Filing at a Glance

Company: ReliaStar Life Insurance Company
Product Name: 1313-12/09
TOI: L04I Individual Life - Term

Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Filing Type: Form

SERFF Tr Num: INGD-126162774
SERFF Status: Closed-Accepted For Informational Purposes
Co Tr Num: 1313

Authors: Wendy Paquin, Terry Stumpf, Jackie Williams, EDS EDSSupport, Laura Sampair
Date Submitted: 10/02/2009

State: Arkansas
State Tr Num: 43667

State Status: Approved-Closed

Reviewer(s): Linda Bird
Disposition Date: 11/24/2009

Disposition Status: Accepted For Informational Purposes
Implementation Date: 10/21/2009

Implementation Date Requested: On Approval
State Filing Description:

General Information

Project Name: 1313-12/09
Project Number:
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 11/24/2009

Deemer Date:
Submitted By: Jackie Williams
Filing Description:
October 2, 2009

Insurance Commissioner

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: This filing is being filed concurrently in Minnesota, our state of domicile.
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 10/21/2009
Created By: Jackie Williams
Corresponding Filing Tracking Number:

Department of Insurance
Compliance Life & Health
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: ReliaStar Life Insurance Company
NAIC #67105 FEIN #41-0451140

Form Numbers:
1313-12/09 Indeterminate Premium Term Life Insurance Policy To Age 95 With Exchange Option and Premium Adjustment Provisions
R1369-12/09 Premium Endowment Rider
R1371-12/09 Critical Illness Rider
R1372-12/09 Accelerated Benefit Rider
R1373-12/09 Waiver of Premium Rider (Disability)
R1374-12/09 Waiver of Premium Rider (Unemployment)
153947 Application For Individual Term Life Insurance
153950 Temporary Insurance Receipt

Attention Policy Form Approval Division:

We submit the above referenced forms for your review and approval. The forms do not replace any previously approved forms. The forms do not contain any unusual or controversial items from the standpoint of industry standards.

We have simultaneously filed the forms in Minnesota, our state of domicile.

The information bracketed in the forms is subject to change.

The policy form is an individual Indeterminate Premium Term Life Insurance Policy To Age 95 with Exchange Option and Premium Adjustment Provisions. The policy form is designed to provide a benefit payable at the death of the Insured. The initial term period of 15, 20, or 30 years is selected by the owner at the time of application with increasing guaranteed maximum premiums after the guaranteed level premium period.

To qualify for the Simplified Issue version the owner must have a mortgage, be refinancing, have a home equity loan that is no more than 60 months old, or have had a marriage or childbirth within the last 24 months. There are no such requirements for the Fully Underwritten version.

The policy may be exchanged for a permanent life insurance policy issued by the company under an exchange option as stated within the policy. If not exchanged, the policy will continue to provide term coverage until age 95, provided premiums due are paid.

We will not illustrate the policy.

The product will be offered as either a fully underwritten or a simplified issue policy. The applicable Schedule page(s) will print when the policy is issued.

The product will be marketed by our licensed agents on an individual basis.

The Premium Endowment Rider will be issued with the policy if the benefit is elected by the applicant. The term of the rider matches the initial term period in the policy. At the rider endowment date, this rider provides for return of all premiums paid for the base policy and this rider, not including any policy fees, flat extras, extra class special premiums or any premiums for other attached riders. The premiums for this rider are shown in the Rider Schedule of Premiums and Cash Values.

The policy, when coupled with the Premium Endowment Rider, uses the cash value accumulation test for compliance with IRC Section 7702. The applicable Rider Schedule page includes the table of factors demonstrating compliance at the time of issue with the federal qualification for life insurance based on the cash value accumulation test.

The Critical Illness Rider will be issued with the policy if coverage is elected by the applicant. This rider pays an accelerated death benefit if the insured has a critical illness as defined by this rider.

The Accelerated Benefit Rider will be issued with each policy sold under the Fully Underwritten version. This rider pays an accelerated death benefit at the insured's option under certain conditions specified in the rider.

The Waiver of Premium Rider (Disability) will be issued with the policy if coverage is elected by the applicant. Subject to the terms and conditions of the rider, this rider provides a waiver of premium benefit in the event the insured becomes totally disabled before Age 60 and total disability continues for a period of at least six months.

The Waiver of Premium Rider (Unemployment) will be issued with each policy. The insured will have future premiums waived beginning 30 days after the start of unemployment for up to six months duration, subject to the terms and conditions in the rider.

The Application For Individual Term Life Insurance will be used to apply for this policy form. It will be available both in a

printed and electronic format (electronic not yet implemented).

The Temporary Insurance Receipt will be used to provide the proposed insured(s) with a temporary insurance receipt once the Application has been completed, a premium accepted and this form completed and signed.

We may also use the above rider(s) with future life products.

The following previously approved form(s) will be marketed with the submitted policy form (approval date(s) provided):

R1356-04/07 - Accidental Death Benefit Rider - 04/03/07
R1357-04/07 - Accident Only Disability Income Rider - 04/03/07
R1364-04/07 - Children's Term Insurance Rider - 04/03/07

We have enclosed per your requirements the Flesch Readability Certification and Actuarial Memorandum(s).

Unless otherwise informed, we reserve the right to alter the layout of the enclosed forms, including sequential ordering of the sections, color, and type font and size, and any changes necessary to comply with your state requirements, but we will only do so if such changes are within the allowable parameters or requirements set forth in your statutes.

To the best of our knowledge, the forms comply with the laws and regulations of the insurance department of your state.

Sincerely,

Jackie Williams
Senior Contract Analyst
(800) 448-9839 Ext. 4604815
(303) 813-4815 (fax)
jackie.williams@us.ing.com

Company and Contact

Filing Contact Information

Jackie Williams, jackie.williams@us.ing.com
1290 Broadway 303-894-4815 [Phone]
Denver, CO 80218 303-813-4815 [FAX]

Filing Company Information

ReliaStar Life Insurance Company	CoCode: 67105	State of Domicile: Minnesota
20 Washington Avenue South	Group Code: 229	Company Type:
Minneapolis, MN 55401	Group Name:	State ID Number:
(860) 654-8065 ext. [Phone]	FEIN Number: 41-0451140	

Filing Fees

Fee Required?	Yes
Fee Amount:	$190.00
Retaliatory?	No
Fee Explanation:	(1 Policy x $50 per Policy) + (5 Riders x $20 per Rider) + (2 App x $20 per App) = $190
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ReliaStar Life Insurance Company	$190.00	10/02/2009	31014745

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	11/24/2009	11/24/2009
Approved-Closed	Linda Bird	10/21/2009	10/21/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	**Created By**	**Created On**	**Date Submitted**	**Responded By**	**Created On**	**Date Submitted**
Pending Industry Response	Linda Bird	10/06/2009	10/06/2009	Jackie Williams	10/20/2009	10/20/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to Withdraw Form R1373-12/09	Note To Reviewer	Jackie Williams	11/23/2009	11/23/2009

Disposition

Disposition Date: 11/24/2009

Implementation Date: 10/21/2009

Status: Accepted For Informational Purposes

Comment: Correction made to original filing to show the Company has withdrawn the Premium Rider (Disability) form R1373-12/09 from this filing. Previously approved Waiver of Premium Rider R1349-11/06 will be used with this policy.

Rate data does NOT apply to filing.

SERFF Tracking Number:	*INGD-126162774*	*State:*	*Arkansas*
Filing Company:	*ReliaStar Life Insurance Company*	*State Tracking Number:*	*43667*
Company Tracking Number:	*1313*		
TOI:	*L04I Individual Life - Term*	*Sub-TOI:*	*L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life*
Product Name:	*1313-12/09*		
Project Name/Number:	*1313-12/09/*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document *(revised)*	Life & Annuity - Acturial Memo		No
Supporting Document	Life & Annuity - Acturial Memo	Replaced	No
Supporting Document	Disclosure Forms		Yes
Supporting Document	Rates and Consent Certification		Yes
Form *(revised)*	Indeterminate Premium Term Life Insurance Policy To Age 95 With Exchange Option		Yes
Form	Indeterminate Premium Term Life Insurance Policy To Age 95 With Exchange Option	Replaced	Yes
Form *(revised)*	Premium Endowment Rider		Yes
Form	Premium Endowment Rider	Replaced	Yes
Form	Critical Illness Rider		Yes
Form	Accelerated Benefit Rider		Yes
Form	Waiver of Premium Rider (Disability)	Withdrawn	Yes
Form	Waiver of Premium Rider (UNEMPLOYMENT)		Yes
Form	Application for Individual Term Insurance		Yes
Form	Temporary Insurance Receipt		Yes

Disposition

Disposition Date: 10/21/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*INGD-126162774*	*State:*	*Arkansas*
Filing Company:	*ReliaStar Life Insurance Company*	*State Tracking Number:*	*43667*
Company Tracking Number:	*1313*		
TOI:	*L04I Individual Life - Term*	*Sub-TOI:*	*L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life*
Product Name:	*1313-12/09*		
Project Name/Number:	*1313-12/09/*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document *(revised)*	Life & Annuity - Acturial Memo		No
Supporting Document	Life & Annuity - Acturial Memo	Replaced	No
Supporting Document	Disclosure Forms		Yes
Supporting Document	Rates and Consent Certification		Yes
Form *(revised)*	Indeterminate Premium Term Life Insurance Policy To Age 95 With Exchange Option		Yes
Form	Indeterminate Premium Term Life Insurance Policy To Age 95 With Exchange Option	Replaced	Yes
Form *(revised)*	Premium Endowment Rider		Yes
Form	Premium Endowment Rider	Replaced	Yes
Form	Critical Illness Rider		Yes
Form	Accelerated Benefit Rider		Yes
Form	Waiver of Premium Rider (Disability)	Withdrawn	Yes
Form	Waiver of Premium Rider (UNEMPLOYMENT)		Yes
Form	Application for Individual Term Insurance		Yes
Form	Temporary Insurance Receipt		Yes

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	10/06/2009
Submitted Date	10/06/2009
Respond By Date	11/06/2009

Dear Jackie Williams,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Please review Bulletin 11-83 and provide certification by an officer of the company that these guidelines have been reviewed and that the policy form complies with these guidelines.

Please refer to policy General Provisions under the Suicide provision. After the incontestable period expiration you may not restart upon reinstatement. Review Ark. Code Ann. 23-81-115(a)(2)(E).

The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement as outlined in Rule and Regulation 60s8.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/20/2009
Submitted Date	10/20/2009

Dear Linda Bird,

Comments:
In response to your Objection Letter dated October 6, 2009, please note the following responses:

Response 1

Comments: Objection 1: Please review Bulletin 11-83 and provide certification by an officer of the company that these guidelines have been reviewed and that the policy form complies with these guidelines.

Response: Attached is the required Certification.
Objection 2: Please refer to policy General Provisions under the Suicide provision. After the incontestable period expiration, you may not restart upon reinstatement. Review Ark. Code Ann. 23-81-115(a) (2) (E).

Response: We have modified the Suicide Exclusion provision on page 9 of the policy to read as follows:

SUICIDE EXCLUSION

If the Insured commits suicide, while sane or insane, while the policy is in force and within two years of the Issue Date, we will make a limited payment to the Beneficiary. We will pay in one lump sum the amount of all premiums paid to us for your policy. Coverage under your policy will then terminate.

In addition, we have modified the Suicide Exclusion provision on page 5 of form R1369-12/09 to read as follows:

SUICIDE EXCLUSION

If the Insured commits suicide, while sane or insane, while the Policy and this Rider are in force and within two years of the Issue Date, we will make a limited payment to the Beneficiary. We will pay in one lump sum the amount of all premiums paid to us for the Policy and this Rider, minus any outstanding loan and accrued loan interest. Coverage under the Policy and this Rider will then terminate.

Objection 3: The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement as outlined

in Rule and Regulation 60s8.

Response: Attached is a copy of the Accelerated Benefit Rider Disclosure form 154532 and 153953 Critical Illness Rider Disclosure, which are given to the policy owner, at the time of application.

Please Note:
We have changed the address of the ING Customer Service Center shown on the cover and back page to reflect the street address rather than the PO Box. This is the only change other than the above to the policy form.

In addition, we have attached a revised Actuarial Memorandum for rider form R1369-12/09. The only change is to the values shown on the Appendix.

Related Objection 1

Comment:
Please review Bulletin 11-83 and provide certification by an officer of the company that these guidelines have been reviewed and that the policy form complies with these guidelines.

Please refer to policy General Provisions under the Suicide provision. After the incontestable period expiration you may not restart upon reinstatement. Review Ark. Code Ann. 23-81-115(a)(2)(E).

The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement as outlined in Rule and Regulation 60s8.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Life & Annuity - Acturial Memo
Comment:
Satisfied -Name: Disclosure Forms
Comment:
Satisfied -Name: Rates and Consent Certification
Comment: We have also attached the Current Rates.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific	Readability Score	Attach Document

				Data		
Indeterminate Premium Term Life Insurance Policy To Age 95 With Exchange Option	1313-12/09	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		50.000	AR-1313 (Rev. 10 20 09).pdf
Previous Version						
Indeterminate Premium Term Life Insurance Policy To Age 95 With Exchange Option	*1313-12/09*	*Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider*	*Initial*		*50.000*	AR-1313.pdf
Premium Endowment Rider	R1369-12/09	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		50.000	AR-R1369 PER rev 101409.pdf
Previous Version						
Premium Endowment Rider	*R1369-12/09*	*Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider*	*Initial*		*50.000*	R1369 PER Basic 9-25-09.pdf

No Rate/Rule Schedule items changed.

If you have any questions, please let me know.

Sincerely,

Jackie Williams
Senior Contract Analyst
(800) 448-9839 Ext. 4604815
(303) 813-4815 (fax)
jackie.williams@us.ing.com

Sincerely,
EDS EDSSupport, Jackie Williams, Laura Sampair, Terry Stumpf, Wendy Paquin

Note To Reviewer

Created By:
Jackie Williams on 11/23/2009 02:07 PM
Last Edited By:
Jackie Williams
Submitted On:
11/23/2009 02:07 PM
Subject:
Request to Withdraw Form R1373-12/09
Comments:
Please Note:

We wish to withdraw the Waiver of Premium Rider (Disability) form R1373-12/09 from your review. We will use our previously approved Waiver of Premium Rider R1349-11/06, which was approved by your department on 12/6/06 under SERFF Tracking No. DENV-125002112 and State Tracking No. State Tr Num: 34269.

Thank You!

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	1313-12/09	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Indeterminate Premium Term Life Insurance Policy To Age 95 With Exchange Option	Initial		50.000	AR-1313 (Rev. 10 20 09).pdf
	R1369-12/09	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Premium Endowment Rider	Initial		50.000	AR-R1369 PER rev 101409.pdf
	R1371-12/09	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Critical Illness Rider	Initial		50.000	R1371 CIR Basic.pdf
	R1372-12/09	Policy/Contract/Fraternal	Accelerated Benefit Rider	Initial		50.000	R1372 ABR Basic.pdf

		Certificate: Amendment, Insert Page, Endorsement or Rider				
Withdrawn 11/24/2009	R1373-12/09	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Waiver of Premium Rider (Disability)	Initial	50.000	R1373 WP(Disability) Basic.pdf
	R1374-12/09	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Waiver of Premium Rider (UNEMPLOYMENT)	Initial	50.000	R1374 WP(Unem)Basic.pdf
	153947	Application/Enrollment Form	Application for Individual Term Insurance	Initial	50.400	153947_09232009_StateFiled.pdf
	153950	Application/Enrollment Form	Temporary Insurance Receipt	Initial	50.700	153950_09232009_StateFiled.pdf

RELIASTAR LIFE INSURANCE COMPANY
A STOCK COMPANY

INSURED [JOHN DOE]
POLICY DATE: [December 15, 2009]
POLICY NUMBER: [67000001]

WE AGREE TO PAY the Death Proceeds to the Beneficiary on the death of the Insured while your policy is in force, subject to your policy provisions.

WE ALSO AGREE to provide the other rights and benefits of your policy, subject to its provisions.

PLEASE READ YOUR POLICY CAREFULLY

RIGHT TO EXAMINE PERIOD. You have the right to examine and return your policy. You may return it by mail or other delivery to the agent who sold it to you or to the ING Customer Service Center within 30 days after you receive it. It will then be void from the beginning. Once you have returned your policy during the Right to Examine Period, we will refund all premiums paid.

Your policy is signed for ReliaStar Life Insurance Company by:

[Donald W. Britton
President]

[Joy M. Benner
Secretary]

In your policy, "you" and "your" refer to the Owner of this policy; "we, "us" and "our" refer to ReliaStar Life Insurance Company.

YOUR POLICY IS AN INDETERMINATE PREMIUM TERM LIFE INSURANCE POLICY TO AGE 95 WITH EXCHANGE OPTION AND PREMIUM ADJUSTMENT PROVISIONS.
YOUR POLICY IS NONPARTICIPATING AND NONRENEWABLE.

The Death Proceeds are payable if the Insured dies while your policy is in force. Premiums are payable to Age 95 or until the Insured's death, whichever comes first. Premiums remain level during the Level Premium Period. After the Level Premium Period, premiums may increase but will never be greater than those shown in the Schedule of Maximum Premiums by Year.

RELIASTAR LIFE INSURANCE COMPANY

Home Office:
Minneapolis, Minnesota

ING Customer Service Center:
[2000 21st Avenue NW
Minot, North Dakota 58703-0890
Toll Free Number: 1-877-886-5050]

TABLE OF CONTENTS

POLICY DATA - SCHEDULE **3**

TERMS TO UNDERSTAND **4**

INSURANCE COVERAGE PROVISIONS **5**

POLICY DATES AND PERIODS 5
PREMIUMS 5
DEATH BENEFIT 6

GENERAL POLICY PROVISIONS **7**

YOUR POLICY 7
EXCHANGE OPTION 7
NOTICE AND PROCEDURES 8
AGE 8
INSURED 8
OWNER 8
BENEFICIARIES 8
ASSIGNMENT 9
INCONTESTABILITY 9
MISSTATEMENT OF AGE OR GENDER 9
SUICIDE EXCLUSION 9
TERMINATION 9
GRACE PERIOD 9
REINSTATEMENT 10
ING CUSTOMER SERVICE CENTER 10

SETTLEMENT OPTIONS PROVISIONS **10**

SETTLEMENT OPTION TABLES 13

We place a copy of your application and any amendments, endorsements and riders at the end of your policy provisions and these documents are part of your policy.

[File for FUW version - 20]

POLICY DATA - SCHEDULE

POLICY NUMBER	[67000001]
POLICY DATE	[OCTOBER 15, 2009]
ISSUE DATE	[DECEMBER 15, 2009]
ENDING DATE	[DECEMBER 15, 2069]
INITIAL TERM	[20] YEARS
LEVEL PREMIUM PERIOD	[20] YEARS
EXTENDED PREMIUM GUARANTEE	[YES]
OWNER	[JOHN DOE]
INSURED	[JOHN DOE]
AGE/GENDER	[35 MALE]
RISK CLASS	[STANDARD NO TOBACCO]
PREMIUM INTERVAL	[ANNUAL]
STATED DEATH BENEFIT	[$150,000.00]
INITIAL PREMIUM	[$1,392.20]

COVERAGE TYPE	**Stated Death Benefit/Rider Benefit**	**Years of Coverage**	**First Policy Year Annual Premium**
TERM INSURANCE POLICY	[$150,000.00]	[60]	$[363.00]
POLICY FEE	--	--	$[0.00]
[SPECIAL CLASS EXTRA PREMIUM]	--	--	$[0.00]
[FLAT EXTRA PREMIUM FOR [XX] POLICY YEAR[S]]	--	--	$[0.00]
[ACCIDENT ONLY DISABILITY INCOME RIDER]	$[1,000.00]	[25]	$[100.00]
[CHILDREN'S TERM INSURANCE RIDER]	$[5,000.00]	[30]	$[32.50]
[CRITICAL ILLNESS RIDER]	$[30,000.00]	[20]	$[100.20]
[PREMIUM ENDOWMENT RIDER]	--	[20]	$[759.00]
[WAIVER OF PREMIUM RIDER (DISABILITY)]	--	[25]	$[37.50]
[WAIVER OF PREMIUM RIDER (UNEMPLOYMENT)]	--	[25]	--
TOTAL FIRST POLICY YEAR ANNUAL PREMIUM	--	--	$[1,392.20]

SEE SCHEDULE OF MAXIMUM PREMIUMS BY POLICY YEAR FOR POLICY AND RIDER ANNUAL PREMIUMS AFTER THE FIRST POLICY YEAR.

EXCHANGE OPTION

Your policy may be exchanged on or before the earlier of the 10th Policy Anniversary or the Policy Anniversary coinciding with the Insured's Age 65.

[File for SI version -20]

POLICY DATA - SCHEDULE

POLICY NUMBER	[67000001]
POLICY DATE	[DECEMBER 15, 2009]
ISSUE DATE	[DECEMBER 15, 2009]
ENDING DATE	[DECEMBER 15, 2069]
INITIAL TERM	[20] YEARS
LEVEL PREMIUM PERIOD	[20] YEARS
EXTENDED PREMIUM GUARANTEE	[YES]
OWNER	[JOHN DOE]
INSURED	[JOHN DOE]
AGE/GENDER	[35 MALE]
RISK CLASS	[STANDARD NO TOBACCO]
PREMIUM INTERVAL	[ANNUAL]
STATED DEATH BENEFIT	[$50,000.00]
INITIAL PREMIUM	[$657.90]

COVERAGE TYPE	**Stated Death Benefit/Rider Benefit**	**Years of Coverage**	**First Policy Year Annual Premium**
TERM INSURANCE POLICY	[$50,000.00]	[60]	$[221.00]
POLICY FEE	--	--	$[0.00]
[SPECIAL CLASS EXTRA PREMIUM]	--	--	$[0.00]
[ACCIDENT ONLY DISABILITY INCOME RIDER]	$[350.00]	[25]	$[35.00]
[ACCIDENTAL DEATH BENEFIT RIDER	$[50,000.00]	[35]	$[27.00]
[CHILDREN'S TERM INSURANCE RIDER]	$[5,000.00]	[30]	$[32.50]
[CRITICAL ILLNESS RIDER]	$[10,000.00]	[20]	$[33.40]
[PREMIUM ENDOWMENT RIDER]	--	[20]	$[296.50]
[WAIVER OF PREMIUM RIDER (DISABILITY)]	--	[25]	$[12.50]
[WAIVER OF PREMIUM RIDER (UNEMPLOYMENT)]	--	[25]	--
TOTAL FIRST POLICY YEAR ANNUAL PREMIUM	--	--	$[657.90]

SEE SCHEDULE OF MAXIMUM PREMIUMS BY POLICY YEAR FOR POLICY AND RIDER ANNUAL PREMIUMS AFTER THE FIRST POLICY YEAR.

EXCHANGE OPTION

Your policy may be exchanged on or before the earlier of the 10th Policy Anniversary or the Policy Anniversary coinciding with the Insured's Age 65.

[Print for FUW version]

POLICY DATA-SCHEDULE OF ADDITIONAL BENEFITS AND RIDERS

For benefit amounts and premiums, if any, see Schedule page 3. For details on the benefits provided by each Rider, see the Rider provisions.

ACCELERATED BENEFIT RIDER

[ACCIDENT ONLY DISABILITY INCOME RIDER
Maximum Benefit Period: 24 months
Waiting Period: 3 months]

[CHILDREN'S TERM INSURANCE RIDER]

[CRITICAL ILLNESS RIDER]

[PREMIUM ENDOWMENT RIDER]

[WAIVER OF PREMIUM RIDER (DISABILITY)]

[WAIVER OF PREMIUM RIDER (UNEMPLOYMENT)]

[Print for SI version]

POLICY DATA - SCHEDULE OF ADDITIONAL BENEFITS AND RIDERS

For benefit amounts and premiums, if any, see Schedule page 3. For details on the benefits provided by each Rider, see the Rider provisions.

[ACCIDENTAL DEATH BENEFIT RIDER
Your policy automatically includes an Accidental Death Benefit Rider with a benefit equal to 50.00% of the face amount of your policy. The cost associated with this automatic Accidental Death Benefit is included in the premiums for the base policy. Additional coverage may be elected. The rates per thousand of rider face amount associated with this additional cost are as follows:

Issue Ages	ADB Rate	Issue Ages	ADB Rate	Issue Ages	ADB Rate	Issue Ages	ADB Rate
20-24	1.08	30-42	1.08	49-53	1.32	57-59	1.56
25-29	0.96	43-48	1.20	54-56	1.44	60	1.68

Any First Policy Year Annual Premium for the Accidental Death Benefit Rider shown above on Schedule Page 3 and any premium for the Accidental Death Benefit Rider shown in the Schedule of Maximum Annual Premiums by Year is for the Accidental Death Benefit in excess of the amount that is automatically included with your Policy.]

[ACCIDENT ONLY DISABILITY INCOME RIDER
Maximum Benefit Period: [24] months
Waiting Period: [3] months]

[CHILDREN'S TERM INSURANCE RIDER]

[CRITICAL ILLNESS RIDER]

[PREMIUM ENDOWMENT RIDER]

[WAIVER OF PREMIUM RIDER (DISABILITY)]

[WAIVER OF PREMIUM RIDER (UNEMPLOYMENT)]

[Print for FUW version - 20]

POLICY DATA - SCHEDULE OF MAXIMUM ANNUAL PREMIUMS BY YEAR

MAXIMUM PREMIUMS ARE SHOWN BELOW, AND THE PREMIUM ACTUALLY CHARGED WILL NEVER BE HIGHER THAN THE AMOUNTS SHOWN.

Policy Year	Base Policy	[Accident Only Disability Income Rider]	[Children's Term Insurance Rider]	[Critical Illness Rider]	[Premium Endowment Rider]	[Waiver of Premium Rider (Disability)]	Maximum Total Annual Premium
1	[$363.00]	[$100.00]	[$32.50]	[$100.20]	[$759.00]	[$37.50]	[$1,392.20]
2	[$363.00]	[$150.00]	[$32.50]	[$100.20]	[$759.00]	[$37.50]	[$1,442.20]
3	[$363.00]	[$150.00]	[$32.50]	[$100.20]	[$759.00]	[$37.50]	[$1,442.20]
4	[$363.00]	[$150.00]	[$32.50]	[$100.20]	[$759.00]	[$37.50]	[$1,442.20]
5	[$363.00]	[$150.00]	[$32.50]	[$100.20]	[$759.00]	[$37.50]	[$1,442.20]
6	[$363.00]	[$150.00]	[$32.50]	[$159.30]	[$759.00]	[$37.50]	[$1,501.30]
7	[$363.00]	[$150.00]	[$32.50]	[$159.30]	[$759.00]	[$37.50]	[$1,501.30]
8	[$363.00]	[$150.00]	[$32.50]	[$159.30]	[$759.00]	[$37.50]	[$1,501.30]
9	[$363.00]	[$150.00]	[$32.50]	[$159.30]	[$759.00]	[$37.50]	[$1,501.30]
10	[$363.00]	[$150.00]	[$32.50]	[$159.30]	[$759.00]	[$37.50]	[$1,501.30]
11	[$363.00]	[$150.00]	[$32.50]	[$159.30]	[$759.00]	[$37.50]	[$1,501.30]
12	[$363.00]	[$150.00]	[$32.50]	[$159.30]	[$759.00]	[$37.50]	[$1,501.30]
13	[$363.00]	[$150.00]	[$32.50]	[$159.30]	[$759.00]	[$37.50]	[$1,501.30]
14	[$363.00]	[$150.00]	[$32.50]	[$159.30]	[$759.00]	[$37.50]	[$1,501.30]
15	[$363.00]	[$150.00]	[$32.50]	[$159.30]	[$759.00]	[$37.50]	[$1,501.30]
16	[$363.00]	[$150.00]	[$32.50]	[$159.30]	[$759.00]	[$37.50]	[$1,501.30]
17	[$363.00]	[$150.00]	[$32.50]	[$159.30]	[$759.00]	[$37.50]	[$1,501.30]
18	[$363.00]	[$150.00]	[$32.50]	[$159.30]	[$759.00]	[$37.50]	[$1,501.30]
19	[$363.00]	[$150.00]	[$32.50]	[$159.30]	[$759.00]	[$37.50]	[$1,501.30]
20	[$363.00]	[$150.00]	[$32.50]	[$159.30]	[$759.00]	[$37.50]	[$1,501.30]
21	[$2,619.00]	[$150.00]	[$32.50]	[$0.00]	[$0.00]	[$37.50]	[$2,839.00]
22	[$2,916.00]	[$150.00]	[$32.50]	[$0.00]	[$0.00]	[$37.50]	[$3,136.00]
23	[$3,204.00]	[$150.00]	[$32.50]	[$0.00]	[$0.00]	[$37.50]	[$3,424.00]
24	[$3,492.00]	[$150.00]	[$32.50]	[$0.00]	[$0.00]	[$37.50]	[$3,712.00]
25	[$3,829.50]	[$150.00]	[$32.50]	[$0.00]	[$0.00]	[$37.50]	[$4,049.50]
26	[$4,239.00]	[$0.00]	[$32.50]	[$0.00]	[$0.00]	[$0.00]	[$4,271.50]
27	[$4,738.50]	[$0.00]	[$32.50]	[$0.00]	[$0.00]	[$0.00]	[$4,771.00]
28	[$5,319.00]	[$0.00]	[$32.50]	[$0.00]	[$0.00]	[$0.00]	[$5,351.50]
29	[$5,953.50]	[$0.00]	[$32.50]	[$0.00]	[$0.00]	[$0.00]	[$5,986.00]
30	[$6,615.00]	[$0.00]	[$32.50]	[$0.00]	[$0.00]	[$0.00]	[$6,647.50]
31	[$7,303.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$7,303.50]
32	[$8,001.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$8,001.00]
33	[$8,730.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$8,730.00]
34	[$9,499.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$9,499.50]
35	[$10,363.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$10,363.50]

[Print for SI version - 20]

POLICY DATA - SCHEDULE OF MAXIMUM ANNUAL PREMIUMS BY YEAR

MAXIMUM PREMIUMS ARE SHOWN BELOW, AND THE PREMIUM ACTUALLY CHARGED WILL NEVER BE HIGHER THAN THE AMOUNTS SHOWN.

Policy Year	Base Policy	[Accident Only Disability Income Rider]	[Accidental Death Benefit Rider]	[Children's Term Insurance Rider]	[Critical Illness Rider]	[Premium Endowment Rider]	[Waiver of Premium Rider (Disability)]	Maximum Total Annual Premium
1	[$221.00]	[$35.00]	[$27.00]	[$32.50]	[$33.40]	[$296.50]	[$12.50]	[$657.90]
2	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$33.40]	[$296.50]	[$12.50]	[$675.40]
3	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$33.40]	[$296.50]	[$12.50]	[$675.40]
4	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$33.40]	[$296.50]	[$12.50]	[$675.40]
5	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$33.40]	[$296.50]	[$12.50]	[$675.40]
6	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$53.10]	[$296.50]	[$12.50]	[$642.00]
7	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$53.10]	[$296.50]	[$12.50]	[$695.10]
8	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$53.10]	[$296.50]	[$12.50]	[$695.10]
9	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$53.10]	[$296.50]	[$12.50]	[$695.10]
10	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$53.10]	[$296.50]	[$12.50]	[$695.10]
11	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$53.10]	[$296.50]	[$12.50]	[$695.10]
12	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$53.10]	[$296.50]	[$12.50]	[$695.10]
13	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$53.10]	[$296.50]	[$12.50]	[$695.10]
14	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$53.10]	[$296.50]	[$12.50]	[$695.10]
15	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$53.10]	[$296.50]	[$12.50]	[$695.10]
16	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$53.10]	[$296.50]	[$12.50]	[$695.10]
17	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$53.10]	[$296.50]	[$12.50]	[$695.10]
18	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$53.10]	[$296.50]	[$12.50]	[$695.10]
19	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$53.10]	[$296.50]	[$12.50]	[$695.10]
20	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$53.10]	[$296.50]	[$12.50]	[$695.10]
21	[$819.00]	[$52.50]	[$27.00]	[$32.50]	[$0.00]	[$0.00]	[$12.50]	[$943.50]
22	[$909.00]	[$52.50]	[$27.00]	[$32.50]	[$0.00]	[$0.00]	[$12.50]	[$1,033.50]
23	[$999.00]	[$52.50]	[$27.00]	[$32.50]	[$0.00]	[$0.00]	[$12.50]	[$1,123.50]
24	[$1,089.00]	[$52.50]	[$27.00]	[$32.50]	[$0.00]	[$0.00]	[$12.50]	[$1,213.50]
25	[$1,191.00]	[$52.50]	[$27.00]	[$32.50]	[$0.00]	[$0.00]	[$12.50]	[$1,315.50]
26	[$1,309.50]	[$0.00]	[$27.00]	[$32.50]	[$0.00]	[$0.00]	[$0.00]	[$1,369.00]
27	[$1,449.00]	[$0.00]	[$27.00]	[$32.50]	[$0.00]	[$0.00]	[$0.00]	[$1,508.50]
28	[$1,606.50]	[$0.00]	[$27.00]	[$32.50]	[$0.00]	[$0.00]	[$0.00]	[$1,666.00]
29	[$1,777.50]	[$0.00]	[$27.00]	[$32.50]	[$0.00]	[$0.00]	[$0.00]	[$1,837.00]
30	[$1,957.50]	[$0.00]	[$27.00]	[$32.50]	[$0.00]	[$0.00]	[$0.00]	[$2,017.00]
31	[$2,148.00]	[$0.00]	[$27.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$2,175.00]
32	[$2,344.50]	[$0.00]	[$27.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$2,371.50]
33	[$2,554.50]	[$0.00]	[$27.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$2,581.50]
34	[$2,778.00]	[$0.00]	[$27.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$2,805.00]
35	[$3,028.50]	[$0.00]	[$27.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$3,055.50]

POLICY DATA - SCHEDULE OF MAXIMUM ANNUAL PREMIUMS BY YEAR (CONTINUED)

Policy Year	Base Policy	[Accident Only Disability Income Rider]	[Children's Term Insurance Rider]	[Critical Illness Rider]	[Premium Endowment Rider]	[Waiver of Premium Rider (Disability)]	Maximum Total Annual Premium
36	[$11,371.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$11,371.50]
37	[$12,595.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$12,595.50]
38	[$14,026.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$14,026.50]
39	[$15,534.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$15,534.00]
40	[$17,154.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$17,154.00]
41	[$18,918.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$18,918.00]
42	[$20,907.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$20,907.00]
43	[$23,220.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$23,220.00]
44	[$25,906.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$25,906.50]
45	[$28,917.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$28,917.00]
46	[$32,274.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$32,274.00]
47	[$35,923.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$35,923.50]
48	[$39,789.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$39,789.00]
49	[$44,010.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$44,010.00]
50	[$48,703.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$48,703.50]
51	[$53,923.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$53,923.50]
52	[$59,665.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$59,665.50]
53	[$65,871.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$65,871.00]
54	[$72,468.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$72,468.00]
55	[$79,389.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$79,389.00]
56	[$86,283.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$86,283.00]
57	[$93,069.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$93,069.00]
58	[$100,179.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$100,179.00]
59	[$107,676.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$107,676.00]
60	[$115,573.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$115,573.50]

To determine semi-annual, quarterly, and monthly payment amounts, multiply the amount in each column above by the appropriate factor shown below and total the results.

PREMIUM INTERVAL	FACTOR
SEMI-ANNUAL	[0.50]
QUARTERLY	[0.25]
MONTHLY	[0.083333]

POLICY DATA - SCHEDULE OF MAXIMUM ANNUAL PREMIUMS BY YEAR (CONTINUED)

Policy Year	Base Policy	[Accident Only Disability Income Rider]	[Accidental Death Benefit Rider]	[Children's Term Insurance Rider]	[Critical Illness Rider]	[Premium Endowment Rider]	[Waiver of Premium Rider (Disability)]	Maximum Total Annual Premium
36	[$3,315.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$3,315.00]
37	[$3,658.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$3,658.50]
38	[$4,050.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$4,050.00]
39	[$4,465.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$4,465.50]
40	[$4,914.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$4,914.00]
41	[$5,404.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$5,404.50]
42	[$5,949.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$5,949.00]
43	[$6,571.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$6,571.50]
44	[$7,276.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$7,276.50]
45	[$8,058.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$8,058.00]
46	[$8,952.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$8,952.00]
47	[$9,960.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$9,960.00]
48	[$11,019.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$11,019.00]
49	[$12,151.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$12,151.50]
50	[$13,401.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$13,401.00]
51	[$14,728.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$14,728.50]
52	[$16,210.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$16,210.50]
53	[$17,887.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$17,887.50]
54	[$19,645.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$19,645.50]
55	[$21,417.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$21,417.00]
56	[$22,908.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$22,908.00]
57	[$24,289.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$24,289.50]
58	[$26,086.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$26,086.50]
59	[$28,312.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$28,312.50]
60	[$30,985.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$30,985.50]

To determine semi-annual, quarterly, and monthly payment amounts, multiply the amount in each column above by the appropriate factor shown below and total the results.

PREMIUM INTERVAL	FACTOR
SEMI-ANNUAL	[0.50]
QUARTERLY	[0.25]
MONTHLY	[0.083333]

TERMS TO UNDERSTAND

This section identifies some of the important terms that are used throughout your policy and that have special meaning. It is a reference to where we have defined and more fully discussed these terms.

Age: For details, see the Age section on page 8

Beneficiary: For details, see the Beneficiaries section on page 8

Death Proceeds and Stated Death Benefit: For details, see the Death Benefit section on page 6

Ending Date: For details, see the Policy Dates and Periods section on page 5

ING Customer Service Center: For details, see the ING Customer Service Center section on page 10

Insured: For details, see the Insured section on page 8

Issue Date, Policy Date, Policy Anniversary, and Policy Year: For details, see the Policy Dates and Periods section on page 5

Level Premium Period: For details, see the Premiums section on page 5

Owner: For details, see the Owner section on page 8

Right to Examine Period: For details, see the Policy Dates and Periods section on page 5

Settlement Options: For details, see the Settlement Options section on page 10

INSURANCE COVERAGE PROVISIONS

POLICY DATES AND PERIODS

ISSUE DATE

The Issue Date is the date we issue the policy on the life of the Insured. We show the Issue Date in your Schedule and it may be later than the Policy Date if the policy is backdated to save age.

Policy Date

The Policy Date is the effective date for all coverage provided under your policy. No coverage may take effect under your policy unless (1) we receive the required initial premium for your policy, (2) the policy has been delivered to you, and (3) there has been no change in the insurability of the proposed Insured from the date of your policy application to the later of the date we receive the required initial premium or the date of policy delivery.

We show the Policy Date in your Schedule. It is the date from which we measure Policy Anniversaries, Policy Years, and the Ending Date. A Policy Anniversary occurs each year on the same month and day as the Policy Date. The period between the Policy Date and the first Policy Anniversary, or from one Policy Anniversary to the next, is a Policy Year.

Ending Date

The Ending Date is the date on which all coverage provided under your policy ends, unless coverage is terminated earlier than this date as provided herein. We show the Ending Date in your Schedule.

Right to Examine Period

The Right to Examine Period is the number of days after delivery of your policy during which you have the right to examine your policy and return it for a refund. For details, see the Cover Page.

PREMIUMS

Your initial premium must be paid on or before the date your policy is delivered. In order for a premium to be effective it must be received at the ING Customer Service Center. All premiums after the initial premium are due and payable on or before the date they are due and must be mailed to us at the ING Customer Service Center. A premium receipt signed by an officer of the Company will be furnished upon request.

During the Level Premium Period, as shown in the Schedule, premiums for this policy are level for the period elected by you at the time of application. Premiums for riders, if any, may not be level during the Level Premium Period.

After the Level Premium Period, premiums may change each year but will not exceed the amounts shown in the Schedule of Maximum Premiums by Year. Before each Policy Year begins, written notice of the premiums for that year will be sent to the Owner.

You may pay your premiums once, twice, four or twelve times a year. We have the right, however, not to accept a premium payment of an amount less than $25.00.

If you decide to pay premiums once a year, your annual premium will be due on your Policy Anniversary. Should you decide to pay premiums more than once a year, your semi-annual premiums will be due every six months, your quarterly premiums will be due every three months and your monthly premiums will be due every month. In each year, one of the premium due dates must fall on your Policy Anniversary. Except as otherwise provided in this policy, this policy will automatically terminate if any premium is not paid when due.

DEATH BENEFIT

Stated Death Benefit

We show the Stated Death Benefit in your Schedule. It is the amount of insurance coverage provided under your policy.

Death Proceeds

Death Proceeds is the amount we pay at the Insured's death. It equals:

a. The Stated Death Benefit as of the date of the Insured's death; plus
b. Any added benefit provided by rider; plus
c. A pro rata portion of any premium paid beyond the month of the Insured's death; minus
d. Any unpaid premium then due.

We will pay the Death Proceeds within 7 days of when we receive due proof of the death claim. Due proof of the death claim means we have received:

a. Due proof of the Insured's death;
b. Sufficient information to determine the identity of the legally entitled beneficiaries; and
c. Sufficient evidence that any legal impediments to payment that depend on parties other than us are resolved. Such legal impediments include, but are not limited to, the establishment of guardianships and conservatorships, the appointment and qualification of trustees, executors and administrators and our receipt of information required to satisfy state and federal reporting requirements.

Any Death Proceeds we pay are subject to adjustments as provided in the Misstatement of Age or Gender, Suicide Exclusion and Incontestability sections. We will pay the Death Proceeds in one lump sum unless you request an alternate method of payment. We describe these other alternate methods of payment in the Settlement Options Provisions.

We will pay interest on the lump sum Death Proceeds from the date of the Insured's death to the date of payment. We will compute interest at a rate required by law from the date of death to the date the proceeds are paid.

GENERAL POLICY PROVISIONS

YOUR POLICY

Your policy, including a copy of your application and any Schedules, amendments and endorsements make up your entire contract between you and us. We will attach a copy of your original application to your policy at issue. In the absence of fraud, we will consider all statements made in your initial application, and any application for reinstatement, as representations and not warranties. No statement will be used to deny a claim unless it is in an application that is made part of your policy.

Both our President or another officer, and our Secretary or Assistant Secretary must sign all changes to your policy. No other person can change any of your policy's terms and conditions.

Your policy does not participate in our surplus earnings.

EXCHANGE OPTION

Subject to the conditions described below, your policy may be exchanged for a new policy which is acceptable to us at the time of the exchange. Any riders attached to your policy at the time of the exchange may be included in the new policy subject to their availability and our approval. Your written request for an exchange must be made in advance and no premium may be outstanding at the time of the request.

If you do not exchange your policy, it will continue to provide term coverage to the Ending Date according to its terms.

Evidence of insurability is not required to exercise this exchange option unless the new policy and any riders contain new benefits not contained in your policy or any riders attached to your policy at the time of the exchange. In this case, evidence of insurability may be required but it will be limited to evidence that relates to the new benefits not contained in your policy or any attached riders.

The conditions on which you may exercise this option are:

a. Your policy may be exchanged on or before the earlier of the 10th Policy Anniversary or the Policy Anniversary coinciding with the Insured's Age 65;
b. The death benefit of the new policy may not exceed the Stated Death Benefit of your policy on the effective date of the exchange. The effective date of the exchange is the date we receive your application for exchange accompanied by the initial premium for the new policy;
c. The death benefit of the new policy may not be less than the minimum required for the new policy;
d. The new policy will be in the same risk class as your policy if available at the time of the exchange, otherwise, in the most comparable risk class available at the time. The premium will be based on rates in effect for the Age, gender and risk class of the Insured at the time of the exchange; and
e. The new policy will have a policy date and issue Age corresponding to the effective date of the exchange.

The suicide and incontestability periods in any new policy which is issued pursuant to the exercise of this exchange option will be measured from the Issue Date of this policy, unless the new policy contains new benefits not contained in your policy. In this case, the suicide and incontestability provisions of the new policy applicable to the new benefits will be measured from the issue date of the new policy.

NOTICE AND PROCEDURES

You should send any notice to the ING Customer Service Center. We may require a return of your policy or proof of your lost policy for the termination of your policy. We are not liable for any action we take before we receive and record your written notification at the ING Customer Service Center.

In the event of the death of the Insured, please let us know as soon as possible. Once we receive notification of the Insured's death, we will promptly send claim filing instructions to you or the Beneficiary. We may require proof of Age and a certified copy of the death certificate. We may require the Beneficiary and next of kin to sign authorizations as part of due proof of the death claim. These authorization forms allow us to obtain information about the decedent, including, but not limited to, medical records of physicians and hospitals used by the decedent.

AGE

Age is the age of the Insured on his or her most recent birthday prior to the Policy Date. We issue your policy at the Age shown in your Schedule.

INSURED

The Insured is the person whose life is insured by your policy. The Insured's name is shown in your Schedule and the Insured may or may not be the Owner of your policy.

OWNER

The original Owner is the person or entity named as the Owner in your application. The words "you" and "your" in this policy refer to the Owner.

You, as the Owner, can exercise all rights and receive the benefits until the Insured's death. This includes the right to change the Owner, beneficiaries and methods for the payment of Death Proceeds.
You may name a new Owner by sending us notice. Unless you state otherwise, the new Owner designation will take effect on the date you sign the notice, subject to any payment made or actions taken prior to receipt of your notice at the ING Customer Service Center. All rights of the Owner are subject to the rights of any assignee and any irrevocable Beneficiary.

BENEFICIARIES

Your Beneficiary designation will be on file with us. Until the Insured's death, you may name a new Beneficiary by sending us notice. An irrevocable Beneficiary cannot be changed without the consent of the irrevocable Beneficiary. Unless you state otherwise, the new Beneficiary designation will take effect on the date you sign the notice, subject to any payments or actions we take prior to receipt of your notice at the ING Customer Service Center. We will pay Death Proceeds to the Beneficiaries listed on your most recent Beneficiary designation and we will not be subject to multiple payments.

We will pay the Death Proceeds to the primary Beneficiary or Beneficiaries surviving the Insured's death. If no primary Beneficiaries survive the Insured's death, we will pay the surviving contingent Beneficiary or Beneficiaries. If more than one Beneficiary in a class survives the Insured's death, they will share the Death Proceeds equally, unless your Beneficiary designation provides otherwise. We will pay the Death Proceeds to you or your estate if there is no surviving designated Beneficiary.

