

SERFF Tracking Number: HRTD-125629955 State: Arkansas  
Filing Company: ReliaStar Life Insurance Company State Tracking Number: 38881  
Company Tracking Number:  
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
Variable and Variable  
Product Name: 134642 (04/08)  
Project Name/Number: 134642 (04/08) Variable Annuity Application/134642 (04/08)

## Filing at a Glance

Company: ReliaStar Life Insurance Company

Product Name: 134642 (04/08) SERFF Tr Num: HRTD-125629955 State: ArkansasLH

TOI: A02.11 Individual Annuities- Deferred Non- SERFF Status: Closed State Tr Num: 38881

Variable and Variable

Sub-TOI: A02.11.002 Flexible Premium

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Michele Michaud, Patricia

Smith, Paul Moreira, Marylou Tripp

Date Submitted: 05/06/2008

Disposition Date: 05/07/2008

Implementation Date Requested: On Approval

Disposition Status: Approved  
Implementation Date:

State Filing Description:

## General Information

Project Name: 134642 (04/08) Variable Annuity Application

Status of Filing in Domicile: Pending

Project Number: 134642 (04/08)

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/07/2008

State Status Changed: 05/07/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

On behalf of ReliaStar Life Insurance Company (RLIC), the above-captioned form is being submitted for your review and approval. It does not contain any unusual or possibly controversial items from normal company or industry standards.

This application will be used with individual variable annuities approved by your Department.

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Form 134642 (04/08) will replace form 134642, approved by your Department on 01/26/05. The form has been revised to include minor changes due to the 403(b) regulation changes and other minor modifications.

We would like to begin using this application immediately upon approval; therefore, your earliest review would be appreciated.

This application is submitted in final printed form, subject to only minor modification in paper stock, ink, border, company logo, and adaptation to computer printing and the possible inclusion of a barcode. The above form has been filed with our domiciliary state of Minnesota. Please be advised that the Variability Annuity Application has achieved a 50.2 Flesch readability score.

We would like to begin issuing these forms as soon as possible; therefore your earliest review would be appreciated. If there are any questions or comments regarding this filing, please do not hesitate to contact me at (860) 580-2827, toll free at (800) 654-8065 (Ext. 5802827) or email me at Paul.Moreira@us.ing.com.

Thank you for your consideration.

Sincerely,

Paul Moreira, Contract Analyst

## Company and Contact

### Filing Contact Information

Paulo Moreira,  
One Orange Way  
Windsor, CT 06095

Paul.Moreira@us.ing.com  
(860) 580-2827 [Phone]  
(860) 580-4844[FAX]

### Filing Company Information

ReliaStar Life Insurance Company

CoCode: 67105

State of Domicile: Minnesota

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One Orange Way  
Windsor, CT 06095  
(800) 654-8065 ext. [Phone]

Group Code: 229  
Group Name:  
FEIN Number: 41-0451140

Company Type:  
State ID Number:

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$75.00  
Retaliatory? Yes  
Fee Explanation: \$75.00 for Application  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ReliaStar Life Insurance Company	\$75.00	05/06/2008	20120307

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/07/2008	05/07/2008



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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Supporting Document	Statement of Variability		Yes
Form	134462(04/08) Variable Annuity Application		Yes

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## Form Schedule

Lead Form Number: 134642 (04/08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	134462(04/08)	Application/ Enrollment Form	134462(04/08) Variable Annuity Application	Initial		50	134642 (04-08) Variable Annuity Application.pdf

## VARIABLE ANNUITY APPLICATION

ReliaStar Life Insurance Company  
 A member of the ING family of companies  
 Home Office: 20 Washington Avenue South, Minneapolis, MN 55401-1900  
 ING Service Center: P.O. Box 5050, Minot, ND 58702-5050



**Arizona Right to Cancel Notice:** The contract owner can request at any time information from the Company regarding benefits and provisions of this contract and the Company will respond within a reasonable period of time. If for any reason you are not satisfied with the Contract you may return it within fifteen days of receipt, or within thirty days of receipt if you are sixty-five years of age or older as of the date the application was signed or if the Contract is replacing another existing life insurance or annuity contract. You will receive a payment of the cash surrender value provided under the contract, plus fees and other charges deducted from gross premiums or considerations or imposed under such contract.

**1. ANNUITANT** (Must be the same as Owner for TSA, IRA or Roth IRA.)

Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex  Male  Female SSN \_\_\_\_\_

Address (Street and any applicable P.O. Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone # \_\_\_\_\_

Joint Annuitant (Does not apply to TSA, IRA or Roth IRA.) SSN \_\_\_\_\_

Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex  Male  Female Phone # \_\_\_\_\_

Address (Street and any applicable P.O. Box) \_\_\_\_\_

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

**2. OWNER** (If different than Annuitant.) (If a non-natural owner, please provide proper documents.)

Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex  Male  Female SSN \_\_\_\_\_

Address (Street and any applicable P.O. Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone # \_\_\_\_\_

Joint Owner (Does not apply to TSA, IRA or Roth IRA.)

Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex  Male  Female SSN \_\_\_\_\_

Address (Street and any applicable P.O. Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone # \_\_\_\_\_

**3. BENEFICIARY(S)** *(Must be completed unless the annuity is part of a Plan subject to ERISA. Beneficiaries of ERISA plans must be designated using the Beneficiary Election/Change Request - ERISA form.)*

**Beneficiary proceeds will be split equally if no percentages are provided.**

**Note: For Non-qualified contracts, if there are Joint Owners, death proceeds are paid first to the surviving Joint Owner.**

**Primary Beneficiary**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Percent \_\_\_\_\_ %

SSN/TIN \_\_\_\_\_ Relationship to Annuitant \_\_\_\_\_

Address \_\_\_\_\_

Primary  Contingent Beneficiary

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Percent \_\_\_\_\_ %

SSN/TIN \_\_\_\_\_ Relationship to Annuitant \_\_\_\_\_

Address \_\_\_\_\_

Primary  Contingent Beneficiary

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Percent \_\_\_\_\_ %

SSN/TIN \_\_\_\_\_ Relationship to Annuitant \_\_\_\_\_

Address \_\_\_\_\_

**Please use the space in section 4 if you need to list more Beneficiaries. Be sure to designate whether additional Beneficiaries are Primary or Contingent.**

**4. SPECIAL REMARKS**

**5. PRODUCT SELECTION** *(All products or riders may not be available in all states.)*

**Product** *(Must select one.)*

ING Encore Flex Variable Annuity

ING Encore Variable Annuity

**Death Benefit Option** *(Select one.)*

If a death benefit is not chosen, the death benefit will be the Standard Death Benefit. Please see the prospectus for details. Once elected, a death benefit option may not be changed.

