General Account: fully executed Application for Annualization and Annualization Agreement signed by Agent, General Agent/Managing Director, Associate General Agent (if applicable) and Sales Vice President.

Variable Business: fully executed Annualization Amendment to the Broker-Dealer Selling Agreement required for each life company prior to acceptance of Exhibit A's for each Eligible Representative. Exhibit A for each life company must be completed and signed by the **Registered Representative and Broker-Dealer**.

NOTE: Effective date of agreements must be at least one day prior to the application signed date of the policy in order for compensation on that policy to be eligible for advancement.

B. POLICY REQUIREMENTS *(Policies owned by the agent or sold to family members cannot be annualized. Puerto Rico commissions cannot be annualized.)*

The billing frequency for Electronic Funds Transfer (EFT) and Bank Draft methods must be Monthly. The billing frequency for Military Allotment or List Bill methods may be Monthly, Quarterly, or Semi-annual.

C. CALCULATIONS AND RATES

If the policy is a UL or VUL product, the annualized advance commission is calculated on the lesser of the Target premium or anticipated premium. If the policy is a Term product, the annualized advance commission is calculated on the commissionable annualized premium.

Commissionable Annualized Prem X Producer Split X Annualized Advance Percent X Compensation Rate

Policy anticipated premium is less than the target premium.

Product: Voya Investor Elite	Producer Split: 100%	Anticipated Annual Premium: \$800.00
Target: \$1000.00	Annualized Advance Percent: 75%	Commission Rate: 85%
$\$800 \times 100\% \times 75\% \times 85\% = \510.00		

Policy anticipated premium is equal to the target premium.

Product: Voya Investor Elite	Producer Split: 100%	Anticipated Annual Premium: \$1000.00
Target: \$1000.00	Annualized Advance Percent: 75%	Commission Rate: 85%
$\$1000.00 \times 100\% \times 75\% \times 85\% = \637.50		

- The amount of advance to Applicant on any one Contract is subject to Company maximum of \$25,000.
- The total advance on all Contracts is subject to Company maximum of \$75,000.
- The annualization rates of eligible commissions are 25%, 50%, 75% or 100%. (see examples above)

D. CHARGEBACKS (RECOVERY OF ADVANCE)

If we are unable to recover a chargeback from the Applicant, we will recover the chargeback amount under the Guarantee. If both a General Agent/Managing Director and an Associate General Agent have guaranteed this obligation, we will look first to the AGA and then to the GA/MD for recovery.

Within the first year:

When there is either a change of billing mode to Direct Bill, a Lapse, a Surrender or a reversal of premium, we will recover the unearned advanced commissions at that time.

At the end of the first year:

The annualized commission must be offset within 12 months of the date it was annualized ¹. If it is not offset within that timeframe, a recoupment for the full amount remaining will be processed in the 13th month.

¹If the policy has a rolling target premium, the annualized commission must be offset at the end of the rolling period.

E. DISPLAY OF ANNUALIZATION OFFSET ON COMMISSION STATEMENT

Annualization will reflect on the statement with "Annualized Commissions" as the description. When premium is applied through out the year, one line will show with a positive amount and the next line will reflect a negative amount with "Annualized Offset" as the description. The system identifies when the agent reaches the maximum annualization advance balance according to the agreement. All commissions paid after the full annualized amount has been recouped are paid "as earned".

This is a summary of the annualization process, but it is not exhaustive and does not create a contract. Please refer to your fully executed annualization agreement.