ASSIGNMENT

You may assign your policy as security by giving us notice. Unless you state otherwise, the assignment will take effect on the date you sign the notice, subject to any payments or actions we take prior to receipt of your notice at the ING Customer Service Center. The rights of the Owner and beneficiaries are subject to the assignment. We are not liable for the validity of any assignment.

INCONTESTABILITY

After your policy has been in force during the lifetime of the Insured for two years from the Issue Date, we will not contest it except for nonpayment of premiums. After your policy has been in force during the lifetime of the Insured for two years from the date of any reinstatement, we will not contest it except for nonpayment of premiums. We will base any contest only on statements made in your application for your policy and application for reinstatement, as applicable; and the statements must be material to the risk accepted or the hazard assumed by us. Notwithstanding the above, we may contest your policy at any time if it was procured by fraud, as permitted by the law of the state in which your policy was delivered.

MISSTATEMENT OF AGE OR GENDER

We will adjust the death benefit if the Insured's Age or gender has been misstated. Notwithstanding the Incontestability section, the death benefit will be that which the premium would have purchased at the Insured's correct Age and gender.

SUICIDE EXCLUSION

If the Insured commits suicide, while sane or insane, while the policy is in force and within two years of the Issue Date, we will make a limited payment to the Beneficiary. We will pay in one lump sum the amount of all premiums paid to us for your policy. Coverage under your policy will then terminate.

TERMINATION

Your policy will terminate and all coverage provided by your policy will end upon the earliest of:

a. The date your policy lapses (when the grace period ends without payment of the required premium);
b. The date we receive notice of your written request to terminate or exchange your policy;
c. The Ending Date; or
d. The date of the Insured’s death.

GRACE PERIOD

After the initial premium, premiums must be paid by the 31st day after the due date or this policy will terminate. Premium sent to us by U.S. mail and postmarked within the grace period shall be deemed to be paid within the grace period. The policy will be in force during this 31 day grace period and if the Insured dies during the grace period, we will deduct from the Death Proceeds any due and unpaid premium.

REINSTATEMENT

If this policy terminates for failure to pay the required premium by the end of the grace period, you may reinstate it within three years of the date of termination if you provide us with:

a. A written application for reinstatement on a form acceptable to us;
b. Evidence of insurability satisfactory to us;
c. Payment of all overdue premiums with 6.00% interest compounded annually up to the date of reinstatement; and
d. Payment of any premiums due within 60 days following the date of reinstatement.

ING CUSTOMER SERVICE CENTER

The ING Customer Service Center is located at P.O. Box 5011, Minot, ND 58702-5011. For overnight delivery, the address is 2000 21st Ave NW, Minot, ND 58703-0890. Unless we give you notice otherwise, you should send all notices and requests to the ING Customer Service Center.

SETTLEMENT OPTIONS PROVISIONS

SETTLEMENT OPTION SELECTION

A Settlement Option provides for payment of Death Proceeds in other than a lump sum. You may select a Settlement Option by giving us notice before the death of the Insured. If you have not selected a Settlement Option, the Beneficiary may select a Settlement Option by giving us notice within 60 days after we receive due proof of the death claim. A payee that is not a natural person may not be named without our consent.

SETTLEMENT OPTIONS

a. **Settlement Option I - Payments for a Designated Period.** Based on your selection, we will pay annual, semi-annual, quarterly or monthly installments per year for a designated period that may be 5 to 30 years. The installment dollar amounts will be equal except for any excess interest as described below. The amount of the first monthly payment for each $1,000.00 of Death Proceeds applied is in Settlement Table I.
b. **Settlement Option II - Life Income with Payments for a Designated Period.** Based on your selection, we will pay annual, semi-annual, quarterly or monthly installments per year throughout the payee's lifetime, or if longer, for a period of 5, 10, 15 or 20 years. The installment dollar amounts will be equal except for any excess interest as described below. The amount of the first monthly payment for each $1,000.00 of Death Proceeds applied is in Settlement Option Table II. This Settlement Option is available only for ages shown in the table. Payments for Settlement Option II will be determined by using the 2000 Individual Annuitant Mortality Table for the appropriate gender at 1.50% interest annually.
c. **Settlement Option III - Hold at Interest.** You may leave amounts on deposit with us that we will pay on the death of the payee, or at any earlier date you select. Interest on any unpaid balance will be at the rate declared by us or at any higher rate required by law. You select whether interest will be left on deposit with us and accumulated or paid in monthly, quarterly, semi-annual or annual payments each year. You may not leave any amount on deposit for more than 30 years.
d. **Settlement Option IV - Payments of a Designated Amount.** Based on your selection, we will pay a designated amount in annual, semi-annual, quarterly or monthly equal installments per year until the Death Proceeds, together with interest at the rate declared by us or at any higher rate required by law, are exhausted.
e. **Settlement Option V - Other.** Settlement may be made in any other manner as agreed in writing between you (or the Beneficiary) and us.

SETTLEMENT OPTION CHANGES AND WITHDRAWALS

You may change any Settlement Option at any time before the death of the Insured. If you have given the Beneficiary the right to make changes, or if the Beneficiary has selected the Settlement Option, the Beneficiary (as primary payee) may take the following actions:

a. Make a change from Settlement Options I, III, and IV to another Settlement Option;
b. Take a full withdrawal under Settlement Option III or IV; and partial withdrawals of not less than $300.00 under Settlement Option III;
c. Commute and receive in one sum the present value of any remaining installments under Settlement Option I at 1.50% interest annually; and
d. Change any contingent payee designation.

You may give us notice requesting a change or withdrawal. We may require that you send in the supplementary policy or provide proof of your lost policy. We may defer payment of a commuted payment and any withdrawals for a period up to 6 months.

SETTLEMENT OPTION EXCESS INTEREST

We may declare an interest rate above the guaranteed rate on Settlement Options I, II, III and IV. The crediting of excess interest for one period does not guarantee the higher rate for other periods.

SETTLEMENT OPTION MINIMUM AMOUNTS

The minimum amount you may apply under any Settlement Option is $2,000.00. If the payments to the payee are ever less than $20.00, we may change the frequency of payments to result in payments of at least that amount.

SUPPLEMENTARY POLICY

When a Settlement Option becomes effective, we will surrender your policy in exchange for a supplementary policy. It will provide for the manner of settlement and rights of the payees. The supplementary policy's effective date will be the date of the Insured's death. The first payment under Settlement Options I, II, and IV will be payable as of the effective date. The first interest payment under Settlement Option III will be made as of the end of the interest payment period selected. We will make subsequent payments in accordance with the frequency of payment selected. You may not assign the supplementary policy or payments without our consent.

INCOME PROTECTION

Unless otherwise provided in the Settlement Option Changes and Withdrawals section above or in the selection of the Settlement Option, a payee does not have the right to commute, transfer or encumber amounts held or installments to become payable. To the extent provided by law, the Death Proceeds, retained amounts and installments are not subject to any payee's debts, policies or engagements.

DEATH OF PRIMARY PAYEE

On the primary payee's death, we will continue any payments certain under Settlement Option I or II, interest payments under Settlement Option III, or payments under Settlement Option IV to the contingent payee, or release any amounts in one lump sum, if permitted by your policy. The final payee will be the estate of the last to die of the primary payee and any contingent payee.

PAYMENTS OTHER THAN MONTHLY

The tables that follow show monthly installments for Settlement Options I and II. To arrive at annual, semi-annual or quarterly payments, multiply the appropriate figures by 11.813, 5.957 or 2.991 respectively. We will provide factors for other periods certain, or for other options provided by mutual agreement, on reasonable request.

SETTLEMENT OPTION TABLES

SETTLEMENT OPTION I
(Per $1,000.00 of Death Proceeds)

No. of Years Payable	Monthly Installment	No. of Years Payable	Monthly Installment
5	$17.28	18	$5.27
6	$14.51	19	$5.03
7	$12.53	20	$4.81
8	$11.04	21	$4.62
9	$9.89	22	$4.44
10	$8.96	23	$4.28
11	$8.21	24	$4.13
12	$7.58	25	$3.99
13	$7.05	26	$3.86
14	$6.59	27	$3.75
15	$6.20	28	$3.64
16	$5.85	29	$3.54
17	$5.55	30	$3.44

We base these monthly installments on an interest rate of 1.50% per year.

SETTLEMENT OPTION TABLES (CONTINUED)

SETTLEMENT OPTION II
Female
(Per $1,000.00 of Death Proceeds)

Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment				Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment			
Female	Life With 5 Years Certain	Life With 10 Years Certain	Life With 15 Years Certain	Life With 20 Years Certain	Female	Life With 5 Years Certain	Life With 10 Years Certain	Life With 15 Years Certain	Life With 20 Years Certain
15	1.92	1.92	1.92	1.92	41	2.57	2.56	2.56	2.55
16	1.94	1.94	1.94	1.94	42	2.61	2.60	2.60	2.59
17	1.95	1.95	1.95	1.95	43	2.65	2.64	2.64	2.63
18	1.97	1.97	1.97	1.97	44	2.69	2.69	2.68	2.67
19	1.99	1.99	1.99	1.99	45	2.74	2.73	2.73	2.71
20	2.01	2.01	2.01	2.00	46	2.79	2.78	2.77	2.76
21	2.02	2.02	2.02	2.02	47	2.84	2.83	2.82	2.80
22	2.04	2.04	2.04	2.04	48	2.89	2.88	2.87	2.85
23	2.06	2.06	2.06	2.06	49	2.94	2.94	2.92	2.90
24	2.08	2.08	2.08	2.08	50	3.00	2.99	2.98	2.95
25	2.10	2.10	2.10	2.10	51	3.06	3.05	3.03	3.00
26	2.13	2.12	2.12	2.12	52	3.12	3.11	3.09	3.06
27	2.15	2.15	2.15	2.14	53	3.19	3.18	3.16	3.12
28	2.17	2.17	2.17	2.17	54	3.26	3.25	3.22	3.18
29	2.19	2.19	2.19	2.19	55	3.33	3.32	3.29	3.24
30	2.22	2.22	2.22	2.21	56	3.41	3.39	3.36	3.30
31	2.25	2.24	2.24	2.24	57	3.49	3.47	3.43	3.37
32	2.27	2.27	2.27	2.27	58	3.58	3.56	3.51	3.44
33	2.30	2.30	2.30	2.29	59	3.67	3.65	3.59	3.51
34	2.33	2.33	2.32	2.32	60	3.77	3.74	3.68	3.58
35	2.36	2.36	2.35	2.35	61	3.87	3.84	3.77	3.66
36	2.39	2.39	2.39	2.38	62	3.98	3.94	3.86	3.73
37	2.42	2.42	2.42	2.41	63	4.10	4.05	3.96	3.81
38	2.46	2.45	2.45	2.44	64	4.22	4.16	4.06	3.88
39	2.49	2.49	2.49	2.48	65	4.35	4.29	4.16	3.96
40	2.53	2.53	2.52	2.51	66	4.49	4.42	4.27	4.04

We will provide monthly installments for ages not shown on request.

We base these monthly installments on the 2000 Individual Annuitant Mortality Table and an interest rate of 1.50% per year.

SETTLEMENT OPTION TABLES (CONTINUED)

SETTLEMENT OPTION II
Female (Continued)
(Per $1,000.00 of Death Proceeds)

Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment			
Female	Life With 5 Years Certain	Life With 10 Years Certain	Life With 15 Years Certain	Life With 20 Years Certain
67	4.64	4.55	4.38	4.11
68	4.80	4.69	4.49	4.19
69	4.97	4.85	4.61	4.26
70	5.15	5.00	4.73	4.33
71	5.35	5.17	4.85	4.39
72	5.56	5.35	4.97	4.45
73	5.78	5.53	5.09	4.51
74	6.03	5.72	5.20	4.56
75	6.28	5.92	5.31	4.60
76	6.56	6.12	5.42	4.64
77	6.85	6.32	5.52	4.68
78	7.17	6.53	5.62	4.70
79	7.50	6.74	5.70	4.73
80	7.86	6.95	5.78	4.75
81	8.23	7.15	5.85	4.76
82	8.63	7.35	5.91	4.78
83	9.04	7.54	5.97	4.79
84	9.47	7.71	6.01	4.80
85	9.91	7.88	6.05	4.80
86	10.36	8.03	6.08	4.81
87	10.82	8.17	6.11	4.81
88	11.28	8.29	6.13	4.81
89	11.73	8.40	6.15	4.81
90	12.17	8.50	6.16	4.81

We will provide monthly installments for ages not shown on request.

We base these monthly installments on the 2000 Individual Annuitant Mortality Table and an interest rate of 1.50% per year.

SETTLEMENT OPTION TABLES (CONTINUED)

SETTLEMENT OPTION II
Male
(Per $1,000.00 of Death Proceeds)

Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment				Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment			
Male	Life With 5 Years Certain	Life With 10 Years Certain	Life With 15 Years Certain	Life With 20 Years Certain	Male	Life With 5 Years Certain	Life With 10 Years Certain	Life With 15 Years Certain	Life With 20 Years Certain
15	1.99	1.99	1.99	1.99	41	2.73	2.73	2.72	2.70
16	2.01	2.01	2.01	2.01	42	2.78	2.78	2.76	2.74
17	2.03	2.03	2.03	2.03	43	2.83	2.82	2.81	2.79
18	2.05	2.05	2.05	2.04	44	2.88	2.87	2.86	2.83
19	2.07	2.07	2.07	2.06	45	2.93	2.93	2.91	2.88
20	2.09	2.09	2.09	2.08	46	2.99	2.98	2.96	2.93
21	2.11	2.11	2.11	2.10	47	3.05	3.04	3.02	2.98
22	2.13	2.13	2.13	2.12	48	3.11	3.10	3.07	3.03
23	2.15	2.15	2.15	2.15	49	3.17	3.16	3.13	3.09
24	2.17	2.17	2.17	2.17	50	3.24	3.22	3.19	3.14
25	2.20	2.20	2.19	2.19	51	3.31	3.29	3.26	3.20
26	2.22	2.22	2.22	2.22	52	3.38	3.36	3.32	3.26
27	2.25	2.25	2.24	2.24	53	3.46	3.44	3.39	3.32
28	2.27	2.27	2.27	2.27	54	3.54	3.52	3.47	3.39
29	2.30	2.30	2.30	2.29	55	3.63	3.60	3.54	3.45
30	2.33	2.33	2.33	2.32	56	3.72	3.68	3.62	3.52
31	2.36	2.36	2.35	2.35	57	3.81	3.77	3.70	3.58
32	2.39	2.39	2.38	2.38	58	3.91	3.87	3.79	3.65
33	2.42	2.42	2.42	2.41	59	4.02	3.97	3.87	3.72
34	2.46	2.45	2.45	2.44	60	4.13	4.08	3.97	3.79
35	2.49	2.49	2.48	2.47	61	4.25	4.19	4.06	3.86
36	2.53	2.52	2.52	2.51	62	4.38	4.30	4.16	3.93
37	2.56	2.56	2.56	2.54	63	4.52	4.43	4.26	4.01
38	2.60	2.60	2.59	2.58	64	4.66	4.56	4.36	4.07
39	2.65	2.64	2.63	2.62	65	4.82	4.69	4.46	4.14
40	2.69	2.68	2.68	2.66					

We will provide monthly installments for ages not shown on request.

We base these monthly installments on the 2000 Individual Annuitant Mortality Table and an interest rate of 1.50% per year.

SETTLEMENT OPTION TABLES (CONTINUED)

SETTLEMENT OPTION II
Male (Continued)
(Per $1,000.00 of Death Proceeds)

Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment			
Male	Life With 5 Years Certain	Life With 10 Years Certain	Life With 15 Years Certain	Life With 20 Years Certain
66	4.98	4.83	4.57	4.21
67	5.15	4.98	4.68	4.27
68	5.34	5.13	4.78	4.33
69	5.53	5.29	4.89	4.39
70	5.74	5.45	5.00	4.45
71	5.95	5.62	5.10	4.50
72	6.18	5.80	5.21	4.54
73	6.42	5.97	5.31	4.58
74	6.68	6.15	5.40	4.62
75	6.95	6.33	5.49	4.66
76	7.23	6.52	5.58	4.68
77	7.53	6.70	5.66	4.71
78	7.85	6.88	5.73	4.73
79	8.17	7.06	5.80	4.75
80	8.52	7.24	5.86	4.76
81	8.87	7.41	5.92	4.78
82	9.24	7.57	5.97	4.79
83	9.62	7.73	6.01	4.80
84	10.01	7.88	6.05	4.80
85	10.41	8.02	6.08	4.81
86	10.81	8.14	6.10	4.81
87	11.22	8.26	6.13	4.81
88	11.63	8.37	6.14	4.81
89	12.04	8.47	6.16	4.81
90	12.45	8.55	6.17	4.81

We will provide monthly installments for ages not shown on request.

We base these monthly installments on the 2000 Individual Annuitant Mortality Table and an interest rate of 1.50% per year.

YOUR POLICY IS AN INDETERMINATE PREMIUM TERM LIFE INSURANCE POLICY TO AGE 95 WITH EXCHANGE OPTION AND PREMIUM ADJUSTMENT PROVISIONS.
YOUR POLICY IS NONPARTICIPATING AND NONRENEWABLE.

PLEASE READ YOUR POLICY CAREFULLY

YOUR POLICY IS A VALUABLE ASSET
DO NOT ALLOW IT TO TERMINATE WITHOUT CONSULTING US

The Death Proceeds are payable if the Insured dies while your policy is in force. Premiums are payable to Age 95 or until the Insured's death, whichever comes first. Premiums remain level during the Level Premium Period. After the Level Premium Period, premiums may increase but will never be greater than those shown in the Schedule of Maximum Premiums by Year.

NOTICE: TO MAKE A CLAIM OR EXERCISE YOUR RIGHTS UNDER THIS POLICY, PLEASE CONTACT THE ING CUSTOMER SERVICE CENTER AT THE ADDRESS BELOW AND INCLUDE YOUR POLICY NUMBER:

RELIASTAR LIFE INSURANCE COMPANY

Home Office:	**ING Customer Service Center:**
Minneapolis, Minnesota	[2000 21st Avenue NW Minot, North Dakota 58703-0890 Toll Free Number: 1-877-886-5050]

PREMIUM ENDOWMENT RIDER

At issue this Rider is part of the base policy (the "Policy") whose number is shown on the Rider Schedule. The provisions of the Policy apply to this Rider except that the provisions of this Rider modify and supersede the same provisions of the Policy. This Rider is issued in consideration of the application and the payment of premiums for the Policy and this Rider.

PREMIUM ENDOWMENT BENEFIT

If the Insured is alive and the Policy and this Rider are in force on the Endowment Date (and not as Reduced Paid-Up Insurance), we pay to you the Cash Surrender Value in one lump sum. After the Cash Surrender Value is paid, the Policy will continue in force as long as the required premiums are paid. Subject to the terms of this Rider and provided the Insured is alive, at any time before the Endowment Date you may surrender the Policy and this Rider for the Cash Surrender Value. The Policy and this Rider cannot be surrendered separately and if the Policy and this Rider are surrendered, the Policy and all riders will terminate and cannot be reinstated.

The Cash Surrender Value is not payable upon the Insured's death or if the Policy is continued as Reduced Paid-Up Insurance.

DEFINITIONS

The terms not defined herein shall have the same meaning as in the Policy.

BENEFIT PREMIUM
Gross premiums paid for the Policy and this Rider, minus policy fees, special class extra premium and flat extra premium, if any, and premiums paid which are not yet due and payable. Premiums paid for riders other than this Rider are not included in the Benefit Premium amount.

CASH SURRENDER VALUE
The Cash Surrender Value is equal to the then current Cash Value minus any outstanding loan and accrued loan interest.

CASH VALUE
The Cash Value equals a percentage of the cumulative Benefit Premiums we have received. The Cash Values shown on the Rider Schedule are based on Policy benefits at issue and assume that all premiums are paid when due. If an accelerated benefit is paid under an accelerated benefit rider, the Cash Value under this Rider will be reduced in proportion to the benefit accelerated before any reductions or charges divided by the Stated Death Benefit. The Cash Value within 30 days following a policy anniversary will not be less than the Cash Value on that anniversary, reduced by payments we make within those 30 days.

DEATH BENEFIT
The Death Benefit on the date of the Insured's death under the Policy and this Rider equals the greater of (a) the Policy's Stated Death Benefit, or (b) the Cash Value multiplied by the appropriate Corridor Percentage Factor from the Rider Schedule. If the Cash Value multiplied by the appropriate Corridor Percentage Factor from the Rider Schedule is greater than the Policy's Stated Death Benefit, then this larger amount will be used instead of the Stated Death Benefit when calculating the Death Proceeds payable at the Insured's death.

The Policy and this Rider are intended to qualify as a life insurance contract under the Internal Revenue Code, as amended. All terms and provisions of the Policy and this Rider will be construed in a manner consistent with the requirements of the Internal Revenue Code, as amended. The Policy's Death Benefit in force at any time will not be less than the minimum death benefit necessary to achieve such qualification under the applicable provisions and regulations of the Internal Revenue Code in effect at the

time the Policy is issued. We reserve the right to adjust the amount of coverage or reject any change request when required to maintain this tax qualification. The Definition of Life Insurance Test shown on the Rider Schedule is the specific method by which the Policy and this Rider may qualify as a life insurance contract.

ENDOWMENT DATE
The Endowment Date is shown on the Rider Schedule. It is the date on which, if the Insured is alive and the Policy and this Rider are in force on that date (and not as Reduced Paid-Up Insurance), we pay to you the Cash Surrender Value.

LOAN VALUE
The Loan Value is the maximum amount that may be borrowed against the Policy and this Rider. It is equal to the Cash Value on the date to which premiums are paid minus any outstanding loan, minus all premiums due, and minus loan interest to the end of the current Policy Year on the Cash Value. The Loan Value may not exceed the Cash Surrender Value.

RIDER PROVISIONS

COST OF THIS RIDER

The premiums for this Rider are shown in the Rider Schedule.

LOANS

If the Policy and this Rider are in force and have a Loan Value, you may take a loan from us using the Policy and this Rider as collateral. The maximum amount you may borrow is your Loan Value. The minimum amount you may borrow is set forth on the Schedule of Loan and Nonforfeiture Values. Any loan request should be sent to the ING Customer Service Center.

If more than one loan is requested, any new loan will be added to the existing loan. This way there is only one loan outstanding at any time.

We charge interest on all loans at the annual loan interest rate shown on the Schedule of Loan and Nonforfeiture Values. Interest is due and payable at the end of each Policy Year until the loan is repaid. If interest is not paid when due, it is added to the loan. If the loan and any accrued interest exceed the Cash Value, a payment sufficient to keep the Policy and this Rider in force must be paid before the end of the grace period or the Policy and this Rider will terminate.

You may repay the loan at anytime. Loan repayments should be sent to the ING Customer Service Center.

REDUCED PAID-UP INSURANCE

If a premium is not paid within 31 days after its due date, the Policy will continue from the unpaid premium's due date as Reduced Paid-Up Insurance, provided that the Policy has not been surrendered and has a Cash Surrender Value under this Rider on the unpaid premium's due date greater than or equal to the Minimum Reduced Paid-Up Premium. This Rider and all other rider benefits terminate if the Policy continues as Reduced Paid-Up Insurance. Loans are not available if the Policy continues as Reduced Paid-Up insurance.

If the Policy continues as Reduced Paid-Up Insurance, we will use the Cash Surrender Value under this Rider as a net single premium to purchase paid up insurance to the Ending Date, which is Age 95 of the Insured. When calculating the amount of Reduced Paid-Up Insurance coverage, we base the net single premium rates on the Insured's gender, as applicable, Age and risk class, and the Nonforfeiture Mortality Table and the Nonforfeiture Interest Rate as shown in the Rider Schedule. The cash value of Reduced Paid-Up Insurance at any point in time will equal the net single premium for continued insurance coverage to the Ending Date.

The Minimum Reduced Paid-Up Premium is shown on the Rider Schedule of Loan and Nonforfeiture Values. If the Cash Surrender Value is less than the Minimum Reduced Paid-Up Premium, we will pay to you the Cash Surrender Value in one lump sum.

The maximum amount of Reduced Paid-Up Insurance is equal to the Stated Death Benefit, minus any outstanding loan and accrued loan interest. If the Cash Surrender Value exceeds the amount required to purchase the maximum amount of Reduced Paid-Up Insurance to the Ending Date, any excess will be used to purchase a pure endowment payable at the Endowment Date if the Insured is alive on that date.

If the Policy continues as Reduced Paid-Up Insurance, we will adjust the Schedule of Corridor Percentage Factors to reflect the Nonforfeiture Interest Rate and Nonforfeiture Mortality Table at that time.

DEATH PROCEEDS

We pay the Death Proceeds under the Policy when the Insured dies. The Death Proceeds equal:

a. The Death Benefit as of the date of the Insured's death; plus
b. Any added benefit provided by rider; plus
c. A pro rata portion of any premium paid beyond the month of the Insured's death; minus
d. Any unpaid premium then due; minus
e. Any outstanding loan and accrued loan interest.

If the Death Proceeds are payable under the Policy before the Endowment Date, the Cash Surrender Value under this Rider will not be paid. The payment of any death benefits on any insured covered under another rider attached to the Policy will not trigger termination of this Rider or the Policy.

EXCHANGE OPTION

Subject to the conditions described below, the Policy and this Rider may be exchanged for a new policy which is acceptable to us at the time of the exchange. When you exercise the exchange option, unless you tell us otherwise we will apply the Cash Surrender Value as premium towards the new policy. Any other riders attached to the Policy at the time of the exchange may be included in the new policy subject to their availability and our approval. Your written request for an exchange must be made in advance and no premium may be outstanding at the time of the request.

If you do not exchange the Policy and this Rider, the Policy will continue to provide coverage according to its terms and this Rider will continue to provide benefits to the Endowment Date according to its terms.

Evidence of insurability is not required to exercise this exchange option unless the new policy and any riders contain new benefits not contained in the Policy or any riders attached to the Policy at the time of the exchange. In this case, evidence of insurability may be required but it will be limited to evidence that relates to the new benefits not contained in the Policy or any attached riders.

The conditions on which you may exercise this exchange option are:

a. The Policy may be exchanged on or before the earlier of the 10th Policy Anniversary or the Policy Anniversary coinciding with the Insured's Age 65;
b. If the Cash Surrender Value is applied to the new policy, the death benefit under the new policy may not exceed the Stated Death Benefit of the Policy, minus any outstanding loan and accrued loan interest. If the Cash Surrender Value is not applied to the new policy, the death benefit under the new policy may not exceed the Stated Death Benefit of the Policy on the effective date of the exchange, minus the Cash Surrender Value. The effective date of the exchange is the date we receive your application for the exchange accompanied by the initial premium for the new policy;
c. The death benefit of the new policy may not be less than the minimum required for the new policy;
d. The new policy will be in the same risk class as the Policy if available at the time of the exchange, otherwise, in the most comparable risk class available at the time. The premium will be based on rates in effect for the Age, gender and risk class of the Insured at the time of the exchange; and
e. The new policy will have a policy date and issue Age corresponding to the effective date of the exchange.

The suicide and incontestability periods in any new policy that is issued pursuant to the exercise of this exchange option will be measured from the Issue Date of the Policy, unless the new policy contains new benefits not contained in the Policy. In this case, the suicide and incontestability provisions of the new policy applicable to the new benefits will be measured from the issue date of the new policy.

SETTLEMENT OPTIONS

We allow all or part of the Cash Surrender Value to be paid according to one of several settlement options. The settlement options and the conditions and limits associated with payment under those options, including the mortality table and interest rate applicable to the settlement options, are described in the Policy. The effective date of a settlement option available under the Policy and this Rider is the date we receive the request to surrender the Policy and this Rider for the Cash Surrender Value or the Endowment Date, as applicable.

GRACE PERIOD

After the initial premium and subject to the Reduced Paid-Up Insurance provisions of this Rider, premiums must be paid by the 31st day after the due date or the Policy and this Rider will terminate. The Policy and this Rider will be in force during this 31 day grace period. If the Insured dies during the grace period, we will deduct from the Death Proceeds all due and unpaid premiums and any outstanding loan and accrued loan interest.

REINSTATEMENT

If the Policy and this Rider terminate and have not been surrendered for the Cash Surrender Value, they may be reinstated within three years of the due date of the unpaid premium if you provide us with:

a. A written application for reinstatement on a form acceptable to us;
b. Evidence of insurability satisfactory to us;
c. Payment of all overdue premiums with 6.00% interest compounded annually up to the date of reinstatement;
d. Payment of the Cash Surrender Value paid upon lapse of the Policy and this Rider, if any, with 6.00% interest compounded annually up to the date of reinstatement; and
e. Payment of any premiums due within 60 days following the date of reinstatement.

The Policy and this Rider cannot be reinstated separately. If your Policy and this Rider are reinstated, we will reinstate the loan amount, if any, with interest at the rate shown in the Schedule of Loan and Nonforfeiture Values compounded annually up to the date of reinstatement.

If the Policy and this Rider lapse before the Endowment Date and are reinstated on or after the Endowment Date, after we receive the amount necessary to reinstate the Policy and this Rider we will pay you the Cash Surrender Value that would have been paid on the Endowment Date if the Policy and this Rider had not lapsed.

DEFERRAL OF PAYMENTS

We reserve the right to defer payment of the Cash Surrender Value or the granting of a loan for the period permitted by state law, but in no event more than 6 months. We will not defer granting a loan that will be used solely to pay premiums on one or more of your policies with us. Interest will be credited on the amount of any payment that is deferred as required by state law.

BASIS OF NONFORFEITURE VALUES

Minimum cash values are based on the Nonforfeiture Mortality Table and Nonforfeiture Interest Rate shown on the Rider Schedule of Loan and Nonforfeiture Values. Cash values will be no less than the minimum required in the state in which the Policy and this Rider are issued. Where required, a detailed statement of the method of computation of cash values has been filed with the Insurance Department of the state in which the Policy and this Rider are issued.

SUICIDE EXCLUSION

If the Insured commits suicide, while sane or insane, while the Policy and this Rider are in force and within two years of the Issue Date, we will make a limited payment to the Beneficiary. We will pay in one lump sum the amount of all premiums paid to us for the Policy and this Rider, minus any outstanding loan and accrued loan interest. Coverage under the Policy and this Rider will then terminate.

TERMINATION OF RIDER

This Rider will terminate on the earlier of the Endowment Date or the date this Rider's Reduced Paid-Up Insurance benefit, if any, goes into effect. Otherwise, this Rider may not be terminated without terminating the Policy.

The Policy and this Rider will automatically terminate on the earliest of the following dates:

a. The date you surrender the Policy and this Rider for the Cash Surrender Value;
b. The date the Policy and this Rider lapse (when the grace period ends without payment of the required premium);
c. The date the Insured dies; or
d. The date the Policy terminates for any reason.

This Rider is signed for ReliaStar Life Insurance Company by:

Donald W. Britton President	Joy M. Benner Secretary

RELIASTAR LIFE INSURANCE COMPANY
ING Customer Service Center: P.O. Box 5011, Minot, ND 58702-5011

RIDER SCHEDULE

Base Policy Number: [67000001]

Policy Date: [December 15, 2009]

Endowment Period: [20][30] Years

Endowment Date: [December 15, 20XX]

SCHEDULE OF LOAN AND NONFORFEITURE VALUES

Loan Interest Rate: [8.00]% A Year, Compounded Annually, Payable In Arrears.

Minimum Loan Amount: [$100.00]

The Cash Value available under the Policy and this Rider will not be less than the minimum values required by or pursuant to the NAIC Standard Nonforfeiture Law for Life Insurance, model #808 and Actuarial Guideline XLV.

Nonforfeiture Mortality Table: [2001 CSO Ultimate Sex and Smoker Distinct, Age Last Birthday.]

Nonforfeiture Interest Rate: [4.00%]

Minimum Reduced Paid-Up Premium: [$1,000.00]

[Print for all states- FUW 20]

RIDER SCHEDULE (CONTINUED)

SCHEDULE OF CORRIDOR PERCENTAGE FACTORS (Definition of Life Insurance Test)

The Policy will be construed in a manner consistent with the requirements of the Cash Value Accumulation Test of section 7702 of the Internal Revenue Code, as amended (the "CVAT Test").

The Policy's Death Benefit will not be less than the amount necessary to comply with the CVAT Test. The Policy's Death Benefit at any time will not be less than:

a. The Cash Value; multiplied by
b. The appropriate Corridor Percentage Factor from the following table.

Insured's Age	Corridor Percentage Factor	Insured's Age	Corridor Percentage Factor	Insured's Age	Corridor Percentage Factor
[35]	[5.05443]	[55]	[2.49978]	[75]	[1.49868]
[36]	[4.88168]	[56]	[2.42423]	[76]	[1.47137]
[37]	[4.71484]	[57]	[2.35212]	[77]	[1.44598]
[38]	[4.55399]	[58]	[2.28304]	[78]	[1.42272]
[39]	[4.39914]	[59]	[2.21671]	[79]	[1.40184]
[40]	[4.24983]	[60]	[2.15315]	[80]	[1.38352]
[41]	[4.10618]	[61]	[2.09245]	[81]	[1.36802]
[42]	[3.96810]	[62]	[2.03475]	[82]	[1.35557]
[43]	[3.83413]	[63]	[1.98006]	[83]	[1.34644]
[44]	[3.70387]	[64]	[1.92826]	[84]	[1.34123]
[45]	[3.57726]	[65]	[1.87907]	[85]	[1.34095]
[46]	[3.45425]	[66]	[1.83227]	[86]	[1.34715]
[47]	[3.33479]	[67]	[1.78758]	[87]	[1.36219]
[48]	[3.21883]	[68]	[1.74482]	[88]	[1.38983]
[49]	[3.10630]	[69]	[1.70384]	[89]	[1.43645]
[50]	[2.99715]	[70]	[1.66463]	[90]	[1.51370]
[51]	[2.89131]	[71]	[1.62729]	[91]	[1.64445]
[52]	[2.78872]	[72]	[1.59201]	[92]	[1.88179]
[53]	[2.68931]	[73]	[1.55893]	[93]	[2.38736]
[54]	[2.59302]	[74]	[1.52785]	[94]	[3.97049]

The Corridor Percentage Factors shown above are only applicable while the Policy and this Rider are in force.

[Print for all states- FUW 30]

RIDER SCHEDULE (CONTINUED)

SCHEDULE OF CORRIDOR PERCENTAGE FACTORS (Definition of Life Insurance Test)

The Policy will be construed in a manner consistent with the requirements of the Cash Value Accumulation Test of section 7702 of the Internal Revenue Code, as amended (the "CVAT Test").

The Policy's Death Benefit will not be less than the amount necessary to comply with the CVAT Test. The Policy's Death Benefit at any time will not be less than:

a. The Cash Value; multiplied by
b. The appropriate Corridor Percentage Factor from the following table.

Insured's Age	Corridor Percentage Factor	Insured's Age	Corridor Percentage Factor	Insured's Age	Corridor Percentage Factor
[35]	[5.84585]	[55]	[2.79191]	[75]	[1.49868]
[36]	[5.63144]	[56]	[2.68624]	[76]	[1.47137]
[37]	[5.42485]	[57]	[2.58393]	[77]	[1.44598]
[38]	[5.22618]	[58]	[2.48493]	[78]	[1.42272]
[39]	[5.03544]	[59]	[2.38918]	[79]	[1.40184]
[40]	[4.85199]	[60]	[2.29661]	[80]	[1.38352]
[41]	[4.67597]	[61]	[2.20715]	[81]	[1.36802]
[42]	[4.50727]	[62]	[2.12073]	[82]	[1.35557]
[43]	[4.34585]	[63]	[2.03730]	[83]	[1.34644]
[44]	[4.19163]	[64]	[1.95677]	[84]	[1.34123]
[45]	[4.04431]	[65]	[1.87907]	[85]	[1.34095]
[46]	[3.90255]	[66]	[1.83227]	[86]	[1.34715]
[47]	[3.76451]	[67]	[1.78758]	[87]	[1.36219]
[48]	[3.63020]	[68]	[1.74482]	[88]	[1.38983]
[49]	[3.49959]	[69]	[1.70384]	[89]	[1.43645]
[50]	[3.37265]	[70]	[1.66463]	[90]	[1.51370]
[51]	[3.24937]	[71]	[1.62729]	[91]	[1.64445]
[52]	[3.12969]	[72]	[1.59201]	[92]	[1.88179]
[53]	[3.01359]	[73]	[1.55893]	[93]	[2.38736]
[54]	[2.90101]	[74]	[1.52785]	[94]	[3.97049]

The Corridor Percentage Factors shown above are only applicable while the Policy and this Rider are in force.

[Print for all states- SI 20]

RIDER SCHEDULE (CONTINUED)

SCHEDULE OF CORRIDOR PERCENTAGE FACTORS (Definition of Life Insurance Test)

The Policy will be construed in a manner consistent with the requirements of the Cash Value Accumulation Test of section 7702 of the Internal Revenue Code, as amended (the "CVAT Test").

The Policy's Death Benefit will not be less than the amount necessary to comply with the CVAT Test. The Policy's Death Benefit at any time will not be less than:

a. The Cash Value; multiplied by
b. The appropriate Corridor Percentage Factor from the following table.

Insured's Age	Corridor Percentage Factor	Insured's Age	Corridor Percentage Factor	Insured's Age	Corridor Percentage Factor
[35]	[5.26492]	[55]	[2.66237]	[75]	[1.60993]
[36]	[5.08446]	[56]	[2.58282]	[76]	[1.58224]
[37]	[4.91046]	[57]	[2.50691]	[77]	[1.55685]
[38]	[4.74261]	[58]	[2.43429]	[78]	[1.53399]
[39]	[4.58080]	[59]	[2.36465]	[79]	[1.51391]
[40]	[4.42489]	[60]	[2.29796]	[80]	[1.49686]
[41]	[4.27485]	[61]	[2.23424]	[81]	[1.48334]
[42]	[4.13051]	[62]	[2.17356]	[82]	[1.47395]
[43]	[3.99177]	[63]	[2.11588]	[83]	[1.46914]
[44]	[3.85852]	[64]	[2.06107]	[84]	[1.46973]
[45]	[3.73072]	[65]	[2.00892]	[85]	[1.47715]
[46]	[3.60818]	[66]	[1.95927]	[86]	[1.49327]
[47]	[3.49064]	[67]	[1.91188]	[87]	[1.52143]
[48]	[3.37755]	[68]	[1.86664]	[88]	[1.56732]
[49]	[3.26734]	[69]	[1.82342]	[89]	[1.63973]
[50]	[3.15983]	[70]	[1.78223]	[90]	[1.75432]
[51]	[3.05501]	[71]	[1.74314]	[91]	[1.93856]
[52]	[2.95287]	[72]	[1.70636]	[92]	[2.25692]
[53]	[2.85340]	[73]	[1.67197]	[93]	[2.91451]
[54]	[2.75657]	[74]	[1.63984]	[94]	[4.93653]

The Corridor Percentage Factors shown above are only applicable while the Policy and this Rider are in force.

[Print for all states- SI 30]

RIDER SCHEDULE (CONTINUED)

SCHEDULE OF CORRIDOR PERCENTAGE FACTORS (Definition of Life Insurance Test)

The Policy will be construed in a manner consistent with the requirements of the Cash Value Accumulation Test of section 7702 of the Internal Revenue Code, as amended (the "CVAT Test").

The Policy's Death Benefit will not be less than the amount necessary to comply with the CVAT Test. The Policy's Death Benefit at any time will not be less than:

a. The Cash Value; multiplied by
b. The appropriate Corridor Percentage Factor from the following table.

Insured's Age	Corridor Percentage Factor	Insured's Age	Corridor Percentage Factor	Insured's Age	Corridor Percentage Factor
[35]	[5.54301]	[55]	[2.84567]	[75]	[1.60993]
[36]	[5.35455]	[56]	[2.75164]	[76]	[1.58224]
[37]	[5.17282]	[57]	[2.65994]	[77]	[1.55685]
[38]	[4.99750]	[58]	[2.57058]	[78]	[1.53399]
[39]	[4.82848]	[59]	[2.48353]	[79]	[1.51391]
[40]	[4.66563]	[60]	[2.39879]	[80]	[1.49686]
[41]	[4.50895]	[61]	[2.31633]	[81]	[1.48334]
[42]	[4.35823]	[62]	[2.23614]	[82]	[1.47395]
[43]	[4.21340]	[63]	[2.15819]	[83]	[1.46914]
[44]	[4.07436]	[64]	[2.08246]	[84]	[1.46973]
[45]	[3.94107]	[65]	[2.00892]	[85]	[1.47715]
[46]	[3.81336]	[66]	[1.95927]	[86]	[1.49327]
[47]	[3.69092]	[67]	[1.91188]	[87]	[1.52143]
[48]	[3.57317]	[68]	[1.86664]	[88]	[1.56732]
[49]	[3.45980]	[69]	[1.82342]	[89]	[1.63973]
[50]	[3.35078]	[70]	[1.78223]	[90]	[1.75432]
[51]	[3.24512]	[71]	[1.74314]	[91]	[1.93856]
[52]	[3.14177]	[72]	[1.70636]	[92]	[2.25692]
[53]	[3.04073]	[73]	[1.67197]	[93]	[2.91451]
[54]	[2.94203]	[74]	[1.63984]	[94]	[4.93653]

The Corridor Percentage Factors shown above are only applicable while the Policy and this Rider are in force.

[Print for FUW-20 version]

RIDER SCHEDULE (CONTINUED)

SCHEDULE OF PREMIUMS AND CASH VALUES

The following table shows the annual premiums for this Rider and the Cash Value at the end of each Policy Year, based on Policy benefits at issue and assuming that all premiums are paid when due.

Policy Year	Annual Rider Premiums	Cash Value	Cash Value as a Percentage of Cumulative Benefit Premium Received
1	[$759.00]	[$0.00]	[0.00%]
2	[$759.00]	[$0.00]	[0.00%]
3	[$759.00]	[$168.30]	[5.00%]
4	[$759.00]	[$1,077.12]	[24.00%]
5	[$759.00]	[$2,019.60]	[36.00%]
6	[$759.00]	[$3,029.40]	[45.00%]
7	[$759.00]	[$4,084.08]	[52.00%]
8	[$759.00]	[$5,116.32]	[57.00%]
9	[$759.00]	[$6,260.76]	[62.00%]
10	[$759.00]	[$7,405.20]	[66.00%]
11	[$759.00]	[$8,639.40]	[70.00%]
12	[$759.00]	[$9,963.36]	[74.00%]
13	[$759.00]	[$11,231.22]	[77.00%]
14	[$759.00]	[$12,723.48]	[81.00%]
15	[$759.00]	[$14,137.20]	[84.00%]
16	[$759.00]	[$15,618.24]	[87.00%]
17	[$759.00]	[$17,357.34]	[91.00%]
18	[$759.00]	[$18,984.24]	[94.00%]
19	[$759.00]	[$20,678.46]	[97.00%]
20	[$759.00]	[$22,440.00]	[100.00%]

During a Policy Year at the end of which there is a positive Cash Value, the percentage of cumulative Benefit Premium received increases uniformly.

[Print for FUW-30 version]

RIDER SCHEDULE (CONTINUED)

SCHEDULE OF PREMIUMS AND CASH VALUES

The following table shows the annual premiums for this Rider and the Cash Value at the end of each Policy Year, based on Policy benefits at issue and assuming that all premiums are paid when due.

Policy Year	Annual Rider Premiums	Cash Value	Cash Value as a Percentage of Cumulative Benefit Premium Received
1	[$261.00]	[$0.00]	[0.00%]
2	[$261.00]	[$0.00]	[0.00%]
3	[$261.00]	[$0.00]	[0.00%]
4	[$261.00]	[$0.00]	[0.00%]
5	[$261.00]	[$68.10]	[2.00%]
6	[$261.00]	[$531.18]	[13.00%]
7	[$261.00]	[$1,001.07]	[21.00%]
8	[$261.00]	[$1,470.96]	[27.00%]
9	[$261.00]	[$1,961.28]	[32.00%]
10	[$261.00]	[$2,451.60]	[36.00%]
11	[$261.00]	[$2,996.40]	[40.00%]
12	[$261.00]	[$3,595.68]	[44.00%]
13	[$261.00]	[$4,160.91]	[47.00%]
14	[$261.00]	[$4,767.00]	[50.00%]
15	[$261.00]	[$5,413.95]	[53.00%]
16	[$261.00]	[$6,101.76]	[56.00%]
17	[$261.00]	[$6,830.43]	[59.00%]
18	[$261.00]	[$7,599.96]	[62.00%]
19	[$261.00]	[$8,280.96]	[64.00%]
20	[$261.00]	[$9,125.40]	[67.00%]
21	[$261.00]	[$10,010.70]	[70.00%]
22	[$261.00]	[$10,936.86]	[73.00%]
23	[$261.00]	[$11,903.88]	[76.00%]
24	[$261.00]	[$12,911.76]	[79.00%]
25	[$261.00]	[$13,960.50]	[82.00%]
26	[$261.00]	[$15,050.10]	[85.00%]
27	[$261.00]	[$16,364.43]	[89.00%]
28	[$261.00]	[$17,542.56]	[92.00%]
29	[$261.00]	[$18,959.04]	[96.00%]
30	[$261.00]	[$20,430.00]	[100.00%]

During a Policy Year at the end of which there is a positive Cash Value, the percentage of cumulative Benefit Premium received increases uniformly.

[Print for SI-20 version]

RIDER SCHEDULE (CONTINUED)

SCHEDULE OF PREMIUMS AND CASH VALUES

The following table shows the annual premiums for this Rider and the Cash Value at the end of each Policy Year, based on Policy benefits at issue and assuming that all premiums are paid when due.