Standard

Return of Purchase Payment Death Benefit

Annual Stepped Up Death Benefit

**Optional Living Benefit** *(May select one.)*

Not available in all states. Available only for ING Encore Variable Annuity. Please see the prospectus for details.

Minimum Guaranteed Accumulation Benefit - 10 YR (MGAB10)

Minimum Guaranteed Withdrawal Benefit (MGWB)

Fund selection is limited to Eligible Funds (see page 4) if you elect an Optional Living Benefit.

**6. PLAN TYPE** *(Qualified or Non-Qualified. Please select one.)*

**Non-Qualified:**  Non-qualified  1035 Exchange ("Like to Like" transfer)  Non-qualified Transfer

**Qualified:**  TSA/403(b)  TSA/403(b) - ERISA  IRA Rollover from Qualified Plan

IRA Transfer  IRA Contribution  SEP-IRA

Roth IRA  Qualified Other \_\_\_\_\_

**7. PAYMENT AND BILLING INFORMATION** (Please select all options that apply.)

Initial Purchase Payment will be made by:

- Check (Attached) \$ \_\_\_\_\_  
Applicable Tax Year: \_\_\_\_\_
- Exchange/Transfer/Rollover (Complete information below.)
- DCA Fixed Account (if applicable) \$ \_\_\_\_\_  
(A Dollar Cost Averaging Request **must** accompany payment.)
- Other Source of Payment \$ \_\_\_\_\_  
Describe: \_\_\_\_\_

**Exchange/Transfer/Rollover Information**

Check is enclosed?  Yes  No  
 Does the transferring company require an Acceptance Letter?  Yes  No

Payer \_\_\_\_\_ Policy # \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Premium Payments** (The Company does not accept premium payments or loan repayments using money orders for amounts over \$5000.00 and may reject payments made by cashier's check, bank drafts, bank checks and treasurer's checks. All premium checks must be made payable to ReliaStar Life Insurance Company.)

Monthly Premium Payments will be made by Electronic Fund Transfer (EFT). (Complete the EFT information on the Automated Programs Request.)

Who will make premium payment?	Payment Amount	X	# of Payments	= Annual Premium	1st Remittance Date
1. <input type="checkbox"/> Employee				\$	
2. <input type="checkbox"/> Employer				\$	
<b>Total Annual Premium (12-month Period Only)</b>				\$	

**8. EMPLOYER**

Employer Name \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**9. REPLACEMENT** (Must be completed.)

**Do you have any existing life insurance policies or annuity contracts?**

**Yes (Please continue below.)**  **No (Continue to next section.)**

If "Yes," and this sale is in a state that has implemented the Model Replacement Regulation, complete and attach a copy of the replacement form.

For all other states, please answer the following questions to determine if a replacement will take place.

1. Are you considering discontinuing making premium payments (on an existing life insurance policy), surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?  
 Yes  No
2. Are you considering using funds from your existing policies or contracts to pay premiums due on this new contract?  
 Yes  No

If you answered "Yes" to question 1 or 2 above, please complete and return with this application a copy of your state's replacement form(s) as provided by your agent.

**10. INITIAL ALLOCATIONS** (Enter initial allocations in whole percentages.)

If Dollar Cost Averaging (DCA) is desired, please attach a Dollar Cost Averaging Request for the initial allocation amounts. If an Optional Living Benefit is selected, your choices are limited to Eligible Funds which are identified by footnote 3 below.

**American Funds**

- \_\_\_\_\_ % 112 American Funds Insurance Series® Growth Fund
- \_\_\_\_\_ % 113 American Funds Insurance Series® Growth Income Fund
- \_\_\_\_\_ % 114 American Funds Insurance Series® International Fund

**Columbia Wanger Asset Management**

- \_\_\_\_\_ % 003 Wanger Select
- \_\_\_\_\_ % 004 Wanger U.S. Smaller Companies

**ING Investors Funds**

- \_\_\_\_\_ % 014 ING Marsico Growth Portfolio
- \_\_\_\_\_ % 099 ING VP Index Plus International Equity Portfolio
- \_\_\_\_\_ % 100 ING Global Resources Portfolio
- \_\_\_\_\_ % 102 ING BlackRock Large Cap Growth Portfolio
- \_\_\_\_\_ % 106 ING Lord Abbett Affiliated Portfolio
- \_\_\_\_\_ % 109 ING Pioneer Equity Income Portfolio
- \_\_\_\_\_ % 111 ING FMR Diversified Mid-Cap Growth
- \_\_\_\_\_ % 131 ING Julius Baer Foreign Portfolio
- \_\_\_\_\_ % 133 ING MFS Total Return Portfolio
- \_\_\_\_\_ % 136 ING Van Kampen Growth and Income Portfolio
- \_\_\_\_\_ % 137 ING T. Rowe Price Equity Income Portfolio
- \_\_\_\_\_ % 142 ING Stock Index Portfolio
- \_\_\_\_\_ % 169 ING Legg Mason Value Portfolio

**ING Mutual Funds**

- \_\_\_\_\_ % 020 ING VP SmallCap Opportunities Portfolio
- \_\_\_\_\_ % 024 ING VP International Value Portfolio
- \_\_\_\_\_ % 027 ING VP MidCap Opportunities Portfolio
- \_\_\_\_\_ % 028 ING VP Financial Services Portfolio
- \_\_\_\_\_ % 042 ING VP Index Plus MidCap Portfolio
- \_\_\_\_\_ % 044 ING VP Strategic Allocation Income Portfolio
- \_\_\_\_\_ % 045 ING VP Strategic Allocation Balanced Portfolio
- \_\_\_\_\_ % 046 ING VP Strategic Allocation Growth Portfolio
- \_\_\_\_\_ % 056 ING VP Real Estate Portfolio
- \_\_\_\_\_ % 057 ING BlackRock global Science & Technology Portfolio
- \_\_\_\_\_ % 060 ING VP Small Company Portfolio
- \_\_\_\_\_ % 061 ING Opportunistic Large Cap Growth Portfolio
- \_\_\_\_\_ % 062 ING VP Growth and Income Portfolio
- \_\_\_\_\_ % 064 ING Opportunistic Large Cap Value Portfolio
- \_\_\_\_\_ % 065 ING VP Intermediate Bond Portfolio
- \_\_\_\_\_ % 068 ING VP Money Market Portfolio<sup>1</sup>