Policy Year	Annual Rider Premiums	Cash Value	Cash Value as a Percentage of Cumulative Benefit Premium Received
1	[$296.50]	[$0.00]	[0.00%]
2	[$296.50]	[$0.00]	[0.00%]
3	[$296.50]	[$372.60]	[24.00%]
4	[$296.50]	[$807.30]	[39.00%]
5	[$296.50]	[$1,242.00]	[48.00%]
6	[$296.50]	[$1,676.70]	[54.00%]
7	[$296.50]	[$2,137.28]	[59.00%]
8	[$296.50]	[$2,608.20]	[63.00%]
9	[$296.50]	[$3,120.53]	[67.00%]
10	[$296.50]	[$3,622.50]	[70.00%]
11	[$296.50]	[$4,155.53]	[73.00%]
12	[$296.50]	[$4,781.70]	[77.00%]
13	[$296.50]	[$5,382.00]	[80.00%]
14	[$296.50]	[$5,940.90]	[82.00%]
15	[$296.50]	[$6,598.13]	[85.00%]
16	[$296.50]	[$7,286.40]	[88.00%]
17	[$296.50]	[$8,005.73]	[91.00%]
18	[$296.50]	[$8,756.10]	[94.00%]
19	[$296.50]	[$9,537.53]	[97.00%]
20	[$296.50]	[$10,350.00]	[100.00%]

During a Policy Year at the end of which there is a positive Cash Value, the percentage of cumulative Benefit Premium received increases uniformly.

[Print for SI-30 version]

RIDER SCHEDULE (CONTINUED)

SCHEDULE OF PREMIUMS AND CASH VALUES

The following table shows the annual premiums for this Rider and the Cash Value at the end of each Policy Year, based on Policy benefits at issue and assuming that all premiums are paid when due.

Policy Year	Annual Rider Premiums	Cash Value	Cash Value as a Percentage of Cumulative Benefit Premium Received
1	[$97.50]	[$0.00]	[0.00%]
2	[$97.50]	[$0.00]	[0.00%]
3	[$97.50]	[$21.42]	[2.00%]
4	[$97.50]	[$228.48]	[16.00%]
5	[$97.50]	[$446.25]	[25.00%]
6	[$97.50]	[$664.02]	[31.00%]
7	[$97.50]	[$899.64]	[36.00%]
8	[$97.50]	[$1,142.40]	[40.00%]
9	[$97.50]	[$1,381.59]	[43.00%]
10	[$97.50]	[$1,642.20]	[46.00%]
11	[$97.50]	[$1,924.23]	[49.00%]
12	[$97.50]	[$2,227.68]	[52.00%]
13	[$97.50]	[$2,506.14]	[54.00%]
14	[$97.50]	[$2,798.88]	[56.00%]
15	[$97.50]	[$3,159.45]	[59.00%]
16	[$97.50]	[$3,484.32]	[61.00%]
17	[$97.50]	[$3,823.47]	[63.00%]
18	[$97.50]	[$4,241.16]	[66.00%]
19	[$97.50]	[$4,612.44]	[68.00%]
20	[$97.50]	[$4,998.00]	[70.00%]
21	[$97.50]	[$5,472.81]	[73.00%]
22	[$97.50]	[$5,890.50]	[75.00%]
23	[$97.50]	[$6,404.58]	[78.00%]
24	[$97.50]	[$6,854.40]	[80.00%]
25	[$97.50]	[$7,407.75]	[83.00%]
26	[$97.50]	[$7,982.52]	[86.00%]
27	[$97.50]	[$8,675.10]	[90.00%]
28	[$97.50]	[$9,296.28]	[93.00%]
29	[$97.50]	[$10,042.41]	[97.00%]
30	[$97.50]	[$10,710.00]	[100.00%]

During a Policy Year at the end of which there is a positive Cash Value, the percentage of cumulative Benefit Premium received increases uniformly.

CRITICAL ILLNESS RIDER

This Critical Illness Rider (this "Rider") is part of the policy to which it is attached (your "Policy"). It is effective on the Policy Date. Unless expressly changed by this Rider, all provisions, exclusions, and limitations of your Policy remain the same and apply to this Rider. This Rider does not participate in our surplus earnings. This Rider does not increase cash, loan or reduced paid-up insurance values, if any, under your Policy. The premiums for this Rider are shown on the Policy Schedule page.

THIS RIDER PAYS AN ACCELERATED DEATH BENEFIT AT YOUR OPTION UNDER THE CONDITIONS SPECIFIED BELOW. THIS RIDER IS NOT INTENDED TO PROVIDE HEALTH, NURSING HOME, OR LONG TERM CARE INSURANCE. CASH VALUES, IF ANY, AND DEATH BENEFITS WILL BE REDUCED IF YOU RECEIVE AN ACCELERATED BENEFIT UNDER THIS RIDER. RECEIPT OF AN ACCELERATED BENEFIT UNDER THIS RIDER MAY BE TAXABLE. RECEIPT OF AN ACCELERATED BENEFIT UNDER THIS RIDER MAY ADVERSELY AFFECT YOUR ELIGIBILITY FOR MEDICAID OR OTHER GOVERNMENT BENEFITS OR ENTITLEMENTS.

YOU SHOULD CONSULT YOUR PERSONAL TAX OR LEGAL ADVISOR TO ASSESS THE IMPACT TO YOU OF PAYMENT OF AN ACCELERATED BENEFIT PROVIDED BY THIS RIDER.

RIDER BENEFIT

We will pay the Accelerated Benefit on your written request provided the Insured has a Critical Illness and subject to the conditions and limitations listed below. We will pay the Accelerated Benefit in one lump sum, unless you request and we agree to payment in some other manner.

DEFINITIONS

ACCELERATED BENEFIT
Accelerated Benefit means the amount you request and that is paid to you under this Rider if the Insured has a Critical Illness as defined in this Rider. This amount is shown on the Policy Schedule page.

We will pay the Accelerated Benefit when we receive, during the lifetime of the Insured, written Evidence of Critical Illness. The Accelerated Benefit will first be used to repay a portion of any outstanding loan in an amount equal to the outstanding loan and accrued loan interest multiplied by the Benefit Ratio. The remainder of the Accelerated Benefit will be paid to you.

BENEFIT RATIO
Benefit Ratio means the portion of the Stated Death Benefit accelerated divided by the total Stated Death Benefit.

CRITICAL ILLNESS
Critical Illness means:

a. Cancer (Life Threatening). Malignant neoplasms (including hematological malignancy) which are identified by the uncontrolled growth and spread of malignant cells and the invasion of tissue, including tumors and malignant melanomas that have spread through the epidermis. This does not include pre-malignant lesions (such as intraepithelial neoplasia), benign tumors or polyps, Stage A prostate cancer, non-invasive cancer in situ, and any skin cancer other than invasive malignant melanoma into the dermis or deeper;
b. Heart Attack (Myocardial Infarction). The death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis must be based on electrocardiographic changes consistent with heart attack accompanied by concurrent diagnostic elevation of cardiac enzymes. The heart attack must have been severe enough to require an inpatient hospital stay and any impairment sustained as a result of the heart attack must be evident for at least 60 days after hospital discharge. Heart Attack does not include transient ischemic attacks, angina, or the chance finding of EKG changes suggestive of a previous heart attack;

c. Stroke (Cerebrovascular Accident). Infarction (death) of brain tissue caused by hemorrhage, thrombosis or embolus producing measurable, neurological deficit persisting for at least 60 days following the occurrence of the stroke. Stroke does not include transient ischemic attacks (TIA);
d. Paralysis. Complete and permanent loss of use of 2 or more limbs through neurological injury producing paralysis confirmed to have been present by a physician for a continuous period of at least 180 days from the time paralysis begins;
e. Renal Failure. Chronic irreversible failure of both kidneys (end stage renal disease), which requires the undergoing of regular dialysis. Benefits will become payable if permanent renal failure persists for a period of at least 90 days;
f. Major Organ Transplants. The receipt by transplant of any of the following organs or tissues: the entire heart, liver, lung, kidney, or bone marrow. Transplantation means the replacement of the recipient's malfunctioning organ(s) or tissue, with the organ(s) or tissue from a donor suitable under generally accepted medical procedures;
g. Blindness. Permanent and uncorrectable loss of sight in both eyes as confirmed by a Physician who is an Ophthalmologist. The corrected visual acuity must be worse than 20/200 in both eyes, or the field of vision must be less than 20 degrees in both eyes; or
h. Loss of 2 or More Limbs. The amputation of 2 or more limbs at or above the elbow with respect to an arm and at or above the knee with respect to a leg.

With the exception of a Critical Illness that is the result of an accident, the Critical Illness must first manifest itself at least 90 days (60 days in the case of life threatening cancer) following the effective date of the rider. With respect to any Critical Illness that is the result of an accident, the benefit will be available as of the date of the accident.

EVIDENCE OF CRITICAL ILLNESS

Evidence of Critical Illness means proof satisfactory to us that the Insured has a Critical Illness covered by this Rider. This proof includes, but is not limited to:

a. A statement from the Physician who provides medical care to the Insured with respect to the Critical Illness. This statement must include a diagnosis of the Insured's Critical Illness which is the result of clinical, radiological, histological or laboratory evidence; and
b. Complete records of the Insured's medical history, diagnoses, and treatments.

Additionally, for the following specific Critical Illnesses, proof includes but is not limited to:

a. Cancer - copies of medical records and test results showing the clinical diagnosis of cancer;
b. Heart Attack - copies of medical records and test results which demonstrate that the Insured has suffered from chest pains which are characteristic of a heart attack and evidence of an inpatient hospital stay. In conjunction with the chest pain, we require evidence of EKG changes and cardiac enzyme elevations which are also characteristic of a heart attack. The EKG and cardiac enzymes confirm that chest pain was due to a heart attack. The medical records and test results must document an ongoing impairment lasting for at least 60 days after hospital discharge;
c. Stroke - copies of medical records and appropriate test results including, but not limited to, a CT scan showing the clinical diagnosis of a stroke;
d. Paralysis - copies of medical records and appropriate test results, including but not limited to a MRI, confirming the clinical diagnosis of paralysis;
e. Renal Failure - copies of medical records and appropriate test results including, but not limited to, renal function studies (BUN and creatinine tests), and the results of a renal scan showing clinical diagnosis of renal failure; and
f. Major Organ Transplants - copies of medical records showing a diagnosis for the necessity of a major organ transplant.

PHYSICIAN

Physician means a doctor who is legally authorized and licensed to practice medicine and treat illness or injury in the state in which treatment is received and who is acting within the scope of that authorization and license. Physician does not include:

a. The Insured;
b. The Owner;
c. A Beneficiary; or
d. A person who lives with or is related to the Insured, the Owner or a Beneficiary.

CONDITIONS AND LIMITATIONS ON AN ACCELERATED BENEFIT PAYMENT

Receipt of an Accelerated Benefit payment under this Rider is subject to the following conditions and limitations:

a. The Policy must be in force other than as Reduced Paid-Up Insurance;
b. We must receive Evidence of Critical Illness during the lifetime of the Insured;
c. Only one Accelerated Benefit payment may be made per Policy to which this Rider is attached;
d. An Accelerated Benefit payment may be made under this Rider or the Accelerated Benefit Rider, if available, but not both;
e. Any amount needed to keep the Policy from terminating must be paid before we approve the Accelerated Benefit payment;
f. We must receive a consent form from all irrevocable beneficiaries, if any, and all assignees, if any. We also reserve the right to require a consent form from a spouse, the Insured, other beneficiaries, or any other person if, in our discretion, such person's consent is necessary to protect our interests;
g. No Accelerated Benefit payment will be made under this Rider if the Insured’s Critical Illness results from an attempted suicide, intentionally self-inflicted injury, the misuse of alcohol or drugs, or the Insured's involvement in any illegal activity;
h. The payment of an Accelerated Benefit payment under this Rider is not meant to cause involuntary access to Death Benefit proceeds ultimately payable under the Policy to the Beneficiary. Therefore, an Accelerated Benefit payment is not available if:
    1. Either you or the Insured is required by law to use the Accelerated Benefit payment to meet the claims of creditors, whether in bankruptcy or otherwise; or
    2. Either you or the Insured is required by a government agency to use the Accelerated Benefit payment to apply for, obtain, or otherwise keep a government benefit or entitlement.

ADJUSTMENTS TO THE POLICY VALUES

After an Accelerated Benefit payment is made, the Policy's Stated Death Benefit and cash value, if any, will be reduced by the Benefit Ratio. If 100% of the Stated Death Benefit is accelerated, then the Policy will terminate without value. Policy premiums, excluding any policy fee, and premiums for the Waiver of Premium Rider (Disability) and the Premium Endowment Rider will also be reduced by the Benefit Ratio. Premiums for other riders, if any, will not be affected by payment of an Accelerated Benefit under this Rider. Additionally, any outstanding loan will be reduced by the portion of the loan and accrued loan interest that was repaid as described in the Critical Illness Accelerated Benefit definition in this Rider.

Any changes to your Policy resulting from payment of an Accelerated Benefit will be detailed in the Accelerated Benefits Claim Form provided to you and any irrevocable beneficiary when the benefit is requested. We will also mail to you, for attachment to the Policy and applicable riders, Schedules that will detail the changes to your coverage under the Policy and any attached riders that result from the payment of an Accelerated Benefit under this Rider.

CLAIMS

CLAIM PROCEDURES

A request for an Accelerated Benefit should be sent to the ING Customer Service Center. If the Insured dies after we receive the request for an Accelerated Benefit but before any such benefits are paid, the request for an Accelerated Benefit will be canceled and the death proceeds will be paid pursuant to the terms of the Policy.

PHYSICAL EXAMINATION

We reserve the right to get a second opinion at our expense, from a Physician of our choosing prior to making an Accelerated Benefit payment. In the event that the Physician we choose provides a different diagnosis of the Insured's medical condition, a Physician Statement from a third Physician acceptable to both the Insured and us will be used for claim purposes. The medical opinion of the third Physician will be obtained at our expense.

We may also request additional medical information from the Physician submitting the Evidence of Critical Illness.

PAYMENT OF CLAIMS

The Accelerated Benefit payment will be paid to the Owner or the Owner’s estate if the Owner is not alive, unless otherwise designated or assigned by the Owner.

GENERAL PROVISIONS

PREMIUM

The premium for this Rider is shown on the Policy Schedule pages. The premiums for this Rider will never be greater than those shown in the Policy Schedule of Maximum Annual Premiums by Year.

INCORRECT AGE OR GENDER

If the Insured’s Age or gender has been misstated, the Accelerated Benefit available under this Rider will be based on the amount that the premium would have purchased at the correct Age and gender.

TERMINATION OF RIDER

This Rider will terminate on the earliest of the following dates:

a. The end of the Policy Month in which we receive from the Owner a written request to terminate this Rider;
b. The date the Policy’s reduced paid-up insurance option, if any, goes into effect;
c. The date an Accelerated Benefit is paid under this Rider or the Accelerated Benefit Rider, if available;
d. The date the Policy terminates for any reason; or
e. The end of the Initial Term under the Policy.

After this Rider Terminates, we are not liable for any further Rider benefits and will refund any unearned Rider premium.

REINSTATEMENT

If the Policy is reinstated, this Rider will also be reinstated if it was in effect when the Policy terminated.

Signed for ReliaStar Life Insurance Company by:

Donald W. Britton President	Joy M. Benner Secretary

RELIASTAR LIFE INSURANCE COMPANY

ING Customer Service Center: P.O. BOX 5011, Minot, ND 58702-5011

ACCELERATED BENEFIT RIDER

This Accelerated Benefit Rider (this "Rider") is part of the policy to which it is attached (your "Policy"). It is effective on the Policy Date. Unless expressly changed by this Rider, all provisions, exclusions, and limitations of your Policy remain the same and apply to this Rider. This Rider does not participate in our surplus earnings. This Rider does not increase cash, loan or reduced paid-up insurance values, if any, under your Policy.

THE BENEFITS PAID UNDER THIS RIDER ARE INTENDED TO BE TREATED FOR FEDERAL TAX PURPOSES AS ACCELERATED DEATH BENEFITS UNDER SECTION 101(g)(1)(A) OF THE INTERNAL REVENUE CODE, AS AMENDED (the "CODE"). ALTHOUGH THE ACCELERATED BENEFIT IS INTENDED TO QUALIFY FOR EXCLUSION FROM INCOME, SUBJECT TO THE QUALIFICATION REQUIREMENTS UNDER APPLICABLE PROVISIONS OF THE CODE, RECEIPT OF AN ACCELERATED BENEFIT MAY STILL BE TAXABLE AS INCOME. THIS RIDER IS NOT INTENDED TO BE A QUALIFIED LONG TERM CARE INSURANCE CONTRACT UNDER SECTION 7702B(b) OF THE CODE NOR IS IT INTENDED TO BE A NON-QUALIFIED LONG TERM CARE CONTRACT. THIS RIDER DOES NOT PAY OR REIMBURSE FOR EXPENSES INCLUDING THOSE DESCRIBED IN 101(g)(3)(A)(ii)(I) OF THE CODE. RECEIPT OF AN ACCELERATED BENEFIT UNDER THIS RIDER MAY ADVERSELY AFFECT YOUR ELIGIBILITY FOR MEDICAID OR OTHER GOVERNMENT BENEFITS OR ENTITLEMENTS.

YOU SHOULD CONSULT YOUR PERSONAL TAX OR LEGAL ADVISOR TO ASSESS THE IMPACT TO YOU OF PAYMENT OF AN ACCELERATED BENEFIT PROVIDED BY THIS RIDER.

RIDER BENEFIT

We will pay an Accelerated Benefit on our receipt of your written request provided the Insured has a Qualifying Condition, subject to the conditions and limitations listed below. We will pay the Accelerated Benefit in one lump sum.

Your Policy's death benefits, cash values, if any, and premiums will be reduced and the availability of future payment(s) to you, if any, will be reduced if you receive an Accelerated Benefit under this Rider. See "Adjustments to the Policy" below for further information.

DEFINITIONS

The terms not defined herein shall have the same meaning as in your Policy.

ACCELERATED BENEFIT

The Accelerated Benefit equals the portion of the Stated Death Benefit that is accelerated, reduced by:

a. An actuarial discount. This discount reflects the early payment of amounts payable under the Policy. It will be based on an annual interest rate that has been declared by us and the then current premium, both of which are in effect as of the date your acceleration request is received at the ING Customer Service Center. The annual interest rate shall not exceed the greater of:
   1. The current yield on 90-day treasury bills; or
   2. A variable rate determined in accordance with the NAIC Model Policy Loan Interest Rate; and

b. The Administrative Expense Charge.

We will pay the Accelerated Benefit when we receive, during the lifetime of the Insured, written proof that the Insured has been diagnosed as having a Qualifying Condition. The Accelerated Benefit will first be used to repay a portion of any outstanding loan in an amount equal to the outstanding loan and accrued loan interest multiplied by the Benefit Ratio. The remainder of the Accelerated Benefit will be paid to you.

ADMINISTRATIVE EXPENSE CHARGE
We assess the Administrative Expense Charge when we pay an Accelerated Benefit under this Rider. The amount of the Administrative Expense Charge is $[150.00].

BENEFIT RATIO
The Benefit Ratio is the portion of the Stated Death Benefit accelerated divided by the total Stated Death Benefit.

PHYSICIAN
Physician means a doctor who is legally authorized and licensed to practice medicine in the United States of America and its territories, and treat illness or injury in the state in which treatment is received and who is acting within the scope of that authorization and license. Physician does not include:
a. The Insured;
b. The Owner;
c. A Beneficiary; or
d. A person who lives with or is related to the Insured, the Owner or a Beneficiary.

PHYSICIAN STATEMENT
A Physician Statement means a written statement signed by a Physician and acceptable to us that:
a. Contains the Physician's diagnosis that the Insured has a Qualifying Condition; and
b. States with reasonable medical certainty that the Qualifying Condition will result in the death of the Insured in 12 months or less from the date of the Physician Statement (assuming the exercise of ordinary and reasonable medical care, advice and treatment available in the same or similar communities).

The Physician's Statement must be obtained at the Owner's expense.

QUALIFYING CONDITION
A Qualifying Condition is a non-correctable medical or physical condition that, with a reasonable degree of medical certainty, will result in the death of the Insured in 12 months or less from the date of receipt of a Physician Statement.

STATED DEATH BENEFIT
The Stated Death Benefit is shown in your Policy Schedule. Only a portion of the Stated Death Benefit may be accelerated under this Rider. The Stated Death Benefit will be determined as of the date we receive your written request for an Accelerated Benefit payment at the ING Customer Service Center.

CONDITIONS AND LIMITATIONS ON AN ACCELERATED BENEFIT PAYMENT

Payment of an Accelerated Benefit under this Rider is subject to the following conditions and limitations:
a. Only a portion of the Stated Death Benefit may be accelerated under this Rider. The minimum amount that may be accelerated is $[5,000.00] and the maximum amount that may be accelerated is [25.00%] of the Stated Death Benefit, not to exceed $[250,000.00];
b. The Policy's Ending Date must be at least two years after the date we receive your written request for an Accelerated Benefit payment;
c. Your Policy must be in force other than as reduced paid-up Insurance, if applicable;
d. An acceptable Physician Statement must be received by us during the lifetime of the Insured;
e. No Accelerated Benefit is available if any part of the coverage included in the Stated Death Benefit is contestable;
f. Only one Accelerated Benefit payment may be made per policy to which this Rider is attached;
g. An Accelerated Benefit payment may be made under this Rider or the Critical Illness Rider, if available, but not both;

h. Any amount needed to keep your Policy from terminating must be paid before we will approve the Accelerated Benefit payment;
i. We must receive a form consenting to the Accelerated Benefit Payment from all irrevocable beneficiaries, if any, and all assignees, if any. We also reserve the right to require a consent form from a spouse, the Insured, other beneficiaries, or any other person if, in our discretion, such person's consent is necessary to protect our interests;
j. No Accelerated Benefit payment will be made under this Rider if the Qualifying Condition results from intentionally self-inflicted injuries; and
k. The advance of an Accelerated Benefit payment under this Rider is not meant to cause involuntary access to death benefit proceeds ultimately payable under the Policy to the Beneficiary. Therefore, an Accelerated Benefit payment is not available if:
    1. Either you or the Insured is required by law to use the Accelerated Benefit payment to meet the claims of creditors, whether in bankruptcy or otherwise; or
    2. Either you or the Insured is required by a government agency to use the Accelerated Benefit payment to apply for, obtain, or otherwise keep a government benefit or entitlement.

ADJUSTMENTS TO THE POLICY

After an Accelerated Benefit payment is made, the Policy's Stated Death Benefit and cash value, if any, will be reduced by the Benefit Ratio. Policy premiums, excluding any policy fee, and premiums for the Waiver of Premium Rider (Disability) and the Premium Endowment Rider will also be reduced by the Benefit Ratio. Premiums for other riders, if any, will not be affected by payment of an Accelerated Benefit under this Rider. Additionally, any outstanding loan will be reduced by the portion of the loan and accrued loan interest that was repaid as described in the Accelerated Benefit definition in this Rider.

Any changes to your Policy resulting from payment of an Accelerated Benefit will be detailed in the Accelerated Benefits Claim Form provided to you and any irrevocable beneficiary when the benefit is requested. We will also mail to you, for attachment to the Policy and applicable riders, Schedules that will detail the changes to your coverage under the Policy and any attached riders that result from the payment of an Accelerated Benefit under this Rider.

IMPACT ON ACCIDENTAL DEATH BENEFIT RIDER BENEFITS

Payment of an Accelerated Benefit under this Rider shall not affect any accidental death benefit rider benefits, if any, provided by the Policy or by rider.

IMPACT ON WAIVER OF PREMIUM RIDER (DISABILITY) BENEFITS

If a Waiver of Premium Rider (Disability) is attached to the Policy and is in force at the time we approve payment of the Accelerated Benefit and the Insured’s Qualifying Condition began before the Policy Anniversary when the Insured reaches Age 60, then for purposes of the Waiver of Premium Rider (Disability) the Insured will be deemed to be Totally Disabled for as long as the Physician Statement continues to apply.

CLAIMS

CLAIM PROCEDURES

A request for an Accelerated Benefit should be sent to the ING Customer Service Center. If the Insured dies after we receive the request for an Accelerated Benefit but before any such benefits are paid, the request for an Accelerated Benefit will be canceled and the death proceeds will be paid pursuant to the terms of the Policy.

PHYSICAL EXAMINATION

We reserve the right to get a second opinion at our expense, from a Physician of our choosing prior to making an Accelerated Benefit payment. In the event that the Physician we choose provides a different diagnosis of the Insured's medical condition, a Physician Statement from a third Physician acceptable to both the Insured and us will be used for claim purposes. The medical opinion of the third Physician will be obtained at our expense.

We may also request additional medical information from the Physician submitting the Physician Statement.

PAYMENT OF CLAIMS

The Accelerated Benefit payment will be paid to the Owner or the Owner's estate if the Owner is not alive, unless otherwise designated or assigned by the Owner.

GENERAL PROVISIONS

INCORRECT AGE OR GENDER

If the Insured's Age or gender has been misstated, the benefits available under this Rider will be in the amount that would have been available if the Policy and this Rider would have issued at the correct Age and gender.

TERMINATION

This Rider will terminate on the earliest of the following dates:

a. The date we receive from the Owner a written request to terminate this Rider;
b. The date the Policy's reduced paid-up insurance option, if any, goes into effect;
c. The date an Accelerated Benefit is paid under this Rider or the Critical Illness Rider, if available; or
d. The date the Policy terminates for any reason.

REINSTATEMENT

If the Policy is reinstated, this Rider will also be reinstated if it was in effect when the Policy terminated.

Signed for ReliaStar Life Insurance Company by:

Donald W. Britton
President

Joy M. Benner
Secretary

RELIASTAR LIFE INSURANCE COMPANY

ING Customer Service Center: P.O. Box 5011, Minot, ND 58702-5011

WAIVER OF PREMIUM RIDER (DISABILITY)

This Waiver of Premium Rider (Disability) (the “Rider”) is part of the policy to which it is attached (the “Policy”) provided this Rider is listed on the Policy Schedule page. Unless changed by this Rider, all provisions, exclusions, and limitations of the Policy remain the same and apply to this Rider. This Rider is issued in consideration of the application and the payment of premiums for the Policy and this Rider. The premiums for this Rider are shown on the Policy Schedule page. This Rider does not increase any cash, loan, paid-up insurance, or extended term insurance values of the Policy.

RIDER BENEFITS

Subject to the provisions of this Rider, this Rider provides a waiver of premium benefit in the event the Insured becomes Totally Disabled before Age 60 and that Total Disability continues for a period of at least six months.

DEFINITIONS

The terms not defined herein shall have the same meaning as in the Policy.

OCCUPATION
Any employment for which the Insured may qualify by reason of education, training or experience.

PROOF OF DISABILITY
Written evidence, satisfactory to us, that:

a. The Insured is Totally Disabled;
b. The sickness or accidental bodily injury which caused the Total Disability and the Total Disability began while this Rider and the Policy were in force;
c. Total Disability began before the Insured reached Age 60; and
d. Total Disability has continued for six months.

TOTALLY DISABLED AND TOTAL DISABILITY
An incapacity of the Insured which:

a. Is directly caused by sickness or accidental bodily injury which occurs while this Rider is in force;
b. Begins while this Rider is in force;
c. Results in the Insured's inability to perform the substantial and material duties of any Occupation in the usual and customary way.

For some incapacities we consider the Insured to be Totally Disabled even if the Insured is able to perform the substantial and material duties of any Occupation in the usual and customary way. These conditions are the total loss of sight in both eyes, the total loss of use of both hands or both feet, or the total loss of the use of one hand and one foot. The Insured will be considered Totally Disabled as long as any of these incapacities continues to exist.

Exclusions

The following are excluded from the definition of Totally Disabled and Total Disability:

a. Total Disability directly caused by any attempt to commit suicide or intentionally self inflicted injury;
b. Total Disability caused by war or act of war while the Insured is serving in the military, naval or air forces of any country, combination of countries or international organization;
c. Total Disability caused by war or act of war while the Insured is serving in any civilian noncombatant unit serving the military, naval or air forces, provided that the Total Disability occurs while the Insured is serving in this capacity or within six months after termination of such service;
d. Total Disability caused or materially contributed to by voluntary intake or use of any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions;
e. Total disability caused or contributed to by active participation in a riot, insurrection or terrorist activity;
f. Total Disability caused or contributed to by intoxication as defined by the jurisdiction in which the Total Disability occurred;
g. Total Disability caused or materially contributed to by participation in an illegal occupation or activity; and
h. Total Disability caused or contributed to during the committing or attempting to commit a felony.

DESCRIPTION OF BENEFITS

After the Insured has been Totally Disabled for six months and for as long as the Insured remains Totally Disabled, provided all the conditions of this Rider are met, we will:

a. Waive future premiums that become due and payable for the Policy and all riders attached to it, including this Rider; and
b. Waive premiums which were due and payable during the first six months of Total Disability. Premiums paid during the first six months of Total Disability will be refunded to you. No premium will be waived or refunded under this Rider if its due date was more than one year before the date we received notice of the Insured's Total Disability.

Waiver of premiums will not reduce the amounts payable under the Policy or any of the riders attached to it. All Policy and rider rights and values will be the same as if the premiums had been paid, and the premium payment interval (annually, semi-annually, quarterly or monthly) cannot be changed while the Insured is Totally Disabled. Furthermore, premium may be waived pursuant to this Rider or the Waiver of Premium Rider (Unemployment), but not both.

RECURRENT DISABILITIES

A period of Total Disability due to the same or related cause as that of an earlier period of Total Disability may be considered to be a continuation of the earlier period. This depends on how much time has passed from the end of the earlier period to the date the current Total Disability began. If less than 30 days have passed, we will consider it to be a continuation of the earlier period. If 30 days or more have passed, we will consider it to be a new period of Total Disability.

NOTICE AND PROOF OF TOTAL DISABILITY

To make a claim for benefits under this Rider, send a written notice to the ING Customer Service Center that the Insured is Totally Disabled. No benefit will be allowed unless this written notice is received by us while the Insured is alive and during the period of Total Disability. Until we approve a claim for benefits under this Rider, the payment of premiums when due is required to avoid lapse of the Policy and this Rider. If Total Disability begins during the Policy's grace period, payment of overdue premiums is required before we will approve a claim for benefits under this Rider.

When we receive notice of the Insured's Total Disability, we will send to you forms to complete to provide Proof of Disability. Proof of Disability must be received at the ING Customer Service Center while the Insured is alive and during the period of Total Disability. Also, it must be received within one year after the earliest of:

a. The Policy Anniversary when the Insured reaches Age 60; or
b. The Ending Date or the date the Policy is surrendered or terminates; or
c. The due date of any unpaid premium.

If it is not reasonably possible to give us notice and Proof of Disability while the Insured is alive and during the period of Total Disability, any delay will not reduce the benefit provided under this Rider provided notice and Proof of Disability is given to us as soon as it is reasonably possible to do so.

As part of our review of the Proof of Disability, we have the right to require that the Insured be examined by a physician chosen by us. Such examination will be at our expense.

PROOF OF CONTINUED DISABILITY

During the first two years after we accept Proof of Disability for the Insured, we may require satisfactory proof of continued Total Disability but not more frequently than every 30 days. After two years, we may require proof not more than once a year. As part of this proof, we have the right to require an examination of the Insured by a physician chosen by us. Such examination will be at our expense.

PREMIUM

The premium for this Rider is shown on the Policy Data pages.

INCONTESTABILITY

After this Rider has been in force during the life of the Insured for two years from the issue date, excluding any period when the Insured was Totally Disabled, we will not contest it except for nonpayment of premium. Notwithstanding the above, we may contest this Rider at any time if it was procured by fraud, as permitted by the law of the state in which your policy and this Rider were delivered.

BENEFIT TERMINATION

Benefits under this Rider will terminate at the end of the Policy Month in which any of the following occurs:

a. The date this Rider terminates for any reason other than termination on the Policy Anniversary on which the Insured is Age 60;
b. The date the Insured is no longer Totally Disabled;
c. The date satisfactory proof of continued Total Disability is not received by us as required; or
d. The date the Insured refuses or fails to have an examination which we require.

RIDER TERMINATION

This Rider will terminate on the earliest of the following dates:

a. The end of the Policy Month in which we receive from the Owner a written request to terminate this Rider;
b. The Policy Anniversary on which the Insured is Age 60;
c. The date the Policy terminates for any reason; or
d. The date the Policy's reduced paid-up insurance option, if any, goes into effect.

After this Rider Terminates, we are not liable for any further Rider benefits and will refund any unearned Rider premium.

REINSTATEMENT

If the Policy is reinstated, this Rider will also be reinstated if it was in effect when the Policy terminated.

This Rider is signed for ReliaStar Life Insurance Company by:

Donald W. Britton President	Joy M. Benner Secretary

RELIASTAR LIFE INSURANCE COMPANY

ING Customer Service Center: P.O. Box 5011, Minot, ND 58702-5011

WAIVER OF PREMIUM RIDER (UNEMPLOYMENT)

This Waiver of Premium Rider (Unemployment), (the "Rider") is part of the policy to which it is attached (the "Policy") provided this Rider is listed on the Policy Schedule page. Unless changed by this Rider, all provisions, exclusions, and limitations of the Policy remain the same and apply to this Rider. This Rider is issued in consideration of the application and the payment of premiums for the Policy. This Rider does not increase any cash, loan, paid-up insurance, or extended term insurance values of the Policy.

RIDER BENEFITS

Subject to the provisions of this Rider, this Rider provides waiver of premium benefit in the event the Insured becomes Unemployed after the effective date of this Rider and before Age 65.

DEFINITIONS

The terms not defined herein shall have the same meaning as in the Policy.

UNEMPLOYED AND UNEMPLOYMENT

The Insured will be considered Unemployed if he/she:

a. Is registered with his/her state unemployment office or other recognized employment agency; and
b. Has not resigned, retired (whether voluntary or mandatory), or voluntarily forfeited his/her salary, wages or employment income.

DESCRIPTION OF BENEFITS

Subject to the provisions of this Rider and beginning 30 days after the start of Unemployment, we will waive future premiums that become due and payable for the Policy and all riders attached to it for up to six months during a period of continuous Unemployment. No waiver of premium benefit will be available under this Rider for any period of Unemployment that began prior to the effective date of this Rider or after the Policy Anniversary on which the Insured reaches Age 65.

Successive periods of Unemployment will be considered one period if the Insured qualifies for benefits under this Rider for a period less than six months and the Insured subsequently becomes Unemployed within two months.

Once premiums have been waived under this Rider for any period up to six months, the Insured is not eligible for additional benefits under this Rider for five years. If the Insured becomes Unemployed at least five years after the last premium was waived pursuant to this Rider, this Rider's benefit will again become available, provided this Rider is in effect at that time.

Waiver of premiums will not reduce the amounts payable under the Policy or any of the riders attached to it. All Policy and rider rights and values will be the same as if the premiums had been paid, and the premium payment interval (annually, semi-annually, quarterly or monthly) cannot be changed while the Insured is Unemployed. Furthermore, premium may be waived pursuant to this Rider or the Waiver of Premium Rider (Disability), but not both.

NOTICE AND PROOF OF UNEMPLOYMENT

To make a claim for benefits under this Rider, send a written request to the ING Customer Service Center along with evidence that the Insured is Unemployed. No benefit will be allowed under this Rider unless this written request and evidence of Unemployment is received by us while the Insured is alive and during the period of Unemployment.

After the initial approval of Benefits under this Rider, each month we must receive proof of continued Unemployment in the form of evidence of receipt of unemployment compensation from a state or federal agency created to provide unemployment benefits.

BENEFIT TERMINATION

Benefits under this Rider will terminate at the end of the Policy Month in which any of the following dates occur:

a. The date this Rider terminates for any reason;
b. The date the Insured is no longer Unemployed;
c. The date satisfactory proof of continued Unemployment is not received by us as required; or
d. The date up to six months of premiums have been waived under this Rider during any five year period.

RIDER TERMINATION

This Rider will terminate on the earliest of the following dates:

a. The end of the Policy Month in which we receive from the Owner a written request to terminate this Rider;
b. The date the Policy terminates for any reason;
c. The date the Policy's reduced paid-up insurance option, if any, goes into effect; or
d. The Policy Anniversary on which the Insured reaches Age 65.

After this Rider Terminates, we are not liable for any further Rider benefits.

REINSTATEMENT

If the Policy is reinstated, this Rider will also be reinstated if it was in effect when the Policy terminated.

Signed for ReliaStar Life Insurance Company by:

[Donald W. Britton
President]

[Joy M. Benner
Secretary]

RELIASTAR LIFE INSURANCE COMPANY

ING Customer Service Center: P.O. Box 5011, Minot, ND 58702-5011

INDIVIDUAL TERM LIFE INSURANCE APPLICATION

ReliaStar Life Insurance Company
20 Washington Avenue South, Minneapolis, MN 55401
("the Company")
A member of the ING family of companies

This application may not be used if the policy to be purchased is or may be used for the benefit of a third party (a "stranger") that lacks an insurable interest in the insured. A person generally has an insurable interest in the life of an insured where the person has a continued interest in the survival of the insured. The Company opposes stranger-owned/stranger-originated life insurance transactions ("STOLI") and will seek to terminate any such insurance coverage while retaining premiums paid, costs and/or damages. Material misrepresentation regarding the facts presented to the Company for underwriting the application or attempts to defraud the Company may result in additional legal action. Please see Section A and L of this application.

A. PRODUCT INFORMATION

1. Product Name _____ 2. Issue Type: ☐ Fully Underwritten ☐ Simplified Issue

3. Initial Term Period: ☐ 15 Year ☐ 20 Year ☐ 30 Year 4. Face Amount *(Not including riders)* $ _____

5. Does the Proposed Insured elect the Extended Premium Guarantee? *(Automatically provided with the Premium Endowment Rider)* . ☐ Yes ☐ No

When selected, the Extended Premium Guarantee period will last for the duration of the initial term period. If not selected, the Fully Underwritten premium guarantee period will last for **[***10 years***]** *and the Simplified Issue premium guarantee period will last for* **[***five years***]** *on the* **[***15 and 20***]** *initial term year periods and* **[***15 years***]** *on the* **[***30***]** *initial term year period.*

COMPLETE FOR SIMPLIFIED ISSUE ONLY.

6. Have you secured a mortgage in the last **[**60 months**]**? *(If yes, complete questions 6a-e below.)* . . . . . ☐ Yes ☐ No

   a. Financed/Refinanced Mortgage Amount $ _____ b. Financial Institution Name _____

   c. Institution Address _____

   d. Co-Mortgagee Name *(if any)* _____ e. Mortgage Start Date _____

7. Have you had one of the following qualifying life events in the past **[**24 months**]**? *(If yes, complete question 7a or 7b below, as applicable.)* . . . . ☐ Yes ☐ No

   a. Legal marriage: Marriage Date _____ City _____ State _____

   b. Birth of a child/Legal adoption: Birth Date _____ City _____ State _____

By my signature in Section M on this application, I understand that the life policy applied for is available to individuals who have secured a mortgage in the last [60 months], or had a qualifying life event in the past [24 months]. I hereby represent that all the above statements and answers are complete and true.

B. RIDER INFORMATION *(Not all riders are approved in all states.)*

OPTIONAL RIDER BENEFITS (IF APPROVED IN YOUR STATE.)

☐ Accident Only Disability Income Rider
(Please list the benefit amount here.) $ _____

☐ Children's Insurance Rider
(Complete Children's Insurance Rider Application.)

☐ Critical Illness Rider
(Please list the benefit amount here.) $ _____

☐ Premium Endowment Rider *(Not available with the 15 year initial term period. The Extended Premium Guarantee is automatically provided with this rider.)*

☐ Waiver of Premium Rider - Disability

☐ Other_____ $ _____

AUTOMATIC RIDER BENEFITS (IF APPROVED IN YOUR STATE.)

- Accelerated Benefit Rider
  (Only available with Fully Underwritten policies.)
- Accidental Death Benefit Rider
  (Only available with Simplified Issue policies. 50% of the policy face amount is automatically provided. You may increase this percentage up to 100% of the policy face amount, for an additional cost here.) _____%
- Waiver of Premium for Unemployment
- Other _____
  (Other riders may be automatically available in your state.)

C. PROPOSED INSURED INFORMATION

1. First Name _____ MI _____ Last Name _____

2. Residence Address _____

   City _____ State _____ ZIP _____

3. Birth Date _____ 4. Birth State and Country _____ 5. Gender: ☐ Male ☐ Female

6. SSN/Government Issued ID Number _____ 7. Driver's License Number _____ State _____

8. Daytime Phone (_____)_____ 9. Evening Phone (_____)_____

10. Best Time to Call _____ 11. E-mail _____

C. PROPOSED INSURED INFORMATION *(Continued)*

12. Are you a U.S. citizen? *(If "No," complete 12a below.)* . . . . . ☐ Yes ☐ No

    a. Country of Citizenship _____ Visa Status _____

13. Are you currently employed? *(If "No," skip to question 17.)* . . . . . ☐ Yes ☐ No

14. Occupation *(Include duties)* _____

15. Employer _____ Employer Phone (_____)_____

16. Employer Address _____

    City _____ State _____ ZIP _____

17. Annual Earned Income $ _____ Annual Other Income $ _____ Total Net Worth $ _____

D. OWNER (PAYOR) *(Complete this section only if the Owner is different than the Proposed Insured.)*

1. First Name _____ MI _____ Last Name _____

2. Birth Date _____ 3. SSN/TIN _____

4. Relation to Proposed Insured _____ 5. Daytime Phone (_____)_____

6. Residence Address _____

   City _____ State _____ ZIP _____

E. BENEFICIARY INFORMATION *(Total percentage of primary beneficiary share must equal 100%. Total percentage of contingent beneficiaries' shares must equal 100%. Please use whole percents. If no percentages are listed, beneficiaries' shares will be distributed equally; however, partial percentages are not allowed so the first listed beneficiary will receive the largest whole percentage.)*

Name *(First, MI, Last)*	Birth Date	SSN	Phone	Relationship to Proposed Insured	%	Beneficiary Type
						☐ Primary ☐ Contingent
						☐ Primary ☐ Contingent
						☐ Primary ☐ Contingent

F. PAYMENT INFORMATION

1. Initial Payment: ☐ Credit Card ☐ Electronic Funds Transfer ☐ Check ☐ On Delivery of Policy 2. Amount $ _____

   The credit card option is only available for the initial payment. If you choose to pay by credit card or electronic funds transfer, you must complete the attached Credit/Debit Card Payment Authorization and Electronic Funds Transfer (EFT) form (Appendix E). Any payment by check with application must have the Temporary Insurance Receipt completed (Appendix A).

3. Frequency of Subsequent Payments: ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly *(Available with Electronic Funds Transfer only.)*

4. You may choose to backdate your policy up to a maximum of six months (depending on individual state requirements) to "save age," which means that we will calculate the premium based on a younger age. Backdating a policy may save you money by lowering your premium. If you choose to backdate your policy, you must pay the accumulated premium for the length of time that the policy is backdated. For instance, if you apply for a policy on August 1, and you backdate the policy to June 1, you will be responsible for premium from June 1. This amount will be part of your initial premium payment. Please consult your producer to determine the availability of backdating in your state and whether it is appropriate for your circumstances.

   Would you like to backdate your policy? . . . . . ☐ Yes ☐ No Requested Backdating Date _____

G. IN FORCE/REPLACEMENT INFORMATION *(Applies to both Owner and Proposed Insured. If a replacement is occurring, the owner is required to terminate the existing policy with a separate written request to the insurance provider.)*

	Proposed Insured Yes	Proposed Insured No	Proposed Owner Yes	Proposed Owner No
1. Do you currently have life insurance inforce or applied for? *(If "Yes", provide details below. Complete state required replacement form for Model Replacement Regulation States ONLY.)*	☐	☐	☐	☐

Insured Name	Insurance Company *(Do not include group policies.)*	Policy Number	Amount	Date Issued
			$	
			$	
			$	

	Proposed Insured Yes	Proposed Insured No	Proposed Owner Yes	Proposed Owner No
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? *(If "Yes", complete state required replacement form and provide details below.)*	☐	☐	☐	☐
3. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? *(If "Yes", complete state required replacement form and provide details below.)*	☐	☐	☐	☐

4. For any "Yes" answer to questions 2-3, provide details regarding the policies being replaced in the chart below.

Insured Name	Insurance Company	Policy Number	Amount
			$
			$
			$

H. PERSONAL HISTORY *(Questions 1 - 8 must be completed for the Proposed Insured.)*

1. Have you ever declared bankruptcy? *(If "Yes," provide details in chart below, including the discharge date.)* ☐ Yes ☐ No
2. Are you a member of the armed forces, including the Reserves or National Guard, or do you intend to become one? ☐ Yes ☐ No
3. In the next two years, do you intend to travel or reside outside the United States or Canada (other than a vacation to Western Europe or the Caribbean lasting two weeks or fewer)? ☐ Yes ☐ No
4. Do you now or in the next two years plan to fly a plane (other than as a commercial pilot), race motor boats, automobiles or motorcycles, or participate in sky-diving, soaring, hang-gliding, ballooning, mountain climbing, rodeo, scuba diving, or competitive skiing? ☐ Yes ☐ No
5. Except for traffic violations, have you been the subject of or been convicted in a criminal proceeding? ☐ Yes ☐ No
6. In the last five years, have you had any motor vehicle accidents, alcohol- or drug-related convictions, or other moving violations while operating a motor vehicle? ☐ Yes ☐ No
7. Within the past five years, have you made a claim or received benefits for disability or worker's compensation as a result of a sickness or injury? ☐ Yes ☐ No
8. In the last five years, have you used tobacco or nicotine products of any type? *(e.g., cigarettes, cigars, pipes, chewing tobacco, nicotine gum, or nicotine patches)* ☐ Yes ☐ No

If "Yes," indicate type _____ Amount and Frequency _____ Month/Year Last Used _____

9. For any "Yes" answer to questions 1 - 7, please provide details in the chart below.

Question	Details

I. MEDICAL DECLARATIONS *(Provide data on Proposed Insured.)*

1. Proposed Insured Height _____ Weight _____ Loss or gain in pounds during the last year _____
2. Personal Physician Name _____ Physician Phone (_____)_____
3. Physician Address _____

   City _____ State _____ ZIP _____
4. Date last seen by physician _____ 5. Reason for consultation _____
6. Results of consultation _____

   _____

   _____
7. In the past 10 years, have you been treated for or been diagnosed by a member of the medical profession or health practitioner ("health care provider") as having:
   - a. Dizziness, seizures, convulsions, headaches, paralysis, a stroke, TIA, or a mental or nervous disorder, including anxiety or depression? . . . ☐ Yes ☐ No
   - b. Shortness of breath, persistent hoarseness or cough, asthma, emphysema, tuberculosis, or chronic respiratory disorder? . . . ☐ Yes ☐ No
   - c. Chest pain, palpitations, high blood pressure, heart murmur, heart attack, or any other disorder of the heart or blood vessels? . ☐ Yes ☐ No
   - d. Jaundice, intestinal bleeding, ulcer, hepatitis, colitis, or any other disorder of the stomach, intestine, liver, pancreas, or gall bladder? . . . ☐ Yes ☐ No
   - e. Sugar, albumin, or blood in urine, sexually transmitted disease, nephritis, stone, or any other disorder of the kidney, bladder, breasts, prostate, or reproductive organs? . . . ☐ Yes ☐ No
   - f. Diabetes, thyroid, or any other endocrine disorder? . . . ☐ Yes ☐ No
   - g. Disorder of the skin or lymph glands, arthritis, or any disorder of the muscles, joints, or bones? . . . ☐ Yes ☐ No
   - h. Anemia or any other disorder of the blood? . . . ☐ Yes ☐ No
   - i. A positive HIV test, AIDS (Acquired Immunodeficiency Syndrome), or any other disease or disorder of the immune system? . . . ☐ Yes ☐ No
8. Have you:
   - a. Experienced any symptom(s) for which you have not yet consulted a health care provider? . . . ☐ Yes ☐ No
   - b. Had any operation(s) in the past five years? . . . ☐ Yes ☐ No
   - c. In the past five years, been advised by a health care provider to have operation(s), treatments, or diagnostic tests that have not yet been performed? . . . ☐ Yes ☐ No
   - d. Had an electrocardiogram, x-ray, or other diagnostic test in the past five years? . . . ☐ Yes ☐ No
   - e. In the past five years, been confined for observation, care, or treatment in a hospital or other health care facility? . . . ☐ Yes ☐ No
   - f. In the past five years, consulted any health care provider(s), not already identified, for any reason including routine physical examination? . . . ☐ Yes ☐ No
   - g. Sought or been advised by a health care provider to seek treatment for the use of alcohol?. . . . ☐ Yes ☐ No
   - h. Ever used or are you currently using Ecstasy, marijuana, cocaine, amphetamines, barbiturates, hallucinogenic agents, narcotics, or any other drug except as legally prescribed by a health care provider?. . . . ☐ Yes ☐ No
   - i. Ever been diagnosed by a health care provider as having a tumor, pre-cancerous lesion or cancer? . . . ☐ Yes ☐ No
9. Are you presently taking any medication(s), including non-prescription/over-the-counter medication or supplements? . . . ☐ Yes ☐ No
10. Family History:

	Age if Living	Age at Death	Present Health or Cause of Death
Father			
Mother			
Brother(s)			
Sister(s)			

11. For any "Yes" answer to questions 7 - 9 on the previous page, please record information in chart below. If you need additional space, please attach a separate piece of paper to the application.

Question	Condition/Diagnosis	Dates/Duration of Condition/Treatment	Physician Name	Physician Address

J. PRODUCER INFORMATION *(For questions about this application or requirements, contact the underwriting department.)*

Each licensed producer will share equally unless otherwise indicated.

Producer Name *(please print)*	Producer ID Number	% Split	General Agent Name	General Agent Number

Writing Producer Address _____

City _____ State _____ ZIP _____

K. PRODUCER CERTIFICATION

1. How long have you known the Proposed Insured? _____ 2. Are you related? ☐ Yes ☐ No How? _____

3. Have you scheduled an exam? ☐ Yes ☐ No If "Yes," provide the paramed company name. _____

By my signature in Section M, I certify that:

- To the best of my knowledge and belief, the answers provided in Section G, In Force/Replacement Information, are true and correct.
- Only company-approved sales material were used and copies of all sales material were left with the applicant no later than the time of application. (Electronically presented sales materials must be provided to the Owner no later than at the time of the policy delivery.) The Company requires that all replacement sales are made in accordance with it's corporate replacement policy. If this particular sale is NOT in accordance with the Company's corporate replacement policy, please check here ☐ and attach an explanation.
- All of the Appendices and Disclosures have been delivered to the client.

Use this area for special instructions.

L. ING'S POLICY ON STRANGER-OWNED OR STRANGER-ORIGINATED LIFE INSURANCE (STOLI)

The Company, along with other ING Life Companies strongly opposes arrangements designed to obtain life insurance for the benefit of a third party (a "stranger") that has no insurable interest in the insured. A person generally has an insurable interest in the life of an insured where the person has a continued interest in the survival of the insured. We believe this position supports the best interests of our policy owners, as stranger-owned or stranger-originated life insurance transactions ("STOLI") will lead to higher costs for consumers and undermine the concept of insurable interest, a core element of the life insurance business. The Company will seek to terminate the insurance coverage under any contract determined to be STOLI or where material misrepresentation has occurred regarding the facts presented to the Company for underwriting the application. Attempts to defraud the Company may result in additional legal action.

The Company does not sell life insurance in the following circumstance:

- If, at the time of sale or conversion, the applicant/owner has an intent, plan, arrangement or understanding with a third party that will result directly or indirectly in the sale, assignment, settlement or other transfer to an investor, such as a life settlement company, or any other party with no insurable interest in the life of the insured who purchases the policy for investment purposes;
- If, at the time of sale or conversion, the applicant/owner has an intent, plan or arrangement to transfer an ownership interest or beneficial interest in an entity that will own the policy to a life settlement company or any other party with no insurable interest in the life of the insured;
- If, in connection with the sale, the applicant/owner and/or the insured is offered any compensation, reward or benefit, or other inducement to purchase or assist in the purchase the policy, including, but not limited to, cash payments, property such as a life insurance death benefit for "free" or at "no cost" or any other benefit of any kind;
- Where a sales concept, design, marketing plan, marketing material or other program that has not been disclosed to the Company is used in connection with the sale (including, but not limited to, any nontraditional premium finance program, such as "non-recourse" lending arrangement where the lender's sole collateral for the premium loan is limited to the values of the policy itself);
- Where the producer and/or applicant knows, or has reason to know, that the source of funds for premium payments under a policy has not been disclosed to the Company (including, but not limited to, any arrangement to pay for premiums under the policy through a loan through a premium financing arrangement or other third party funding) ; or
- In any other circumstance determined by the Company, in its sole discretion, to be inconsistent with our policies on STOLI, insurable interest or misrepresentation.

The activities described above are considered "prohibited conduct".

M. REPRESENTATIONS, ACKNOWLEDGEMENT AND AUTHORIZATION

Representations and acknowledgements. By signing this form, I acknowledge that I have read this application and I agree with the statements in this application and represent that all questions have been truthfully answered to the best of my knowledge and belief. The Company may seek to rescind the life insurance coverage if it determines that any question was not answered truthfully. This application consists of all pages of the Application, appendices, and supplemental questionnaires. It will be the basis for any life insurance coverage issued and no information will be considered to have been given by me to the Company or authorized by me unless it is stated herein. Unless otherwise stated in a Temporary Insurance Receipt, the Company will have no liability until all requirements are met, a policy is delivered to and accepted by me, and the first premium is received by the Company while the Proposed Insured is alive. If I have paid premium with this application, I have completed the Temporary Insurance Receipt, which is Appendix A of this application. The producer does not have the authority—unless permitted by law—to waive the answer to any question in the application, to accept risk or pass on insurability, to make or alter any contract, or to waive any of the Company's rights or requirements. No change in the amount, classification, age at issue, insurance plan, or benefits shown on this application will be effective unless both the Company and I agree in writing. I understand that by signing this application, I am applying for life insurance coverage issued by the Company.

By my signature below, I affirmatively warrant and represent that I have not engaged in any prohibited conduct described in Section L above in connection with this application for insurance.

Authorization and Statements of Understanding. I authorize the Company and other insurance companies affiliated with the company to collect medical record information and consumer or investigative consumer reports about me for the purposes described in this application. I authorize any organization or medically related facility to release to the Company or its authorized representatives all requested information about me and any minor children who are to be insured. I give my permission to the Company to send any information obtained to MIB, Inc., reinsurers, the producer who solicited my application and his or her principals, employees or contractors who process transactions regarding insurance coverage for which I have applied. I understand that this authorization will be valid for 24 months from the date of signature on this application. I have the right to receive a copy of this authorization, and a photocopy will be as valid as the original.

I acknowledge receipt of the following disclosures and notices: Accelerated Benefit Rider and Critical Illness Disclosures, Notice Regarding Consumer Reports, Notice Regarding MIB, Inc., and Notice Regarding Collection of Information and Information Practices. I certify, under penalty of perjury, that my Social Security Number/tax identification number is shown and is correct and that I am not subject to back-up withholding.

By my signature on Page 7 of this application, I acknowledge and agree that any policy issued in relation to this application (the "Policy") shall be subject to the following Governing Law and Jurisdiction provisions:

Governing Law. The Policy shall be governed in all respects, including validity, interpretation and effect, without regard to principles of conflicts of law, by the laws of the state in which it is delivered, which shall be deemed to be the state in which this Application is executed as shown below.

M. REPRESENTATIONS, ACKNOWLEDGEMENT AND AUTHORIZATION *(Continued)*

Jurisdiction. Any dispute, claim, demand, controversy, action or proceeding, however characterized, relating to, arising under, in connection with, or incident to the Policy or sale of the Policy ("Action or Proceeding") shall be filed and heard in the state or federal courts located in the state in which the Policy is delivered. The state and federal courts located in the state in which the Policy is delivered shall have jurisdiction over the parties to the Action or Proceeding.

Authorization for the Release of Health-Related Information. *(This authorization is HIPAA compliant.)* I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider that has provided payment, treatment or services to me or on my behalf within the past 10 years ("My Providers") to disclose my entire medical record and any other protected health information concerning me and any minor children to be insured to the Company and its producers, employees, and representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization, and I instruct any physician, health care professional, hospital, clinic, medical facility, or other health care provider to release and disclose my entire medical record without restriction. This protected health information is to be disclosed under this authorization so that the Company may 1) underwrite my application for coverage and make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with the Company.

I understand that I have the right to revoke this authorization in writing, at any time, by sending a written request for revocation to the Company, Attention: Privacy Official, PO Box 5053, Minot, ND, 58702-5053. I understand that a revocation is not effective to the extent that any of My Providers has relied on this authorization or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this authorization may be re-disclosed and no longer covered by federal rules governing privacy and confidentiality of health information.

I understand that My Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this authorization. I further understand that if I refuse to sign this authorization to release my complete medical record, the Company may not be able to process my application, or if coverage has been issued, may not be able to make any benefit payments.

If an investigative consumer report is prepared, I request to be interviewed. ☐ Yes

Daytime phone number: (_____) _____ .

Contact me between the hours of ___ a.m./p.m. and ___ a.m./p.m.

All completed materials must be sent to the ING Customer Service Center at: 2000 21st Ave. NW, Minot, ND 58703

I understand and agree that any person who knowingly provides false, incomplete or misleading information to an insurance company for the purpose of defrauding or attempting to defraud the company commits a fraudulent insurance act, which is a crime, and may be subject to criminal and civil penalties and denial of insurance benefits. Penalties may include imprisonment and/or fines.

➡ Signed At *(City/State)* _____ Date _____

➡ Proposed Insured Signature _____

Print Owner Name *(If other than the Proposed Insured)* _____

➡ Owner Signature *(If other than the Proposed Insured)* _____ Date _____

By signing below, I acknowledge receipt and acceptance of the terms of the current ING Life Companies General Agent or Producer Agreement ("Agreement"), whichever is applicable, including but not limited to any compensation schedules. I agree to be bound by the terms and conditions of that Agreement, unless I am an employee/registered representative of a Broker-Dealer and do not hold an Agreement such that this language is inapplicable. I understand that I may receive an additional copy of my Agreement and/or current compensation schedule, from the Company, by contacting Distributor Services at 877-882-5050.

I have completed Section J, "Producer Information," and Section K, "Producer Certification," and by my signature below, I affirm that the information contained therein is true and complete to the best of my knowledge.

By signing below I acknowledge that I have not engaged in prohibited conduct as described in Section L, "ING's Policy on Stranger-Owned of Stranger-Originated Life Insurance (STOLI)," nor am I aware of such conduct by the applicant.

➡ Writing Producer Signature _____ Date _____

Writing Producer Name *(please print)* _____ E-mail _____

SPLIT SALES ONLY:

Producer Name *(please print)* _____ Producer Name *(please print)* _____

Life

TEMPORARY INSURANCE RECEIPT

ReliaStar Life Insurance Company
20 Washington Avenue South, Minneapolis, MN 55401
("the Company")

ING
Your future. Made easier.®

I. PREMIUM RECEIPT *(For the Proposed Insured named below)*

Amount Received $ _____ Date _____ Policy Application Date _____

Premium for this receipt must be at least the first modal premium for the insurance policy. Premium may be paid by check or authorized withdrawal. Make all checks payable to the Company, not the agent.

II. REPRESENTATIONS *(For the Proposed Insured named below)*

1. Has the Proposed Insured ever been treated for or been diagnosed by a member of the medical profession or health practitioner ("Health Care Provider") as having:
   a. any type of heart disease, stroke or other vascular disease? . . . . . ☐ Yes ☐ No
   b. any type of cancer, leukemia, malignant tumor or disorder of the brain or immune system? . . . . . ☐ Yes ☐ No
2. In the past five years has the Proposed Insured experienced unintentional weight loss? . . . . . ☐ Yes ☐ No
3. Has the Proposed Insured attained age 70? . . . . . ☐ Yes ☐ No

III. TERMS AND CONDITIONS

Amount of Coverage: If the Proposed Insured dies while this coverage is in effect, the Company will pay to the beneficiary named in the Application the lesser of: (a) the amount of death benefit, if any, which would be payable under the policy and any riders covering the life of the Proposed Insured if issued as applied for under the Application; or (b) $1,000,000. This coverage is subject to any limits or exclusions which would be part of the issued coverage. If for any reason the Company is liable for any coverage as a result of any other pending applications or temporary insurance receipts on the life of the Proposed Insured, the Company's total liability shall not exceed $1,000,000; and the $1,000,000 will be prorated among the respective coverages. There is no premium waiver coverage, or coverage for the death of any person other than the Proposed Insured.

General: All the above representations are true and complete to the best knowledge and belief of the Proposed Owner and the Proposed Insured. The Proposed Owner agrees that they are to be relied on for this coverage. No agent can waive or modify this coverage in any way. Premium(s) will be returned if a policy is not delivered and no benefit is paid under this coverage. If a policy is delivered, premium(s) will be applied to the first policy premium.

Premiums are billed from the policy date. If the policy date is prior to the issue date, premiums are due based on the policy date.

Coverage begins when Part I of the Application is completed, a premium has been accepted, and this form has been completed and signed.

Coverage ends automatically on the earliest of the following dates:

- Five days after a refund of premium is mailed to the Proposed Owner's address shown on the Application; or
- Five days after a notice of termination is mailed to the Proposed Owner's address shown on the Application; or
- Coverage starts under any policy resulting from the Application; or
- A policy resulting from the Application is refused; or
- 90 days after the date this form is signed.

The Company may send a notice or return premium terminating this coverage any time before delivery of the policy.

This Temporary Insurance Receipt does not provide any coverage except as provided herein.

There is no temporary insurance receipt coverage IF any of the following is true:

- Any of the above representations is answered YES or LEFT BLANK.
- Section 1035 exchange paperwork is received without premium payment.
- There is material misrepresentation in the answers to the representations above or to any question or statement in the Application.
- A Proposed Insured dies by suicide or intentional self-inflicted injury. (This suicide clause does not apply in the state of Missouri.)
- No premium is paid with this receipt, or if the premium check or authorized withdrawal is not honored.

Proposed Owner Name *(please print)* _____ Signed at *(city/state)* _____

Proposed Owner Signature _____ Date _____

Proposed Insured Name *(please print)* _____ Signed at *(city/state)* _____

Proposed Insured Signature
(if other than the Proposed Owner) _____ Date _____

Writing Producer Name *(please print)* _____ Producer Phone (_____)_____

Writing Producer Signature _____ Date _____

1ST COPY TO CUSTOMER SERVICE CENTER 2ND COPY TO PROPOSED INSURED

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachments:

AR Certification Reg 19 and 49.pdf
115512 Guaranty Ass Notice.pdf
125638 Notice.pdf
1313 Flesch Readability Cert1.pdf

Item Status: **Status Date:**

Satisfied - Item: Application

Comments:

See Application under the Form Schedule Tab.

Item Status: **Status Date:**

Satisfied - Item: Disclosure Forms

Comments:

Attachments:

154532_09232009_StateFiled.pdf
153953_09232009_StateFiled NonIC.pdf

Item Status: **Status Date:**

Satisfied - Item: Rates and Consent Certification

Comments:

We have also attached the Current Rates.

Attachments:

AR Rates Consent Cert.pdf
HG+ OR-AR Prem Rates.pdf

SERFF Tracking Number:	*INGD-126162774*	*State:*	*Arkansas*
Filing Company:	*ReliaStar Life Insurance Company*	*State Tracking Number:*	*43667*
Company Tracking Number:	*1313*		
TOI:	*L04I Individual Life - Term*	*Sub-TOI:*	*L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life*
Product Name:	*1313-12/09*		
Project Name/Number:	*1313-12/09/*		

HG+ OR-AR Prem Rates Waiver Disab.pdf

HG+ OR-AR Prem Rates CIR.pdf

ARKANSAS
C E R T I F I C A T I O N

RE: 1313-12/09
R1369-12/09
R1371-12/09
R1372-12/09
R1373-12/09
R1374-12/09
153947
153950

As an officer of ReliaStar Life Insurance Company, I certify that this submission meet the provisions of Regulation 19 (unfair sex discrimination in the sale of life insurance), Regulation 49 (guaranty association notice) and all applicable requirements of the Arkansas Insurance Department.

RELIASTAR LIFE INSURANCE COMPANY

By: Terry Stumpf
Terry Stumpf, Assistant Secretary

Date: September 21, 2009

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of this Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in the state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol, Suite 2
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Acts coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity, or health insurance contract or policy, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However persons holding such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract holders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliated benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of $300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall $300,000 limit, the Association will not pay more than $300,000 in health insurance benefits, $300,000 in present value of annuity benefits, or $300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a $1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

RELIASTAR LIFE INSURANCE COMPANY
Administrative Office
2000 21st Avenue NW
Minot, North Dakota 58703-0890

NOTICE TO POLICYHOLDERS
KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

As our policyholder, your satisfaction is very important to us. If you have a question about your policy, if you need assistance with a problem, or if you have a claim, you should first contact your insurance agent or us at:

1-877-882-5050

Should you have a valid claim, we fully expect to provide a fair settlement in a timely fashion.

Should you feel you are not being treated fairly with respect to a claim, you may contact the Arkansas Department of Insurance with your complaint. To contact the Department, write or call:

Arkansas Insurance Department
Consumer Services Division
Third and Cross Streets
Little Rock, AR 72201
(501) 371-2640
(501) 371-2749 Fax
or call: 1-800-852-5494

RELIASTAR LIFE INSURANCE COMPANY
Minneapolis, Minnesota

FLESCH READABILITY CERTIFICATE

I certify that the Certificate form included in this submission has been printed in not less than ten point type.

The style, arrangement and overall appearance of the form gives no undue prominence to any portion of the text of the form.

The section titles are captioned in bold face type. The layout and spacing of the form separate the paragraphs from each other and from the border of the paper.

Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in this form.

Flesch Scale Reading Ease Score

I have supervised the computation of the Flesch scale reading ease score of this form, using the complete text of the form except for headings, indexes and tabular material, and the scores are listed below.

The readability score was calculated by computer. The software used for this calculation was Microsoft Word.

Form Number	Flesch Reading Ease Scores
1313-12/09	50.0
R1369-12/09	50.0 with policy
R1371-12/09	50.0 with policy
R1372-12/09	50.0 with policy
R1373-12/09	50.0 with policy
R1374-12/09	50.0 with policy
153947	50.4
153950	50.7

Signed

Terry Stumpf
Assistant Secretary

Date: September 21, 2009

ACCELERATED BENEFIT RIDER DISCLOSURE

ReliaStar Life Insurance Company
20 Washington Avenue South, Minneapolis, MN 55401
A member of the ING family of companies
ING Customer Service Center: PO Box 5011, Minot, ND 58703-5011

ING
Your future. Made easier.®

READ THE RIDER CAREFULLY

Receipt of an Accelerated Benefit payment may be taxable, and assistance should be sought from a personal tax advisor. Receipt of an Accelerated Benefit payment may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements.

There is no additional premium required for the Accelerated Benefit Rider; instead, an actuarial discount is associated with the acceleration and an Administrative Expense Charge is assessed upon the exercise of the benefit.

- We will pay an Accelerated Benefit, at the Policy Owner's request, if the Insured has a Qualifying Condition. A Qualifying Condition is a non-correctable medical or physical condition that, with a reasonable degree of medical certainty, will result in the Insured's death in 12 months or less from the date of receipt of a Physician Statement. Refer to the Rider for more details.
- The Policy Owner may request an acceleration of a portion of the Stated Death Benefit, subject to a minimum Accelerated Benefit of $5,000 and a maximum Accelerated Benefit equal to the lesser of 25% of the Stated Death Benefit or $250,000. We will pay the amount requested reduced by:
  - An actuarial discount based on (1) the annual rate of interest declared by us and (2) the then current premium;
  - An amount equal to any current Policy loan and accrued loan interest, multiplied by the Benefit Ratio (the Benefit Ratio is equal to the amount accelerated divided by the Stated Death Benefit); and
  - An Administrative Expense Charge of $150.

  The remainder will be paid to the Policy Owner. Other conditions and limitations, as described in the Rider, may apply.
- The Accelerated Benefit will be paid in a lump sum, unless the Policy Owner requests and we agree to payment in some other manner.
- Following an Accelerated Benefit payment, the Policy's Stated Death Benefit, any Cash Value, any outstanding Policy loan, the required premium for the Policy (excluding any policy fee), and premium for any Waiver of Premium Rider (Disability) and any Premium Endowment Rider will all be reduced by the Benefit Ratio. We will mail to the Policy Owner, for attachment to the Policy, an endorsement or amended schedule page that details the changes to the Policy that result from the Accelerated Benefit payment.
- Following an Accelerated Benefit payment, this Rider and the Critical Illness Rider, if any, will terminate. Continued premium payment is required in order to keep the Policy in force.
- If a Waiver of Premium Rider (Disability) is attached to the Policy and in force, and the Insured's Qualifying Condition began before the Policy Anniversary when the Insured reaches age 60, then after an Accelerated Benefit payment the Insured will be deemed to be Totally Disabled for as long as the Physician Statement continues to apply.

An example of the effect of an Accelerated Benefit request of $25,000 is shown below.[1]

Before Acceleration		Requested Acceleration = $25,000		After Acceleration	
Stated Death Benefit	$100,000	Benefit Ratio	25%	Stated Death Benefit	$75,000
Premium	$500	Actuarial Discount[2]	$625	Premium	$375
Policy Loan[3]	$6,000	Loan Repayment[3]	$1,500	Policy Loan[3]	$4,500
Cash Value[3]	$10,000	Administrative Expense Charge	$150	Cash Value[3]	$7,500
		Net Payment to Owner	$22,725		

Proposed Insured/Owner: ***By signing Section M on the ING HomeGuard Plus Term Application, the Proposed Insured acknowledges receipt of this disclosure and summary.***

Producer: ***By signing Section M on the ING HomeGuard Plus Term Application, the producers acknowledge that a copy of this disclosure and summary has been provided.***

[1] *This example is illustrative only and is not intended to show actual values.*

[2] *Assumes hypothetical interest rate of 5%.*

[3] *Cash Value and Policy loans, if any, will only be available if the Premium Endowment Rider is elected.*

CRITICAL ILLNESS RIDER DISCLOSURE

ReliaStar Life Insurance Company
20 Washington Avenue South, Minneapolis, MN 55401
A member of the ING family of companies
ING Customer Service Center: PO Box 5011, Minot, ND 58703-5011

ING
Your future. Made easier.®

READ THE RIDER CAREFULLY

Receipt of an Accelerated Benefit payment may be taxable, and assistance should be sought from a personal tax advisor. Receipt of an Accelerated Benefit payment may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements.

Additional premium is required for the Critical Illness Rider. The premium amount is based on the Rider benefit amount elected.

- We will pay an Accelerated Benefit, at the Policy Owner's request, if the Insured has a Critical Illness. A Critical Illness means: Cancer (Life Threatening), Heart Attack (Myocardial Infarction), Stroke (Cerebrovascular Accident), Paralysis, Renal Failure, Major Organ Transplants, Blindness, and/or Loss of 2 or More Limbs. Refer to the Rider for more details about the conditions and limitations to receipt of an Accelerated Benefit payment.
- The Policy Owner may request acceleration of a portion of the Stated Death Benefit shown on the Policy Schedule. We will pay the amount requested reduced by an amount equal to any current Policy loan and accrued loan interest, multiplied by the Benefit Ratio (the Benefit Ratio is equal to the amount accelerated divided by the Stated Death Benefit). The remainder will be paid to the Policy Owner in a lump sum, unless the Policy Owner requests and we agree to payment in some other manner. Other conditions and limitations, as described in the Rider, may apply.
- Following an Accelerated Benefit payment, the Policy's Stated Death Benefit, any Cash Value, any outstanding Policy loan, the required premium for the Policy (excluding the policy fee), and premium for any Waiver of Premium Rider (Disability) and any Premium Endowment Rider will all be reduced by the Benefit Ratio. If the Benefit Ratio is less than 100%, we will mail to the Policy Owner, for attachment to the Policy, an endorsement or amended schedule page that details the changes to the Policy that result from the Accelerated Benefit payment.
- Following an Accelerated Benefit payment, this Rider and the Accelerated Benefit Rider, if any, will terminate. If the Benefit Ratio is 100%, the Policy will also terminate. If the Benefit Ratio is less than 100%, continued premium payment is required in order to keep the Policy in force.

An example of the effect of an Accelerated Benefit request of $50,000 is shown below.[1]

Before Acceleration		Requested Acceleration = $50,000		After Acceleration	
Stated Death Benefit	$100,000	Benefit Ratio	50%	Stated Death Benefit	$50,000
Premium	$500			Premium	$250
Policy Loan[2]	$6,000	Loan Repayment[2]	$3,000	Policy Loan[2]	$3,000
Cash Value[2]	$10,000	Net Payment to Owner	$47,000	Cash Value[2]	$5,000

Proposed Insured/Owner: ***By signing Section M on the ING HomeGuard Plus Term Application, the Proposed Insured acknowledges receipt of this disclosure and summary.***

Producer: ***By signing Section M on the ING HomeGuard Plus Term Application, the producers acknowledge that a copy of this disclosure and summary has been provided.***

[1] *This example is illustrative only and is not intended to show actual values.*

[2] *Cash Value and Policy loans, if any, will only be available if the Premium Endowment Rider is elected.*

ARKANSAS EXHIBIT A

CONSENT TO SUBMIT RATES
AND/OR COST BASES FOR APPROVAL

The ReliaStar Life Insurance Company ("Company") of Minneapolis, Minnesota does hereby
(Company Name) (City and State)

consent and agree:

A) that all premium rates and/or cost bases both "maximum" and current or projected", used in relation to policy form number 1313-12/09 and R1369-12/09 must be filed with the Insurance Commissioner for the State of Arkansas ("Commissioner") at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the consent Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days.

ReliaStar Life Insurance Company
(Company Name)

By: _____
Kim Curley, FSA, MAAA
Vice President, Head of Product Development
ING

ING HomeGuard Plus Select Term - 15 Year (Form #1313 - 12/09)
Current Base Premium - Level Premiums Guaranteed for 10 Years
Rates are per 1,000 face amount

	Band 1 $100,000 - $149,999							
	Male				Female			
Issue Age	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco
18	-	-	-	-	-	-	-	-
19	-	-	-	-	-	-	-	-
20	-	-	-	-	-	-	-	-
21	-	-	-	-	-	-	-	-
22	-	-	-	-	-	-	-	-
23	-	-	-	-	-	-	-	-
24	-	-	-	-	-	-	-	-
25	-	-	-	-	-	-	-	-
26	-	-	-	-	-	-	-	-
27	-	-	-	-	-	-	-	-
28	-	-	-	-	-	-	-	-
29	-	-	-	-	-	-	-	-
30	-	-	-	-	-	-	-	-
31	-	-	-	-	-	-	-	-
32	-	-	-	-	-	-	-	-
33	-	-	-	-	-	-	-	-
34	-	-	-	-	-	-	-	-
35	-	-	-	-	-	-	-	-
36	-	-	-	-	-	-	-	-
37	-	-	-	-	-	-	-	-
38	-	-	-	-	-	-	-	-
39	-	-	-	-	-	-	-	-
40	-	-	-	-	-	-	-	-
41	-	-	-	-	-	-	-	-
42	-	-	-	-	-	-	-	-
43	-	-	-	-	-	-	-	-
44	-	-	-	-	-	-	-	-
45	3.16	3.95	7.66	9.10	2.71	3.50	5.64	6.76
46	3.43	4.29	8.27	9.94	2.84	3.66	5.93	7.21
47	3.70	4.63	8.88	10.78	2.98	3.81	6.23	7.66
48	3.97	4.96	9.49	11.62	3.11	3.97	6.52	8.12
49	4.24	5.30	10.10	12.46	3.25	4.12	6.82	8.57
50	4.51	5.64	10.71	13.30	3.38	4.28	7.11	9.02
51	4.92	6.16	11.61	14.22	3.61	4.60	7.61	9.70
52	5.32	6.68	12.51	15.14	3.83	4.91	8.10	10.37
53	5.73	7.19	13.42	16.06	4.06	5.23	8.60	11.05
54	6.13	7.71	14.32	16.98	4.28	5.54	9.09	11.72
55	6.54	8.23	15.22	17.90	4.51	5.86	9.59	12.40
56	7.15	9.00	16.68	18.97	4.85	6.27	10.49	13.53
57	7.76	9.78	18.13	20.04	5.19	6.67	11.39	14.65
58	8.37	10.55	19.59	21.11	5.52	7.08	12.30	15.78
59	8.98	11.33	21.04	22.18	5.86	7.48	13.20	16.90
60	9.59	12.10	22.50	23.25	6.20	7.89	14.10	18.03
61	10.49	13.45	24.99	26.80	6.81	8.95	15.56	19.83
62	11.39	14.79	27.48	30.35	7.42	10.01	17.03	21.64
63	12.30	16.14	29.96	33.90	8.02	11.07	18.49	23.44
64	13.20	17.48	32.45	37.45	8.63	12.13	19.96	25.25
65	14.10	18.83	34.94	41.00	9.24	13.19	21.42	27.05
66	15.79	21.15	38.77	46.55	10.03	14.50	23.34	29.08
67	17.48	23.47	42.60	52.10	10.82	15.81	25.25	31.11
68	19.16	25.79	46.44	57.66	11.61	17.11	27.17	33.14
69	20.85	28.11	50.27	63.21	12.40	18.42	29.08	35.17
70	22.54	30.43	54.10	68.76	13.19	19.73	31.00	37.20

ING HomeGuard Plus Select Term - 15 Year (Form #1313 - 12/09)
Current Base Premium - Level Premiums Guaranteed for 10 Years
Rates are per 1,000 face amount

	Band 2 $150,000 - $249,999							
	Male				Female			
Issue Age	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco
18	1.40	1.66	2.29	2.82	1.25	1.51	1.98	2.60
19	1.40	1.66	2.29	2.82	1.25	1.51	1.98	2.60
20	1.40	1.66	2.29	2.82	1.25	1.51	1.98	2.60
21	1.40	1.66	2.29	2.82	1.25	1.51	1.98	2.60
22	1.40	1.66	2.29	2.82	1.25	1.51	1.98	2.60
23	1.40	1.66	2.29	2.82	1.25	1.51	1.98	2.60
24	1.40	1.66	2.29	2.82	1.25	1.51	1.98	2.60
25	1.40	1.66	2.29	2.82	1.25	1.51	1.98	2.60
26	1.42	1.68	2.33	2.85	1.26	1.52	1.99	2.62
27	1.44	1.70	2.37	2.88	1.27	1.53	2.00	2.64
28	1.47	1.73	2.42	2.92	1.28	1.54	2.01	2.66
29	1.49	1.75	2.46	2.95	1.29	1.55	2.02	2.68
30	1.51	1.77	2.50	2.98	1.30	1.56	2.03	2.70
31	1.52	1.79	2.56	3.10	1.31	1.57	2.06	2.74
32	1.53	1.81	2.62	3.22	1.32	1.58	2.09	2.78
33	1.54	1.83	2.69	3.35	1.33	1.59	2.12	2.83
34	1.55	1.85	2.75	3.47	1.34	1.60	2.15	2.87
35	1.56	1.87	2.81	3.59	1.35	1.61	2.18	2.91
36	1.60	1.93	3.00	3.83	1.39	1.66	2.28	3.10
37	1.64	1.99	3.18	4.07	1.43	1.71	2.39	3.29
38	1.69	2.06	3.37	4.30	1.48	1.77	2.49	3.47
39	1.73	2.12	3.55	4.54	1.52	1.82	2.60	3.66
40	1.77	2.18	3.74	4.78	1.56	1.87	2.70	3.85
41	1.89	2.35	4.15	5.38	1.65	2.04	3.03	4.12
42	2.02	2.52	4.55	5.99	1.75	2.20	3.37	4.39
43	2.14	2.68	4.96	6.59	1.84	2.37	3.70	4.66
44	2.27	2.85	5.36	7.20	1.94	2.53	4.04	4.93
45	2.39	3.02	5.77	7.80	2.03	2.70	4.37	5.20
46	2.60	3.27	6.30	8.42	2.14	2.84	4.62	5.60
47	2.81	3.52	6.83	9.05	2.26	2.97	4.87	5.99
48	3.01	3.76	7.36	9.67	2.37	3.11	5.12	6.39
49	3.22	4.01	7.89	10.30	2.49	3.24	5.37	6.78
50	3.43	4.26	8.42	10.92	2.60	3.38	5.62	7.18
51	3.74	4.66	9.23	12.00	2.79	3.64	6.04	7.76
52	4.05	5.05	10.04	13.08	2.98	3.90	6.45	8.34
53	4.37	5.45	10.86	14.17	3.16	4.16	6.87	8.93
54	4.68	5.84	11.67	15.25	3.35	4.42	7.28	9.51
55	4.99	6.24	12.48	16.33	3.54	4.68	7.70	10.09
56	5.56	6.92	14.02	17.22	3.85	5.04	8.45	10.98
57	6.13	7.59	15.56	18.12	4.16	5.41	9.20	11.88
58	6.71	8.27	17.10	19.01	4.48	5.77	9.94	12.77
59	7.28	8.94	18.64	19.91	4.79	6.14	10.69	13.67
60	7.85	9.62	20.18	20.80	5.10	6.50	11.44	14.56
61	8.85	11.02	22.53	24.34	5.66	7.49	12.79	16.02
62	9.85	12.41	24.88	27.87	6.22	8.48	14.14	17.47
63	10.85	13.81	27.23	31.41	6.78	9.46	15.50	18.93
64	11.85	15.20	29.58	34.94	7.34	10.45	16.85	20.38
65	12.85	16.60	31.93	38.48	7.90	11.44	18.20	21.84
66	14.20	18.76	35.49	43.37	8.61	12.69	20.18	23.82
67	15.55	20.92	39.04	48.26	9.32	13.94	22.15	25.79
68	16.90	23.08	42.60	53.14	10.02	15.18	24.13	27.77
69	18.25	25.24	46.15	58.03	10.73	16.43	26.10	29.74
70	19.60	27.40	49.71	62.92	11.44	17.68	28.08	31.72

ING HomeGuard Plus Select Term - 15 Year (Form #1313 - 12/09)
Current Base Premium - Level Premiums Guaranteed for 10 Years
Rates are per 1,000 face amount

	Band 3 $250,000+							
	Male				Female			
Issue Age	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco
18	0.97	1.06	1.84	2.44	0.82	0.99	1.41	1.93
19	0.97	1.06	1.84	2.44	0.82	0.99	1.41	1.93
20	0.97	1.06	1.84	2.44	0.82	0.99	1.41	1.93
21	0.97	1.06	1.84	2.44	0.82	0.99	1.41	1.93
22	0.97	1.06	1.84	2.44	0.82	0.99	1.41	1.93
23	0.97	1.06	1.84	2.44	0.82	0.99	1.41	1.93
24	0.97	1.06	1.84	2.44	0.82	0.99	1.41	1.93
25	0.97	1.06	1.84	2.44	0.82	0.99	1.41	1.93
26	0.97	1.06	1.85	2.49	0.82	0.99	1.42	1.93
27	0.97	1.06	1.87	2.54	0.82	0.99	1.44	1.93
28	0.97	1.06	1.88	2.60	0.82	0.99	1.45	1.93
29	0.97	1.06	1.90	2.65	0.82	0.99	1.47	1.93
30	0.97	1.06	1.91	2.70	0.82	0.99	1.48	1.93
31	0.99	1.10	1.96	2.75	0.84	1.01	1.52	2.00
32	1.01	1.14	2.01	2.80	0.85	1.04	1.55	2.07
33	1.03	1.17	2.05	2.84	0.87	1.06	1.59	2.13
34	1.05	1.21	2.10	2.89	0.88	1.09	1.62	2.20
35	1.07	1.25	2.15	2.94	0.90	1.11	1.66	2.27
36	1.12	1.31	2.28	3.17	0.94	1.16	1.79	2.47
37	1.17	1.37	2.42	3.39	0.98	1.21	1.91	2.67
38	1.21	1.44	2.55	3.62	1.02	1.27	2.04	2.88
39	1.26	1.50	2.69	3.84	1.06	1.32	2.16	3.08
40	1.31	1.56	2.82	4.07	1.10	1.37	2.29	3.28
41	1.44	1.75	3.20	4.61	1.20	1.51	2.60	3.63
42	1.57	1.95	3.58	5.16	1.30	1.65	2.91	3.98
43	1.70	2.14	3.95	5.70	1.39	1.79	3.21	4.34
44	1.83	2.34	4.33	6.25	1.49	1.93	3.52	4.69
45	1.96	2.53	4.71	6.79	1.59	2.07	3.83	5.04
46	2.16	2.76	5.19	7.41	1.68	2.21	4.08	5.44
47	2.36	2.99	5.66	8.03	1.78	2.35	4.34	5.83
48	2.57	3.21	6.14	8.65	1.87	2.49	4.59	6.23
49	2.77	3.44	6.61	9.27	1.97	2.63	4.85	6.62
50	2.97	3.67	7.09	9.89	2.06	2.77	5.10	7.02
51	3.30	4.06	7.82	10.92	2.21	3.00	5.45	7.59
52	3.63	4.45	8.54	11.95	2.36	3.23	5.80	8.16
53	3.97	4.85	9.27	12.97	2.51	3.47	6.16	8.74
54	4.30	5.24	9.99	14.00	2.66	3.70	6.51	9.31
55	4.63	5.63	10.72	15.03	2.81	3.93	6.86	9.88
56	5.24	6.42	12.06	16.18	3.16	4.40	7.59	10.75
57	5.86	7.21	13.40	17.33	3.51	4.87	8.32	11.62
58	6.47	7.99	14.74	18.48	3.86	5.35	9.04	12.48
59	7.09	8.78	16.08	19.63	4.21	5.82	9.77	13.35
60	7.70	9.57	17.42	20.78	4.56	6.29	10.50	14.22
61	8.72	10.94	19.47	24.15	5.12	7.23	11.61	15.59
62	9.74	12.31	21.52	27.52	5.68	8.17	12.72	16.97
63	10.75	13.69	23.57	30.89	6.23	9.12	13.84	18.34
64	11.77	15.06	25.62	34.26	6.79	10.06	14.95	19.72
65	12.79	16.43	27.67	37.63	7.35	11.00	16.06	21.09
66	14.13	18.59	30.83	42.52	8.04	12.25	17.86	23.13
67	15.47	20.76	33.98	47.42	8.74	13.49	19.67	25.17
68	16.82	22.92	37.14	52.31	9.43	14.74	21.47	27.22
69	18.16	25.09	40.29	57.21	10.13	15.98	23.28	29.26
70	19.50	27.25	43.45	62.10	10.82	17.23	25.08	31.30

ING HomeGuard Plus Select Term - 20 Year (Form #1313 - 12/09)
Current Base Premium - Level Premiums Guaranteed for 10 Years
Rates are per 1,000 face amount

	Band 1 $100,000 - $149,999							
	Male				Female			
Issue Age	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco
18	-	-	-	-	-	-	-	-
19	-	-	-	-	-	-	-	-
20	-	-	-	-	-	-	-	-
21	-	-	-	-	-	-	-	-
22	-	-	-	-	-	-	-	-
23	-	-	-	-	-	-	-	-
24	-	-	-	-	-	-	-	-
25	-	-	-	-	-	-	-	-
26	-	-	-	-	-	-	-	-
27	-	-	-	-	-	-	-	-
28	-	-	-	-	-	-	-	-
29	-	-	-	-	-	-	-	-
30	-	-	-	-	-	-	-	-
31	-	-	-	-	-	-	-	-
32	-	-	-	-	-	-	-	-
33	-	-	-	-	-	-	-	-
34	-	-	-	-	-	-	-	-
35	-	-	-	-	-	-	-	-
36	-	-	-	-	-	-	-	-
37	-	-	-	-	-	-	-	-
38	-	-	-	-	-	-	-	-
39	-	-	-	-	-	-	-	-
40	-	-	-	-	-	-	-	-
41	-	-	-	-	-	-	-	-
42	-	-	-	-	-	-	-	-
43	-	-	-	-	-	-	-	-
44	-	-	-	-	-	-	-	-
45	4.03	4.60	8.63	10.50	2.99	3.80	6.10	8.05
46	4.33	5.01	9.20	11.44	3.13	4.01	6.61	8.60
47	4.63	5.43	9.78	12.38	3.27	4.21	7.11	9.15
48	4.92	5.84	10.35	13.32	3.40	4.42	7.62	9.71
49	5.22	6.26	10.93	14.26	3.54	4.62	8.12	10.26
50	5.52	6.67	11.50	15.20	3.68	4.83	8.63	10.81
51	5.91	7.29	12.54	16.26	3.96	5.08	9.20	11.64
52	6.30	7.91	13.57	17.32	4.23	5.34	9.78	12.47
53	6.70	8.54	14.61	18.38	4.51	5.59	10.35	13.29
54	7.09	9.16	15.64	19.44	4.78	5.85	10.93	14.12
55	7.48	9.78	16.68	20.50	5.06	6.10	11.50	14.95
56	8.19	10.58	18.63	23.19	5.54	6.61	12.42	15.87
57	8.90	11.39	20.59	25.87	6.03	7.11	13.34	16.79
58	9.62	12.19	22.54	28.56	6.51	7.62	14.26	17.71
59	10.33	13.00	24.50	31.24	7.00	8.12	15.18	18.63
60	11.04	13.80	26.45	33.93	7.48	8.63	16.10	19.55
61	12.05	15.64	28.75	36.34	8.12	9.89	17.71	21.62
62	13.06	17.48	31.05	38.76	8.77	11.16	19.32	23.69
63	14.08	19.32	33.35	41.17	9.41	12.42	20.93	25.76
64	15.09	21.16	35.65	43.59	10.06	13.69	22.54	27.83
65	16.10	23.00	37.95	46.00	10.70	14.95	24.15	29.90
66	19.80	26.47	43.03	51.82	12.72	16.68	26.70	34.52
67	23.51	29.95	48.12	57.64	14.75	18.40	29.26	39.15
68	27.21	33.42	53.20	63.46	16.77	20.13	31.81	43.77
69	30.92	36.90	58.29	69.28	18.80	21.85	34.37	48.40
70	34.62	40.37	63.37	75.10	20.82	23.58	36.92	53.02

ING HomeGuard Plus Select Term - 20 Year (Form #1313 - 12/09)
Current Base Premium - Level Premiums Guaranteed for 10 Years
Rates are per 1,000 face amount