**ING Partners**

- \_\_\_\_\_ % 033 ING Solution Income Portfolio<sup>3</sup>
- \_\_\_\_\_ % 034 ING Solution 2015 Portfolio<sup>3</sup>

**ING Partners (continued)**

- \_\_\_\_\_ % 035 ING Solution 2025 Portfolio<sup>3</sup>
- \_\_\_\_\_ % 036 ING Solution 2035 Portfolio<sup>3</sup>
- \_\_\_\_\_ % 037 ING Solution 2045 Portfolio<sup>3</sup>
- \_\_\_\_\_ % 104 ING Templeton Foreign Equity Portfolio
- \_\_\_\_\_ % 144 ING Fidelity® VIP Equity-Income Portfolio
- \_\_\_\_\_ % 145 ING Fidelity® VIP Contrafund® Portfolio
- \_\_\_\_\_ % 146 ING JPMorgan Mid Cap Value Portfolio
- \_\_\_\_\_ % 147 ING Baron Small Cap Growth Portfolio
- \_\_\_\_\_ % 148 ING Van Kampen Comstock Portfolio
- \_\_\_\_\_ % 149 ING Oppenheimer Global Portfolio
- \_\_\_\_\_ % 150 ING PIMCO Total Return Portfolio
- \_\_\_\_\_ % 151 ING American Century Small-Mid Cap Value Portfolio
- \_\_\_\_\_ % 152 ING OpCap Balanced Value Portfolio
- \_\_\_\_\_ % 153 ING Van Kampen Equity and Income Portfolio
- \_\_\_\_\_ % 154 ING Oppenheimer Strategic Income Portfolio
- \_\_\_\_\_ % 155 ING T. Rowe Price Diversified Mid Cap Growth Portfolio
- \_\_\_\_\_ % 159 ING Thornburg Value Portfolio
- \_\_\_\_\_ % 160 ING Legg Mason Partners Aggressive Growth Portfolio
- \_\_\_\_\_ % 161 ING Davis Venture Value
- \_\_\_\_\_ % 162 ING T. Rowe Price Growth Equity Portfolio
- \_\_\_\_\_ % 163 ING UBS U.S. Large Cap Equity Portfolio
- \_\_\_\_\_ % 164 ING American Century Large Company Value Portfolio
- \_\_\_\_\_ % 165 ING Fidelity® VIP Growth Portfolio
- \_\_\_\_\_ % 167 ING Fidelity® VIP Mid Cap Portfolio

**Lord Abbett Funds**

- \_\_\_\_\_ % 138 Lord Abbett Mid-Cap Value Portfolio

**Oppenheimer Funds**

- \_\_\_\_\_ % 168 Oppenheimer Main Street® Small Cap/VA

**PIMCO Funds**

- \_\_\_\_\_ % 019 PIMCO VIT Real Return Portfolio

**Pioneer Funds**

- \_\_\_\_\_ % 002 Pioneer High Yield VCT Portfolio

**Templeton Funds**

- \_\_\_\_\_ % 066 FTVIP Franklin Small Cap Value Securities Fund

**Fixed Account**

- \_\_\_\_\_ % 176 Fixed Account D<sup>2</sup>

(DCA Fixed Account is not available for regular allocations.)

\_\_\_\_\_ % **Initial Allocation Total (Must equal 100%)**

Do the allocations total 100%?

If the proposed Owner is entitled to a refund of the purchase payments made upon the revocation of a contract during the free look period, then all purchase payments made until five days after the end of the free look period will be allocated to the ING VP Money Market Portfolio, and then transferred to the Fixed Account(s) and/or the subaccounts as designated above.

<sup>1</sup>Not available in ING Encore Flex.

<sup>2</sup>Not available in ING Encore. Special guidelines apply to the amount of assets you can withdraw from Fixed Account D or transfer from Fixed Account D to other investment options in the annuity contract. Generally, only 20% of the amount in Fixed Account D may be withdrawn or transferred in a rolling 12-month period. Please see the prospectus for details.

<sup>3</sup>Eligible Fund. Please note these are also available if an Optional Living Benefit is not selected.

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## 11. AUTOMATIC TELEPHONE PRIVILEGES

I understand that unless I decline, telephone privileges are automatically provided to me, my agent/registered representative, and his/her assistant. Telephone privileges allow an authorized person to call the Company to perform certain transactions as specified in the current prospectus. The Company may use procedures to ensure instructions received by telephone are genuine, such as requiring forms of personal identification and tape recording phone calls. The Company and its distributor will not be liable for any loss, damage, costs or expenses incurred in acting on telephone instructions reasonably believed to be authentic. I understand that if I do not want to authorize telephone privileges, I must indicate below. I also understand that once granted, such privileges can be revoked only upon receipt of signed, written instructions at the Company.

- I do not want telephone privileges for myself or my agent/registered representative and/or the registered representative's assistant.
- I do not want telephone privileges granted to my agent/registered representative and/or the registered representative's assistant.

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## 12. STATE REQUIRED NOTICES

Below are notices that apply only in certain states. Please read the following carefully to see if any apply in your state.

**California Reg. 789.8:** The sale or liquidation of any asset in order to buy insurance, either life insurance or an annuity contract, may have tax consequences. Terminating any life insurance policy or annuity contract may have early withdrawal penalties or other costs or penalties, as well as tax consequences. You may wish to consult independent legal or financial advice before the sale or liquidation of any asset and before the purchase of any life insurance or annuity contract.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maryland:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison

**New Jersey:** Any person who includes any false or misleading information on an application for an annuity is subject to criminal and civil penalties.

**Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Virginia:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

**Arkansas, Washington D.C., Hawaii, Louisiana, Maine, New Mexico, Oklahoma, and Tennessee:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company, submits an application for insurance containing any materially false, incomplete, or misleading information, or conceals for the purpose of misleading, any material fact, is guilty of insurance fraud, which is a crime and in certain states, a felony. Penalties may include imprisonment, fine, denial of benefits, or civil damages.

**13. APPLICANT SIGNATURES AND ACKNOWLEDGEMENTS** *(Please read carefully and sign below.)*

**Important Information:** To help the government fight the funding for terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means to you: When you apply for an annuity, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I agree that, to the best of my knowledge and belief, all statements and answers in this form are complete and true and may be relied upon in determining whether to issue the applied for variable annuity. Only the owner and ReliaStar Life Insurance Company have the authority to modify this form.

Make checks payable **ONLY** to ReliaStar Life Insurance Company. Do not make checks payable to the agent, an agency or another company. Only the President, Vice President, or Secretary of ReliaStar Life Insurance Company may modify, discharge or waive any of its rights under the contract.