	Band 2 $150,000 - $249,999							
	Male				Female			
Issue Age	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco
18	1.46	1.72	2.64	3.05	1.38	1.59	2.37	2.97
19	1.46	1.72	2.64	3.05	1.38	1.59	2.37	2.97
20	1.46	1.72	2.64	3.05	1.38	1.59	2.37	2.97
21	1.46	1.72	2.64	3.05	1.38	1.59	2.37	2.97
22	1.46	1.72	2.64	3.05	1.38	1.59	2.37	2.97
23	1.46	1.72	2.64	3.05	1.38	1.59	2.37	2.97
24	1.46	1.72	2.64	3.05	1.38	1.59	2.37	2.97
25	1.46	1.72	2.64	3.05	1.38	1.59	2.37	2.97
26	1.50	1.76	2.67	3.12	1.39	1.60	2.39	3.00
27	1.53	1.80	2.71	3.19	1.40	1.61	2.41	3.04
28	1.57	1.83	2.74	3.26	1.41	1.62	2.44	3.07
29	1.60	1.87	2.78	3.33	1.42	1.63	2.46	3.11
30	1.64	1.91	2.81	3.40	1.43	1.64	2.48	3.14
31	1.70	1.94	2.93	3.60	1.46	1.69	2.53	3.30
32	1.76	1.97	3.05	3.80	1.49	1.75	2.59	3.47
33	1.83	2.01	3.17	4.00	1.53	1.80	2.64	3.63
34	1.89	2.04	3.29	4.20	1.56	1.86	2.70	3.80
35	1.95	2.07	3.41	4.40	1.59	1.91	2.75	3.96
36	2.05	2.16	3.70	4.74	1.63	1.95	2.88	4.11
37	2.15	2.26	3.98	5.08	1.67	1.99	3.01	4.27
38	2.24	2.35	4.27	5.43	1.72	2.04	3.15	4.42
39	2.34	2.45	4.55	5.77	1.76	2.08	3.28	4.58
40	2.44	2.54	4.84	6.11	1.80	2.12	3.41	4.73
41	2.58	2.75	5.22	6.72	1.90	2.28	3.71	5.09
42	2.71	2.96	5.61	7.33	2.00	2.44	4.01	5.45
43	2.85	3.17	5.99	7.94	2.09	2.59	4.31	5.82
44	2.98	3.38	6.38	8.55	2.19	2.75	4.61	6.18
45	3.12	3.59	6.76	9.16	2.29	2.91	4.91	6.54
46	3.33	3.91	7.30	9.94	2.41	3.08	5.32	6.98
47	3.55	4.23	7.85	10.73	2.54	3.24	5.74	7.41
48	3.76	4.56	8.39	11.51	2.66	3.41	6.15	7.85
49	3.98	4.88	8.94	12.30	2.79	3.57	6.57	8.28
50	4.19	5.20	9.48	13.08	2.91	3.74	6.98	8.72
51	4.52	5.70	10.35	14.13	3.12	3.95	7.44	9.40
52	4.84	6.20	11.22	15.17	3.33	4.16	7.90	10.07
53	5.17	6.70	12.10	16.22	3.53	4.36	8.35	10.75
54	5.49	7.20	12.97	17.26	3.74	4.57	8.81	11.42
55	5.82	7.70	13.84	18.31	3.95	4.78	9.27	12.10
56	6.36	8.32	15.43	20.27	4.32	5.18	10.02	12.97
57	6.90	8.95	17.02	22.23	4.70	5.57	10.77	13.84
58	7.45	9.57	18.62	24.20	5.07	5.97	11.53	14.72
59	7.99	10.20	20.21	26.16	5.45	6.36	12.28	15.59
60	8.53	10.82	21.80	28.12	5.82	6.76	13.03	16.46
61	9.65	12.52	24.31	31.17	6.42	7.76	14.57	18.09
62	10.77	14.23	26.82	34.22	7.03	8.76	16.10	19.73
63	11.90	15.93	29.32	37.28	7.63	9.75	17.64	21.36
64	13.02	17.64	31.83	40.33	8.24	10.75	19.17	23.00
65	14.14	19.34	34.34	43.38	8.84	11.75	20.71	24.63
66	17.55	22.75	39.46	48.87	10.82	13.56	23.54	29.73
67	20.96	26.16	44.58	54.37	12.79	15.37	26.38	34.83
68	24.38	29.58	49.71	59.86	14.77	17.18	29.21	39.94
69	27.79	32.99	54.83	65.36	16.74	18.99	32.05	45.04
70	31.20	36.40	59.95	70.85	18.72	20.80	34.88	50.14

ING HomeGuard Plus Select Term - 20 Year (Form #1313 - 12/09)
Current Base Premium - Level Premiums Guaranteed for 10 Years
Rates are per 1,000 face amount

	Band 3 $250,000+							
	Male				Female			
Issue Age	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco
18	1.10	1.34	2.17	2.70	0.94	1.18	1.74	2.34
19	1.10	1.34	2.17	2.70	0.94	1.18	1.74	2.34
20	1.10	1.34	2.17	2.70	0.94	1.18	1.74	2.34
21	1.10	1.34	2.17	2.70	0.94	1.18	1.74	2.34
22	1.10	1.34	2.17	2.70	0.94	1.18	1.74	2.34
23	1.10	1.34	2.17	2.70	0.94	1.18	1.74	2.34
24	1.10	1.34	2.17	2.70	0.94	1.18	1.74	2.34
25	1.10	1.34	2.17	2.70	0.94	1.18	1.74	2.34
26	1.11	1.35	2.17	2.70	0.94	1.18	1.74	2.36
27	1.11	1.35	2.17	2.71	0.94	1.18	1.74	2.38
28	1.12	1.36	2.17	2.71	0.94	1.18	1.74	2.40
29	1.12	1.36	2.17	2.72	0.94	1.18	1.74	2.42
30	1.13	1.37	2.17	2.72	0.94	1.18	1.74	2.44
31	1.15	1.42	2.36	2.95	0.97	1.22	1.87	2.59
32	1.17	1.48	2.54	3.19	1.00	1.26	2.00	2.74
33	1.20	1.53	2.73	3.42	1.04	1.31	2.13	2.89
34	1.22	1.59	2.91	3.66	1.07	1.35	2.26	3.04
35	1.24	1.64	3.10	3.89	1.10	1.39	2.39	3.19
36	1.32	1.74	3.35	4.28	1.16	1.47	2.57	3.41
37	1.40	1.84	3.59	4.67	1.22	1.55	2.75	3.63
38	1.47	1.93	3.84	5.07	1.28	1.63	2.92	3.85
39	1.55	2.03	4.08	5.46	1.34	1.71	3.10	4.07
40	1.63	2.13	4.33	5.85	1.40	1.79	3.28	4.29
41	1.77	2.37	4.76	6.48	1.51	1.98	3.58	4.65
42	1.91	2.61	5.20	7.10	1.62	2.17	3.87	5.01
43	2.05	2.85	5.63	7.73	1.72	2.36	4.17	5.37
44	2.19	3.09	6.07	8.35	1.83	2.55	4.46	5.73
45	2.33	3.33	6.50	8.98	1.94	2.74	4.76	6.09
46	2.62	3.64	7.08	9.80	2.08	2.90	5.15	6.53
47	2.91	3.95	7.66	10.61	2.23	3.06	5.55	6.97
48	3.19	4.26	8.24	11.43	2.37	3.23	5.94	7.41
49	3.48	4.57	8.82	12.24	2.52	3.39	6.34	7.85
50	3.77	4.88	9.40	13.06	2.66	3.55	6.73	8.29
51	4.17	5.44	10.28	14.11	2.89	3.79	7.23	8.99
52	4.57	6.00	11.17	15.15	3.13	4.03	7.74	9.69
53	4.97	6.56	12.05	16.20	3.36	4.28	8.24	10.39
54	5.37	7.12	12.94	17.24	3.60	4.52	8.75	11.09
55	5.77	7.68	13.82	18.29	3.83	4.76	9.25	11.79
56	6.32	8.30	15.41	20.25	4.22	5.16	9.95	12.72
57	6.87	8.93	17.00	22.21	4.61	5.55	10.65	13.65
58	7.41	9.55	18.60	24.18	4.99	5.95	11.36	14.58
59	7.96	10.18	20.19	26.14	5.38	6.34	12.06	15.51
60	8.51	10.80	21.78	28.10	5.77	6.74	12.76	16.44
61	9.63	12.50	24.29	31.15	6.38	7.74	14.15	18.07
62	10.75	14.21	26.80	34.20	6.99	8.74	15.54	19.71
63	11.88	15.91	29.30	37.26	7.60	9.73	16.94	21.34
64	13.00	17.62	31.81	40.31	8.21	10.73	18.33	22.98
65	14.12	19.32	34.32	43.36	8.82	11.73	19.72	24.61
66	16.22	22.73	39.29	48.85	10.43	13.54	22.75	29.66
67	18.33	26.14	44.26	54.35	12.04	15.35	25.78	34.72
68	20.43	29.56	49.22	59.84	13.65	17.16	28.80	39.77
69	22.54	32.97	54.19	65.34	15.26	18.97	31.83	44.83
70	24.64	36.38	59.16	70.83	16.87	20.78	34.86	49.88

ING HomeGuard Plus Select Term - 30 Year (Form #1313 - 12/09)
Current Base Premium - Level Premiums Guaranteed for 10 Years
Rates are per 1,000 face amount

	Band 1 $100,000 - $149,999							
	Male				Female			
Issue Age	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco
18	-	-	-	-	-	-	-	-
19	-	-	-	-	-	-	-	-
20	-	-	-	-	-	-	-	-
21	-	-	-	-	-	-	-	-
22	-	-	-	-	-	-	-	-
23	-	-	-	-	-	-	-	-
24	-	-	-	-	-	-	-	-
25	-	-	-	-	-	-	-	-
26	-	-	-	-	-	-	-	-
27	-	-	-	-	-	-	-	-
28	-	-	-	-	-	-	-	-
29	-	-	-	-	-	-	-	-
30	-	-	-	-	-	-	-	-
31	-	-	-	-	-	-	-	-
32	-	-	-	-	-	-	-	-
33	-	-	-	-	-	-	-	-
34	-	-	-	-	-	-	-	-
35	-	-	-	-	-	-	-	-
36	-	-	-	-	-	-	-	-
37	-	-	-	-	-	-	-	-
38	-	-	-	-	-	-	-	-
39	-	-	-	-	-	-	-	-
40	-	-	-	-	-	-	-	-
41	-	-	-	-	-	-	-	-
42	-	-	-	-	-	-	-	-
43	-	-	-	-	-	-	-	-
44	-	-	-	-	-	-	-	-
45	4.25	4.70	8.70	11.30	3.05	3.85	6.30	8.10
46	4.51	5.11	9.28	12.28	3.18	4.08	6.78	8.66
47	4.77	5.52	9.86	13.26	3.31	4.31	7.26	9.22
48	5.03	5.93	10.44	14.24	3.44	4.54	7.74	9.78
49	5.29	6.34	11.02	15.22	3.57	4.77	8.22	10.34
50	5.55	6.75	11.60	16.20	3.70	5.00	8.70	10.90
51	6.16	7.60	12.74	17.60	4.04	5.46	9.28	11.72
52	6.77	8.45	13.88	19.00	4.38	5.92	9.86	12.54
53	7.38	9.30	15.02	20.40	4.72	6.38	10.44	13.36
54	7.99	10.15	16.16	21.80	5.06	6.84	11.02	14.18
55	8.60	11.00	17.30	23.20	5.40	7.30	11.60	15.00
56	9.72	12.24	19.30	25.36	6.44	8.38	13.42	18.00
57	10.84	13.48	21.30	27.52	7.48	9.46	15.24	21.00
58	11.96	14.72	23.30	29.68	8.52	10.54	17.06	24.00
59	13.08	15.96	25.30	31.84	9.56	11.62	18.88	27.00
60	14.20	17.20	27.30	34.00	10.60	12.70	20.70	30.00
61	16.42	19.70	30.88	37.86	13.12	15.70	23.62	32.26
62	18.64	22.20	34.46	41.72	15.64	18.70	26.54	34.52
63	20.86	24.70	38.04	45.58	18.16	21.70	29.46	36.78
64	23.08	27.20	41.62	49.44	20.68	24.70	32.38	39.04
65	25.30	29.70	45.20	53.30	23.20	27.70	35.30	41.30

ING HomeGuard Plus Select Term - 30 Year (Form #1313 - 12/09)
Current Base Premium - Level Premiums Guaranteed for 10 Years
Rates are per 1,000 face amount

	Band 2 $150,000 - $249,999							
	Male				Female			
Issue Age	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco
18	1.50	1.76	2.85	3.20	1.39	1.60	2.50	2.98
19	1.50	1.76	2.85	3.20	1.39	1.60	2.50	2.98
20	1.50	1.76	2.85	3.20	1.39	1.60	2.50	2.98
21	1.50	1.76	2.85	3.20	1.39	1.60	2.50	2.98
22	1.50	1.76	2.85	3.20	1.39	1.60	2.50	2.98
23	1.50	1.76	2.85	3.20	1.39	1.60	2.50	2.98
24	1.50	1.76	2.85	3.20	1.39	1.60	2.50	2.98
25	1.50	1.76	2.85	3.20	1.39	1.60	2.50	2.98
26	1.53	1.79	2.88	3.28	1.40	1.62	2.54	3.01
27	1.56	1.82	2.91	3.36	1.41	1.64	2.58	3.05
28	1.59	1.86	2.94	3.43	1.42	1.66	2.62	3.08
29	1.62	1.89	2.97	3.51	1.43	1.68	2.66	3.12
30	1.65	1.92	3.00	3.59	1.44	1.70	2.70	3.15
31	1.71	1.96	3.14	3.75	1.47	1.74	2.76	3.31
32	1.77	1.99	3.28	3.92	1.50	1.79	2.82	3.48
33	1.84	2.03	3.42	4.08	1.54	1.83	2.88	3.64
34	1.90	2.06	3.56	4.25	1.57	1.88	2.94	3.81
35	1.96	2.10	3.70	4.41	1.60	1.92	3.00	3.97
36	2.06	2.26	4.02	4.77	1.66	2.01	3.26	4.20
37	2.16	2.42	4.34	5.13	1.72	2.09	3.52	4.42
38	2.25	2.58	4.66	5.48	1.78	2.18	3.78	4.65
39	2.35	2.74	4.98	5.84	1.84	2.26	4.04	4.87
40	2.45	2.90	5.30	6.20	1.90	2.35	4.30	5.10
41	2.60	3.12	5.74	6.79	2.02	2.54	4.58	5.39
42	2.75	3.34	6.18	7.39	2.14	2.73	4.86	5.68
43	2.90	3.56	6.62	7.98	2.26	2.92	5.14	5.97
44	3.05	3.78	7.06	8.58	2.38	3.11	5.42	6.26
45	3.20	4.00	7.50	9.17	2.50	3.30	5.70	6.55
46	3.40	4.38	8.04	10.20	2.66	3.58	6.04	7.00
47	3.60	4.76	8.58	11.22	2.82	3.86	6.38	7.45
48	3.80	5.14	9.12	12.25	2.98	4.14	6.72	7.90
49	4.00	5.52	9.66	13.27	3.14	4.42	7.06	8.35
50	4.20	5.90	10.20	14.30	3.30	4.70	7.40	8.80
51	4.96	6.72	11.36	15.64	3.67	5.16	8.00	9.48
52	5.72	7.54	12.52	16.98	4.04	5.62	8.60	10.16
53	6.48	8.36	13.68	18.32	4.41	6.08	9.20	10.84
54	7.24	9.18	14.84	19.66	4.78	6.54	9.80	11.52
55	8.00	10.00	16.00	21.00	5.15	7.00	10.40	12.20
56	9.20	11.30	18.24	23.30	6.16	8.02	12.42	15.66
57	10.40	12.60	20.48	25.60	7.17	9.04	14.44	19.12
58	11.60	13.90	22.72	27.90	8.18	10.06	16.46	22.58
59	12.80	15.20	24.96	30.20	9.19	11.08	18.48	26.04
60	14.00	16.50	27.20	32.50	10.20	12.10	20.50	29.50
61	16.20	19.04	30.76	36.60	12.76	15.18	23.40	31.80
62	18.40	21.58	34.32	40.70	15.32	18.26	26.30	34.10
63	20.60	24.12	37.88	44.80	17.88	21.34	29.20	36.40
64	22.80	26.66	41.44	48.90	20.44	24.42	32.10	38.70
65	25.00	29.20	45.00	53.00	23.00	27.50	35.00	41.00

ING HomeGuard Plus Select Term - 30 Year (Form #1313 - 12/09)
Current Base Premium - Level Premiums Guaranteed for 10 Years
Rates are per 1,000 face amount

	Band 3 $250,000+							
	Male				Female			
Issue Age	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco
18	1.12	1.35	2.27	2.80	0.95	1.20	1.75	2.35
19	1.12	1.35	2.27	2.80	0.95	1.20	1.75	2.35
20	1.12	1.35	2.27	2.80	0.95	1.20	1.75	2.35
21	1.12	1.35	2.27	2.80	0.95	1.20	1.75	2.35
22	1.12	1.35	2.27	2.80	0.95	1.20	1.75	2.35
23	1.12	1.35	2.27	2.80	0.95	1.20	1.75	2.35
24	1.12	1.35	2.27	2.80	0.95	1.20	1.75	2.35
25	1.12	1.35	2.27	2.80	0.95	1.20	1.75	2.35
26	1.13	1.36	2.28	2.80	0.95	1.20	1.75	2.37
27	1.13	1.36	2.28	2.80	0.96	1.20	1.75	2.39
28	1.14	1.37	2.29	2.80	0.96	1.20	1.75	2.41
29	1.14	1.37	2.29	2.80	0.97	1.20	1.75	2.43
30	1.15	1.38	2.30	2.80	0.97	1.20	1.75	2.45
31	1.17	1.43	2.37	2.96	1.00	1.24	1.88	2.60
32	1.19	1.49	2.56	3.20	1.03	1.28	2.01	2.75
33	1.22	1.54	2.75	3.43	1.05	1.32	2.14	2.90
34	1.24	1.60	2.94	3.67	1.08	1.36	2.27	3.05
35	1.26	1.65	3.13	3.90	1.11	1.40	2.40	3.20
36	1.34	1.78	3.40	4.30	1.17	1.51	2.64	3.42
37	1.42	1.92	3.68	4.70	1.23	1.62	2.88	3.64
38	1.49	2.05	3.95	5.10	1.29	1.73	3.12	3.86
39	1.57	2.19	4.23	5.50	1.35	1.84	3.36	4.08
40	1.65	2.32	4.50	5.90	1.41	1.95	3.60	4.30
41	1.85	2.54	4.92	6.52	1.52	2.11	3.83	4.66
42	2.05	2.76	5.34	7.14	1.63	2.27	4.07	5.02
43	2.26	2.99	5.76	7.76	1.73	2.43	4.30	5.38
44	2.46	3.21	6.18	8.38	1.84	2.59	4.54	5.74
45	2.66	3.43	6.60	9.00	1.95	2.75	4.77	6.10
46	2.89	3.86	7.24	9.95	2.14	2.99	5.21	6.54
47	3.13	4.30	7.88	10.90	2.34	3.23	5.64	6.98
48	3.36	4.73	8.52	11.85	2.53	3.47	6.08	7.42
49	3.60	5.17	9.16	12.80	2.73	3.71	6.51	7.86
50	3.83	5.60	9.80	13.75	2.92	3.95	6.95	8.30
51	4.60	6.44	10.94	15.10	3.29	4.48	7.50	9.00
52	5.38	7.28	12.08	16.45	3.65	5.01	8.05	9.70
53	6.15	8.13	13.22	17.80	4.02	5.54	8.60	10.40
54	6.93	8.97	14.36	19.15	4.38	6.07	9.15	11.10
55	7.70	9.81	15.50	20.50	4.75	6.60	9.70	11.80
56	8.80	11.11	17.80	22.80	5.74	7.68	11.56	14.04
57	9.90	12.40	20.10	25.10	6.73	8.76	13.42	16.28
58	11.00	13.70	22.40	27.40	7.72	9.84	15.28	18.52
59	12.10	14.99	24.70	29.70	8.71	10.92	17.14	20.76
60	13.20	16.29	27.00	32.00	9.70	12.00	19.00	23.00
61	15.22	18.83	29.60	34.60	11.76	14.60	21.60	25.80
62	17.24	21.38	32.20	37.20	13.82	17.20	24.20	28.60
63	19.26	23.92	34.80	39.80	15.88	19.80	26.80	31.40
64	21.28	26.47	37.40	42.40	17.94	22.40	29.40	34.20
65	23.30	29.01	40.00	45.00	20.00	25.00	32.00	37.00

ING HomeGuard Plus Select Term (Form #1313 - 12/09)
Guaranteed Base Premium
Rates are per 1,000 face amount

	Male		Female	
Attained Age	No Tobacco	Tobacco	No Tobacco	Tobacco
18	2.76	3.42	1.29	1.53
19	2.82	3.69	1.35	1.68
20	2.85	3.90	1.35	1.77
21	2.85	4.08	1.41	1.89
22	2.85	4.29	1.44	1.98
23	2.88	4.50	1.44	2.07
24	2.91	4.74	1.50	2.19
25	3.00	5.01	1.53	2.37
26	3.12	5.28	1.65	2.52
27	3.18	5.43	1.71	2.67
28	3.12	5.46	1.80	2.85
29	3.09	5.43	1.89	3.03
30	3.06	5.40	1.98	3.21
31	3.03	5.43	2.10	3.45
32	3.06	5.52	2.22	3.69
33	3.15	5.70	2.37	3.99
34	3.21	5.91	2.55	4.38
35	3.36	6.15	2.76	4.77
36	3.51	6.51	2.97	5.16
37	3.72	6.93	3.15	5.49
38	3.99	7.44	3.30	5.82
39	4.23	8.01	3.48	6.18
40	4.56	8.70	3.69	6.57
41	4.95	9.54	3.93	7.02
42	5.43	10.53	4.20	7.59
43	6.00	11.70	4.53	8.22
44	6.63	13.02	4.92	8.97
45	7.32	14.34	5.37	9.84
46	8.01	15.66	5.91	10.86
47	8.58	16.77	6.54	12.12
48	9.03	17.61	7.23	13.62
49	9.60	18.69	8.01	15.30
50	10.35	20.10	8.88	17.10
51	11.31	21.93	9.87	19.08
52	12.48	24.15	10.98	21.21
53	13.83	26.82	12.15	23.52
54	15.54	30.00	13.38	25.98
55	17.46	33.39	14.79	28.59
56	19.44	36.90	16.32	31.38
57	21.36	40.14	17.94	34.20
58	23.28	43.23	19.62	37.14
59	25.53	46.86	21.33	40.29
60	28.26	51.33	23.13	43.56
61	31.59	56.79	25.11	47.10
62	35.46	63.06	27.21	50.85
63	39.69	69.78	29.43	54.69
64	44.10	76.50	31.86	58.83
65	48.69	83.07	34.56	63.30
66	53.34	89.43	37.50	68.16
67	58.20	95.85	40.77	73.56
68	63.33	102.42	44.40	79.47
69	69.09	109.65	48.36	85.98
70	75.81	117.93	52.83	93.33
71	83.97	128.10	57.93	101.55
72	93.51	139.92	63.51	110.49
73	103.56	151.83	69.60	120.24
74	114.36	164.73	76.35	130.44
75	126.12	179.07	83.76	141.15
76	139.38	194.97	91.89	152.73
77	154.80	213.36	100.89	165.21
78	172.71	234.45	110.70	178.68
79	192.78	257.67	121.47	193.17
80	215.16	283.05	134.85	211.23
81	239.49	310.02	151.29	233.31
82	265.26	337.77	168.69	256.05
83	293.40	367.35	186.96	279.27
84	324.69	400.80	207.33	303.45
85	359.49	438.72	227.97	325.80
86	397.77	479.85	252.36	351.63
87	439.14	523.56	282.48	383.67
88	483.12	569.13	314.25	415.74
89	529.26	615.99	345.87	445.08
90	575.22	661.26	369.15	461.76
91	620.46	704.34	391.41	475.44
92	667.86	748.56	428.31	504.99
93	717.84	794.28	478.32	546.81
94	770.49	843.06	540.60	605.10

ING HomeGuard Plus Select Term - 15 Year (Form #1313 - 12/09)
Base Premium with Extended Premium Guarantee
Rates are per 1,000 face amount

	Band 1 $100,000 - $149,999							
	Male				Female			
Issue Age	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco
18	-	-	-	-	-	-	-	-
19	-	-	-	-	-	-	-	-
20	-	-	-	-	-	-	-	-
21	-	-	-	-	-	-	-	-
22	-	-	-	-	-	-	-	-
23	-	-	-	-	-	-	-	-
24	-	-	-	-	-	-	-	-
25	-	-	-	-	-	-	-	-
26	-	-	-	-	-	-	-	-
27	-	-	-	-	-	-	-	-
28	-	-	-	-	-	-	-	-
29	-	-	-	-	-	-	-	-
30	-	-	-	-	-	-	-	-
31	-	-	-	-	-	-	-	-
32	-	-	-	-	-	-	-	-
33	-	-	-	-	-	-	-	-
34	-	-	-	-	-	-	-	-
35	-	-	-	-	-	-	-	-
36	-	-	-	-	-	-	-	-
37	-	-	-	-	-	-	-	-
38	-	-	-	-	-	-	-	-
39	-	-	-	-	-	-	-	-
40	-	-	-	-	-	-	-	-
41	-	-	-	-	-	-	-	-
42	-	-	-	-	-	-	-	-
43	-	-	-	-	-	-	-	-
44	-	-	-	-	-	-	-	-
45	3.51	4.40	7.80	9.30	3.20	4.00	6.00	7.50
46	3.73	4.74	8.44	10.14	3.32	4.20	6.38	8.12
47	3.95	5.08	9.08	10.98	3.44	4.40	6.76	8.74
48	4.16	5.42	9.72	11.82	3.56	4.60	7.14	9.36
49	4.38	5.76	10.36	12.66	3.68	4.80	7.52	9.98
50	4.60	6.10	11.00	13.50	3.80	5.00	7.90	10.60
51	5.02	6.56	11.90	14.50	4.04	5.20	8.38	11.22
52	5.44	7.02	12.80	15.50	4.28	5.40	8.86	11.84
53	5.86	7.48	13.70	16.50	4.52	5.60	9.34	12.46
54	6.28	7.94	14.60	17.50	4.76	5.80	9.82	13.08
55	6.70	8.40	15.50	18.50	5.00	6.00	10.30	13.70
56	7.32	9.18	17.20	19.82	5.28	6.57	11.24	15.06
57	7.94	9.96	18.90	21.14	5.56	7.13	12.18	16.42
58	8.56	10.74	20.60	22.46	5.84	7.70	13.12	17.78
59	9.18	11.52	22.30	23.78	6.12	8.26	14.06	19.14
60	9.80	12.30	24.00	25.10	6.40	8.83	15.00	20.50

ING HomeGuard Plus Select Term - 15 Year (Form #1313 - 12/09)
Base Premium with Extended Premium Guarantee

Rates are per 1,000 face amount

	Band 2 $150,000 - $249,999							
	Male				Female			
Issue Age	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco
18	1.50	1.75	2.59	2.98	1.30	1.55	2.10	2.70
19	1.50	1.75	2.59	2.98	1.30	1.55	2.10	2.70
20	1.50	1.75	2.59	2.98	1.30	1.55	2.10	2.70
21	1.50	1.75	2.59	2.98	1.30	1.55	2.10	2.70
22	1.50	1.75	2.59	2.98	1.30	1.55	2.10	2.70
23	1.50	1.75	2.59	2.98	1.30	1.55	2.10	2.70
24	1.50	1.75	2.59	2.98	1.30	1.55	2.10	2.70
25	1.50	1.75	2.59	2.98	1.30	1.55	2.10	2.70
26	1.52	1.77	2.65	3.00	1.31	1.56	2.15	2.72
27	1.54	1.79	2.71	3.02	1.32	1.57	2.20	2.74
28	1.56	1.81	2.78	3.04	1.33	1.58	2.25	2.76
29	1.58	1.83	2.84	3.06	1.34	1.59	2.30	2.78
30	1.60	1.85	2.90	3.08	1.35	1.60	2.35	2.80
31	1.62	1.88	2.98	3.26	1.37	1.62	2.39	2.89
32	1.64	1.91	3.06	3.45	1.39	1.64	2.43	2.98
33	1.66	1.94	3.14	3.63	1.41	1.66	2.47	3.07
34	1.68	1.97	3.22	3.82	1.43	1.68	2.51	3.16
35	1.70	2.00	3.30	4.00	1.45	1.70	2.55	3.25
36	1.76	2.15	3.60	4.30	1.49	1.80	2.74	3.45
37	1.82	2.30	3.90	4.60	1.53	1.90	2.93	3.65
38	1.88	2.45	4.20	4.90	1.56	2.00	3.12	3.85
39	1.94	2.60	4.50	5.20	1.60	2.10	3.31	4.05
40	2.00	2.75	4.80	5.50	1.64	2.20	3.50	4.25
41	2.13	2.95	5.22	6.00	1.73	2.32	3.80	4.66
42	2.26	3.15	5.64	6.50	1.81	2.44	4.10	5.07
43	2.39	3.35	6.06	7.00	1.90	2.56	4.40	5.48
44	2.52	3.55	6.48	7.50	1.98	2.68	4.70	5.89
45	2.65	3.75	6.90	8.00	2.07	2.80	5.00	6.30
46	2.88	4.15	7.51	8.80	2.23	2.96	5.50	7.04
47	3.11	4.55	8.12	9.60	2.38	3.12	6.00	7.78
48	3.34	4.95	8.73	10.40	2.54	3.28	6.50	8.52
49	3.57	5.35	9.34	11.20	2.69	3.44	7.00	9.26
50	3.80	5.75	9.95	12.00	2.85	3.60	7.50	10.00
51	4.16	6.14	10.86	13.10	3.02	3.88	7.95	10.60
52	4.52	6.53	11.77	14.20	3.19	4.16	8.40	11.20
53	4.88	6.92	12.68	15.30	3.36	4.44	8.85	11.80
54	5.24	7.31	13.59	16.40	3.53	4.72	9.30	12.40
55	5.60	7.70	14.50	17.50	3.70	5.00	9.75	13.00
56	6.13	8.41	16.10	18.80	4.12	5.64	10.60	14.30
57	6.66	9.12	17.70	20.10	4.54	6.28	11.45	15.60
58	7.19	9.83	19.30	21.40	4.96	6.92	12.30	16.90
59	7.72	10.54	20.90	22.70	5.38	7.56	13.15	18.20
60	8.25	11.25	22.50	24.00	5.80	8.20	14.00	19.50

ING HomeGuard Plus Select Term - 15 Year (Form #1313 - 12/09)
Base Premium with Extended Premium Guarantee

Rates are per 1,000 face amount

	Band 3 $250,000+							
	Male				Female			
Issue Age	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco
18	0.99	1.20	1.95	2.50	0.84	1.10	1.50	1.95
19	0.99	1.20	1.95	2.50	0.84	1.10	1.50	1.95
20	0.99	1.20	1.95	2.50	0.84	1.10	1.50	1.95
21	0.99	1.20	1.95	2.50	0.84	1.10	1.50	1.95
22	0.99	1.20	1.95	2.50	0.84	1.10	1.50	1.95
23	0.99	1.20	1.95	2.50	0.84	1.10	1.50	1.95
24	0.99	1.20	1.95	2.50	0.84	1.10	1.50	1.95
25	0.99	1.20	1.95	2.50	0.84	1.10	1.50	1.95
26	0.99	1.20	1.99	2.56	0.84	1.11	1.53	1.96
27	0.99	1.20	2.03	2.61	0.84	1.12	1.55	1.97
28	0.99	1.20	2.07	2.67	0.84	1.13	1.58	1.98
29	0.99	1.20	2.11	2.72	0.84	1.14	1.60	1.99
30	0.99	1.20	2.15	2.78	0.84	1.15	1.63	2.00
31	1.01	1.22	2.19	2.82	0.87	1.16	1.67	2.06
32	1.03	1.25	2.23	2.87	0.90	1.17	1.71	2.11
33	1.06	1.27	2.27	2.91	0.94	1.18	1.74	2.17
34	1.08	1.30	2.31	2.96	0.97	1.19	1.78	2.22
35	1.10	1.32	2.35	3.00	1.00	1.20	1.82	2.28
36	1.17	1.40	2.54	3.26	1.03	1.25	1.98	2.48
37	1.24	1.47	2.73	3.52	1.06	1.30	2.13	2.69
38	1.31	1.55	2.92	3.78	1.09	1.35	2.29	2.89
39	1.38	1.62	3.11	4.04	1.12	1.40	2.44	3.10
40	1.45	1.70	3.30	4.30	1.15	1.45	2.60	3.30
41	1.58	1.88	3.68	4.84	1.24	1.59	2.89	3.68
42	1.71	2.06	4.06	5.38	1.34	1.73	3.18	4.06
43	1.84	2.24	4.43	5.92	1.43	1.87	3.47	4.44
44	1.97	2.42	4.81	6.46	1.53	2.01	3.76	4.82
45	2.10	2.60	5.19	7.00	1.62	2.15	4.05	5.20
46	2.32	2.82	5.76	7.78	1.76	2.31	4.46	5.59
47	2.54	3.05	6.34	8.56	1.89	2.47	4.87	5.98
48	2.76	3.27	6.91	9.34	2.03	2.63	5.28	6.36
49	2.98	3.50	7.49	10.12	2.16	2.79	5.69	6.75
50	3.20	3.72	8.06	10.90	2.30	2.95	6.10	7.14
51	3.53	4.14	8.89	11.88	2.48	3.17	6.49	7.71
52	3.86	4.56	9.72	12.86	2.66	3.39	6.88	8.28
53	4.19	4.97	10.55	13.83	2.84	3.61	7.27	8.84
54	4.52	5.39	11.38	14.81	3.02	3.83	7.66	9.41
55	4.85	5.81	12.21	15.79	3.20	4.05	8.05	9.98
56	5.59	6.80	13.67	17.36	3.60	4.64	8.80	10.86
57	6.33	7.79	15.13	18.94	4.00	5.23	9.55	11.75
58	7.07	8.79	16.59	20.51	4.40	5.82	10.30	12.63
59	7.81	9.78	18.05	22.09	4.80	6.41	11.05	13.52
60	8.55	10.77	19.51	23.66	5.20	7.00	11.80	14.40

ING HomeGuard Plus Select Term - 20 Year (Form #1313 - 12/09)
Base Premium with Extended Premium Guarantee
Rates are per 1,000 face amount

	Band 1 $100,000 - $149,999							
	Male				Female			
Issue Age	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco
18	-	-	-	-	-	-	-	-
19	-	-	-	-	-	-	-	-
20	-	-	-	-	-	-	-	-
21	-	-	-	-	-	-	-	-
22	-	-	-	-	-	-	-	-
23	-	-	-	-	-	-	-	-
24	-	-	-	-	-	-	-	-
25	-	-	-	-	-	-	-	-
26	-	-	-	-	-	-	-	-
27	-	-	-	-	-	-	-	-
28	-	-	-	-	-	-	-	-
29	-	-	-	-	-	-	-	-
30	-	-	-	-	-	-	-	-
31	-	-	-	-	-	-	-	-
32	-	-	-	-	-	-	-	-
33	-	-	-	-	-	-	-	-
34	-	-	-	-	-	-	-	-
35	-	-	-	-	-	-	-	-
36	-	-	-	-	-	-	-	-
37	-	-	-	-	-	-	-	-
38	-	-	-	-	-	-	-	-
39	-	-	-	-	-	-	-	-
40	-	-	-	-	-	-	-	-
41	-	-	-	-	-	-	-	-
42	-	-	-	-	-	-	-	-
43	-	-	-	-	-	-	-	-
44	-	-	-	-	-	-	-	-
45	4.22	5.66	8.80	11.20	3.80	5.08	6.85	8.80
46	4.62	6.02	9.60	12.20	4.00	5.30	7.31	9.44
47	5.01	6.38	10.40	13.20	4.20	5.53	7.77	10.08
48	5.41	6.73	11.20	14.20	4.40	5.75	8.24	10.72
49	5.80	7.09	12.00	15.20	4.60	5.98	8.70	11.36
50	6.20	7.45	12.80	16.20	4.80	6.20	9.16	12.00
51	6.46	7.97	14.04	17.36	5.10	6.56	9.82	12.90
52	6.72	8.50	15.28	18.52	5.40	6.91	10.48	13.80
53	6.97	9.02	16.52	19.68	5.70	7.27	11.14	14.70
54	7.23	9.55	17.76	20.84	6.00	7.62	11.80	15.60
55	7.49	10.07	19.00	22.00	6.30	7.98	12.46	16.50

ING HomeGuard Plus Select Term - 20 Year (Form #1313 - 12/09)
Base Premium with Extended Premium Guarantee

Rates are per 1,000 face amount

	Band 2 $150,000 - $249,999							
	Male				Female			
Issue Age	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco
18	1.63	1.85	3.00	3.20	1.47	1.68	2.52	2.94
19	1.63	1.85	3.00	3.20	1.47	1.68	2.52	2.94
20	1.63	1.85	3.00	3.20	1.47	1.68	2.52	2.94
21	1.63	1.85	3.00	3.20	1.47	1.68	2.52	2.94
22	1.63	1.85	3.00	3.20	1.47	1.68	2.52	2.94
23	1.63	1.85	3.00	3.20	1.47	1.68	2.52	2.94
24	1.63	1.85	3.00	3.20	1.47	1.68	2.52	2.94
25	1.63	1.85	3.00	3.20	1.47	1.68	2.52	2.94
26	1.64	1.90	3.13	3.30	1.49	1.71	2.58	2.99
27	1.65	1.95	3.26	3.40	1.51	1.74	2.65	3.04
28	1.66	2.00	3.38	3.50	1.54	1.78	2.71	3.10
29	1.67	2.05	3.51	3.60	1.56	1.81	2.78	3.15
30	1.68	2.10	3.64	3.70	1.58	1.84	2.84	3.20
31	1.74	2.16	3.69	3.88	1.60	1.87	2.90	3.35
32	1.81	2.23	3.74	4.06	1.62	1.90	2.96	3.51
33	1.87	2.29	3.79	4.24	1.64	1.94	3.03	3.66
34	1.94	2.36	3.84	4.42	1.66	1.97	3.09	3.82
35	2.00	2.42	3.89	4.60	1.68	2.00	3.15	3.97
36	2.10	2.61	4.31	5.11	1.71	2.10	3.38	4.24
37	2.20	2.80	4.73	5.63	1.75	2.21	3.61	4.51
38	2.30	2.98	5.15	6.14	1.78	2.31	3.85	4.78
39	2.40	3.17	5.57	6.66	1.82	2.42	4.08	5.05
40	2.50	3.36	5.99	7.17	1.85	2.52	4.31	5.32
41	2.64	3.57	6.54	7.79	1.96	2.71	4.65	5.79
42	2.78	3.78	7.08	8.42	2.08	2.90	4.98	6.26
43	2.92	3.99	7.63	9.04	2.19	3.09	5.32	6.73
44	3.06	4.20	8.17	9.67	2.31	3.28	5.65	7.20
45	3.20	4.41	8.72	10.29	2.42	3.47	5.99	7.67
46	3.45	4.79	9.50	11.26	2.61	3.72	6.51	8.34
47	3.70	5.17	10.27	12.22	2.80	3.97	7.04	9.01
48	3.96	5.54	11.05	13.19	2.98	4.23	7.56	9.69
49	4.21	5.92	11.82	14.15	3.17	4.48	8.09	10.36
50	4.46	6.30	12.60	15.12	3.36	4.73	8.61	11.03
51	4.95	7.04	13.86	16.46	3.61	5.17	9.30	12.08
52	5.45	7.77	15.12	17.79	3.86	5.61	10.00	13.13
53	5.94	8.51	16.38	19.13	4.12	6.05	10.69	14.18
54	6.44	9.24	17.64	20.46	4.37	6.49	11.39	15.23
55	6.93	9.98	18.90	21.80	4.62	6.93	12.08	16.28

ING HomeGuard Plus Select Term - 20 Year (Form #1313 - 12/09)
Base Premium with Extended Premium Guarantee

Rates are per 1,000 face amount

	Band 3 $250,000+							
	Male				Female			
Issue Age	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco
18	1.13	1.40	2.30	2.85	0.98	1.12	1.80	2.40
19	1.13	1.40	2.30	2.85	0.98	1.12	1.80	2.40
20	1.13	1.40	2.30	2.85	0.98	1.12	1.80	2.40
21	1.13	1.40	2.30	2.85	0.98	1.12	1.80	2.40
22	1.13	1.40	2.30	2.85	0.98	1.12	1.80	2.40
23	1.13	1.40	2.30	2.85	0.98	1.12	1.80	2.40
24	1.13	1.40	2.30	2.85	0.98	1.12	1.80	2.40
25	1.13	1.40	2.30	2.85	0.98	1.12	1.80	2.40
26	1.14	1.41	2.32	2.89	0.98	1.14	1.82	2.42
27	1.15	1.42	2.34	2.94	0.98	1.16	1.84	2.44
28	1.15	1.43	2.36	2.98	0.98	1.18	1.86	2.46
29	1.16	1.44	2.38	3.03	0.98	1.20	1.88	2.48
30	1.17	1.45	2.40	3.07	0.98	1.22	1.90	2.50
31	1.19	1.50	2.55	3.25	1.01	1.26	2.01	2.65
32	1.21	1.54	2.70	3.42	1.05	1.29	2.12	2.80
33	1.24	1.59	2.85	3.60	1.08	1.33	2.23	2.95
34	1.26	1.63	3.00	3.77	1.12	1.36	2.34	3.10
35	1.28	1.68	3.15	3.95	1.15	1.40	2.45	3.25
36	1.36	1.78	3.41	4.35	1.21	1.50	2.63	3.46
37	1.44	1.89	3.67	4.75	1.27	1.60	2.81	3.67
38	1.52	1.99	3.93	5.15	1.33	1.70	2.99	3.88
39	1.60	2.10	4.19	5.55	1.39	1.80	3.17	4.09
40	1.68	2.20	4.45	5.95	1.45	1.90	3.35	4.30
41	1.82	2.44	4.87	6.59	1.56	2.08	3.64	4.68
42	1.97	2.68	5.29	7.23	1.67	2.26	3.93	5.06
43	2.11	2.92	5.71	7.87	1.78	2.44	4.22	5.44
44	2.26	3.16	6.13	8.51	1.89	2.62	4.51	5.82
45	2.40	3.40	6.55	9.15	2.00	2.80	4.80	6.20
46	2.68	3.76	7.16	9.96	2.16	2.97	5.20	6.71
47	2.96	4.11	7.77	10.77	2.32	3.14	5.60	7.22
48	3.24	4.47	8.38	11.58	2.48	3.31	6.00	7.73
49	3.52	4.82	8.99	12.39	2.64	3.48	6.40	8.24
50	3.80	5.18	9.60	13.20	2.80	3.65	6.80	8.75
51	4.30	5.82	10.56	14.28	3.10	3.97	7.34	9.40
52	4.80	6.47	11.52	15.36	3.40	4.29	7.88	10.05
53	5.30	7.11	12.49	16.44	3.70	4.61	8.42	10.70
54	5.80	7.76	13.45	17.52	4.00	4.93	8.96	11.35
55	6.30	8.40	14.41	18.60	4.30	5.25	9.50	12.00

ING HomeGuard Plus Select Term - 30 Year (Form #1313 - 12/09)
Base Premium with Extended Premium Guarantee
Rates are per 1,000 face amount

	Band 1 $100,000 - $149,999							
	Male				Female			
Issue Age	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco
18	-	-	-	-	-	-	-	-
19	-	-	-	-	-	-	-	-
20	-	-	-	-	-	-	-	-
21	-	-	-	-	-	-	-	-
22	-	-	-	-	-	-	-	-
23	-	-	-	-	-	-	-	-
24	-	-	-	-	-	-	-	-
25	-	-	-	-	-	-	-	-
26	-	-	-	-	-	-	-	-
27	-	-	-	-	-	-	-	-
28	-	-	-	-	-	-	-	-
29	-	-	-	-	-	-	-	-
30	-	-	-	-	-	-	-	-
31	-	-	-	-	-	-	-	-
32	-	-	-	-	-	-	-	-
33	-	-	-	-	-	-	-	-
34	-	-	-	-	-	-	-	-
35	-	-	-	-	-	-	-	-
36	-	-	-	-	-	-	-	-
37	-	-	-	-	-	-	-	-
38	-	-	-	-	-	-	-	-
39	-	-	-	-	-	-	-	-
40	-	-	-	-	-	-	-	-
41	-	-	-	-	-	-	-	-
42	-	-	-	-	-	-	-	-
43	-	-	-	-	-	-	-	-
44	-	-	-	-	-	-	-	-
45	-	-	-	-	-	-	-	-

ING HomeGuard Plus Select Term - 30 Year (Form #1313 - 12/09)
Base Premium with Extended Premium Guarantee

Rates are per 1,000 face amount

	Band 2 $150,000 - $249,999							
	Male				Female			
Issue Age	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco
18	1.85	1.93	3.80	3.90	1.60	1.85	3.20	3.80
19	1.85	1.93	3.80	3.90	1.60	1.85	3.20	3.80
20	1.85	1.93	3.80	3.90	1.60	1.85	3.20	3.80
21	1.85	1.93	3.80	3.90	1.60	1.85	3.20	3.80
22	1.85	1.93	3.80	3.90	1.60	1.85	3.20	3.80
23	1.85	1.93	3.80	3.90	1.60	1.85	3.20	3.80
24	1.85	1.93	3.80	3.90	1.60	1.85	3.20	3.80
25	1.85	1.93	3.80	3.90	1.60	1.85	3.20	3.80
26	1.88	2.02	3.92	4.04	1.62	1.95	3.31	3.94
27	1.91	2.12	4.04	4.18	1.64	2.05	3.42	4.08
28	1.94	2.21	4.16	4.32	1.66	2.15	3.53	4.22
29	1.97	2.31	4.28	4.46	1.68	2.25	3.64	4.36
30	2.00	2.40	4.40	4.60	1.70	2.35	3.75	4.50
31	2.02	2.48	4.62	4.88	1.72	2.40	3.85	4.70
32	2.04	2.56	4.84	5.16	1.74	2.45	3.95	4.90
33	2.06	2.64	5.06	5.44	1.76	2.50	4.05	5.10
34	2.08	2.72	5.28	5.72	1.78	2.55	4.15	5.30
35	2.10	2.80	5.50	6.00	1.80	2.60	4.25	5.50
36	2.24	3.10	6.10	6.70	1.89	2.76	4.66	6.00
37	2.38	3.40	6.70	7.40	1.98	2.92	5.07	6.50
38	2.52	3.70	7.30	8.10	2.07	3.08	5.48	7.00
39	2.66	4.00	7.90	8.80	2.16	3.24	5.89	7.50
40	2.80	4.30	8.50	9.50	2.25	3.40	6.30	8.00
41	3.20	4.67	9.40	10.30	2.47	3.70	6.94	8.70
42	3.60	5.05	10.30	11.10	2.69	4.00	7.58	9.40
43	4.00	5.42	11.20	11.90	2.91	4.30	8.22	10.10
44	4.40	5.80	12.10	12.70	3.13	4.60	8.86	10.80
45	4.80	6.17	13.00	13.50	3.35	4.90	9.50	11.50

ING HomeGuard Plus Select Term - 30 Year (Form #1313 - 12/09)
Base Premium with Extended Premium Guarantee
Rates are per 1,000 face amount

	Band 3 $250,000+							
	Male				Female			
Issue Age	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco
18	1.35	2.00	3.10	4.10	1.10	1.50	2.40	3.20
19	1.35	2.00	3.10	4.10	1.10	1.50	2.40	3.20
20	1.35	2.00	3.10	4.10	1.10	1.50	2.40	3.20
21	1.35	2.00	3.10	4.10	1.10	1.50	2.40	3.20
22	1.35	2.00	3.10	4.10	1.10	1.50	2.40	3.20
23	1.35	2.00	3.10	4.10	1.10	1.50	2.40	3.20
24	1.35	2.00	3.10	4.10	1.10	1.50	2.40	3.20
25	1.35	2.00	3.10	4.10	1.10	1.50	2.40	3.20
26	1.37	2.02	3.17	4.18	1.11	1.54	2.46	3.26
27	1.39	2.04	3.24	4.26	1.12	1.58	2.52	3.32
28	1.40	2.06	3.30	4.34	1.13	1.62	2.58	3.38
29	1.42	2.08	3.37	4.42	1.14	1.66	2.64	3.44
30	1.44	2.10	3.44	4.50	1.15	1.70	2.70	3.50
31	1.47	2.15	3.59	4.68	1.17	1.73	2.78	3.62
32	1.50	2.20	3.74	4.86	1.19	1.76	2.86	3.74
33	1.54	2.25	3.90	5.04	1.21	1.79	2.94	3.86
34	1.57	2.30	4.05	5.22	1.23	1.82	3.02	3.98
35	1.60	2.35	4.20	5.40	1.25	1.85	3.10	4.10
36	1.78	2.59	4.66	5.94	1.35	2.04	3.42	4.48
37	1.96	2.83	5.12	6.48	1.45	2.23	3.74	4.86
38	2.14	3.07	5.58	7.03	1.55	2.42	4.06	5.24
39	2.32	3.31	6.04	7.57	1.65	2.61	4.38	5.62
40	2.50	3.55	6.50	8.11	1.75	2.80	4.70	6.00
41	2.89	3.90	7.24	9.03	1.91	3.02	5.18	6.54
42	3.28	4.25	7.98	9.95	2.07	3.25	5.66	7.08
43	3.68	4.60	8.72	10.86	2.23	3.47	6.14	7.62
44	4.07	4.95	9.46	11.78	2.39	3.70	6.62	8.16
45	4.46	5.30	10.20	12.70	2.55	3.92	7.10	8.70

ING HomeGuard Plus Select Term - 20 Year (Form #R1369 - 12/09)
Premium Endowment Rider

Rates are per 1,000 face amount

	Band 1 $100,000 - $149,999							
	Male				Female			
Issue Age	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco
18	-	-	-	-	-	-	-	-
19	-	-	-	-	-	-	-	-
20	-	-	-	-	-	-	-	-
21	-	-	-	-	-	-	-	-
22	-	-	-	-	-	-	-	-
23	-	-	-	-	-	-	-	-
24	-	-	-	-	-	-	-	-
25	-	-	-	-	-	-	-	-
26	-	-	-	-	-	-	-	-
27	-	-	-	-	-	-	-	-
28	-	-	-	-	-	-	-	-
29	-	-	-	-	-	-	-	-
30	-	-	-	-	-	-	-	-
31	-	-	-	-	-	-	-	-
32	-	-	-	-	-	-	-	-
33	-	-	-	-	-	-	-	-
34	-	-	-	-	-	-	-	-
35	-	-	-	-	-	-	-	-
36	-	-	-	-	-	-	-	-
37	-	-	-	-	-	-	-	-
38	-	-	-	-	-	-	-	-
39	-	-	-	-	-	-	-	-
40	-	-	-	-	-	-	-	-
41	-	-	-	-	-	-	-	-
42	-	-	-	-	-	-	-	-
43	-	-	-	-	-	-	-	-
44	-	-	-	-	-	-	-	-
45	7.78	11.34	15.20	18.80	6.70	11.42	16.15	20.20
46	8.48	12.58	16.30	20.80	7.45	12.55	17.49	22.26
47	9.19	13.82	17.40	22.80	8.20	13.67	18.83	24.32
48	9.89	15.07	18.50	24.80	8.95	14.80	20.16	26.38
49	10.60	16.31	19.60	26.80	9.70	15.92	21.50	28.44
50	11.30	17.55	20.70	28.80	10.45	17.05	22.84	30.50
51	12.14	18.63	21.36	30.64	11.10	18.04	23.98	32.30
52	12.98	19.70	22.02	32.48	11.75	19.04	25.12	34.10
53	13.83	20.78	22.68	34.32	12.40	20.03	26.26	35.90
54	14.67	21.85	23.34	36.16	13.05	21.03	27.40	37.70
55	15.51	22.93	24.00	38.00	13.70	22.02	28.54	39.50

ING HomeGuard Plus Select Term - 20 Year (Form #R1369 - 12/09)
Premium Endowment Rider

Rates are per 1,000 face amount

	Band 2 $150,000 - $249,999							
	Male				Female			
Issue Age	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco
18	2.11	3.87	4.37	6.70	1.83	3.27	2.76	4.76
19	2.11	3.87	4.37	6.70	1.83	3.27	2.76	4.76
20	2.11	3.87	4.37	6.70	1.83	3.27	2.76	4.76
21	2.11	3.87	4.37	6.70	1.83	3.27	2.76	4.76
22	2.11	3.87	4.37	6.70	1.83	3.27	2.76	4.76
23	2.11	3.87	4.37	6.70	1.83	3.27	2.76	4.76
24	2.11	3.87	4.37	6.70	1.83	3.27	2.76	4.76
25	2.11	3.87	4.37	6.70	1.83	3.27	2.76	4.76
26	2.19	4.00	4.57	6.96	1.92	3.41	3.03	5.15
27	2.27	4.13	4.77	7.22	2.01	3.55	3.29	5.54
28	2.35	4.26	4.98	7.48	2.09	3.68	3.56	5.92
29	2.43	4.39	5.18	7.74	2.18	3.82	3.82	6.31
30	2.51	4.52	5.38	8.00	2.27	3.96	4.09	6.70
31	2.54	4.64	5.66	8.18	2.36	4.10	4.36	6.99
32	2.56	4.75	5.94	8.36	2.45	4.24	4.63	7.27
33	2.59	4.87	6.22	8.54	2.54	4.37	4.89	7.56
34	2.61	4.98	6.50	8.72	2.63	4.51	5.16	7.84
35	2.62	5.06	6.78	8.93	2.72	4.60	5.43	8.13
36	2.94	5.50	7.49	9.71	3.01	5.05	6.32	9.18
37	3.26	5.94	8.20	10.48	3.29	5.49	7.21	10.23
38	3.58	6.39	8.91	11.26	3.58	5.94	8.09	11.28
39	3.90	6.83	9.62	12.03	3.86	6.38	8.98	12.33
40	4.22	7.27	10.33	12.81	4.15	6.83	9.87	13.38
41	4.50	7.69	10.91	13.48	4.36	7.19	10.65	14.23
42	4.78	8.11	11.50	14.14	4.56	7.55	11.44	15.08
43	5.06	8.53	12.08	14.81	4.77	7.91	12.22	15.93
44	5.34	8.95	12.67	15.47	4.97	8.27	13.01	16.78
45	5.60	9.34	13.28	16.11	5.17	8.63	13.81	17.63
46	6.45	10.45	14.15	18.00	5.57	9.15	14.50	18.83
47	7.30	11.56	15.03	19.90	5.91	9.67	15.18	20.03
48	8.14	12.68	15.90	21.79	6.29	10.18	15.87	21.22
49	8.99	13.79	16.78	23.69	6.66	10.70	16.55	22.42
50	9.84	14.90	17.65	25.58	7.04	11.22	17.24	23.62
51	10.45	15.65	18.04	27.10	7.35	11.55	17.76	24.44
52	11.05	16.41	18.43	28.63	7.66	11.88	18.27	25.26
53	11.66	17.16	18.82	30.15	7.96	12.21	18.79	26.08
54	12.26	17.92	19.21	31.68	8.27	12.54	19.30	26.90
55	12.87	18.62	19.60	33.20	8.58	12.87	19.82	27.72

ING HomeGuard Plus Select Term - 20 Year (Form #R1369 - 12/09)
Premium Endowment Rider

Rates are per 1,000 face amount

	Band 3 $250,000+							
	Male				Female			
Issue Age	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco
18	1.17	2.30	2.80	4.15	1.12	1.88	2.20	3.40
19	1.17	2.30	2.80	4.15	1.12	1.88	2.20	3.40
20	1.17	2.30	2.80	4.15	1.12	1.88	2.20	3.40
21	1.17	2.30	2.80	4.15	1.12	1.88	2.20	3.40
22	1.17	2.30	2.80	4.15	1.12	1.88	2.20	3.40
23	1.17	2.30	2.80	4.15	1.12	1.88	2.20	3.40
24	1.17	2.30	2.80	4.15	1.12	1.88	2.20	3.40
25	1.17	2.30	2.80	4.15	1.12	1.88	2.20	3.40
26	1.22	2.38	3.04	4.46	1.17	1.98	2.38	3.66
27	1.27	2.46	3.28	4.76	1.22	2.08	2.56	3.92
28	1.33	2.54	3.52	5.07	1.27	2.18	2.74	4.18
29	1.38	2.62	3.76	5.37	1.32	2.28	2.92	4.44
30	1.43	2.70	4.00	5.68	1.37	2.38	3.10	4.70
31	1.47	2.74	4.11	5.85	1.39	2.46	3.19	4.83
32	1.51	2.79	4.22	6.03	1.40	2.55	3.28	4.96
33	1.54	2.83	4.33	6.20	1.42	2.63	3.37	5.09
34	1.58	2.88	4.44	6.38	1.43	2.72	3.46	5.22
35	1.62	2.92	4.55	6.55	1.45	2.80	3.55	5.35
36	1.95	3.34	5.17	7.23	1.61	3.12	4.13	6.15
37	2.28	3.75	5.79	7.91	1.77	3.44	4.71	6.95
38	2.61	4.17	6.41	8.59	1.93	3.76	5.29	7.75
39	2.94	4.58	7.03	9.27	2.09	4.08	5.87	8.55
40	3.27	5.00	7.65	9.95	2.25	4.40	6.45	9.35
41	3.54	5.28	8.11	10.39	2.36	4.64	6.92	9.98
42	3.80	5.56	8.57	10.83	2.47	4.88	7.39	10.61
43	4.07	5.84	9.03	11.27	2.58	5.12	7.86	11.24
44	4.33	6.12	9.49	11.71	2.69	5.36	8.33	11.87
45	4.60	6.40	9.95	12.15	2.80	5.60	8.80	12.50
46	5.12	7.36	10.89	13.71	3.14	6.11	9.64	13.62
47	5.64	8.33	11.83	15.27	3.48	6.62	10.48	14.74
48	6.16	9.29	12.77	16.83	3.82	7.13	11.32	15.86
49	6.68	10.26	13.71	18.39	4.16	7.64	12.16	16.98
50	7.20	11.22	14.65	19.95	4.50	8.15	13.00	18.10
51	7.50	11.90	15.24	21.24	4.70	8.51	13.70	19.08
52	7.80	12.57	15.83	22.53	4.90	8.87	14.40	20.06
53	8.10	13.25	16.41	23.82	5.10	9.23	15.10	21.04
54	8.40	13.92	17.00	25.11	5.30	9.59	15.80	22.02
55	8.70	14.60	17.59	26.40	5.50	9.95	16.50	23.00

ING HomeGuard Plus Select Term - 30 Year (Form #R1369 - 12/09)
Premium Endowment Rider
Rates are per 1,000 face amount

	Band 1 $100,000 - $149,999							
	Male				Female			
Issue Age	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco
18	-	-	-	-	-	-	-	-
19	-	-	-	-	-	-	-	-
20	-	-	-	-	-	-	-	-
21	-	-	-	-	-	-	-	-
22	-	-	-	-	-	-	-	-
23	-	-	-	-	-	-	-	-
24	-	-	-	-	-	-	-	-
25	-	-	-	-	-	-	-	-
26	-	-	-	-	-	-	-	-
27	-	-	-	-	-	-	-	-
28	-	-	-	-	-	-	-	-
29	-	-	-	-	-	-	-	-
30	-	-	-	-	-	-	-	-
31	-	-	-	-	-	-	-	-
32	-	-	-	-	-	-	-	-
33	-	-	-	-	-	-	-	-
34	-	-	-	-	-	-	-	-
35	-	-	-	-	-	-	-	-
36	-	-	-	-	-	-	-	-
37	-	-	-	-	-	-	-	-
38	-	-	-	-	-	-	-	-
39	-	-	-	-	-	-	-	-
40	-	-	-	-	-	-	-	-
41	-	-	-	-	-	-	-	-
42	-	-	-	-	-	-	-	-
43	-	-	-	-	-	-	-	-
44	-	-	-	-	-	-	-	-
45	-	-	-	-	-	-	-	-

ING HomeGuard Plus Select Term - 30 Year (Form #R1369 - 12/09)
Premium Endowment Rider

Rates are per 1,000 face amount

	Band 2 $150,000 - $249,999							
	Male				Female			
Issue Age	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco
18	0.85	1.85	0.95	1.72	0.78	1.50	0.90	1.06
19	0.85	1.85	0.95	1.72	0.78	1.50	0.90	1.06
20	0.85	1.85	0.95	1.72	0.78	1.50	0.90	1.06
21	0.85	1.85	0.95	1.72	0.78	1.50	0.90	1.06
22	0.85	1.85	0.95	1.72	0.78	1.50	0.90	1.06
23	0.85	1.85	0.95	1.72	0.78	1.50	0.90	1.06
24	0.85	1.85	0.95	1.72	0.78	1.50	0.90	1.06
25	0.85	1.85	0.95	1.72	0.78	1.50	0.90	1.06
26	0.87	1.84	0.98	1.91	0.80	1.49	0.95	1.14
27	0.90	1.81	1.01	2.11	0.83	1.47	1.00	1.21
28	0.92	1.80	1.04	2.30	0.85	1.46	1.06	1.29
29	0.95	1.77	1.07	2.50	0.87	1.44	1.11	1.36
30	0.97	1.76	1.11	2.69	0.90	1.43	1.16	1.44
31	1.00	1.76	1.04	2.74	0.92	1.47	1.22	1.46
32	1.04	1.75	0.97	2.80	0.94	1.50	1.28	1.47
33	1.07	1.75	0.90	2.85	0.96	1.54	1.35	1.49
34	1.11	1.74	0.83	2.91	0.99	1.57	1.41	1.50
35	1.14	1.74	0.76	2.96	1.01	1.61	1.47	1.52
36	1.37	1.95	1.02	3.31	1.10	1.72	1.51	1.61
37	1.59	2.15	1.29	3.66	1.20	1.83	1.56	1.71
38	1.82	2.36	1.55	4.00	1.29	1.94	1.60	1.80
39	2.05	2.57	1.82	4.35	1.38	2.05	1.65	1.90
40	2.28	2.78	2.08	4.70	1.48	2.16	1.69	1.99
41	2.24	2.91	2.04	4.95	1.44	2.13	1.50	1.88
42	2.21	3.04	2.01	5.20	1.40	2.10	1.32	1.78
43	2.18	3.18	1.97	5.44	1.36	2.07	1.13	1.67
44	2.14	3.30	1.94	5.69	1.33	2.04	0.95	1.57
45	2.11	3.44	1.90	5.94	1.29	2.01	0.76	1.46

ING HomeGuard Plus Select Term - 30 Year (Form #R1369 - 12/09)
Premium Endowment Rider

Rates are per 1,000 face amount

	Band 3 $250,000+							
	Male				Female			
Issue Age	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco	Preferred No Tobacco	No Tobacco	Preferred Tobacco	Tobacco
18	0.70	0.40	1.00	0.60	0.55	0.75	1.15	0.80
19	0.70	0.40	1.00	0.60	0.55	0.75	1.15	0.80
20	0.70	0.40	1.00	0.60	0.55	0.75	1.15	0.80
21	0.70	0.40	1.00	0.60	0.55	0.75	1.15	0.80
22	0.70	0.40	1.00	0.60	0.55	0.75	1.15	0.80
23	0.70	0.40	1.00	0.60	0.55	0.75	1.15	0.80
24	0.70	0.40	1.00	0.60	0.55	0.75	1.15	0.80
25	0.70	0.40	1.00	0.60	0.55	0.75	1.15	0.80
26	0.73	0.50	1.07	0.85	0.57	0.76	1.20	0.93
27	0.75	0.60	1.14	1.10	0.59	0.76	1.24	1.06
28	0.79	0.70	1.22	1.35	0.61	0.77	1.29	1.19
29	0.81	0.80	1.29	1.60	0.63	0.77	1.33	1.32
30	0.84	0.90	1.36	1.85	0.65	0.78	1.38	1.45
31	0.85	0.97	1.35	2.00	0.66	0.79	1.40	1.52
32	0.87	1.04	1.34	2.15	0.67	0.81	1.43	1.59
33	0.87	1.11	1.32	2.30	0.68	0.82	1.45	1.66
34	0.89	1.18	1.31	2.45	0.69	0.84	1.48	1.73
35	0.90	1.25	1.30	2.60	0.70	0.85	1.50	1.80
36	1.14	1.57	1.73	3.13	0.83	1.04	1.68	2.04
37	1.38	1.89	2.16	3.66	0.96	1.23	1.86	2.28
38	1.62	2.21	2.59	4.18	1.09	1.42	2.04	2.52
39	1.86	2.53	3.02	4.71	1.22	1.61	2.22	2.76
40	2.10	2.85	3.45	5.24	1.35	1.80	2.40	3.00
41	2.13	3.06	3.60	5.39	1.42	1.96	2.42	3.08
42	2.16	3.27	3.75	5.54	1.49	2.11	2.44	3.16
43	2.18	3.48	3.90	5.70	1.56	2.27	2.46	3.24
44	2.21	3.69	4.05	5.85	1.63	2.42	2.48	3.32
45	2.24	3.90	4.20	6.00	1.70	2.58	2.50	3.40

ING HomeGuard Plus Term - 15 Year (Form #1313 - 12/09)
Current Base Premium - Level Premiums Guaranteed for 5 Years
Rates are per 1,000 face amount

	Band 1 $25,000 - $74,999		Band 2 $75,000 - $149,999		Band 3 $150,000 - $250,000	
Issue Age	**No Tobacco**	**Tobacco**	**No Tobacco**	**Tobacco**	**No Tobacco**	**Tobacco**
20	2.85	4.80	1.90	3.11	1.70	2.85
21	2.85	4.80	1.90	3.11	1.70	2.85
22	2.85	4.80	1.90	3.11	1.70	2.85
23	2.85	4.80	1.90	3.11	1.70	2.85
24	2.85	4.80	1.90	3.11	1.70	2.85
25	2.85	4.80	1.90	3.11	1.70	2.85
26	2.91	4.88	1.93	3.17	1.73	2.88
27	2.97	4.96	1.94	3.23	1.76	2.91
28	3.02	5.04	1.97	3.29	1.79	2.94
29	3.08	5.12	1.99	3.36	1.82	2.97
30	3.14	5.20	2.02	3.42	1.85	3.00
31	3.24	5.48	2.08	3.58	1.90	3.20
32	3.34	5.75	2.14	3.74	1.95	3.40
33	3.44	6.03	2.21	3.91	2.00	3.60
34	3.54	6.30	2.28	4.07	2.05	3.80
35	3.64	6.58	2.34	4.23	2.10	4.00
36	3.92	7.22	2.52	4.64	2.28	4.40
37	4.20	7.87	2.70	5.06	2.46	4.80
38	4.48	8.51	2.88	5.47	2.64	5.19
39	4.76	9.16	3.06	5.89	2.82	5.59
40	5.04	9.80	3.24	6.30	3.00	5.99
41	5.46	10.70	3.51	6.88	3.22	6.49
42	5.88	11.59	3.78	7.45	3.44	6.99
43	6.30	12.49	4.05	8.03	3.66	7.50
44	6.72	13.38	4.32	8.60	3.88	8.00
45	7.14	14.28	4.59	9.18	4.10	8.50
46	7.76	15.60	4.99	10.03	4.56	9.30
47	8.37	16.91	5.38	10.87	5.02	10.10
48	8.99	18.23	5.78	11.72	5.48	10.90
49	9.60	19.54	6.17	12.56	5.94	11.70
50	10.22	20.86	6.57	13.41	6.40	12.50
51	11.00	22.29	7.07	14.33	6.92	13.40
52	11.79	23.72	7.58	15.25	7.44	14.30
53	12.57	25.14	8.08	16.16	7.96	15.20
54	13.36	26.57	8.59	17.08	8.48	16.10
55	14.14	28.00	9.09	18.00	9.00	17.00
56	15.11	29.68	9.71	19.08	9.60	18.00
57	16.07	31.36	10.33	20.16	10.20	19.00
58	17.04	33.04	10.95	21.24	10.80	20.00
59	18.00	34.72	11.57	22.32	11.40	21.00
60	18.97	36.40	12.20	23.40	12.00	22.00
61	21.34	42.00	13.72	27.00	13.60	24.60
62	23.70	47.60	15.24	30.60	15.20	27.20
63	26.07	53.20	16.76	34.20	16.71	29.80
64	28.43	58.80	18.28	37.80	18.23	32.40
65	30.80	64.40	19.80	41.40	19.75	35.00

ING HomeGuard Plus Term - 20 Year (Form #1313 - 12/09)
Current Base Premium - Level Premiums Guaranteed for 5 Years

Rates are per 1,000 face amount

	Band 1 $25,000 - $74,999		Band 2 $75,000 - $149,999		Band 3 $150,000 - $250,000	
Issue Age	No Tobacco	Tobacco	No Tobacco	Tobacco	No Tobacco	Tobacco
20	2.88	4.81	1.96	3.33	1.73	3.09
21	2.88	4.81	1.96	3.33	1.73	3.09
22	2.88	4.81	1.96	3.33	1.73	3.09
23	2.88	4.81	1.96	3.33	1.73	3.09
24	2.88	4.81	1.96	3.33	1.73	3.09
25	2.88	4.81	1.96	3.33	1.73	3.09
26	2.95	4.91	2.02	3.40	1.78	3.16
27	3.03	5.02	2.08	3.47	1.83	3.23
28	3.10	5.12	2.13	3.55	1.87	3.31
29	3.18	5.23	2.20	3.62	1.92	3.38
30	3.25	5.33	2.25	3.69	1.97	3.45
31	3.38	5.67	2.34	3.92	2.04	3.65
32	3.51	6.01	2.43	4.16	2.12	3.85
33	3.64	6.34	2.52	4.39	2.19	4.04
34	3.77	6.68	2.61	4.63	2.27	4.24
35	3.90	7.02	2.70	4.86	2.34	4.44
36	4.21	7.75	2.92	5.36	2.54	4.84
37	4.52	8.48	3.13	5.87	2.74	5.24
38	4.84	9.20	3.35	6.37	2.94	5.64
39	5.15	9.93	3.56	6.88	3.14	6.04
40	5.46	10.66	3.78	7.38	3.34	6.44
41	5.88	11.60	4.07	8.03	3.62	7.16
42	6.29	12.53	4.36	8.68	3.90	7.88
43	6.71	13.47	4.64	9.32	4.17	8.61
44	7.12	14.40	4.93	9.97	4.45	9.33
45	7.54	15.34	5.22	10.62	4.73	10.05
46	8.15	16.67	5.64	11.56	5.24	10.76
47	8.77	18.00	6.07	12.49	5.76	11.47
48	9.38	19.34	6.50	13.43	6.27	12.18
49	10.00	20.67	6.92	14.36	6.79	12.89
50	10.61	22.00	7.34	15.30	7.30	13.60
51	11.49	23.58	7.96	16.38	7.92	14.91
52	12.37	25.16	8.56	17.46	8.54	16.22
53	13.24	26.74	9.17	18.54	9.16	17.53
54	14.12	28.32	9.77	19.62	9.72	18.84
55	15.00	29.90	10.39	20.70	10.30	20.15

ING HomeGuard Plus Term - 30 Year (Form #1313 - 12/09)
Current Base Premium - Level Premiums Guaranteed for 15 Years
Rates are per 1,000 face amount

	Band 1 $25,000 - $74,999		Band 2 $75,000 - $149,999		Band 3 $150,000 - $250,000	
Issue Age	**No Tobacco**	**Tobacco**	**No Tobacco**	**Tobacco**	**No Tobacco**	**Tobacco**
20	2.89	5.11	2.00	3.54	1.85	3.43
21	2.89	5.11	2.00	3.54	1.85	3.43
22	2.89	5.11	2.00	3.54	1.85	3.43
23	2.89	5.11	2.00	3.54	1.85	3.43
24	2.89	5.11	2.00	3.54	1.85	3.43
25	2.89	5.11	2.00	3.54	1.85	3.43
26	2.97	5.31	2.05	3.67	1.90	3.54
27	3.05	5.51	2.11	3.82	1.95	3.66
28	3.12	5.71	2.16	3.95	2.00	3.77
29	3.20	5.91	2.21	4.10	2.05	3.89
30	3.28	6.11	2.27	4.23	2.10	4.00
31	3.44	6.44	2.38	4.46	2.21	4.24
32	3.59	6.78	2.48	4.70	2.33	4.48
33	3.75	7.11	2.59	4.92	2.44	4.72
34	3.90	7.45	2.70	5.16	2.56	4.96
35	4.06	7.78	2.81	5.39	2.67	5.20
36	4.42	8.56	3.05	5.93	2.92	5.72
37	4.77	9.34	3.30	6.47	3.18	6.24
38	5.13	10.11	3.55	7.00	3.43	6.75
39	5.48	10.89	3.80	7.54	3.69	7.27
40	5.84	11.67	4.04	8.08	3.94	7.79
41	6.23	12.45	4.31	8.62	4.26	8.57
42	6.62	13.23	4.58	9.16	4.53	9.11
43	7.00	14.00	4.85	9.69	4.80	9.64
44	7.39	14.78	5.12	10.23	5.07	10.18
45	7.78	15.56	6.00	12.00	5.34	10.72
46	8.56	16.89	5.93	11.70	5.88	11.65
47	9.34	18.23	6.47	12.62	6.42	12.57
48	10.11	19.56	7.00	13.55	6.95	13.50
49	10.89	20.90	7.54	14.46	7.49	14.41
50	11.67	22.23	9.00	17.00	8.03	15.34
51	12.45	24.01	8.80	16.62	8.75	16.57
52	13.23	25.79	9.53	17.86	9.48	17.81
53	14.00	27.56	10.25	19.08	10.20	19.03
54	14.78	29.34	10.98	20.31	10.93	20.26
55	15.56	31.12	13.05	23.99	13.00	23.94
56	16.78	33.79	14.05	26.04	14.00	25.99
57	18.00	36.46	15.05	28.09	15.00	28.04
58	19.23	39.12	16.05	30.15	16.00	30.10
59	20.45	41.79	17.05	32.20	17.00	32.15
60	21.67	44.46	18.05	34.25	18.00	34.20
61	25.12	50.02	20.85	38.81	20.80	38.76
62	28.56	55.58	23.65	43.37	23.60	43.32
63	32.01	61.13	26.45	47.93	26.40	47.88
64	35.45	66.69	29.25	52.49	29.20	52.44
65	38.90	72.25	32.05	57.05	32.00	57.00

ING HomeGuard Plus Term (Form #1313 - 12/09)
Guaranteed Base Premium
Rates are per 1,000 face amount

Attained Age	No Tobacco	Tobacco
20	2.25	3.06
21	2.28	3.21
22	2.28	3.36
23	2.31	3.54
24	2.34	3.75
25	2.40	3.96
26	2.52	4.17
27	2.61	4.35
28	2.58	4.41
29	2.61	4.44
30	2.61	4.53
31	2.64	4.65
32	2.73	4.80
33	2.82	5.04
34	2.94	5.28
35	3.12	5.61
36	3.30	5.97
37	3.48	6.36
38	3.69	6.78
39	3.93	7.26
40	4.23	7.83
41	4.56	8.52
42	4.95	9.36
43	5.40	10.32
44	5.94	11.40
45	6.54	12.54
46	7.17	13.74
47	7.74	14.91
48	8.31	15.99
49	8.97	17.31
50	9.78	18.90
51	10.74	20.79
52	11.88	22.98
53	13.17	25.50
54	14.67	28.38
55	16.38	31.44
56	18.18	34.68
57	19.98	37.74
58	21.78	40.77
59	23.82	44.22
60	26.19	48.18
61	28.98	52.86
62	32.13	58.11
63	35.55	63.63
64	39.15	69.27
65	42.96	74.94
66	46.89	80.67
67	51.09	86.64
68	55.56	92.88
69	60.57	99.75
70	66.30	107.61
71	73.17	116.91
72	81.00	127.44
73	89.31	138.33
74	98.28	150.00
75	108.09	162.66
76	118.98	176.58
77	131.43	192.21
78	145.53	209.70
79	161.16	228.75
80	179.04	250.41
81	199.20	274.68
82	220.38	299.55
83	243.03	325.50
84	268.02	353.73
85	294.57	383.10
86	324.21	415.29
87	357.75	451.38
88	392.91	487.92
89	428.34	522.90
90	458.16	549.18
91	485.79	571.14
92	521.73	601.26
93	566.25	638.64
94	619.71	687.57

ING HomeGuard Plus Term - 15 Year (Form #1313 - 12/09)
Extended Premium Guarantee

Rates are per 1,000 face amount

	Band 1 $25,000 - $74,999		Band 2 $75,000 - $149,999		Band 3 $150,000 - $250,000	
Issue Age	No Tobacco	Tobacco	No Tobacco	Tobacco	No Tobacco	Tobacco
20	3.08	5.40	1.98	3.30	1.75	3.00
21	3.08	5.40	1.98	3.30	1.75	3.00
22	3.08	5.40	1.98	3.30	1.75	3.00
23	3.08	5.40	1.98	3.30	1.75	3.00
24	3.08	5.40	1.98	3.30	1.75	3.00
25	3.08	5.40	1.98	3.30	1.75	3.00
26	3.15	5.58	2.01	3.36	1.78	3.02
27	3.22	5.76	2.04	3.42	1.82	3.04
28	3.29	5.94	2.07	3.48	1.85	3.07
29	3.36	6.12	2.10	3.54	1.89	3.09
30	3.43	6.30	2.13	3.60	1.92	3.11
31	3.56	6.55	2.24	3.82	1.98	3.32
32	3.70	6.80	2.35	4.04	2.04	3.53
33	3.83	7.06	2.46	4.26	2.09	3.73
34	3.97	7.31	2.57	4.48	2.15	3.94
35	4.10	7.56	2.70	4.70	2.21	4.15
36	4.36	8.25	2.86	5.16	2.40	4.56
37	4.62	8.94	3.02	5.62	2.59	4.98
38	4.88	9.62	3.18	6.08	2.78	5.39
39	5.14	10.31	3.34	6.54	2.97	5.81
40	5.40	11.00	3.50	6.99	3.16	6.22
41	5.88	12.00	3.78	7.63	3.42	6.76
42	6.36	13.00	4.06	8.27	3.69	7.30
43	6.84	14.00	4.34	8.91	3.95	7.83
44	7.32	15.00	4.62	9.55	4.22	8.37
45	7.80	16.00	4.90	10.20	4.48	8.91
46	8.44	17.20	5.41	11.04	4.94	9.91
47	9.08	18.40	5.92	11.88	5.41	10.91
48	9.72	19.60	6.43	12.72	5.87	11.90
49	10.36	20.80	6.94	13.56	6.34	12.90
50	11.00	22.00	7.45	14.40	6.80	13.90
51	12.00	23.40	8.02	15.40	7.37	14.92
52	13.00	24.80	8.59	16.40	7.95	15.94
53	14.00	26.20	9.16	17.40	8.52	16.96
54	15.00	27.60	9.73	18.40	9.10	17.98
55	16.00	29.00	10.30	19.40	9.67	18.85
56	17.00	31.40	11.12	20.92	10.34	20.24
57	18.00	33.80	11.94	22.44	11.01	21.48
58	19.00	36.20	12.76	23.96	11.68	22.72
59	20.00	38.60	13.58	25.48	12.35	23.96
60	21.00	41.00	14.40	27.00	13.02	25.20
61	23.80	46.24	16.02	31.00	14.80	28.13
62	26.60	51.48	17.64	35.00	16.58	31.06
63	29.40	56.72	19.26	39.00	18.36	33.99
64	32.20	61.96	20.88	43.00	20.14	36.92
65	35.00	67.20	22.50	47.00	21.92	39.85

ING HomeGuard Plus Term - 20 Year (Form #1313 - 12/09)
Extended Premium Guarantee

Rates are per 1,000 face amount

	Band 1 $25,000 - $74,999		Band 2 $75,000 - $149,999		Band 3 $150,000 - $250,000	
Issue Age	No Tobacco	Tobacco	No Tobacco	Tobacco	No Tobacco	Tobacco
20	3.12	5.46	2.16	3.78	1.87	3.25
21	3.12	5.46	2.16	3.78	1.87	3.25
22	3.12	5.46	2.16	3.78	1.87	3.25
23	3.12	5.46	2.16	3.78	1.87	3.25
24	3.12	5.46	2.16	3.78	1.87	3.25
25	3.12	5.46	2.16	3.78	1.87	3.25
26	3.22	5.64	2.23	3.91	1.92	3.35
27	3.33	5.82	2.30	4.03	1.97	3.45
28	3.43	6.01	2.38	4.16	2.03	3.55
29	3.54	6.19	2.45	4.28	2.08	3.65
30	3.64	6.37	2.52	4.41	2.13	3.75
31	3.80	6.73	2.63	4.58	2.22	3.93
32	3.95	7.10	2.74	4.75	2.32	4.10
33	4.11	7.46	2.84	4.92	2.41	4.28
34	4.26	7.83	2.95	5.09	2.51	4.45
35	4.42	8.19	3.06	5.25	2.60	4.63
36	4.78	9.07	3.25	5.85	2.80	5.18
37	5.15	9.96	3.44	6.45	3.00	5.74
38	5.51	10.84	3.63	7.05	3.20	6.29
39	5.88	11.73	3.82	7.65	3.40	6.85
40	6.24	12.61	4.00	8.25	3.60	7.40
41	6.76	13.60	4.35	8.96	3.98	8.11
42	7.28	14.59	4.70	9.67	4.36	8.81
43	7.80	15.57	5.05	10.38	4.74	9.52
44	8.32	16.56	5.40	11.09	5.12	10.22
45	8.84	17.55	5.75	11.80	5.40	10.93
46	9.67	18.98	6.40	12.79	5.98	11.92
47	10.50	20.41	7.05	13.78	6.56	12.91
48	11.34	21.84	7.70	14.77	7.14	13.89
49	12.17	23.27	8.35	15.76	7.72	14.88
50	13.00	24.70	9.00	16.75	8.40	15.87
51	14.04	26.26	9.72	17.87	9.16	17.10
52	15.08	27.82	10.44	18.99	9.92	18.33
53	16.12	29.38	11.16	20.11	10.68	19.56
54	17.16	30.94	11.88	21.23	11.44	20.79
55	18.20	32.50	12.60	22.35	12.20	22.00

ING HomeGuard Plus Term - 30 Year (Form #1313 - 12/09)
Extended Premium Guarantee

Rates are per 1,000 face amount

	Band 1 $25,000 - $74,999		Band 2 $75,000 - $149,999		Band 3 $150,000 - $250,000	
Issue Age	No Tobacco	Tobacco	No Tobacco	Tobacco	No Tobacco	Tobacco
20	3.46	6.05	2.39	4.19	1.95	3.95
21	3.46	6.05	2.39	4.19	1.95	3.95
22	3.46	6.05	2.39	4.19	1.95	3.95
23	3.46	6.05	2.39	4.19	1.95	3.95
24	3.46	6.05	2.39	4.19	1.95	3.95
25	3.46	6.05	2.39	4.19	1.95	3.95
26	3.58	6.37	2.48	4.42	2.05	4.09
27	3.71	6.69	2.57	4.64	2.15	4.23
28	3.83	7.02	2.66	4.86	2.26	4.37
29	3.96	7.34	2.74	5.08	2.36	4.51
30	4.08	7.66	2.83	5.30	2.46	4.65
31	4.30	8.10	2.98	5.61	2.59	4.95
32	4.52	8.55	3.13	5.91	2.72	5.25
33	4.75	8.99	3.29	6.23	2.86	5.55
34	4.97	9.44	3.44	6.53	2.99	5.85
35	5.19	9.88	3.59	6.84	3.12	6.15
36	5.71	10.94	3.95	7.58	3.43	6.88
37	6.23	12.00	4.31	8.32	3.74	7.61
38	6.74	13.07	4.67	9.05	4.05	8.34
39	7.26	14.13	5.03	9.78	4.36	9.07
40	7.78	15.19	5.39	10.52	4.67	9.80
41	8.45	16.35	5.85	11.32	5.16	10.70
42	9.12	17.51	6.31	12.12	5.64	11.61
43	9.78	18.68	6.78	12.93	6.13	12.51
44	10.45	19.84	7.24	13.73	6.61	13.42
45	11.12	21.00	7.70	14.54	7.10	14.32
46	12.23	22.98	8.47	15.90	7.93	15.04
47	13.34	24.95	9.23	17.27	8.77	15.75
48	14.45	26.93	10.01	18.64	9.60	16.47
49	15.56	28.90	10.77	20.01	10.44	17.18
50	16.67	30.88	11.55	21.38	11.27	17.90

ING HomeGuard Plus Term - 20 Year (Form #R1369 - 12/09)
Premium Endowment Rider

Rates are per 1,000 face amount

	Band 1 $25,000 - $74,999		Band 2 $75,000 - $149,999		Band 3 $150,000 - $250,000	
Issue Age	No Tobacco	Tobacco	No Tobacco	Tobacco	No Tobacco	Tobacco
20	3.45	9.32	2.53	6.78	1.74	4.87
21	3.45	9.32	2.53	6.78	1.74	4.87
22	3.45	9.32	2.53	6.78	1.74	4.87
23	3.45	9.32	2.53	6.78	1.74	4.87
24	3.45	9.32	2.53	6.78	1.74	4.87
25	3.45	9.32	2.53	6.78	1.74	4.87
26	3.73	10.13	2.73	7.35	1.90	5.31
27	4.00	10.93	2.93	7.94	2.06	5.76
28	4.27	11.73	3.12	8.51	2.20	6.20
29	4.54	12.54	3.32	9.10	2.36	6.64
30	4.82	13.34	3.52	9.67	2.52	7.08
31	5.04	15.55	3.68	10.20	2.64	7.44
32	5.26	16.00	3.84	10.74	2.74	7.81
33	5.48	16.47	4.01	11.27	2.86	8.17
34	5.71	16.91	4.17	11.80	2.97	8.55
35	5.93	17.37	4.33	12.35	3.09	8.91
36	7.54	18.90	5.55	14.10	3.97	10.16
37	8.81	20.42	6.53	15.84	4.67	11.41
38	10.36	21.94	8.58	17.59	5.60	12.66
39	11.41	23.46	9.48	19.33	6.30	13.91
40	13.62	24.99	10.39	21.08	7.00	15.16
41	14.56	26.93	11.02	23.70	7.26	16.59
42	15.50	28.87	11.65	26.32	7.51	18.03
43	16.44	30.82	12.28	28.94	7.77	19.46
44	17.39	32.76	12.91	31.56	8.02	20.89
45	18.90	35.80	13.94	35.15	8.67	23.02
46	19.89	36.18	15.87	36.40	9.93	24.02
47	20.87	36.57	17.80	37.65	11.19	25.02
48	21.84	36.95	19.40	38.90	12.45	26.03
49	22.83	37.34	20.67	40.15	13.72	27.02
50	23.81	37.72	21.94	41.40	14.88	28.02
51	24.59	37.97	23.14	42.52	15.89	28.78
52	25.36	38.23	24.34	43.64	16.89	29.54
53	26.13	38.48	25.54	44.76	17.90	30.30
54	26.91	38.74	26.75	45.88	18.90	31.06
55	27.68	38.99	27.95	47.01	19.91	31.84

ING HomeGuard Plus Term - 30 Year (Form #R1369 - 12/09)
Premium Endowment Rider

Rates are per 1,000 face amount

	Band 1 $25,000 - $74,999		Band 2 $75,000 - $149,999		Band 3 $150,000 - $250,000	
Issue Age	No Tobacco	Tobacco	No Tobacco	Tobacco	No Tobacco	Tobacco
20	0.89	2.50	0.83	2.14	0.85	1.55
21	0.89	2.50	0.83	2.14	0.85	1.55
22	0.89	2.50	0.83	2.14	0.85	1.55
23	0.89	2.50	0.83	2.14	0.85	1.55
24	0.89	2.50	0.83	2.14	0.85	1.55
25	0.89	2.50	0.83	2.14	0.85	1.55
26	1.01	2.70	0.92	2.30	0.91	1.75
27	1.14	2.91	1.02	2.47	0.97	1.95
28	1.26	3.11	1.11	2.64	1.02	2.15
29	1.39	3.31	1.22	2.81	1.08	2.35
30	1.51	3.52	1.31	2.98	1.14	2.55
31	1.60	3.79	1.39	3.20	1.21	2.71
32	1.69	4.06	1.47	3.43	1.28	2.87
33	1.77	4.33	1.54	3.64	1.34	3.03
34	1.86	4.60	1.62	3.87	1.41	3.19
35	1.95	4.88	1.70	4.09	1.48	3.35
36	2.15	5.44	1.87	4.55	1.63	3.66
37	2.34	5.98	2.04	5.00	1.78	3.97
38	2.55	6.53	2.21	5.47	1.93	4.28
39	2.74	7.08	2.38	5.93	2.08	4.59
40	2.94	7.64	2.55	6.39	2.23	4.90
41	3.39	8.41	2.92	7.02	2.46	5.24
42	3.84	9.17	3.29	7.64	2.70	5.57
43	4.29	9.93	3.64	8.26	2.93	5.91
44	4.74	10.68	4.01	8.88	3.17	6.24
45	5.19	11.45	4.38	9.50	3.40	6.58
46	6.35	11.43	5.29	9.59	4.03	7.12
47	7.50	11.42	6.21	9.67	4.65	7.67
48	8.65	11.38	7.10	9.74	5.28	8.21
49	9.81	11.37	8.02	9.82	5.90	8.76
50	10.96	11.35	8.92	9.90	6.53	9.30

ING HomeGuard Plus Term (Form #R1373 - 12/09)
Waiver of Premium Rider Disability

Rates are per 1,000 face amount

Age	Select Period	
18	42	0.10
19	41	0.10
20	40	0.10
21	39	0.11
22	38	0.11
23	37	0.12
24	36	0.13
25	35	0.13
26	34	0.14
27	33	0.15
28	32	0.17
29	31	0.18
30	30	0.19
31	29	0.20
32	28	0.21
33	27	0.23
34	26	0.24
35	25	0.25
36	24	0.28
37	23	0.31
38	22	0.34
39	21	0.38
40	20	0.43
41	19	0.48
42	18	0.53
43	17	0.61
44	16	0.68
45	15	0.76
46	14	0.87
47	13	0.97
48	12	1.09
49	11	1.24
50	10	1.40
51	9	1.54
52	8	1.70
53	7	1.89
54	6	2.09
55	5	2.31

ING HomeGuard Plus Term (Form #R1371 - 12/09)
Critical Illness Rider

Annual premium for Critical Illness rider on 15 year product

Age	Male Nontobacco	Male Tobacco	Female Nontobacco	Female Tobacco	Unisex Nontobacco	Unisex Tobacco
18	0.75	1.14	0.86	1.35	0.86	1.35
19	0.82	1.24	0.93	1.47	0.93	1.47
20	0.89	1.35	1.01	1.60	1.01	1.60
21	0.97	1.49	1.11	1.77	1.11	1.77
22	1.06	1.63	1.20	1.96	1.20	1.96
23	1.16	1.79	1.32	2.16	1.32	2.16
24	1.25	1.98	1.45	2.40	1.45	2.40
25	1.36	2.18	1.57	2.64	1.57	2.64
26	1.47	2.39	1.73	2.93	1.73	2.93
27	1.59	2.63	1.89	3.26	1.89	3.26
28	1.72	2.89	2.07	3.61	2.07	3.61
29	1.86	3.17	2.26	4.00	2.26	4.00
30	2.01	3.49	2.47	4.45	2.47	4.45
31	2.18	3.83	2.71	4.93	2.71	4.93
32	2.35	4.21	2.97	5.47	2.97	5.47
33	2.54	4.62	3.26	6.08	3.26	6.08
34	2.75	5.08	3.56	6.74	3.56	6.74
35	2.98	5.58	3.90	7.48	3.90	7.48
36	3.32	6.24	4.26	8.18	4.26	8.18
37	3.70	6.96	4.65	8.94	4.65	8.94
38	4.11	7.78	5.08	9.78	5.08	9.78
39	4.58	8.68	5.55	10.68	5.55	10.68
40	5.11	9.70	6.05	11.68	6.05	11.68
41	5.70	10.83	6.61	12.77	6.61	12.77
42	6.34	12.09	7.23	13.96	7.23	13.96
43	7.06	13.50	7.89	15.27	7.89	15.27
44	7.87	15.07	8.61	16.69	8.61	16.69
45	8.77	16.83	9.40	18.24	9.40	18.24
46	9.53	18.28	10.05	19.52	10.05	19.52
47	10.34	19.87	10.74	20.89	10.74	20.89
48	11.24	21.59	11.47	22.36	11.47	22.36
49	12.21	23.46	12.25	23.92	12.25	23.92
50	13.25	25.49	13.09	25.60	13.09	25.60
51	14.39	27.69	13.98	27.40	13.98	27.40
52	15.63	30.09	14.94	29.32	14.94	29.32
53	16.97	32.69	15.96	31.37	15.96	31.37
54	18.44	35.52	17.06	33.58	17.06	33.58
55	20.03	38.60	18.22	35.93	18.22	35.93
56	21.65	41.57	19.19	37.62	19.19	37.62
57	23.41	44.75	20.21	39.40	20.21	39.40
58	25.31	48.19	21.29	41.25	21.29	41.25
59	27.37	51.89	22.42	43.20	22.42	43.20
60	29.60	55.88	23.62	45.23	23.62	45.23