Variable Annuities and the underlying series shares or securities which fund them are not insured by the FDIC or any other agency. They are not deposits or other obligations of any bank and are not bank guaranteed. They are also subject to market fluctuation, investment risk and possible loss of principal invested.

Annuity payouts and contract values under a variable annuity are variable and are not guaranteed as to fixed dollar amounts.

I understand that when based on the investment experience of the Separate Account Division, the variable annuity cash surrender values may increase or decrease on any day and that no minimum value is guaranteed. The variable annuity applied for is in accord with my anticipated financial objectives.

**IMPORTANT INFORMATION REGARDING LIVING BENEFITS**

If an optional living benefit has been selected, my signature below indicates I understand the following:

- 1) If I anticipate needing a loan, I should not purchase the Minimum Guaranteed Accumulation Benefit rider because taking a loan will adversely impact the guaranteed amount.
- 2) A loan may not be initiated if the Minimum Guaranteed Withdrawal Benefit rider is in effect.
- 3) Only certain funds are available for investment if a living benefit rider is in effect. Any amount allocated or reallocated to any investment option other than the Eligible Funds will cause the rider to terminate and prevent me from repurchasing this rider at a later date. *(See page 4 for a list of Eligible Funds.)*
- 4) If I fully annuitize the contract while a living benefit is in effect, the living benefit rider will terminate.

**ACKNOWLEDGEMENT OF PROSPECTUS RECEIPT**

By signing below, I acknowledge receipt of the Variable Annuity Contract Prospectus.

**ACKNOWLEDGEMENT OF WITHDRAWAL RESTRICTIONS**

For employees purchasing a 403(b) contract: I understand the Internal Revenue Code restrictions on withdrawals from a 403(b) tax deferred variable annuity *(described in the withdrawal (redemption) section of the Prospectus or the Withdrawals section of the contract)*. I understand that these restrictions do not include contract exchanges to other investment alternatives under my employer's 403(b) plan, transfers made to another employer's 403(b) plan or transfers made to a governmental defined benefit plan to purchase service credit unless further restricted by my Employer's 403(b) written plan

**CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER**

My signature certifies that the taxpayer identification number provided is correct. Unless and until you are otherwise notified, I am not subject to backup withholding because: I am exempt; or I have not been notified that I am subject to backup withholdings resulting from failure to report all interest dividends; or I have been notified that I am no longer subject to backup withholding. *(Strike out the preceding sentence if subject to backup withholding.)* I also affirm that I am a U.S. person *(this includes a U.S. resident alien)*. Note: The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signed at (City, State) \_\_\_\_\_ Date (required) \_\_\_\_\_

Owner Signature \_\_\_\_\_

Joint Owner Signature (if applicable) \_\_\_\_\_

Annuitant Signature (if different from the owner) \_\_\_\_\_

Joint Annuitant Signature (if applicable) \_\_\_\_\_

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**14. AGENT INFORMATION AND SIGNATURE**

Does the applicant have any existing life insurance policies or annuity contracts?

Yes  No (If "Yes", and this sale is in a state that has implemented the Model Replacement Regulation, complete and attach a copy of the replacement form.)

Do you have reason to believe that the contract applied for will replace any existing annuity or life insurance coverage?

Yes  No (If "Yes", complete and attach a copy of any state replacement forms that apply.)

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If your state has adopted the NAIC Model Replacement Regulation or other specific state replacement regulations, did you remember to do the following?

Provide any required replacement notice to the client and offer to read it aloud? (Note: If any of the questions in Replacement Section 9 were answered "Yes", you must provide a replacement notice.)

Complete the replacement notice for your state if another insurance contract is being replaced?

Complete any required state specific paperwork?

By signing below you certify: 1) any sales material was shown to the applicant and a copy was left with the applicant, 2) you used only insurer-approved sales material, 3) you have not made statements that differ from the sales material, and 4) no promises were made about the future value of any contract elements that are not guaranteed. (This includes any expected future index gains that may apply to this contract.)

---

Compensation Alternative (Choose one. If no choice is made, Option A will be the default. Please verify which options are available.)

Option A  Other \_\_\_\_\_

Check here if there is more than one agent on this contract.

Split for Agent #1 \_\_\_\_\_%, Agent #2 \_\_\_\_\_%, Agent #3 \_\_\_\_\_%

Please note: Compensation will be split equally if no percentages are indicated. Partial percentages will be rounded up. Agent #1 will be given the highest percentage in the case of unequal percentages. Agent #1 will receive all correspondence regarding the policy.

---

**Agent #1**

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

Agent Number/SSN \_\_\_\_\_

Address \_\_\_\_\_

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

Agent Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Broker/Dealer Affiliation \_\_\_\_\_ Dealer Name \_\_\_\_\_

Branch Office \_\_\_\_\_ Dealer Symbol \_\_\_\_\_

For questions, call:  Agent  Broker/Dealer

---

**Agent #2**

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

Agent Number/SSN \_\_\_\_\_

---

**Agent #3**

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

Agent Number/SSN \_\_\_\_\_



SERFF Tracking Number: HRTD-125629955 State: Arkansas  
Filing Company: ReliaStar Life Insurance Company State Tracking Number: 38881  
Company Tracking Number:  
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
Variable and Variable  
Product Name: 134642 (04/08)  
Project Name/Number: 134642 (04/08) Variable Annuity Application/134642 (04/08)

## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice 04/30/2008  
**Comments:**  
**Attachment:**  
AR CERT.pdf

**Review Status:**  
**Satisfied -Name:** Application 04/30/2008  
**Comments:**  
Form 134642 (04/08) will replace form 134642, approved by your Department on 01/26/05. The form has been revised to include minor changes due to the 403(b) regulation changes and other minor modifications.  
**Attachment:**  
134642 (04-08) Variable Annuity Application.pdf

**Review Status:**  
**Bypassed -Name:** Life & Annuity - Acturial Memo 04/30/2008  
**Bypass Reason:** N/A  
**Comments:**

**Review Status:**  
**Satisfied -Name:** Cover Letter 05/06/2008  
**Comments:**  
**Attachment:**  
Arkansas.pdf

**Review Status:**  
**Satisfied -Name:** Statement of Variability 05/06/2008  
**Comments:**  
**Attachment:**  
Statement Of Variability 134642 (04-08).pdf

**STATE OF ARKANSAS**  
**CERTIFICATION OF COMPLIANCE**

CARRIER: ReliaStar Life Insurance Company

FORM NUMBER(S)

FORM TITLE(S)

134642(04/08)

Variable Annuity Application

I hereby certify that to the best of my knowledge and belief the above form submission complies with Rule and Regulation 19s10 as well as all applicable requirements for the State of Arkansas.