ING HomeGuard Plus Term (Form #R1371 - 12/09)
Critical Illness Rider

Annual premium for Critical Illness rider on 20 year product

Age	Male Nontobacco	Male Tobacco	Female Nontobacco	Female Tobacco	Unisex Nontobacco	Unisex Tobacco
18	0.81	1.26	0.94	1.52	0.94	1.52
19	0.88	1.37	1.02	1.65	1.02	1.65
20	0.96	1.49	1.11	1.79	1.11	1.79
21	1.05	1.63	1.22	1.98	1.22	1.98
22	1.14	1.79	1.33	2.19	1.33	2.19
23	1.24	1.97	1.45	2.42	1.45	2.42
24	1.34	2.18	1.59	2.69	1.59	2.69
25	1.46	2.39	1.73	2.97	1.73	2.97
26	1.59	2.63	1.90	3.28	1.90	3.28
27	1.73	2.90	2.07	3.62	2.07	3.62
28	1.87	3.19	2.26	4.00	2.26	4.00
29	2.03	3.51	2.47	4.42	2.47	4.42
30	2.21	3.86	2.70	4.89	2.70	4.89
31	2.40	4.25	2.96	5.41	2.96	5.41
32	2.61	4.68	3.23	5.97	3.23	5.97
33	2.83	5.15	3.53	6.60	3.53	6.60
34	3.08	5.68	3.86	7.29	3.86	7.29
35	3.34	6.25	4.22	8.06	4.22	8.06
36	3.70	6.93	4.58	8.76	4.58	8.76
37	4.09	7.68	4.97	9.53	4.97	9.53
38	4.53	8.51	5.41	10.36	5.41	10.36
39	5.02	9.43	5.87	11.26	5.87	11.26
40	5.55	10.45	6.38	12.25	6.38	12.25
41	6.14	11.58	6.93	13.31	6.93	13.31
42	6.80	12.84	7.52	14.48	7.52	14.48
43	7.52	14.22	8.18	15.74	8.18	15.74
44	8.32	15.76	8.88	17.11	8.88	17.11
45	9.21	17.47	9.65	18.61	9.65	18.61
46	9.98	18.95	10.30	19.91	10.30	19.91
47	10.80	20.55	11.00	21.31	11.00	21.31
48	11.70	22.29	11.75	22.81	11.75	22.81
49	12.67	24.17	12.54	24.40	12.54	24.40
50	13.72	26.22	13.40	26.11	13.40	26.11
51	14.86	28.44	14.30	27.94	14.30	27.94
52	16.09	30.86	15.27	29.90	15.27	29.90
53	17.42	33.46	16.30	32.00	16.30	32.00
54	18.86	36.30	17.41	34.25	17.41	34.25
55	20.43	39.37	18.59	36.64	18.59	36.64
56	22.09	42.41	19.59	38.38	19.59	38.38
57	23.88	45.66	20.63	40.19	20.63	40.19
58	25.82	49.16	21.73	42.08	21.73	42.08
59	27.93	52.94	22.88	44.07	22.88	44.07
60	30.20	57.01	24.10	46.15	24.10	46.15

ING HomeGuard Plus Term (Form #R1371 - 12/09)
Critical Illness Rider

Annual premium for Critical Illness rider on 30 year product

Age	Male Nontobacco	Male Tobacco	Female Nontobacco	Female Tobacco	Unisex Nontobacco	Unisex Tobacco
18	0.98	1.55	1.11	1.85	1.11	1.85
19	1.06	1.68	1.21	2.01	1.21	2.01
20	1.15	1.83	1.32	2.19	1.32	2.19
21	1.24	2.00	1.44	2.40	1.44	2.40
22	1.35	2.19	1.56	2.63	1.56	2.63
23	1.46	2.40	1.69	2.88	1.69	2.88
24	1.58	2.63	1.84	3.15	1.84	3.15
25	1.72	2.87	1.99	3.46	1.99	3.46
26	1.86	3.15	2.16	3.79	2.16	3.79
27	2.01	3.43	2.35	4.16	2.35	4.16
28	2.18	3.76	2.55	4.55	2.55	4.55
29	2.36	4.11	2.77	4.99	2.77	4.99
30	2.55	4.50	3.01	5.47	3.01	5.47
31	2.76	4.91	3.27	5.98	3.27	5.98
32	2.99	5.37	3.56	6.56	3.56	6.56
33	3.24	5.87	3.87	7.18	3.87	7.18
34	3.51	6.43	4.20	7.87	4.20	7.87
35	3.80	7.03	4.56	8.63	4.56	8.63
36	4.17	7.72	4.93	9.33	4.93	9.33
37	4.57	8.47	5.32	10.10	5.32	10.10
38	5.02	9.29	5.75	10.93	5.75	10.93
39	5.50	10.20	6.21	11.82	6.21	11.82
40	6.04	11.19	6.71	12.79	6.71	12.79
41	6.62	12.28	7.24	13.85	7.24	13.85
42	7.26	13.48	7.82	14.99	7.82	14.99
43	7.96	14.79	8.44	16.21	8.44	16.21
44	8.73	16.24	9.11	17.54	9.11	17.54
45	9.58	17.82	9.84	18.98	9.84	18.98
46	10.35	19.32	10.51	20.32	10.51	20.32
47	11.19	20.96	11.22	21.73	11.22	21.73
48	12.10	22.74	11.99	23.26	11.99	23.26
49	13.07	24.66	12.79	24.89	12.79	24.89
50	14.13	26.75	13.66	26.63	13.66	26.63
51	15.27	29.01	14.59	28.50	14.59	28.50
52	16.50	31.47	15.58	30.50	15.58	30.50
53	17.83	34.13	16.63	32.64	16.63	32.64
54	19.28	37.02	17.76	34.93	17.76	34.93
55	20.83	40.15	18.96	37.37	18.96	37.37
56	22.53	43.24	19.98	39.13	19.98	39.13
57	24.35	46.56	21.04	40.98	21.04	40.98
58	26.33	50.13	22.16	42.91	22.16	42.91
59	28.48	53.98	23.33	44.93	23.33	44.93
60	30.79	58.13	24.58	47.06	24.58	47.06

ING HomeGuard Plus Term (Form #R1371 - 12/09)

Critical Illness Rider - Guaranteed Rates

Annual premium for Critical Illness rider on 15 year product

	Male Nontobacco		Male Tobacco		Female Nontobacco		Female Tobacco		Unisex Nontobacco		Unisex Tobacco	
Age	**Yrs 1-5**	**Yrs 6-15**	**Yrs 1-5**	**Yrs 6-15**	**Yrs 1-5**	**Yrs 6-15**	**Yrs 1-5**	**Yrs 6-15**	**Yrs 1-5**	**Yrs 6-15**	**Yrs 1-5**	**Yrs 6-15**
18	0.75	1.21	1.14	1.82	0.86	1.36	1.35	2.15	0.86	1.36	1.35	2.15
19	0.82	1.31	1.24	1.98	0.93	1.48	1.47	2.34	0.93	1.48	1.47	2.34
20	0.89	1.42	1.35	2.15	1.01	1.61	1.60	2.54	1.01	1.61	1.60	2.54
21	0.97	1.54	1.49	2.36	1.11	1.76	1.77	2.81	1.11	1.76	1.77	2.81
22	1.06	1.69	1.63	2.59	1.20	1.90	1.96	3.11	1.20	1.90	1.96	3.11
23	1.16	1.84	1.79	2.85	1.32	2.09	2.16	3.43	1.32	2.09	2.16	3.43
24	1.25	1.98	1.98	3.15	1.45	2.30	2.40	3.81	1.45	2.30	2.40	3.81
25	1.36	2.16	2.18	3.46	1.57	2.50	2.64	4.20	1.57	2.50	2.64	4.20
26	1.47	2.34	2.39	3.79	1.73	2.74	2.93	4.66	1.73	2.74	2.93	4.66
27	1.59	2.52	2.63	4.17	1.89	3.00	3.26	5.17	1.89	3.00	3.26	5.17
28	1.72	2.73	2.89	4.59	2.07	3.28	3.61	5.74	2.07	3.28	3.61	5.74
29	1.86	2.96	3.17	5.04	2.26	3.59	4.00	6.36	2.26	3.59	4.00	6.36
30	2.01	3.20	3.49	5.54	2.47	3.93	4.45	7.06	2.47	3.93	4.45	7.06
31	2.18	3.46	3.83	6.09	2.71	4.31	4.93	7.83	2.71	4.31	4.93	7.83
32	2.35	3.74	4.21	6.68	2.97	4.71	5.47	8.69	2.97	4.71	5.47	8.69
33	2.54	4.04	4.62	7.34	3.26	5.17	6.08	9.65	3.26	5.17	6.08	9.65
34	2.75	4.37	5.08	8.07	3.56	5.66	6.74	10.71	3.56	5.66	6.74	10.71
35	2.98	4.73	5.58	8.87	3.90	6.20	7.48	11.88	3.90	6.20	7.48	11.88
36	3.32	5.27	6.24	9.91	4.26	6.76	8.18	12.99	4.26	6.76	8.18	12.99
37	3.70	5.87	6.96	11.06	4.65	7.38	8.94	14.20	4.65	7.38	8.94	14.20
38	4.11	6.53	7.78	12.35	5.08	8.07	9.78	15.53	5.08	8.07	9.78	15.53
39	4.58	7.28	8.68	13.78	5.55	8.82	10.68	16.97	5.55	8.82	10.68	16.97
40	5.11	8.11	9.70	15.40	6.05	9.61	11.68	18.55	6.05	9.61	11.68	18.55
41	5.70	9.05	10.83	17.20	6.61	10.50	12.77	20.28	6.61	10.50	12.77	20.28
42	6.34	10.07	12.09	19.20	7.23	11.48	13.96	22.17	7.23	11.48	13.96	22.17
43	7.06	11.22	13.50	21.44	7.89	12.53	15.27	24.25	7.89	12.53	15.27	24.25
44	7.87	12.50	15.07	23.94	8.61	13.68	16.69	26.50	8.61	13.68	16.69	26.50
45	8.77	13.93	16.83	26.73	9.40	14.93	18.24	28.97	9.40	14.93	18.24	28.97
46	9.53	15.13	18.28	29.04	10.05	15.96	19.52	31.01	10.05	15.96	19.52	31.01
47	10.34	16.43	19.87	31.56	10.74	17.05	20.89	33.18	10.74	17.05	20.89	33.18
48	11.24	17.85	21.59	34.29	11.47	18.21	22.36	35.51	11.47	18.21	22.36	35.51
49	12.21	19.39	23.46	37.26	12.25	19.45	23.92	37.99	12.25	19.45	23.92	37.99
50	13.25	21.05	25.49	40.49	13.09	20.79	25.60	40.66	13.09	20.79	25.60	40.66
51	14.39	22.86	27.69	43.98	13.98	22.21	27.40	43.51	13.98	22.21	27.40	43.51
52	15.63	24.83	30.09	47.79	14.94	23.73	29.32	46.56	14.94	23.73	29.32	46.56
53	16.97	26.96	32.69	51.92	15.96	25.35	31.37	49.83	15.96	25.35	31.37	49.83
54	18.44	29.28	35.52	56.42	17.06	27.09	33.58	53.33	17.06	27.09	33.58	53.33
55	20.03	31.81	38.60	61.30	18.22	28.94	35.93	57.06	18.22	28.94	35.93	57.06
56	21.65	34.38	41.57	66.02	19.19	30.48	37.62	59.75	19.19	30.48	37.62	59.75
57	23.41	37.18	44.75	71.08	20.21	32.10	39.40	62.57	20.21	32.10	39.40	62.57
58	25.31	40.20	48.19	76.53	21.29	33.82	41.25	65.52	21.29	33.82	41.25	65.52
59	27.37	43.47	51.89	82.42	22.42	35.61	43.20	68.61	22.42	35.61	43.20	68.61
60	29.60	47.01	55.88	88.75	23.62	37.52	45.23	71.83	23.62	37.52	45.23	71.83

ING HomeGuard Plus Term (Form #R1371 - 12/09)

Critical Illness Rider - Guaranteed Rates

Annual premium for Critical Illness rider on 20 year product

	Male Nontobacco		Male Tobacco		Female Nontobacco		Female Tobacco		Unisex Nontobacco		Unisex Tobacco	
Age	**Yrs 1-5**	**Yrs 6-20**	**Yrs 1-5**	**Yrs 6-20**	**Yrs 1-5**	**Yrs 6-20**	**Yrs 1-5**	**Yrs 6-20**	**Yrs 1-5**	**Yrs 6-20**	**Yrs 1-5**	**Yrs 6-20**
18	0.81	1.30	1.26	2.00	0.94	1.50	1.52	2.41	0.94	1.50	1.52	2.41
19	0.88	1.41	1.37	2.17	1.02	1.63	1.65	2.62	1.02	1.63	1.65	2.62
20	0.96	1.53	1.49	2.36	1.11	1.77	1.79	2.85	1.11	1.77	1.79	2.85
21	1.05	1.66	1.63	2.57	1.22	1.93	1.98	3.15	1.22	1.93	1.98	3.15
22	1.14	1.81	1.79	2.85	1.33	2.11	2.19	3.48	1.33	2.11	2.19	3.48
23	1.24	1.97	1.97	3.13	1.45	2.31	2.42	3.85	1.45	2.31	2.42	3.85
24	1.34	2.13	2.18	3.46	1.59	2.52	2.69	4.27	1.59	2.52	2.69	4.27
25	1.46	2.32	2.39	3.79	1.73	2.75	2.97	4.71	1.73	2.75	2.97	4.71
26	1.59	2.52	2.63	4.17	1.90	3.01	3.28	5.21	1.90	3.01	3.28	5.21
27	1.73	2.74	2.90	4.60	2.07	3.29	3.62	5.75	2.07	3.29	3.62	5.75
28	1.87	2.97	3.19	5.06	2.26	3.59	4.00	6.36	2.26	3.59	4.00	6.36
29	2.03	3.23	3.51	5.58	2.47	3.93	4.42	7.02	2.47	3.93	4.42	7.02
30	2.21	3.51	3.86	6.13	2.70	4.29	4.89	7.76	2.70	4.29	4.89	7.76
31	2.40	3.81	4.25	6.75	2.96	4.70	5.41	8.59	2.96	4.70	5.41	8.59
32	2.61	4.14	4.68	7.44	3.23	5.13	5.97	9.48	3.23	5.13	5.97	9.48
33	2.83	4.50	5.15	8.18	3.53	5.60	6.60	10.48	3.53	5.60	6.60	10.48
34	3.08	4.89	5.68	9.02	3.86	6.13	7.29	11.58	3.86	6.13	7.29	11.58
35	3.34	5.31	6.25	9.92	4.22	6.70	8.06	12.80	4.22	6.70	8.06	12.80
36	3.70	5.87	6.93	11.00	4.58	7.28	8.76	13.92	4.58	7.28	8.76	13.92
37	4.09	6.49	7.68	12.19	4.97	7.90	9.53	15.13	4.97	7.90	9.53	15.13
38	4.53	7.20	8.51	13.51	5.41	8.59	10.36	16.46	5.41	8.59	10.36	16.46
39	5.02	7.97	9.43	14.97	5.87	9.33	11.26	17.89	5.87	9.33	11.26	17.89
40	5.55	8.82	10.45	16.59	6.38	10.13	12.25	19.45	6.38	10.13	12.25	19.45
41	6.14	9.75	11.58	18.39	6.93	11.00	13.31	21.14	6.93	11.00	13.31	21.14
42	6.80	10.80	12.84	20.39	7.52	11.95	14.48	22.99	7.52	11.95	14.48	22.99
43	7.52	11.95	14.22	22.59	8.18	12.99	15.74	25.00	8.18	12.99	15.74	25.00
44	8.32	13.22	15.76	25.03	8.88	14.11	17.11	27.18	8.88	14.11	17.11	27.18
45	9.21	14.63	17.47	27.74	9.65	15.32	18.61	29.55	9.65	15.32	18.61	29.55
46	9.98	15.85	18.95	30.09	10.30	16.36	19.91	31.62	10.30	16.36	19.91	31.62
47	10.80	17.16	20.55	32.64	11.00	17.47	21.31	33.84	11.00	17.47	21.31	33.84
48	11.70	18.58	22.29	35.40	11.75	18.66	22.81	36.22	11.75	18.66	22.81	36.22
49	12.67	20.12	24.17	38.39	12.54	19.91	24.40	38.76	12.54	19.91	24.40	38.76
50	13.72	21.79	26.22	41.65	13.40	21.28	26.11	41.47	13.40	21.28	26.11	41.47
51	14.86	23.60	28.44	45.17	14.30	22.71	27.94	44.37	14.30	22.71	27.94	44.37
52	16.09	25.56	30.86	49.01	15.27	24.25	29.90	47.49	15.27	24.25	29.90	47.49
53	17.42	27.66	33.46	53.15	16.30	25.89	32.00	50.83	16.30	25.89	32.00	50.83
54	18.86	29.96	36.30	57.65	17.41	27.65	34.25	54.39	17.41	27.65	34.25	54.39
55	20.43	32.44	39.37	62.53	18.59	29.52	36.64	58.20	18.59	29.52	36.64	58.20
56	22.09	35.08	42.41	67.35	19.59	31.11	38.38	60.95	19.59	31.11	38.38	60.95
57	23.88	37.93	45.66	72.52	20.63	32.76	40.19	63.83	20.63	32.76	40.19	63.83
58	25.82	41.01	49.16	78.08	21.73	34.51	42.08	66.84	21.73	34.51	42.08	66.84
59	27.93	44.35	52.94	84.08	22.88	36.34	44.07	69.99	22.88	36.34	44.07	69.99
60	30.20	47.96	57.01	90.54	24.10	38.28	46.15	73.29	24.10	38.28	46.15	73.29

ING HomeGuard Plus Term (Form #R1371 - 12/09)

Critical Illness Rider - Guaranteed Rates

Annual premium for Critical Illness rider on 30 year product

	Male Nontobacco		Male Tobacco		Female Nontobacco		Female Tobacco		Unisex Nontobacco		Unisex Tobacco	
Age	**Yrs 1-5**	**Yrs 6-30**	**Yrs 1-5**	**Yrs 6-30**	**Yrs 1-5**	**Yrs 6-30**	**Yrs 1-5**	**Yrs 6-30**	**Yrs 1-5**	**Yrs 6-30**	**Yrs 1-5**	**Yrs 6-30**
18	0.98	1.54	1.55	2.46	1.11	1.77	1.85	2.94	1.11	1.77	1.85	2.94
19	1.06	1.67	1.68	2.67	1.21	1.92	2.01	3.20	1.21	1.92	2.01	3.20
20	1.15	1.82	1.83	2.90	1.32	2.09	2.19	3.48	1.32	2.09	2.19	3.48
21	1.24	1.97	2.00	3.17	1.44	2.28	2.40	3.81	1.44	2.28	2.40	3.81
22	1.35	2.15	2.19	3.48	1.56	2.47	2.63	4.17	1.56	2.47	2.63	4.17
23	1.46	2.32	2.40	3.81	1.69	2.69	2.88	4.58	1.69	2.69	2.88	4.58
24	1.58	2.51	2.63	4.17	1.84	2.92	3.15	5.01	1.84	2.92	3.15	5.01
25	1.72	2.73	2.87	4.56	1.99	3.16	3.46	5.49	1.99	3.16	3.46	5.49
26	1.86	2.96	3.15	5.00	2.16	3.43	3.79	6.02	2.16	3.43	3.79	6.02
27	2.01	3.20	3.43	5.45	2.35	3.73	4.16	6.60	2.35	3.73	4.16	6.60
28	2.18	3.46	3.76	5.97	2.55	4.05	4.55	7.22	2.55	4.05	4.55	7.22
29	2.36	3.75	4.11	6.52	2.77	4.40	4.99	7.92	2.77	4.40	4.99	7.92
30	2.55	4.05	4.50	7.14	3.01	4.78	5.47	8.68	3.01	4.78	5.47	8.68
31	2.76	4.39	4.91	7.80	3.27	5.20	5.98	9.50	3.27	5.20	5.98	9.50
32	2.99	4.75	5.37	8.53	3.56	5.66	6.56	10.42	3.56	5.66	6.56	10.42
33	3.24	5.14	5.87	9.33	3.87	6.16	7.18	11.41	3.87	6.16	7.18	11.41
34	3.51	5.58	6.43	10.21	4.20	6.67	7.87	12.50	4.20	6.67	7.87	12.50
35	3.80	6.03	7.03	11.16	4.56	7.25	8.63	13.70	4.56	7.25	8.63	13.70
36	4.17	6.62	7.72	12.26	4.93	7.83	9.33	14.82	4.93	7.83	9.33	14.82
37	4.57	7.26	8.47	13.45	5.32	8.45	10.10	16.04	5.32	8.45	10.10	16.04
38	5.02	7.97	9.29	14.76	5.75	9.13	10.93	17.36	5.75	9.13	10.93	17.36
39	5.50	8.73	10.20	16.20	6.21	9.86	11.82	18.78	6.21	9.86	11.82	18.78
40	6.04	9.59	11.19	17.78	6.71	10.65	12.79	20.32	6.71	10.65	12.79	20.32
41	6.62	10.52	12.28	19.51	7.24	11.50	13.85	21.99	7.24	11.50	13.85	21.99
42	7.26	11.53	13.48	21.41	7.82	12.42	14.99	23.80	7.82	12.42	14.99	23.80
43	7.96	12.65	14.79	23.49	8.44	13.41	16.21	25.74	8.44	13.41	16.21	25.74
44	8.73	13.86	16.24	25.79	9.11	14.47	17.54	27.86	9.11	14.47	17.54	27.86
45	9.58	15.21	17.82	28.30	9.84	15.63	18.98	30.15	9.84	15.63	18.98	30.15
46	10.35	16.44	19.32	30.69	10.51	16.69	20.32	32.27	10.51	16.69	20.32	32.27
47	11.19	17.77	20.96	33.29	11.22	17.82	21.73	34.52	11.22	17.82	21.73	34.52
48	12.10	19.21	22.74	36.11	11.99	19.04	23.26	36.94	11.99	19.04	23.26	36.94
49	13.07	20.76	24.66	39.16	12.79	20.32	24.89	39.53	12.79	20.32	24.89	39.53
50	14.13	22.44	26.75	42.48	13.66	21.69	26.63	42.30	13.66	21.69	26.63	42.30
51	15.27	24.25	29.01	46.08	14.59	23.17	28.50	45.27	14.59	23.17	28.50	45.27
52	16.50	26.20	31.47	49.98	15.58	24.75	30.50	48.44	15.58	24.75	30.50	48.44
53	17.83	28.32	34.13	54.20	16.63	26.42	32.64	51.84	16.63	26.42	32.64	51.84
54	19.28	30.62	37.02	58.79	17.76	28.20	34.93	55.47	17.76	28.20	34.93	55.47
55	20.83	33.09	40.15	63.77	18.96	30.12	37.37	59.36	18.96	30.12	37.37	59.36
56	22.53	35.78	43.24	68.67	19.98	31.73	39.13	62.15	19.98	31.73	39.13	62.15
57	24.35	38.68	46.56	73.95	21.04	33.41	40.98	65.08	21.04	33.41	40.98	65.08
58	26.33	41.82	50.13	79.62	22.16	35.19	42.91	68.15	22.16	35.19	42.91	68.15
59	28.48	45.23	53.98	85.74	23.33	37.06	44.93	71.36	23.33	37.06	44.93	71.36
60	30.79	48.90	58.13	92.33	24.58	39.04	47.06	74.74	24.58	39.04	47.06	74.74

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/24/2009	Form	Premium Endowment Rider	10/20/2009	R1369 PER Basic 9-25-09.pdf (Superceded)
08/24/2009	Form	Indeterminate Premium Term Life Insurance Policy To Age 95 With Exchange Option	10/20/2009	AR-1313.pdf (Superceded)

PREMIUM ENDOWMENT RIDER

At issue this Rider is part of the base policy (the "Policy") whose number is shown on the Rider Schedule. The provisions of the Policy apply to this Rider except that the provisions of this Rider modify and supersede the same provisions of the Policy. This Rider is issued in consideration of the application and the payment of premiums for the Policy and this Rider.

PREMIUM ENDOWMENT BENEFIT

If the Insured is alive and the Policy and this Rider are in force on the Endowment Date (and not as Reduced Paid-Up Insurance), we pay to you the Cash Surrender Value in one lump sum. After the Cash Surrender Value is paid, the Policy will continue in force as long as the required premiums are paid. Subject to the terms of this Rider and provided the Insured is alive, at any time before the Endowment Date you may surrender the Policy and this Rider for the Cash Surrender Value. The Policy and this Rider cannot be surrendered separately and if the Policy and this Rider are surrendered, the Policy and all riders will terminate and cannot be reinstated.

The Cash Surrender Value is not payable upon the Insured's death or if the Policy is continued as Reduced Paid-Up Insurance.

DEFINITIONS

The terms not defined herein shall have the same meaning as in the Policy.

BENEFIT PREMIUM
Gross premiums paid for the Policy and this Rider, minus policy fees, special class extra premium and flat extra premium, if any, and premiums paid which are not yet due and payable. Premiums paid for riders other than this Rider are not included in the Benefit Premium amount.

CASH SURRENDER VALUE
The Cash Surrender Value is equal to the then current Cash Value minus any outstanding loan and accrued loan interest.

CASH VALUE
The Cash Value equals a percentage of the cumulative Benefit Premiums we have received. The Cash Values shown on the Rider Schedule are based on Policy benefits at issue and assume that all premiums are paid when due. If an accelerated benefit is paid under an accelerated benefit rider, the Cash Value under this Rider will be reduced in proportion to the benefit accelerated before any reductions or charges divided by the Stated Death Benefit. The Cash Value within 30 days following a policy anniversary will not be less than the Cash Value on that anniversary, reduced by payments we make within those 30 days.

DEATH BENEFIT
The Death Benefit on the date of the Insured's death under the Policy and this Rider equals the greater of (a) the Policy's Stated Death Benefit, or (b) the Cash Value multiplied by the appropriate Corridor Percentage Factor from the Rider Schedule. If the Cash Value multiplied by the appropriate Corridor Percentage Factor from the Rider Schedule is greater than the Policy's Stated Death Benefit, then this larger amount will be used instead of the Stated Death Benefit when calculating the Death Proceeds payable at the Insured's death.

The Policy and this Rider are intended to qualify as a life insurance contract under the Internal Revenue Code, as amended. All terms and provisions of the Policy and this Rider will be construed in a manner consistent with the requirements of the Internal Revenue Code, as amended. The Policy's Death Benefit in force at any time will not be less than the minimum death benefit necessary to achieve such qualification under the applicable provisions and regulations of the Internal Revenue Code in effect at the

time the Policy is issued. We reserve the right to adjust the amount of coverage or reject any change request when required to maintain this tax qualification. The Definition of Life Insurance Test shown on the Rider Schedule is the specific method by which the Policy and this Rider may qualify as a life insurance contract.

ENDOWMENT DATE
The Endowment Date is shown on the Rider Schedule. It is the date on which, if the Insured is alive and the Policy and this Rider are in force on that date (and not as Reduced Paid-Up Insurance), we pay to you the Cash Surrender Value.

LOAN VALUE
The Loan Value is the maximum amount that may be borrowed against the Policy and this Rider. It is equal to the Cash Value on the date to which premiums are paid minus any outstanding loan, minus all premiums due, and minus loan interest to the end of the current Policy Year on the Cash Value. The Loan Value may not exceed the Cash Surrender Value.

RIDER PROVISIONS

COST OF THIS RIDER

The premiums for this Rider are shown in the Rider Schedule.

LOANS

If the Policy and this Rider are in force and have a Loan Value, you may take a loan from us using the Policy and this Rider as collateral. The maximum amount you may borrow is your Loan Value. The minimum amount you may borrow is set forth on the Schedule of Loan and Nonforfeiture Values. Any loan request should be sent to the ING Customer Service Center.

If more than one loan is requested, any new loan will be added to the existing loan. This way there is only one loan outstanding at any time.

We charge interest on all loans at the annual loan interest rate shown on the Schedule of Loan and Nonforfeiture Values. Interest is due and payable at the end of each Policy Year until the loan is repaid. If interest is not paid when due, it is added to the loan. If the loan and any accrued interest exceed the Cash Value, a payment sufficient to keep the Policy and this Rider in force must be paid before the end of the grace period or the Policy and this Rider will terminate.

You may repay the loan at anytime. Loan repayments should be sent to the ING Customer Service Center.

REDUCED PAID-UP INSURANCE

If a premium is not paid within 31 days after its due date, the Policy will continue from the unpaid premium's due date as Reduced Paid-Up Insurance, provided that the Policy has not been surrendered and has a Cash Surrender Value under this Rider on the unpaid premium's due date greater than or equal to the Minimum Reduced Paid-Up Premium. This Rider and all other rider benefits terminate if the Policy continues as Reduced Paid-Up Insurance. Loans are not available if the Policy continues as Reduced Paid-Up insurance.

If the Policy continues as Reduced Paid-Up Insurance, we will use the Cash Surrender Value under this Rider as a net single premium to purchase paid up insurance to the Ending Date, which is Age 95 of the Insured. When calculating the amount of Reduced Paid-Up Insurance coverage, we base the net single premium rates on the Insured's gender, as applicable, Age and risk class, and the Nonforfeiture Mortality Table and the Nonforfeiture Interest Rate as shown in the Rider Schedule. The cash value of Reduced Paid-Up Insurance at any point in time will equal the net single premium for continued insurance coverage to the Ending Date.

The Minimum Reduced Paid-Up Premium is shown on the Rider Schedule of Loan and Nonforfeiture Values. If the Cash Surrender Value is less than the Minimum Reduced Paid-Up Premium, we will pay to you the Cash Surrender Value in one lump sum.

The maximum amount of Reduced Paid-Up Insurance is equal to the Stated Death Benefit, minus any outstanding loan and accrued loan interest. If the Cash Surrender Value exceeds the amount required to purchase the maximum amount of Reduced Paid-Up Insurance to the Ending Date, any excess will be used to purchase a pure endowment payable at the Endowment Date if the Insured is alive on that date.

If the Policy continues as Reduced Paid-Up Insurance, we will adjust the Schedule of Corridor Percentage Factors to reflect the Nonforfeiture Interest Rate and Nonforfeiture Mortality Table at that time.

DEATH PROCEEDS

We pay the Death Proceeds under the Policy when the Insured dies. The Death Proceeds equal:

a. The Death Benefit as of the date of the Insured's death; plus
b. Any added benefit provided by rider; plus
c. A pro rata portion of any premium paid beyond the month of the Insured's death; minus
d. Any unpaid premium then due; minus
e. Any outstanding loan and accrued loan interest.

If the Death Proceeds are payable under the Policy before the Endowment Date, the Cash Surrender Value under this Rider will not be paid. The payment of any death benefits on any insured covered under another rider attached to the Policy will not trigger termination of this Rider or the Policy.

EXCHANGE OPTION

Subject to the conditions described below, the Policy and this Rider may be exchanged for a new policy which is acceptable to us at the time of the exchange. When you exercise the exchange option, unless you tell us otherwise we will apply the Cash Surrender Value as premium towards the new policy. Any other riders attached to the Policy at the time of the exchange may be included in the new policy subject to their availability and our approval. Your written request for an exchange must be made in advance and no premium may be outstanding at the time of the request.

If you do not exchange the Policy and this Rider, the Policy will continue to provide coverage according to its terms and this Rider will continue to provide benefits to the Endowment Date according to its terms.

Evidence of insurability is not required to exercise this exchange option unless the new policy and any riders contain new benefits not contained in the Policy or any riders attached to the Policy at the time of the exchange. In this case, evidence of insurability may be required but it will be limited to evidence that relates to the new benefits not contained in the Policy or any attached riders.

The conditions on which you may exercise this exchange option are:

a. The Policy may be exchanged on or before the earlier of the 10th Policy Anniversary or the Policy Anniversary coinciding with the Insured's Age 65;
b. If the Cash Surrender Value is applied to the new policy, the death benefit under the new policy may not exceed the Stated Death Benefit of the Policy, minus any outstanding loan and accrued loan interest. If the Cash Surrender Value is not applied to the new policy, the death benefit under the new policy may not exceed the Stated Death Benefit of the Policy on the effective date of the exchange, minus the Cash Surrender Value. The effective date of the exchange is the date we receive your application for the exchange accompanied by the initial premium for the new policy;
c. The death benefit of the new policy may not be less than the minimum required for the new policy;
d. The new policy will be in the same risk class as the Policy if available at the time of the exchange, otherwise, in the most comparable risk class available at the time. The premium will be based on rates in effect for the Age, gender and risk class of the Insured at the time of the exchange; and
e. The new policy will have a policy date and issue Age corresponding to the effective date of the exchange.

The suicide and incontestability periods in any new policy that is issued pursuant to the exercise of this exchange option will be measured from the Issue Date of the Policy, unless the new policy contains new benefits not contained in the Policy. In this case, the suicide and incontestability provisions of the new policy applicable to the new benefits will be measured from the issue date of the new policy.

SETTLEMENT OPTIONS

We allow all or part of the Cash Surrender Value to be paid according to one of several settlement options. The settlement options and the conditions and limits associated with payment under those options, including the mortality table and interest rate applicable to the settlement options, are described in the Policy. The effective date of a settlement option available under the Policy and this Rider is the date we receive the request to surrender the Policy and this Rider for the Cash Surrender Value or the Endowment Date, as applicable.

GRACE PERIOD

After the initial premium and subject to the Reduced Paid-Up Insurance provisions of this Rider, premiums must be paid by the 31st day after the due date or the Policy and this Rider will terminate. The Policy and this Rider will be in force during this 31 day grace period. If the Insured dies during the grace period, we will deduct from the Death Proceeds all due and unpaid premiums and any outstanding loan and accrued loan interest.

REINSTATEMENT

If the Policy and this Rider terminate and have not been surrendered for the Cash Surrender Value, they may be reinstated within three years of the due date of the unpaid premium if you provide us with:

a. A written application for reinstatement on a form acceptable to us;
b. Evidence of insurability satisfactory to us;
c. Payment of all overdue premiums with 6.00% interest compounded annually up to the date of reinstatement;
d. Payment of the Cash Surrender Value paid upon lapse of the Policy and this Rider, if any, with 6.00% interest compounded annually up to the date of reinstatement; and
e. Payment of any premiums due within 60 days following the date of reinstatement.

The Policy and this Rider cannot be reinstated separately. If your Policy and this Rider are reinstated, we will reinstate the loan amount, if any, with interest at the rate shown in the Schedule of Loan and Nonforfeiture Values compounded annually up to the date of reinstatement.

DEFERRAL OF PAYMENTS

We reserve the right to defer payment of the Cash Surrender Value or the granting of a loan for the period permitted by state law, but in no event more than 6 months. We will not defer granting a loan that will be used solely to pay premiums on one or more of your policies with us. Interest will be credited on the amount of any payment that is deferred as required by state law.

BASIS OF NONFORFEITURE VALUES

Minimum cash values are based on the Nonforfeiture Mortality Table and Nonforfeiture Interest Rate shown on the Rider Schedule of Loan and Nonforfeiture Values. Cash values will be no less than the minimum required in the state in which the Policy and this Rider are issued. Where required, a detailed statement of the method of computation of cash values has been filed with the Insurance Department of the state in which the Policy and this Rider are issued.

SUICIDE EXCLUSION

If the Insured commits suicide, while sane or insane, while the Policy and this Rider are in force and within two years of the Issue Date, we will make a limited payment to the Beneficiary. We will pay in one lump sum the amount of all premiums paid to us for the Policy and this Rider, minus any outstanding loan and accrued loan interest. Coverage under the Policy and this Rider will then terminate.

If the Insured commits suicide, while sane or insane, while the Policy and this Rider are in force and within two years of any date of reinstatement, we will make a limited payment to the Beneficiary. We will pay in one lump sum the amount of all premiums paid to us for the Policy and this Rider since the date of reinstatement, minus any outstanding loan and accrued loan interest. Coverage under the Policy and this Rider will then terminate.

TERMINATION OF RIDER

This Rider will terminate on the earlier of the Endowment Date or the date this Rider's Reduced Paid-Up Insurance benefit, if any, goes into effect. Otherwise, this Rider may not be terminated without terminating the Policy.

The Policy and this Rider will automatically terminate on the earliest of the following dates:

a. The date you surrender the Policy and this Rider for the Cash Surrender Value;
b. The date the Policy and this Rider lapse (when the grace period ends without payment of the required premium);
c. The date the Insured dies; or
d. The date the Policy terminates for any reason.

This Rider is signed for ReliaStar Life Insurance Company by:

Donald W. Britton President	Joy M. Benner Secretary

RELIASTAR LIFE INSURANCE COMPANY

ING Customer Service Center: P.O. Box 5011, Minot, ND 58702-5011

RIDER SCHEDULE

Base Policy Number: [67000001]

Policy Date: [December 15, 2009]

Endowment Period: [20][30] Years

Endowment Date: [December 15, 20XX]

SCHEDULE OF LOAN AND NONFORFEITURE VALUES

Loan Interest Rate: [8.00]% A Year, Compounded Annually, Payable In Arrears.

Minimum Loan Amount: [$100.00]

The Cash Value available under the Policy and this Rider will not be less than the minimum values required by or pursuant to the NAIC Standard Nonforfeiture Law for Life Insurance, model #808 and Actuarial Guideline XLV.

Nonforfeiture Mortality Table: [2001 CSO Ultimate Sex and Smoker Distinct, Age Last Birthday.]

Nonforfeiture Interest Rate: [4.00%]

Minimum Reduced Paid-Up Premium: [$1,000.00]

[Print for all states- FUW 20]

RIDER SCHEDULE (CONTINUED)

SCHEDULE OF CORRIDOR PERCENTAGE FACTORS (Definition of Life Insurance Test)

The Policy will be construed in a manner consistent with the requirements of the Cash Value Accumulation Test of section 7702 of the Internal Revenue Code, as amended (the "CVAT Test").

The Policy's Death Benefit will not be less than the amount necessary to comply with the CVAT Test. The Policy's Death Benefit at any time will not be less than:

a. The Cash Value; multiplied by
b. The appropriate Corridor Percentage Factor from the following table.

Insured's Age	Corridor Percentage Factor	Insured's Age	Corridor Percentage Factor	Insured's Age	Corridor Percentage Factor
[35]	[5.05443]	[55]	[2.49978]	[75]	[1.49868]
[36]	[4.88168]	[56]	[2.42423]	[76]	[1.47137]
[37]	[4.71484]	[57]	[2.35212]	[77]	[1.44598]
[38]	[4.55399]	[58]	[2.28304]	[78]	[1.42272]
[39]	[4.39914]	[59]	[2.21671]	[79]	[1.40184]
[40]	[4.24983]	[60]	[2.15315]	[80]	[1.38352]
[41]	[4.10618]	[61]	[2.09245]	[81]	[1.36802]
[42]	[3.96810]	[62]	[2.03475]	[82]	[1.35557]
[43]	[3.83413]	[63]	[1.98006]	[83]	[1.34644]
[44]	[3.70387]	[64]	[1.92826]	[84]	[1.34123]
[45]	[3.57726]	[65]	[1.87907]	[85]	[1.34095]
[46]	[3.45425]	[66]	[1.83227]	[86]	[1.34715]
[47]	[3.33479]	[67]	[1.78758]	[87]	[1.36219]
[48]	[3.21883]	[68]	[1.74482]	[88]	[1.38983]
[49]	[3.10630]	[69]	[1.70384]	[89]	[1.43645]
[50]	[2.99715]	[70]	[1.66463]	[90]	[1.51370]
[51]	[2.89131]	[71]	[1.62729]	[91]	[1.64445]
[52]	[2.78872]	[72]	[1.59201]	[92]	[1.88179]
[53]	[2.68931]	[73]	[1.55893]	[93]	[2.38736]
[54]	[2.59302]	[74]	[1.52785]	[94]	[3.97049]

The Corridor Percentage Factors shown above are only applicable while the Policy and this Rider are in force.

[Print for all states- FUW 30]

RIDER SCHEDULE (CONTINUED)

SCHEDULE OF CORRIDOR PERCENTAGE FACTORS (Definition of Life Insurance Test)

The Policy will be construed in a manner consistent with the requirements of the Cash Value Accumulation Test of section 7702 of the Internal Revenue Code, as amended (the "CVAT Test").

The Policy's Death Benefit will not be less than the amount necessary to comply with the CVAT Test. The Policy's Death Benefit at any time will not be less than:

a. The Cash Value; multiplied by
b. The appropriate Corridor Percentage Factor from the following table.

Insured's Age	Corridor Percentage Factor	Insured's Age	Corridor Percentage Factor	Insured's Age	Corridor Percentage Factor
[35]	[5.84585]	[55]	[2.79191]	[75]	[1.49868]
[36]	[5.63144]	[56]	[2.68624]	[76]	[1.47137]
[37]	[5.42485]	[57]	[2.58393]	[77]	[1.44598]
[38]	[5.22618]	[58]	[2.48493]	[78]	[1.42272]
[39]	[5.03544]	[59]	[2.38918]	[79]	[1.40184]
[40]	[4.85199]	[60]	[2.29661]	[80]	[1.38352]
[41]	[4.67597]	[61]	[2.20715]	[81]	[1.36802]
[42]	[4.50727]	[62]	[2.12073]	[82]	[1.35557]
[43]	[4.34585]	[63]	[2.03730]	[83]	[1.34644]
[44]	[4.19163]	[64]	[1.95677]	[84]	[1.34123]
[45]	[4.04431]	[65]	[1.87907]	[85]	[1.34095]
[46]	[3.90255]	[66]	[1.83227]	[86]	[1.34715]
[47]	[3.76451]	[67]	[1.78758]	[87]	[1.36219]
[48]	[3.63020]	[68]	[1.74482]	[88]	[1.38983]
[49]	[3.49959]	[69]	[1.70384]	[89]	[1.43645]
[50]	[3.37265]	[70]	[1.66463]	[90]	[1.51370]
[51]	[3.24937]	[71]	[1.62729]	[91]	[1.64445]
[52]	[3.12969]	[72]	[1.59201]	[92]	[1.88179]
[53]	[3.01359]	[73]	[1.55893]	[93]	[2.38736]
[54]	[2.90101]	[74]	[1.52785]	[94]	[3.97049]

The Corridor Percentage Factors shown above are only applicable while the Policy and this Rider are in force.

[Print for all states- SI 20]

RIDER SCHEDULE (CONTINUED)

SCHEDULE OF CORRIDOR PERCENTAGE FACTORS (Definition of Life Insurance Test)

The Policy will be construed in a manner consistent with the requirements of the Cash Value Accumulation Test of section 7702 of the Internal Revenue Code, as amended (the "CVAT Test").

The Policy's Death Benefit will not be less than the amount necessary to comply with the CVAT Test. The Policy's Death Benefit at any time will not be less than:

a. The Cash Value; multiplied by
b. The appropriate Corridor Percentage Factor from the following table.

Insured's Age	Corridor Percentage Factor	Insured's Age	Corridor Percentage Factor	Insured's Age	Corridor Percentage Factor
[35]	[5.26492]	[55]	[2.66237]	[75]	[1.60993]
[36]	[5.08446]	[56]	[2.58282]	[76]	[1.58224]
[37]	[4.91046]	[57]	[2.50691]	[77]	[1.55685]
[38]	[4.74261]	[58]	[2.43429]	[78]	[1.53399]
[39]	[4.58080]	[59]	[2.36465]	[79]	[1.51391]
[40]	[4.42489]	[60]	[2.29796]	[80]	[1.49686]
[41]	[4.27485]	[61]	[2.23424]	[81]	[1.48334]
[42]	[4.13051]	[62]	[2.17356]	[82]	[1.47395]
[43]	[3.99177]	[63]	[2.11588]	[83]	[1.46914]
[44]	[3.85852]	[64]	[2.06107]	[84]	[1.46973]
[45]	[3.73072]	[65]	[2.00892]	[85]	[1.47715]
[46]	[3.60818]	[66]	[1.95927]	[86]	[1.49327]
[47]	[3.49064]	[67]	[1.91188]	[87]	[1.52143]
[48]	[3.37755]	[68]	[1.86664]	[88]	[1.56732]
[49]	[3.26734]	[69]	[1.82342]	[89]	[1.63973]
[50]	[3.15983]	[70]	[1.78223]	[90]	[1.75432]
[51]	[3.05501]	[71]	[1.74314]	[91]	[1.93856]
[52]	[2.95287]	[72]	[1.70636]	[92]	[2.25692]
[53]	[2.85340]	[73]	[1.67197]	[93]	[2.91451]
[54]	[2.75657]	[74]	[1.63984]	[94]	[4.93653]

The Corridor Percentage Factors shown above are only applicable while the Policy and this Rider are in force.

[Print for all states- SI 30]

RIDER SCHEDULE (CONTINUED)

SCHEDULE OF CORRIDOR PERCENTAGE FACTORS (Definition of Life Insurance Test)

The Policy will be construed in a manner consistent with the requirements of the Cash Value Accumulation Test of section 7702 of the Internal Revenue Code, as amended (the "CVAT Test").

The Policy's Death Benefit will not be less than the amount necessary to comply with the CVAT Test. The Policy's Death Benefit at any time will not be less than:

a. The Cash Value; multiplied by
b. The appropriate Corridor Percentage Factor from the following table.

Insured's Age	Corridor Percentage Factor	Insured's Age	Corridor Percentage Factor	Insured's Age	Corridor Percentage Factor
[35]	[5.54301]	[55]	[2.84567]	[75]	[1.60993]
[36]	[5.35455]	[56]	[2.75164]	[76]	[1.58224]
[37]	[5.17282]	[57]	[2.65994]	[77]	[1.55685]
[38]	[4.99750]	[58]	[2.57058]	[78]	[1.53399]
[39]	[4.82848]	[59]	[2.48353]	[79]	[1.51391]
[40]	[4.66563]	[60]	[2.39879]	[80]	[1.49686]
[41]	[4.50895]	[61]	[2.31633]	[81]	[1.48334]
[42]	[4.35823]	[62]	[2.23614]	[82]	[1.47395]
[43]	[4.21340]	[63]	[2.15819]	[83]	[1.46914]
[44]	[4.07436]	[64]	[2.08246]	[84]	[1.46973]
[45]	[3.94107]	[65]	[2.00892]	[85]	[1.47715]
[46]	[3.81336]	[66]	[1.95927]	[86]	[1.49327]
[47]	[3.69092]	[67]	[1.91188]	[87]	[1.52143]
[48]	[3.57317]	[68]	[1.86664]	[88]	[1.56732]
[49]	[3.45980]	[69]	[1.82342]	[89]	[1.63973]
[50]	[3.35078]	[70]	[1.78223]	[90]	[1.75432]
[51]	[3.24512]	[71]	[1.74314]	[91]	[1.93856]
[52]	[3.14177]	[72]	[1.70636]	[92]	[2.25692]
[53]	[3.04073]	[73]	[1.67197]	[93]	[2.91451]
[54]	[2.94203]	[74]	[1.63984]	[94]	[4.93653]

The Corridor Percentage Factors shown above are only applicable while the Policy and this Rider are in force.