\_\_\_\_\_  
Signature of Officer or Representative

Paul Moreira  
\_\_\_\_\_  
Name

Contract Consultant  
\_\_\_\_\_  
Title and/or Business Affiliation

5/6/2008  
\_\_\_\_\_  
Date

# VARIABLE ANNUITY APPLICATION

ReliaStar Life Insurance Company  
 A member of the ING family of companies  
 Home Office: 20 Washington Avenue South, Minneapolis, MN 55401-1900  
 ING Service Center: P.O. Box 5050, Minot, ND 58702-5050



**Arizona Right to Cancel Notice:** The contract owner can request at any time information from the Company regarding benefits and provisions of this contract and the Company will respond within a reasonable period of time. If for any reason you are not satisfied with the Contract you may return it within fifteen days of receipt, or within thirty days of receipt if you are sixty-five years of age or older as of the date the application was signed or if the Contract is replacing another existing life insurance or annuity contract. You will receive a payment of the cash surrender value provided under the contract, plus fees and other charges deducted from gross premiums or considerations or imposed under such contract.

## 1. ANNUITANT *(Must be the same as Owner for TSA, IRA or Roth IRA.)*

Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex  Male  Female SSN \_\_\_\_\_

Address *(Street and any applicable P.O. Box)* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone # \_\_\_\_\_

Joint Annuitant *(Does not apply to TSA, IRA or Roth IRA.)* SSN \_\_\_\_\_

Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex  Male  Female Phone # \_\_\_\_\_

Address *(Street and any applicable P.O. Box)* \_\_\_\_\_

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

## 2. OWNER *(If different than Annuitant.) (If a non-natural owner, please provide proper documents.)*

Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex  Male  Female SSN \_\_\_\_\_

Address *(Street and any applicable P.O. Box)* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone # \_\_\_\_\_

Joint Owner *(Does not apply to TSA, IRA or Roth IRA.)*

Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex  Male  Female SSN \_\_\_\_\_

Address *(Street and any applicable P.O. Box)* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone # \_\_\_\_\_

**3. BENEFICIARY(S)** *(Must be completed unless the annuity is part of a Plan subject to ERISA. Beneficiaries of ERISA plans must be designated using the Beneficiary Election/Change Request - ERISA form.)*

**Beneficiary proceeds will be split equally if no percentages are provided.**

**Note: For Non-qualified contracts, if there are Joint Owners, death proceeds are paid first to the surviving Joint Owner.**

**Primary Beneficiary**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Percent \_\_\_\_\_ %

SSN/TIN \_\_\_\_\_ Relationship to Annuitant \_\_\_\_\_

Address \_\_\_\_\_

Primary  Contingent Beneficiary

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Percent \_\_\_\_\_ %

SSN/TIN \_\_\_\_\_ Relationship to Annuitant \_\_\_\_\_

Address \_\_\_\_\_

Primary  Contingent Beneficiary

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Percent \_\_\_\_\_ %

SSN/TIN \_\_\_\_\_ Relationship to Annuitant \_\_\_\_\_

Address \_\_\_\_\_

**Please use the space in section 4 if you need to list more Beneficiaries. Be sure to designate whether additional Beneficiaries are Primary or Contingent.**

**4. SPECIAL REMARKS**

**5. PRODUCT SELECTION** *(All products or riders may not be available in all states.)*

**Product** *(Must select one.)*

ING Encore Flex Variable Annuity

ING Encore Variable Annuity

**Death Benefit Option** *(Select one.)*

If a death benefit is not chosen, the death benefit will be the Standard Death Benefit. Please see the prospectus for details. Once elected, a death benefit option may not be changed.

Standard

Return of Purchase Payment Death Benefit

Annual Stepped Up Death Benefit

**Optional Living Benefit** *(May select one.)*

Not available in all states. Available only for ING Encore Variable Annuity. Please see the prospectus for details.

Minimum Guaranteed Accumulation Benefit - 10 YR (MGAB10)

Minimum Guaranteed Withdrawal Benefit (MGWB)

Fund selection is limited to Eligible Funds (see page 4) if you elect an Optional Living Benefit.

**6. PLAN TYPE** *(Qualified or Non-Qualified. Please select one.)*

**Non-Qualified:**  Non-qualified  1035 Exchange ("Like to Like" transfer)  Non-qualified Transfer

**Qualified:**  TSA/403(b)  TSA/403(b) - ERISA  IRA Rollover from Qualified Plan

IRA Transfer  IRA Contribution  SEP-IRA

Roth IRA  Qualified Other \_\_\_\_\_

**7. PAYMENT AND BILLING INFORMATION** (Please select all options that apply.)

Initial Purchase Payment will be made by:

- Check (Attached) \$ \_\_\_\_\_  
Applicable Tax Year: \_\_\_\_\_
- Exchange/Transfer/Rollover (Complete information below.)
- DCA Fixed Account (if applicable) \$ \_\_\_\_\_  
(A Dollar Cost Averaging Request **must** accompany payment.)
- Other Source of Payment \$ \_\_\_\_\_  
Describe: \_\_\_\_\_

**Exchange/Transfer/Rollover Information**

- Check is enclosed?  Yes  No  
 Does the transferring company require an Acceptance Letter?  Yes  No

Payer \_\_\_\_\_ Policy # \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Premium Payments** (The Company does not accept premium payments or loan repayments using money orders for amounts over \$5000.00 and may reject payments made by cashier's check, bank drafts, bank checks and treasurer's checks. All premium checks must be made payable to ReliaStar Life Insurance Company.)

- Monthly Premium Payments will be made by Electronic Fund Transfer (EFT). (Complete the EFT information on the Automated Programs Request.)

Who will make premium payment?	Payment Amount	X	# of Payments	= Annual Premium	1st Remittance Date
1. <input type="checkbox"/> Employee				\$	
2. <input type="checkbox"/> Employer				\$	
<b>Total Annual Premium (12-month Period Only)</b>				\$	

**8. EMPLOYER**

Employer Name \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**9. REPLACEMENT** (Must be completed.)

**Do you have any existing life insurance policies or annuity contracts?**

- Yes (Please continue below.)**  **No (Continue to next section.)**

If "Yes," and this sale is in a state that has implemented the Model Replacement Regulation, complete and attach a copy of the replacement form.

For all other states, please answer the following questions to determine if a replacement will take place.

1. Are you considering discontinuing making premium payments (on an existing life insurance policy), surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?  
 Yes  No
2. Are you considering using funds from your existing policies or contracts to pay premiums due on this new contract?  
 Yes  No

If you answered "Yes" to question 1 or 2 above, please complete and return with this application a copy of your state's replacement form(s) as provided by your agent.

**10. INITIAL ALLOCATIONS** (Enter initial allocations in whole percentages.)

If Dollar Cost Averaging (DCA) is desired, please attach a Dollar Cost Averaging Request for the initial allocation amounts. If an Optional Living Benefit is selected, your choices are limited to Eligible Funds which are identified by footnote 3 below.

**American Funds**

- \_\_\_\_\_ % 112 American Funds Insurance Series® Growth Fund
- \_\_\_\_\_ % 113 American Funds Insurance Series® Growth Income Fund
- \_\_\_\_\_ % 114 American Funds Insurance Series® International Fund

**Columbia Wanger Asset Management**

- \_\_\_\_\_ % 003 Wanger Select
- \_\_\_\_\_ % 004 Wanger U.S. Smaller Companies

**ING Investors Funds**

- \_\_\_\_\_ % 014 ING Marsico Growth Portfolio
- \_\_\_\_\_ % 099 ING VP Index Plus International Equity Portfolio
- \_\_\_\_\_ % 100 ING Global Resources Portfolio
- \_\_\_\_\_ % 102 ING BlackRock Large Cap Growth Portfolio
- \_\_\_\_\_ % 106 ING Lord Abbett Affiliated Portfolio
- \_\_\_\_\_ % 109 ING Pioneer Equity Income Portfolio
- \_\_\_\_\_ % 111 ING FMR Diversified Mid-Cap Growth
- \_\_\_\_\_ % 131 ING Julius Baer Foreign Portfolio
- \_\_\_\_\_ % 133 ING MFS Total Return Portfolio
- \_\_\_\_\_ % 136 ING Van Kampen Growth and Income Portfolio
- \_\_\_\_\_ % 137 ING T. Rowe Price Equity Income Portfolio
- \_\_\_\_\_ % 142 ING Stock Index Portfolio
- \_\_\_\_\_ % 169 ING Legg Mason Value Portfolio

**ING Mutual Funds**

- \_\_\_\_\_ % 020 ING VP SmallCap Opportunities Portfolio
- \_\_\_\_\_ % 024 ING VP International Value Portfolio
- \_\_\_\_\_ % 027 ING VP MidCap Opportunities Portfolio
- \_\_\_\_\_ % 028 ING VP Financial Services Portfolio
- \_\_\_\_\_ % 042 ING VP Index Plus MidCap Portfolio
- \_\_\_\_\_ % 044 ING VP Strategic Allocation Income Portfolio
- \_\_\_\_\_ % 045 ING VP Strategic Allocation Balanced Portfolio
- \_\_\_\_\_ % 046 ING VP Strategic Allocation Growth Portfolio
- \_\_\_\_\_ % 056 ING VP Real Estate Portfolio
- \_\_\_\_\_ % 057 ING BlackRock global Science & Technology Portfolio
- \_\_\_\_\_ % 060 ING VP Small Company Portfolio
- \_\_\_\_\_ % 061 ING Opportunistic Large Cap Growth Portfolio
- \_\_\_\_\_ % 062 ING VP Growth and Income Portfolio
- \_\_\_\_\_ % 064 ING Opportunistic Large Cap Value Portfolio
- \_\_\_\_\_ % 065 ING VP Intermediate Bond Portfolio
- \_\_\_\_\_ % 068 ING VP Money Market Portfolio<sup>1</sup>

**ING Partners**

- \_\_\_\_\_ % 033 ING Solution Income Portfolio<sup>3</sup>
- \_\_\_\_\_ % 034 ING Solution 2015 Portfolio<sup>3</sup>

**ING Partners (continued)**

- \_\_\_\_\_ % 035 ING Solution 2025 Portfolio<sup>3</sup>
- \_\_\_\_\_ % 036 ING Solution 2035 Portfolio<sup>3</sup>
- \_\_\_\_\_ % 037 ING Solution 2045 Portfolio<sup>3</sup>
- \_\_\_\_\_ % 104 ING Templeton Foreign Equity Portfolio
- \_\_\_\_\_ % 144 ING Fidelity® VIP Equity-Income Portfolio
- \_\_\_\_\_ % 145 ING Fidelity® VIP Contrafund® Portfolio
- \_\_\_\_\_ % 146 ING JPMorgan Mid Cap Value Portfolio
- \_\_\_\_\_ % 147 ING Baron Small Cap Growth Portfolio
- \_\_\_\_\_ % 148 ING Van Kampen Comstock Portfolio
- \_\_\_\_\_ % 149 ING Oppenheimer Global Portfolio
- \_\_\_\_\_ % 150 ING PIMCO Total Return Portfolio
- \_\_\_\_\_ % 151 ING American Century Small-Mid Cap Value Portfolio
- \_\_\_\_\_ % 152 ING OpCap Balanced Value Portfolio
- \_\_\_\_\_ % 153 ING Van Kampen Equity and Income Portfolio
- \_\_\_\_\_ % 154 ING Oppenheimer Strategic Income Portfolio
- \_\_\_\_\_ % 155 ING T. Rowe Price Diversified Mid Cap Growth Portfolio
- \_\_\_\_\_ % 159 ING Thornburg Value Portfolio
- \_\_\_\_\_ % 160 ING Legg Mason Partners Aggressive Growth Portfolio
- \_\_\_\_\_ % 161 ING Davis Venture Value
- \_\_\_\_\_ % 162 ING T. Rowe Price Growth Equity Portfolio
- \_\_\_\_\_ % 163 ING UBS U.S. Large Cap Equity Portfolio
- \_\_\_\_\_ % 164 ING American Century Large Company Value Portfolio
- \_\_\_\_\_ % 165 ING Fidelity® VIP Growth Portfolio
- \_\_\_\_\_ % 167 ING Fidelity® VIP Mid Cap Portfolio

**Lord Abbett Funds**

- \_\_\_\_\_ % 138 Lord Abbett Mid-Cap Value Portfolio

**Oppenheimer Funds**

- \_\_\_\_\_ % 168 Oppenheimer Main Street® Small Cap/VA

**PIMCO Funds**

- \_\_\_\_\_ % 019 PIMCO VIT Real Return Portfolio

**Pioneer Funds**

- \_\_\_\_\_ % 002 Pioneer High Yield VCT Portfolio

**Templeton Funds**

- \_\_\_\_\_ % 066 FTVIP Franklin Small Cap Value Securities Fund

**Fixed Account**

- \_\_\_\_\_ % 176 Fixed Account D<sup>2</sup>

(DCA Fixed Account is not available for regular allocations.)

\_\_\_\_\_ % **Initial Allocation Total (Must equal 100%)**

Do the allocations total 100%?

If the proposed Owner is entitled to a refund of the purchase payments made upon the revocation of a contract during the free look period, then all purchase payments made until five days after the end of the free look period will be allocated to the ING VP Money Market Portfolio, and then transferred to the Fixed Account(s) and/or the subaccounts as designated above.

<sup>1</sup>Not available in ING Encore Flex.

<sup>2</sup>Not available in ING Encore. Special guidelines apply to the amount of assets you can withdraw from Fixed Account D or transfer from Fixed Account D to other investment options in the annuity contract. Generally, only 20% of the amount in Fixed Account D may be withdrawn or transferred in a rolling 12-month period. Please see the prospectus for details.

<sup>3</sup>Eligible Fund. Please note these are also available if an Optional Living Benefit is not selected.

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## 11. AUTOMATIC TELEPHONE PRIVILEGES

I understand that unless I decline, telephone privileges are automatically provided to me, my agent/registered representative, and his/her assistant. Telephone privileges allow an authorized person to call the Company to perform certain transactions as specified in the current prospectus. The Company may use procedures to ensure instructions received by telephone are genuine, such as requiring forms of personal identification and tape recording phone calls. The Company and its distributor will not be liable for any loss, damage, costs or expenses incurred in acting on telephone instructions reasonably believed to be authentic. I understand that if I do not want to authorize telephone privileges, I must indicate below. I also understand that once granted, such privileges can be revoked only upon receipt of signed, written instructions at the Company.

- I do not want telephone privileges for myself or my agent/registered representative and/or the registered representative's assistant.
- I do not want telephone privileges granted to my agent/registered representative and/or the registered representative's assistant.

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## 12. STATE REQUIRED NOTICES

Below are notices that apply only in certain states. Please read the following carefully to see if any apply in your state.

**California Reg. 789.8:** The sale or liquidation of any asset in order to buy insurance, either life insurance or an annuity contract, may have tax consequences. Terminating any life insurance policy or annuity contract may have early withdrawal penalties or other costs or penalties, as well as tax consequences. You may wish to consult independent legal or financial advice before the sale or liquidation of any asset and before the purchase of any life insurance or annuity contract.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maryland:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison

**New Jersey:** Any person who includes any false or misleading information on an application for an annuity is subject to criminal and civil penalties.

**Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Virginia:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

**Arkansas, Washington D.C., Hawaii, Louisiana, Maine, New Mexico, Oklahoma, and Tennessee:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company, submits an application for insurance containing any materially false, incomplete, or misleading information, or conceals for the purpose of misleading, any material fact, is guilty of insurance fraud, which is a crime and in certain states, a felony. Penalties may include imprisonment, fine, denial of benefits, or civil damages.

**13. APPLICANT SIGNATURES AND ACKNOWLEDGEMENTS** *(Please read carefully and sign below.)*

**Important Information:** To help the government fight the funding for terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means to you: When you apply for an annuity, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I agree that, to the best of my knowledge and belief, all statements and answers in this form are complete and true and may be relied upon in determining whether to issue the applied for variable annuity. Only the owner and ReliaStar Life Insurance Company have the authority to modify this form.

Make checks payable **ONLY** to ReliaStar Life Insurance Company. Do not make checks payable to the agent, an agency or another company. Only the President, Vice President, or Secretary of ReliaStar Life Insurance Company may modify, discharge or waive any of its rights under the contract.

Variable Annuities and the underlying series shares or securities which fund them are not insured by the FDIC or any other agency. They are not deposits or other obligations of any bank and are not bank guaranteed. They are also subject to market fluctuation, investment risk and possible loss of principal invested.

Annuity payouts and contract values under a variable annuity are variable and are not guaranteed as to fixed dollar amounts.

I understand that when based on the investment experience of the Separate Account Division, the variable annuity cash surrender values may increase or decrease on any day and that no minimum value is guaranteed. The variable annuity applied for is in accord with my anticipated financial objectives.

**IMPORTANT INFORMATION REGARDING LIVING BENEFITS**

If an optional living benefit has been selected, my signature below indicates I understand the following:

- 1) If I anticipate needing a loan, I should not purchase the Minimum Guaranteed Accumulation Benefit rider because taking a loan will adversely impact the guaranteed amount.
- 2) A loan may not be initiated if the Minimum Guaranteed Withdrawal Benefit rider is in effect.
- 3) Only certain funds are available for investment if a living benefit rider is in effect. Any amount allocated or reallocated to any investment option other than the Eligible Funds will cause the rider to terminate and prevent me from repurchasing this rider at a later date. *(See page 4 for a list of Eligible Funds.)*
- 4) If I fully annuitize the contract while a living benefit is in effect, the living benefit rider will terminate.

**ACKNOWLEDGEMENT OF PROSPECTUS RECEIPT**

By signing below, I acknowledge receipt of the Variable Annuity Contract Prospectus.

**ACKNOWLEDGEMENT OF WITHDRAWAL RESTRICTIONS**

For employees purchasing a 403(b) contract: I understand the Internal Revenue Code restrictions on withdrawals from a 403(b) tax deferred variable annuity *(described in the withdrawal (redemption) section of the Prospectus or the Withdrawals section of the contract)*. I understand that these restrictions do not include contract exchanges to other investment alternatives under my employer's 403(b) plan, transfers made to another employer's 403(b) plan or transfers made to a governmental defined benefit plan to purchase service credit unless further restricted by my Employer's 403(b) written plan

**CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER**

My signature certifies that the taxpayer identification number provided is correct. Unless and until you are otherwise notified, I am not subject to backup withholding because: I am exempt; or I have not been notified that I am subject to backup withholdings resulting from failure to report all interest dividends; or I have been notified that I am no longer subject to backup withholding. *(Strike out the preceding sentence if subject to backup withholding.)* I also affirm that I am a U.S. person *(this includes a U.S. resident alien)*. Note: The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signed at (City, State) \_\_\_\_\_ Date (required) \_\_\_\_\_

Owner Signature \_\_\_\_\_

Joint Owner Signature (if applicable) \_\_\_\_\_

Annuitant Signature (if different from the owner) \_\_\_\_\_

Joint Annuitant Signature (if applicable) \_\_\_\_\_

---

**14. AGENT INFORMATION AND SIGNATURE**

Does the applicant have any existing life insurance policies or annuity contracts?

Yes  No (If "Yes", and this sale is in a state that has implemented the Model Replacement Regulation, complete and attach a copy of the replacement form.)

Do you have reason to believe that the contract applied for will replace any existing annuity or life insurance coverage?

Yes  No (If "Yes", complete and attach a copy of any state replacement forms that apply.)

---

If your state has adopted the NAIC Model Replacement Regulation or other specific state replacement regulations, did you remember to do the following?

Provide any required replacement notice to the client and offer to read it aloud? (Note: If any of the questions in Replacement Section 9 were answered "Yes", you must provide a replacement notice.)

Complete the replacement notice for your state if another insurance contract is being replaced?

Complete any required state specific paperwork?

By signing below you certify: 1) any sales material was shown to the applicant and a copy was left with the applicant, 2) you used only insurer-approved sales material, 3) you have not made statements that differ from the sales material, and 4) no promises were made about the future value of any contract elements that are not guaranteed. (This includes any expected future index gains that may apply to this contract.)

---

Compensation Alternative (Choose one. If no choice is made, Option A will be the default. Please verify which options are available.)

Option A  Other \_\_\_\_\_

Check here if there is more than one agent on this contract.

Split for Agent #1 \_\_\_\_\_%, Agent #2 \_\_\_\_\_%, Agent #3 \_\_\_\_\_%

Please note: Compensation will be split equally if no percentages are indicated. Partial percentages will be rounded up. Agent #1 will be given the highest percentage in the case of unequal percentages. Agent #1 will receive all correspondence regarding the policy.

---

**Agent #1**

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

Agent Number/SSN \_\_\_\_\_

Address \_\_\_\_\_

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

Agent Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Broker/Dealer Affiliation \_\_\_\_\_ Dealer Name \_\_\_\_\_

Branch Office \_\_\_\_\_ Dealer Symbol \_\_\_\_\_

For questions, call:  Agent  Broker/Dealer

---

**Agent #2**

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

Agent Number/SSN \_\_\_\_\_

---

**Agent #3**

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

Agent Number/SSN \_\_\_\_\_



Americas

Paulo G Moreira  
Contract Consultant  
US Legal Services - Contract Filing  
151 Farmington Ave.  
Hartford, CT 06156  
Phone: 860-723-3352  
Fax: 860-723-2218  
Email: Paul.Moreira@us.ing.com

May 6, 2008

Mr. John Shields  
Life, A & H Filings  
Arkansas Insurance Department  
1200 W. Third Street  
Little Rock, AR 72201-1904

**RE: RELIASTAR LIFE INSURANCE COMPANY, NAIC #229-67105, FEIN # 41-0451140  
Form No. 134642 (04/08) Variable Annuity Application**

On behalf of ReliaStar Life Insurance Company (RLIC), the above-captioned form is being submitted for your review and approval. It does not contain any unusual or possibly controversial items from normal company or industry standards.

This application will be used with individual variable annuities approved by your Department.

Form 134642 (04/08) will replace form 134642, approved by your Department on 01/26/05. The form has been revised to include minor changes due to the 403(b) regulation changes and other minor modifications.

We would like to begin using this application immediately upon approval; therefore, your earliest review would be appreciated.

This application is submitted in final printed form, subject to only minor modification in paper stock, ink, border, company logo, and adaptation to computer printing and the possible inclusion of a barcode. The above form has been filed with our domiciliary state of Minnesota. Please be advised that the Variability Annuity Application has achieved a 50.2 Flesch readability score.

We would like to begin issuing these forms as soon as possible; therefore your earliest review would be appreciated. If there are any questions or comments regarding this filing, please do not hesitate to contact me at (860) 580-2827, toll free at (800) 654-8065 (Ext. 5802827) or email me at Paul.Moreira@us.ing.com.

Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Paulo G. Moreira".

---

Paul Moreira, Contract Analyst

**STATEMENT OF VARIABILITY**  
**134642(04/08)**

**May 1, 2008**

**Page 1**

**Title:** *[Variable Annuity Application]*

- We reserve the right to modify the title to correctly reflect the marketing name of product(s) within the application.

**Address:** *[Home Office: 20 Washington Avenue South, Minneapolis, MN 55401-1900  
ING Service Center: P.O. Box 5050, Minot, ND 58702-5050]*

- We reserve the right to modify the company address to the extent necessary to accurately reflect current company operations.

**Arizona Right to Cancel Notice:** *[Arizona Right to Cancel Notice: The contract.....refund of all deposits.]*

- We reserve the right to modify the notice as the state required notice may change depending up on the most current mandated information that should appear on the application..

**Page 2**

**Product Selection:**

*[ Product .....ING Encore Variable Annuity]*

- The Product may vary if a product is discontinued and/or a new product or name of product is introduced and available for election under this application.

**Death Benefit Option:** *[One Year Step Up Death Benefit Option...  
will replace the standard death benefit...]*

- The Death Benefit Option may vary if a particular death benefit is discontinued, and/or a new death benefit is introduced and available for election under this application.

**Option Living Benefit:** *[Optional Living Benefit.....  
If you elect an Optional Living Benefit.]*

- The Death Benefit Option may vary if a particular death benefit is discontinued, and/or a new death benefit is introduced and available for election under this application.

**Plan Type:**

*[ Plan Type.....Qualified Other \_\_\_\_\_]*

- The Plan Type may vary if a type is discontinued and/or a new type is introduced and available for election under this application.

**Page 4**

**Fund Selection:** *[If Dollar Cost Averaging (DCA).....if an Optional Living Benefit is not selected.]*

- The fund selection and corresponding footnotes may vary if a fund is introduced, no longer available for investment, or is substituted for an existing fund. The fund selection and footnotes may also vary if an existing fund's name is changed or eliminated. In addition, if an Automatic Program is no longer office, references to the program will be removed.

**Page 5**

**State Required Notices:** *[State Required Notices.....or civil damages.]*

- The state required notices may change depending upon the most current state mandated notices that should appear on the application.

**Page 6**

**Important Information Regarding Living Benefits:** *[Important Information Regarding.....the living benefit will terminate.]*

- The Living Benefit Option may vary if discontinued and/or a new living benefit is introduced and available for election under this application.

**Page 7**

**Agent Information and Signature:**

*[ Compensation Alternative.....Other \_\_\_\_\_]*

- We reserve the right to vary the number of Agent Compensation Alternatives from which an agent may select.

*[ Note: Make checks payable.....Minot, ND 58702-5050]*

- We reserve the right to change to whom and where a check is sent to correctly reflect a current processing location.