[Print for FUW-20 version]

RIDER SCHEDULE (CONTINUED)

SCHEDULE OF PREMIUMS AND CASH VALUES

The following table shows the annual premiums for this Rider and the Cash Value at the end of each Policy Year, based on Policy benefits at issue and assuming that all premiums are paid when due.

Policy Year	Annual Rider Premiums	Cash Value	Cash Value as a Percentage of Cumulative Benefit Premium Received
1	[$759.00]	[$0.00]	[0.00%]
2	[$759.00]	[$0.00]	[0.00%]
3	[$759.00]	[$168.30]	[5.00%]
4	[$759.00]	[$1,077.12]	[24.00%]
5	[$759.00]	[$2,019.60]	[36.00%]
6	[$759.00]	[$3,029.40]	[45.00%]
7	[$759.00]	[$4,084.08]	[52.00%]
8	[$759.00]	[$5,116.32]	[57.00%]
9	[$759.00]	[$6,260.76]	[62.00%]
10	[$759.00]	[$7,405.20]	[66.00%]
11	[$759.00]	[$8,639.40]	[70.00%]
12	[$759.00]	[$9,963.36]	[74.00%]
13	[$759.00]	[$11,231.22]	[77.00%]
14	[$759.00]	[$12,723.48]	[81.00%]
15	[$759.00]	[$14,137.20]	[84.00%]
16	[$759.00]	[$15,618.24]	[87.00%]
17	[$759.00]	[$17,357.34]	[91.00%]
18	[$759.00]	[$18,984.24]	[94.00%]
19	[$759.00]	[$20,678.46]	[97.00%]
20	[$759.00]	[$22,440.00]	[100.00%]

During a Policy Year at the end of which there is a positive Cash Value, the percentage of cumulative Benefit Premium received increases uniformly.

[Print for FUW-30 version]

RIDER SCHEDULE (CONTINUED)

SCHEDULE OF PREMIUMS AND CASH VALUES

The following table shows the annual premiums for this Rider and the Cash Value at the end of each Policy Year, based on Policy benefits at issue and assuming that all premiums are paid when due.

Policy Year	Annual Rider Premiums	Cash Value	Cash Value as a Percentage of Cumulative Benefit Premium Received
1	[$261.00]	[$0.00]	[0.00%]
2	[$261.00]	[$0.00]	[0.00%]
3	[$261.00]	[$0.00]	[0.00%]
4	[$261.00]	[$0.00]	[0.00%]
5	[$261.00]	[$68.10]	[2.00%]
6	[$261.00]	[$531.18]	[13.00%]
7	[$261.00]	[$1,001.07]	[21.00%]
8	[$261.00]	[$1,470.96]	[27.00%]
9	[$261.00]	[$1,961.28]	[32.00%]
10	[$261.00]	[$2,451.60]	[36.00%]
11	[$261.00]	[$2,996.40]	[40.00%]
12	[$261.00]	[$3,595.68]	[44.00%]
13	[$261.00]	[$4,160.91]	[47.00%]
14	[$261.00]	[$4,767.00]	[50.00%]
15	[$261.00]	[$5,413.95]	[53.00%]
16	[$261.00]	[$6,101.76]	[56.00%]
17	[$261.00]	[$6,830.43]	[59.00%]
18	[$261.00]	[$7,599.96]	[62.00%]
19	[$261.00]	[$8,280.96]	[64.00%]
20	[$261.00]	[$9,125.40]	[67.00%]
21	[$261.00]	[$10,010.70]	[70.00%]
22	[$261.00]	[$10,936.86]	[73.00%]
23	[$261.00]	[$11,903.88]	[76.00%]
24	[$261.00]	[$12,911.76]	[79.00%]
25	[$261.00]	[$13,960.50]	[82.00%]
26	[$261.00]	[$15,050.10]	[85.00%]
27	[$261.00]	[$16,364.43]	[89.00%]
28	[$261.00]	[$17,542.56]	[92.00%]
29	[$261.00]	[$18,959.04]	[96.00%]
30	[$261.00]	[$20,430.00]	[100.00%]

During a Policy Year at the end of which there is a positive Cash Value, the percentage of cumulative Benefit Premium received increases uniformly.

[Print for SI-20 version]

RIDER SCHEDULE (CONTINUED)

SCHEDULE OF PREMIUMS AND CASH VALUES

The following table shows the annual premiums for this Rider and the Cash Value at the end of each Policy Year, based on Policy benefits at issue and assuming that all premiums are paid when due.

Policy Year	Annual Rider Premiums	Cash Value	Cash Value as a Percentage of Cumulative Benefit Premium Received
1	[$296.50]	[$0.00]	[0.00%]
2	[$296.50]	[$0.00]	[0.00%]
3	[$296.50]	[$372.60]	[24.00%]
4	[$296.50]	[$807.30]	[39.00%]
5	[$296.50]	[$1,242.00]	[48.00%]
6	[$296.50]	[$1,676.70]	[54.00%]
7	[$296.50]	[$2,137.28]	[59.00%]
8	[$296.50]	[$2,608.20]	[63.00%]
9	[$296.50]	[$3,120.53]	[67.00%]
10	[$296.50]	[$3,622.50]	[70.00%]
11	[$296.50]	[$4,155.53]	[73.00%]
12	[$296.50]	[$4,781.70]	[77.00%]
13	[$296.50]	[$5,382.00]	[80.00%]
14	[$296.50]	[$5,940.90]	[82.00%]
15	[$296.50]	[$6,598.13]	[85.00%]
16	[$296.50]	[$7,286.40]	[88.00%]
17	[$296.50]	[$8,005.73]	[91.00%]
18	[$296.50]	[$8,756.10]	[94.00%]
19	[$296.50]	[$9,537.53]	[97.00%]
20	[$296.50]	[$10,350.00]	[100.00%]

During a Policy Year at the end of which there is a positive Cash Value, the percentage of cumulative Benefit Premium received increases uniformly.

[Print for SI-30 version]

RIDER SCHEDULE (CONTINUED)

SCHEDULE OF PREMIUMS AND CASH VALUES

The following table shows the annual premiums for this Rider and the Cash Value at the end of each Policy Year, based on Policy benefits at issue and assuming that all premiums are paid when due.

Policy Year	Annual Rider Premiums	Cash Value	Cash Value as a Percentage of Cumulative Benefit Premium Received
1	[$97.50]	[$0.00]	[0.00%]
2	[$97.50]	[$0.00]	[0.00%]
3	[$97.50]	[$21.42]	[2.00%]
4	[$97.50]	[$228.48]	[16.00%]
5	[$97.50]	[$446.25]	[25.00%]
6	[$97.50]	[$664.02]	[31.00%]
7	[$97.50]	[$899.64]	[36.00%]
8	[$97.50]	[$1,142.40]	[40.00%]
9	[$97.50]	[$1,381.59]	[43.00%]
10	[$97.50]	[$1,642.20]	[46.00%]
11	[$97.50]	[$1,924.23]	[49.00%]
12	[$97.50]	[$2,227.68]	[52.00%]
13	[$97.50]	[$2,506.14]	[54.00%]
14	[$97.50]	[$2,798.88]	[56.00%]
15	[$97.50]	[$3,159.45]	[59.00%]
16	[$97.50]	[$3,484.32]	[61.00%]
17	[$97.50]	[$3,823.47]	[63.00%]
18	[$97.50]	[$4,241.16]	[66.00%]
19	[$97.50]	[$4,612.44]	[68.00%]
20	[$97.50]	[$4,998.00]	[70.00%]
21	[$97.50]	[$5,472.81]	[73.00%]
22	[$97.50]	[$5,890.50]	[75.00%]
23	[$97.50]	[$6,404.58]	[78.00%]
24	[$97.50]	[$6,854.40]	[80.00%]
25	[$97.50]	[$7,407.75]	[83.00%]
26	[$97.50]	[$7,982.52]	[86.00%]
27	[$97.50]	[$8,675.10]	[90.00%]
28	[$97.50]	[$9,296.28]	[93.00%]
29	[$97.50]	[$10,042.41]	[97.00%]
30	[$97.50]	[$10,710.00]	[100.00%]

During a Policy Year at the end of which there is a positive Cash Value, the percentage of cumulative Benefit Premium received increases uniformly.

RELIASTAR LIFE INSURANCE COMPANY
A STOCK COMPANY

INSURED [JOHN DOE]
POLICY DATE: [December 15, 2009]
POLICY NUMBER: [67000001]

WE AGREE TO PAY the Death Proceeds to the Beneficiary on the death of the Insured while your policy is in force, subject to your policy provisions.

WE ALSO AGREE to provide the other rights and benefits of your policy, subject to its provisions.

PLEASE READ YOUR POLICY CAREFULLY

RIGHT TO EXAMINE PERIOD. You have the right to examine and return your policy. You may return it by mail or other delivery to the agent who sold it to you or to the ING Customer Service Center within 30 days after you receive it. It will then be void from the beginning. Once you have returned your policy during the Right to Examine Period, we will refund all premiums paid.

Your policy is signed for ReliaStar Life Insurance Company by:

[Donald W. Britton
President]

[Joy M. Benner
Secretary]

In your policy, “you” and “your” refer to the Owner of this policy; “we, “us” and “our” refer to ReliaStar Life Insurance Company.

YOUR POLICY IS AN INDETERMINATE PREMIUM TERM LIFE INSURANCE POLICY TO AGE 95 WITH EXCHANGE OPTION AND PREMIUM ADJUSTMENT PROVISIONS.
YOUR POLICY IS NONPARTICIPATING AND NONRENEWABLE.

The Death Proceeds are payable if the Insured dies while your policy is in force. Premiums are payable to Age 95 or until the Insured’s death, whichever comes first. Premiums remain level during the Level Premium Period. After the Level Premium Period, premiums may increase but will never be greater than those shown in the Schedule of Maximum Premiums by Year.

RELIASTAR LIFE INSURANCE COMPANY

Home Office:
Minneapolis, Minnesota

ING Customer Service Center
P.O. Box 5011
Minot, North Dakota 58702-5011
Toll Free Number: 1-877-886-5050

TABLE OF CONTENTS

POLICY DATA - SCHEDULE **3**

TERMS TO UNDERSTAND **4**

INSURANCE COVERAGE PROVISIONS **5**

POLICY DATES AND PERIODS 5
PREMIUMS 5
DEATH BENEFIT 6

GENERAL POLICY PROVISIONS **7**

YOUR POLICY 7
EXCHANGE OPTION 7
NOTICE AND PROCEDURES 8
AGE 8
INSURED 8
OWNER 8
BENEFICIARIES 8
ASSIGNMENT 9
INCONTESTABILITY 9
MISSTATEMENT OF AGE OR GENDER 9
SUICIDE EXCLUSION 9
TERMINATION 9
GRACE PERIOD 9
REINSTATEMENT 10
ING CUSTOMER SERVICE CENTER 10

SETTLEMENT OPTIONS PROVISIONS **10**

SETTLEMENT OPTION TABLES 13

We place a copy of your application and any amendments, endorsements and riders at the end of your policy provisions and these documents are part of your policy.

[File for FUW version - 20]

POLICY DATA - SCHEDULE

POLICY NUMBER	[67000001]
POLICY DATE	[OCTOBER 15, 2009]
ISSUE DATE	[DECEMBER 15, 2009]
ENDING DATE	[DECEMBER 15, 2069]
INITIAL TERM	[20] YEARS
LEVEL PREMIUM PERIOD	[20] YEARS
EXTENDED PREMIUM GUARANTEE	[YES]
OWNER	[JOHN DOE]
INSURED	[JOHN DOE]
AGE/GENDER	[35 MALE]
RISK CLASS	[STANDARD NO TOBACCO]
PREMIUM INTERVAL	[ANNUAL]
STATED DEATH BENEFIT	[$150,000.00]
INITIAL PREMIUM	[$1,392.20]

COVERAGE TYPE	**Stated Death Benefit/Rider Benefit**	**Years of Coverage**	**First Policy Year Annual Premium**
TERM INSURANCE POLICY	[$150,000.00]	[60]	$[363.00]
POLICY FEE	--	--	$[0.00]
[SPECIAL CLASS EXTRA PREMIUM]	--	--	$[0.00]
[FLAT EXTRA PREMIUM FOR [XX] POLICY YEAR[S]]	--	--	$[0.00]
[ACCIDENT ONLY DISABILITY INCOME RIDER]	$[1,000.00]	[25]	$[100.00]
[CHILDREN'S TERM INSURANCE RIDER]	$[5,000.00]	[30]	$[32.50]
[CRITICAL ILLNESS RIDER]	$[30,000.00]	[20]	$[100.20]
[PREMIUM ENDOWMENT RIDER]	--	[20]	$[759.00]
[WAIVER OF PREMIUM RIDER (DISABILITY)]	--	[25]	$[37.50]
[WAIVER OF PREMIUM RIDER (UNEMPLOYMENT)]	--	[25]	--
TOTAL FIRST POLICY YEAR ANNUAL PREMIUM	--	--	$[1,392.20]

SEE SCHEDULE OF MAXIMUM PREMIUMS BY POLICY YEAR FOR POLICY AND RIDER ANNUAL PREMIUMS AFTER THE FIRST POLICY YEAR.

EXCHANGE OPTION

Your policy may be exchanged on or before the earlier of the 10th Policy Anniversary or the Policy Anniversary coinciding with the Insured's Age 65.

[File for SI version -20]

POLICY DATA - SCHEDULE

POLICY NUMBER	[67000001]
POLICY DATE	[DECEMBER 15, 2009]
ISSUE DATE	[DECEMBER 15, 2009]
ENDING DATE	[DECEMBER 15, 2069]
INITIAL TERM	[20] YEARS
LEVEL PREMIUM PERIOD	[20] YEARS
EXTENDED PREMIUM GUARANTEE	[YES]
OWNER	[JOHN DOE]
INSURED	[JOHN DOE]
AGE/GENDER	[35 MALE]
RISK CLASS	[STANDARD NO TOBACCO]
PREMIUM INTERVAL	[ANNUAL]
STATED DEATH BENEFIT	[$50,000.00]
INITIAL PREMIUM	[$657.90]

COVERAGE TYPE	**Stated Death Benefit/Rider Benefit**	**Years of Coverage**	**First Policy Year Annual Premium**
TERM INSURANCE POLICY	[$50,000.00]	[60]	$[221.00]
POLICY FEE	--	--	$[0.00]
[SPECIAL CLASS EXTRA PREMIUM]	--	--	$[0.00]
[ACCIDENT ONLY DISABILITY INCOME RIDER]	$[350.00]	[25]	$[35.00]
[ACCIDENTAL DEATH BENEFIT RIDER	$[50,000.00]	[35]	$[27.00]
[CHILDREN'S TERM INSURANCE RIDER]	$[5,000.00]	[30]	$[32.50]
[CRITICAL ILLNESS RIDER]	$[10,000.00]	[20]	$[33.40]
[PREMIUM ENDOWMENT RIDER]	--	[20]	$[296.50]
[WAIVER OF PREMIUM RIDER (DISABILITY)]	--	[25]	$[12.50]
[WAIVER OF PREMIUM RIDER (UNEMPLOYMENT)]	--	[25]	--
TOTAL FIRST POLICY YEAR ANNUAL PREMIUM	--	--	$[657.90]

SEE SCHEDULE OF MAXIMUM PREMIUMS BY POLICY YEAR FOR POLICY AND RIDER ANNUAL PREMIUMS AFTER THE FIRST POLICY YEAR.

EXCHANGE OPTION

Your policy may be exchanged on or before the earlier of the 10th Policy Anniversary or the Policy Anniversary coinciding with the Insured's Age 65.

[Print for FUW version]

POLICY DATA-SCHEDULE OF ADDITIONAL BENEFITS AND RIDERS

For benefit amounts and premiums, if any, see Schedule page 3. For details on the benefits provided by each Rider, see the Rider provisions.

ACCELERATED BENEFIT RIDER

[ACCIDENT ONLY DISABILITY INCOME RIDER
Maximum Benefit Period: 24 months
Waiting Period: 3 months]

[CHILDREN'S TERM INSURANCE RIDER]

[CRITICAL ILLNESS RIDER]

[PREMIUM ENDOWMENT RIDER]

[WAIVER OF PREMIUM RIDER (DISABILITY)]

[WAIVER OF PREMIUM RIDER (UNEMPLOYMENT)]

[Print for SI version]

POLICY DATA - SCHEDULE OF ADDITIONAL BENEFITS AND RIDERS

For benefit amounts and premiums, if any, see Schedule page 3. For details on the benefits provided by each Rider, see the Rider provisions.

[ACCIDENTAL DEATH BENEFIT RIDER
Your policy automatically includes an Accidental Death Benefit Rider with a benefit equal to 50.00% of the face amount of your policy. The cost associated with this automatic Accidental Death Benefit is included in the premiums for the base policy. Additional coverage may be elected. The rates per thousand of rider face amount associated with this additional cost are as follows:

Issue Ages	ADB Rate	Issue Ages	ADB Rate	Issue Ages	ADB Rate	Issue Ages	ADB Rate
20-24	1.08	30-42	1.08	49-53	1.32	57-59	1.56
25-29	0.96	43-48	1.20	54-56	1.44	60	1.68

Any First Policy Year Annual Premium for the Accidental Death Benefit Rider shown above on Schedule Page 3 and any premium for the Accidental Death Benefit Rider shown in the Schedule of Maximum Annual Premiums by Year is for the Accidental Death Benefit in excess of the amount that is automatically included with your Policy.]

[ACCIDENT ONLY DISABILITY INCOME RIDER
Maximum Benefit Period: [24] months
Waiting Period: [3] months]

[CHILDREN'S TERM INSURANCE RIDER]

[CRITICAL ILLNESS RIDER]

[PREMIUM ENDOWMENT RIDER]

[WAIVER OF PREMIUM RIDER (DISABILITY)]

[WAIVER OF PREMIUM RIDER (UNEMPLOYMENT)]

[Print for FUW version - 20]

POLICY DATA - SCHEDULE OF MAXIMUM ANNUAL PREMIUMS BY YEAR

MAXIMUM PREMIUMS ARE SHOWN BELOW, AND THE PREMIUM ACTUALLY CHARGED WILL NEVER BE HIGHER THAN THE AMOUNTS SHOWN.

Policy Year	Base Policy	[Accident Only Disability Income Rider]	[Children's Term Insurance Rider]	[Critical Illness Rider]	[Premium Endowment Rider]	[Waiver of Premium Rider (Disability)]	Maximum Total Annual Premium
1	[$363.00]	[$100.00]	[$32.50]	[$100.20]	[$759.00]	[$37.50]	[$1,392.20]
2	[$363.00]	[$150.00]	[$32.50]	[$100.20]	[$759.00]	[$37.50]	[$1,442.20]
3	[$363.00]	[$150.00]	[$32.50]	[$100.20]	[$759.00]	[$37.50]	[$1,442.20]
4	[$363.00]	[$150.00]	[$32.50]	[$100.20]	[$759.00]	[$37.50]	[$1,442.20]
5	[$363.00]	[$150.00]	[$32.50]	[$100.20]	[$759.00]	[$37.50]	[$1,442.20]
6	[$363.00]	[$150.00]	[$32.50]	[$159.30]	[$759.00]	[$37.50]	[$1,501.30]
7	[$363.00]	[$150.00]	[$32.50]	[$159.30]	[$759.00]	[$37.50]	[$1,501.30]
8	[$363.00]	[$150.00]	[$32.50]	[$159.30]	[$759.00]	[$37.50]	[$1,501.30]
9	[$363.00]	[$150.00]	[$32.50]	[$159.30]	[$759.00]	[$37.50]	[$1,501.30]
10	[$363.00]	[$150.00]	[$32.50]	[$159.30]	[$759.00]	[$37.50]	[$1,501.30]
11	[$363.00]	[$150.00]	[$32.50]	[$159.30]	[$759.00]	[$37.50]	[$1,501.30]
12	[$363.00]	[$150.00]	[$32.50]	[$159.30]	[$759.00]	[$37.50]	[$1,501.30]
13	[$363.00]	[$150.00]	[$32.50]	[$159.30]	[$759.00]	[$37.50]	[$1,501.30]
14	[$363.00]	[$150.00]	[$32.50]	[$159.30]	[$759.00]	[$37.50]	[$1,501.30]
15	[$363.00]	[$150.00]	[$32.50]	[$159.30]	[$759.00]	[$37.50]	[$1,501.30]
16	[$363.00]	[$150.00]	[$32.50]	[$159.30]	[$759.00]	[$37.50]	[$1,501.30]
17	[$363.00]	[$150.00]	[$32.50]	[$159.30]	[$759.00]	[$37.50]	[$1,501.30]
18	[$363.00]	[$150.00]	[$32.50]	[$159.30]	[$759.00]	[$37.50]	[$1,501.30]
19	[$363.00]	[$150.00]	[$32.50]	[$159.30]	[$759.00]	[$37.50]	[$1,501.30]
20	[$363.00]	[$150.00]	[$32.50]	[$159.30]	[$759.00]	[$37.50]	[$1,501.30]
21	[$2,619.00]	[$150.00]	[$32.50]	[$0.00]	[$0.00]	[$37.50]	[$2,839.00]
22	[$2,916.00]	[$150.00]	[$32.50]	[$0.00]	[$0.00]	[$37.50]	[$3,136.00]
23	[$3,204.00]	[$150.00]	[$32.50]	[$0.00]	[$0.00]	[$37.50]	[$3,424.00]
24	[$3,492.00]	[$150.00]	[$32.50]	[$0.00]	[$0.00]	[$37.50]	[$3,712.00]
25	[$3,829.50]	[$150.00]	[$32.50]	[$0.00]	[$0.00]	[$37.50]	[$4,049.50]
26	[$4,239.00]	[$0.00]	[$32.50]	[$0.00]	[$0.00]	[$0.00]	[$4,271.50]
27	[$4,738.50]	[$0.00]	[$32.50]	[$0.00]	[$0.00]	[$0.00]	[$4,771.00]
28	[$5,319.00]	[$0.00]	[$32.50]	[$0.00]	[$0.00]	[$0.00]	[$5,351.50]
29	[$5,953.50]	[$0.00]	[$32.50]	[$0.00]	[$0.00]	[$0.00]	[$5,986.00]
30	[$6,615.00]	[$0.00]	[$32.50]	[$0.00]	[$0.00]	[$0.00]	[$6,647.50]
31	[$7,303.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$7,303.50]
32	[$8,001.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$8,001.00]
33	[$8,730.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$8,730.00]
34	[$9,499.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$9,499.50]
35	[$10,363.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$10,363.50]

[Print for SI version - 20]

POLICY DATA - SCHEDULE OF MAXIMUM ANNUAL PREMIUMS BY YEAR

MAXIMUM PREMIUMS ARE SHOWN BELOW, AND THE PREMIUM ACTUALLY CHARGED WILL NEVER BE HIGHER THAN THE AMOUNTS SHOWN.

Policy Year	Base Policy	[Accident Only Disability Income Rider]	[Accidental Death Benefit Rider]	[Children's Term Insurance Rider]	[Critical Illness Rider]	[Premium Endowment Rider]	[Waiver of Premium Rider (Disability)]	Maximum Total Annual Premium
1	[$221.00]	[$35.00]	[$27.00]	[$32.50]	[$33.40]	[$296.50]	[$12.50]	[$657.90]
2	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$33.40]	[$296.50]	[$12.50]	[$675.40]
3	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$33.40]	[$296.50]	[$12.50]	[$675.40]
4	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$33.40]	[$296.50]	[$12.50]	[$675.40]
5	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$33.40]	[$296.50]	[$12.50]	[$675.40]
6	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$53.10]	[$296.50]	[$12.50]	[$642.00]
7	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$53.10]	[$296.50]	[$12.50]	[$695.10]
8	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$53.10]	[$296.50]	[$12.50]	[$695.10]
9	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$53.10]	[$296.50]	[$12.50]	[$695.10]
10	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$53.10]	[$296.50]	[$12.50]	[$695.10]
11	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$53.10]	[$296.50]	[$12.50]	[$695.10]
12	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$53.10]	[$296.50]	[$12.50]	[$695.10]
13	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$53.10]	[$296.50]	[$12.50]	[$695.10]
14	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$53.10]	[$296.50]	[$12.50]	[$695.10]
15	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$53.10]	[$296.50]	[$12.50]	[$695.10]
16	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$53.10]	[$296.50]	[$12.50]	[$695.10]
17	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$53.10]	[$296.50]	[$12.50]	[$695.10]
18	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$53.10]	[$296.50]	[$12.50]	[$695.10]
19	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$53.10]	[$296.50]	[$12.50]	[$695.10]
20	[$221.00]	[$52.50]	[$27.00]	[$32.50]	[$53.10]	[$296.50]	[$12.50]	[$695.10]
21	[$819.00]	[$52.50]	[$27.00]	[$32.50]	[$0.00]	[$0.00]	[$12.50]	[$943.50]
22	[$909.00]	[$52.50]	[$27.00]	[$32.50]	[$0.00]	[$0.00]	[$12.50]	[$1,033.50]
23	[$999.00]	[$52.50]	[$27.00]	[$32.50]	[$0.00]	[$0.00]	[$12.50]	[$1,123.50]
24	[$1,089.00]	[$52.50]	[$27.00]	[$32.50]	[$0.00]	[$0.00]	[$12.50]	[$1,213.50]
25	[$1,191.00]	[$52.50]	[$27.00]	[$32.50]	[$0.00]	[$0.00]	[$12.50]	[$1,315.50]
26	[$1,309.50]	[$0.00]	[$27.00]	[$32.50]	[$0.00]	[$0.00]	[$0.00]	[$1,369.00]
27	[$1,449.00]	[$0.00]	[$27.00]	[$32.50]	[$0.00]	[$0.00]	[$0.00]	[$1,508.50]
28	[$1,606.50]	[$0.00]	[$27.00]	[$32.50]	[$0.00]	[$0.00]	[$0.00]	[$1,666.00]
29	[$1,777.50]	[$0.00]	[$27.00]	[$32.50]	[$0.00]	[$0.00]	[$0.00]	[$1,837.00]
30	[$1,957.50]	[$0.00]	[$27.00]	[$32.50]	[$0.00]	[$0.00]	[$0.00]	[$2,017.00]
31	[$2,148.00]	[$0.00]	[$27.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$2,175.00]
32	[$2,344.50]	[$0.00]	[$27.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$2,371.50]
33	[$2,554.50]	[$0.00]	[$27.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$2,581.50]
34	[$2,778.00]	[$0.00]	[$27.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$2,805.00]
35	[$3,028.50]	[$0.00]	[$27.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$3,055.50]

[Print for FUW version – 20]

POLICY DATA - SCHEDULE OF MAXIMUM ANNUAL PREMIUMS BY YEAR (CONTINUED)

Policy Year	Base Policy	[Accident Only Disability Income Rider]	[Children's Term Insurance Rider]	[Critical Illness Rider]	[Premium Endowment Rider]	[Waiver of Premium Rider (Disability)]	Maximum Total Annual Premium
36	[$11,371.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$11,371.50]
37	[$12,595.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$12,595.50]
38	[$14,026.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$14,026.50]
39	[$15,534.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$15,534.00]
40	[$17,154.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$17,154.00]
41	[$18,918.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$18,918.00]
42	[$20,907.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$20,907.00]
43	[$23,220.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$23,220.00]
44	[$25,906.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$25,906.50]
45	[$28,917.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$28,917.00]
46	[$32,274.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$32,274.00]
47	[$35,923.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$35,923.50]
48	[$39,789.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$39,789.00]
49	[$44,010.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$44,010.00]
50	[$48,703.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$48,703.50]
51	[$53,923.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$53,923.50]
52	[$59,665.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$59,665.50]
53	[$65,871.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$65,871.00]
54	[$72,468.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$72,468.00]
55	[$79,389.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$79,389.00]
56	[$86,283.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$86,283.00]
57	[$93,069.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$93,069.00]
58	[$100,179.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$100,179.00]
59	[$107,676.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$107,676.00]
60	[$115,573.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$115,573.50]

To determine semi-annual, quarterly, and monthly payment amounts, multiply the amount in each column above by the appropriate factor shown below and total the results.

PREMIUM INTERVAL	FACTOR
SEMI-ANNUAL	[0.50]
QUARTERLY	[0.25]
MONTHLY	[0.083333]

POLICY DATA - SCHEDULE OF MAXIMUM ANNUAL PREMIUMS BY YEAR (CONTINUED)

Policy Year	Base Policy	[Accident Only Disability Income Rider]	[Accidental Death Benefit Rider]	[Children's Term Insurance Rider]	[Critical Illness Rider]	[Premium Endowment Rider]	[Waiver of Premium Rider (Disability)]	Maximum Total Annual Premium
36	[$3,315.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$3,315.00]
37	[$3,658.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$3,658.50]
38	[$4,050.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$4,050.00]
39	[$4,465.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$4,465.50]
40	[$4,914.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$4,914.00]
41	[$5,404.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$5,404.50]
42	[$5,949.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$5,949.00]
43	[$6,571.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$6,571.50]
44	[$7,276.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$7,276.50]
45	[$8,058.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$8,058.00]
46	[$8,952.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$8,952.00]
47	[$9,960.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$9,960.00]
48	[$11,019.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$11,019.00]
49	[$12,151.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$12,151.50]
50	[$13,401.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$13,401.00]
51	[$14,728.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$14,728.50]
52	[$16,210.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$16,210.50]
53	[$17,887.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$17,887.50]
54	[$19,645.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$19,645.50]
55	[$21,417.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$21,417.00]
56	[$22,908.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$22,908.00]
57	[$24,289.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$24,289.50]
58	[$26,086.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$26,086.50]
59	[$28,312.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$28,312.50]
60	[$30,985.50]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$0.00]	[$30,985.50]

To determine semi-annual, quarterly, and monthly payment amounts, multiply the amount in each column above by the appropriate factor shown below and total the results.

PREMIUM INTERVAL	FACTOR
SEMI-ANNUAL	[0.50]
QUARTERLY	[0.25]
MONTHLY	[0.083333]

TERMS TO UNDERSTAND

This section identifies some of the important terms that are used throughout your policy and that have special meaning. It is a reference to where we have defined and more fully discussed these terms.

Age: For details, see the Age section on page 8

Beneficiary: For details, see the Beneficiaries section on page 8

Death Proceeds and Stated Death Benefit: For details, see the Death Benefit section on page 6

Ending Date: For details, see the Policy Dates and Periods section on page 5

ING Customer Service Center: For details, see the ING Customer Service Center section on page 10

Insured: For details, see the Insured section on page 8

Issue Date, Policy Date, Policy Anniversary, and Policy Year: For details, see the Policy Dates and Periods section on page 5

Level Premium Period: For details, see the Premiums section on page 5

Owner: For details, see the Owner section on page 8

Right to Examine Period: For details, see the Policy Dates and Periods section on page 5

Settlement Options: For details, see the Settlement Options section on page 10

INSURANCE COVERAGE PROVISIONS

POLICY DATES AND PERIODS

ISSUE DATE

The Issue Date is the date we issue the policy on the life of the Insured. We show the Issue Date in your Schedule and it may be later than the Policy Date if the policy is backdated to save age.

Policy Date

The Policy Date is the effective date for all coverage provided under your policy. No coverage may take effect under your policy unless (1) we receive the required initial premium for your policy, (2) the policy has been delivered to you, and (3) there has been no change in the insurability of the proposed Insured from the date of your policy application to the later of the date we receive the required initial premium or the date of policy delivery.

We show the Policy Date in your Schedule. It is the date from which we measure Policy Anniversaries, Policy Years, and the Ending Date. A Policy Anniversary occurs each year on the same month and day as the Policy Date. The period between the Policy Date and the first Policy Anniversary, or from one Policy Anniversary to the next, is a Policy Year.

Ending Date

The Ending Date is the date on which all coverage provided under your policy ends, unless coverage is terminated earlier than this date as provided herein. We show the Ending Date in your Schedule.

Right to Examine Period

The Right to Examine Period is the number of days after delivery of your policy during which you have the right to examine your policy and return it for a refund. For details, see the Cover Page.

PREMIUMS

Your initial premium must be paid on or before the date your policy is delivered. In order for a premium to be effective it must be received at the ING Customer Service Center. All premiums after the initial premium are due and payable on or before the date they are due and must be mailed to us at the ING Customer Service Center. A premium receipt signed by an officer of the Company will be furnished upon request.

During the Level Premium Period, as shown in the Schedule, premiums for this policy are level for the period elected by you at the time of application. Premiums for riders, if any, may not be level during the Level Premium Period.

After the Level Premium Period, premiums may change each year but will not exceed the amounts shown in the Schedule of Maximum Premiums by Year. Before each Policy Year begins, written notice of the premiums for that year will be sent to the Owner.

You may pay your premiums once, twice, four or twelve times a year. We have the right, however, not to accept a premium payment of an amount less than $25.00.

If you decide to pay premiums once a year, your annual premium will be due on your Policy Anniversary. Should you decide to pay premiums more than once a year, your semi-annual premiums will be due every six months, your quarterly premiums will be due every three months and your monthly premiums will be due every month. In each year, one of the premium due dates must fall on your Policy Anniversary. Except as otherwise provided in this policy, this policy will automatically terminate if any premium is not paid when due.

DEATH BENEFIT

Stated Death Benefit

We show the Stated Death Benefit in your Schedule. It is the amount of insurance coverage provided under your policy.

Death Proceeds

Death Proceeds is the amount we pay at the Insured's death. It equals:

a. The Stated Death Benefit as of the date of the Insured's death; plus
b. Any added benefit provided by rider; plus
c. A pro rata portion of any premium paid beyond the month of the Insured's death; minus
d. Any unpaid premium then due.

We will pay the Death Proceeds within 7 days of when we receive due proof of the death claim. Due proof of the death claim means we have received:

a. Due proof of the Insured's death;
b. Sufficient information to determine the identity of the legally entitled beneficiaries; and
c. Sufficient evidence that any legal impediments to payment that depend on parties other than us are resolved. Such legal impediments include, but are not limited to, the establishment of guardianships and conservatorships, the appointment and qualification of trustees, executors and administrators and our receipt of information required to satisfy state and federal reporting requirements.

Any Death Proceeds we pay are subject to adjustments as provided in the Misstatement of Age or Gender, Suicide Exclusion and Incontestability sections. We will pay the Death Proceeds in one lump sum unless you request an alternate method of payment. We describe these other alternate methods of payment in the Settlement Options Provisions.

We will pay interest on the lump sum Death Proceeds from the date of the Insured's death to the date of payment. We will compute interest at a rate required by law from the date of death to the date the proceeds are paid.

GENERAL POLICY PROVISIONS

YOUR POLICY

Your policy, including a copy of your application and any Schedules, amendments and endorsements make up your entire contract between you and us. We will attach a copy of your original application to your policy at issue. In the absence of fraud, we will consider all statements made in your initial application, and any application for reinstatement, as representations and not warranties. No statement will be used to deny a claim unless it is in an application that is made part of your policy.

Both our President or another officer, and our Secretary or Assistant Secretary must sign all changes to your policy. No other person can change any of your policy's terms and conditions.

Your policy does not participate in our surplus earnings.

EXCHANGE OPTION

Subject to the conditions described below, your policy may be exchanged for a new policy which is acceptable to us at the time of the exchange. Any riders attached to your policy at the time of the exchange may be included in the new policy subject to their availability and our approval. Your written request for an exchange must be made in advance and no premium may be outstanding at the time of the request.

If you do not exchange your policy, it will continue to provide term coverage to the Ending Date according to its terms.

Evidence of insurability is not required to exercise this exchange option unless the new policy and any riders contain new benefits not contained in your policy or any riders attached to your policy at the time of the exchange. In this case, evidence of insurability may be required but it will be limited to evidence that relates to the new benefits not contained in your policy or any attached riders.

The conditions on which you may exercise this option are:

a. Your policy may be exchanged on or before the earlier of the 10th Policy Anniversary or the Policy Anniversary coinciding with the Insured's Age 65;
b. The death benefit of the new policy may not exceed the Stated Death Benefit of your policy on the effective date of the exchange. The effective date of the exchange is the date we receive your application for exchange accompanied by the initial premium for the new policy;
c. The death benefit of the new policy may not be less than the minimum required for the new policy;
d. The new policy will be in the same risk class as your policy if available at the time of the exchange, otherwise, in the most comparable risk class available at the time. The premium will be based on rates in effect for the Age, gender and risk class of the Insured at the time of the exchange; and
e. The new policy will have a policy date and issue Age corresponding to the effective date of the exchange.

The suicide and incontestability periods in any new policy which is issued pursuant to the exercise of this exchange option will be measured from the Issue Date of this policy, unless the new policy contains new benefits not contained in your policy. In this case, the suicide and incontestability provisions of the new policy applicable to the new benefits will be measured from the issue date of the new policy.

NOTICE AND PROCEDURES

You should send any notice to the ING Customer Service Center. We may require a return of your policy or proof of your lost policy for the termination of your policy. We are not liable for any action we take before we receive and record your written notification at the ING Customer Service Center.

In the event of the death of the Insured, please let us know as soon as possible. Once we receive notification of the Insured's death, we will promptly send claim filing instructions to you or the Beneficiary. We may require proof of Age and a certified copy of the death certificate. We may require the Beneficiary and next of kin to sign authorizations as part of due proof of the death claim. These authorization forms allow us to obtain information about the decedent, including, but not limited to, medical records of physicians and hospitals used by the decedent.

AGE

Age is the age of the Insured on his or her most recent birthday prior to the Policy Date. We issue your policy at the Age shown in your Schedule.

INSURED

The Insured is the person whose life is insured by your policy. The Insured's name is shown in your Schedule and the Insured may or may not be the Owner of your policy.

OWNER

The original Owner is the person or entity named as the Owner in your application. The words "you" and "your" in this policy refer to the Owner.

You, as the Owner, can exercise all rights and receive the benefits until the Insured's death. This includes the right to change the Owner, beneficiaries and methods for the payment of Death Proceeds.
You may name a new Owner by sending us notice. Unless you state otherwise, the new Owner designation will take effect on the date you sign the notice, subject to any payment made or actions taken prior to receipt of your notice at the ING Customer Service Center. All rights of the Owner are subject to the rights of any assignee and any irrevocable Beneficiary.

BENEFICIARIES

Your Beneficiary designation will be on file with us. Until the Insured's death, you may name a new Beneficiary by sending us notice. An irrevocable Beneficiary cannot be changed without the consent of the irrevocable Beneficiary. Unless you state otherwise, the new Beneficiary designation will take effect on the date you sign the notice, subject to any payments or actions we take prior to receipt of your notice at the ING Customer Service Center. We will pay Death Proceeds to the Beneficiaries listed on your most recent Beneficiary designation and we will not be subject to multiple payments.

We will pay the Death Proceeds to the primary Beneficiary or Beneficiaries surviving the Insured's death. If no primary Beneficiaries survive the Insured's death, we will pay the surviving contingent Beneficiary or Beneficiaries. If more than one Beneficiary in a class survives the Insured's death, they will share the Death Proceeds equally, unless your Beneficiary designation provides otherwise. We will pay the Death Proceeds to you or your estate if there is no surviving designated Beneficiary.

ASSIGNMENT

You may assign your policy as security by giving us notice. Unless you state otherwise, the assignment will take effect on the date you sign the notice, subject to any payments or actions we take prior to receipt of your notice at the ING Customer Service Center. The rights of the Owner and beneficiaries are subject to the assignment. We are not liable for the validity of any assignment.

INCONTESTABILITY

After your policy has been in force during the lifetime of the Insured for two years from the Issue Date, we will not contest it except for nonpayment of premiums. After your policy has been in force during the lifetime of the Insured for two years from the date of any reinstatement, we will not contest it except for nonpayment of premiums. We will base any contest only on statements made in your application for your policy and application for reinstatement, as applicable; and the statements must be material to the risk accepted or the hazard assumed by us. Notwithstanding the above, we may contest your policy at any time if it was procured by fraud, as permitted by the law of the state in which your policy was delivered.

MISSTATEMENT OF AGE OR GENDER

We will adjust the death benefit if the Insured's Age or gender has been misstated. Notwithstanding the Incontestability section, the death benefit will be that which the premium would have purchased at the Insured's correct Age and gender.

SUICIDE EXCLUSION

If the Insured commits suicide, while sane or insane, while the policy is in force and within two years of the Issue Date, we will make a limited payment to the Beneficiary. We will pay in one lump sum the amount of all premiums paid to us for your policy. Coverage under your policy will then terminate.

If the Insured commits suicide, while sane or insane, while the policy is in force and within two years of any date of reinstatement, we will make a limited payment to the Beneficiary. We will pay in one lump sum the amount of all premiums paid to us for your policy since the date of reinstatement. Coverage under your policy will then terminate.

TERMINATION

Your policy will terminate and all coverage provided by your policy will end upon the earliest of:

a. The date your policy lapses (when the grace period ends without payment of the required premium);
b. The date we receive notice of your written request to terminate or exchange your policy;
c. The Ending Date; or
d. The date of the Insured’s death.

GRACE PERIOD

After the initial premium, premiums must be paid by the 31st day after the due date or this policy will terminate. Premium sent to us by U.S. mail and postmarked within the grace period shall be deemed to be paid within the grace period. The policy will be in force during this 31 day grace period and if the Insured dies during the grace period, we will deduct from the Death Proceeds any due and unpaid premium.

REINSTATEMENT

If this policy terminates for failure to pay the required premium by the end of the grace period, you may reinstate it within three years of the date of termination if you provide us with:

a. A written application for reinstatement on a form acceptable to us;
b. Evidence of insurability satisfactory to us;
c. Payment of all overdue premiums with 6.00% interest compounded annually up to the date of reinstatement; and
d. Payment of any premiums due within 60 days following the date of reinstatement.

ING CUSTOMER SERVICE CENTER

The ING Customer Service Center is located at P.O. Box 5011, Minot, ND 58702-5011. For overnight delivery, the address is 2000 21st Ave NW, Minot, ND 58703-0890. Unless we give you notice otherwise, you should send all notices and requests to the ING Customer Service Center.

SETTLEMENT OPTIONS PROVISIONS

SETTLEMENT OPTION SELECTION

A Settlement Option provides for payment of Death Proceeds in other than a lump sum. You may select a Settlement Option by giving us notice before the death of the Insured. If you have not selected a Settlement Option, the Beneficiary may select a Settlement Option by giving us notice within 60 days after we receive due proof of the death claim. A payee that is not a natural person may not be named without our consent.

SETTLEMENT OPTIONS

a. **Settlement Option I - Payments for a Designated Period.** Based on your selection, we will pay annual, semi-annual, quarterly or monthly installments per year for a designated period that may be 5 to 30 years. The installment dollar amounts will be equal except for any excess interest as described below. The amount of the first monthly payment for each $1,000.00 of Death Proceeds applied is in Settlement Table I.
b. **Settlement Option II - Life Income with Payments for a Designated Period.** Based on your selection, we will pay annual, semi-annual, quarterly or monthly installments per year throughout the payee's lifetime, or if longer, for a period of 5, 10, 15 or 20 years. The installment dollar amounts will be equal except for any excess interest as described below. The amount of the first monthly payment for each $1,000.00 of Death Proceeds applied is in Settlement Option Table II. This Settlement Option is available only for ages shown in the table. Payments for Settlement Option II will be determined by using the 2000 Individual Annuitant Mortality Table for the appropriate gender at 1.50% interest annually.
c. **Settlement Option III - Hold at Interest.** You may leave amounts on deposit with us that we will pay on the death of the payee, or at any earlier date you select. Interest on any unpaid balance will be at the rate declared by us or at any higher rate required by law. You select whether interest will be left on deposit with us and accumulated or paid in monthly, quarterly, semi-annual or annual payments each year. You may not leave any amount on deposit for more than 30 years.
d. **Settlement Option IV - Payments of a Designated Amount.** Based on your selection, we will pay a designated amount in annual, semi-annual, quarterly or monthly equal installments per year until the Death Proceeds, together with interest at the rate declared by us or at any higher rate required by law, are exhausted.
e. **Settlement Option V - Other.** Settlement may be made in any other manner as agreed in writing between you (or the Beneficiary) and us.

SETTLEMENT OPTION CHANGES AND WITHDRAWALS

You may change any Settlement Option at any time before the death of the Insured. If you have given the Beneficiary the right to make changes, or if the Beneficiary has selected the Settlement Option, the Beneficiary (as primary payee) may take the following actions:

a. Make a change from Settlement Options I, III, and IV to another Settlement Option;
b. Take a full withdrawal under Settlement Option III or IV; and partial withdrawals of not less than $300.00 under Settlement Option III;
c. Commute and receive in one sum the present value of any remaining installments under Settlement Option I at 1.50% interest annually; and
d. Change any contingent payee designation.

You may give us notice requesting a change or withdrawal. We may require that you send in the supplementary policy or provide proof of your lost policy. We may defer payment of a commuted payment and any withdrawals for a period up to 6 months.

SETTLEMENT OPTION EXCESS INTEREST

We may declare an interest rate above the guaranteed rate on Settlement Options I, II, III and IV. The crediting of excess interest for one period does not guarantee the higher rate for other periods.

SETTLEMENT OPTION MINIMUM AMOUNTS

The minimum amount you may apply under any Settlement Option is $2,000.00. If the payments to the payee are ever less than $20.00, we may change the frequency of payments to result in payments of at least that amount.

SUPPLEMENTARY POLICY

When a Settlement Option becomes effective, we will surrender your policy in exchange for a supplementary policy. It will provide for the manner of settlement and rights of the payees. The supplementary policy's effective date will be the date of the Insured's death. The first payment under Settlement Options I, II, and IV will be payable as of the effective date. The first interest payment under Settlement Option III will be made as of the end of the interest payment period selected. We will make subsequent payments in accordance with the frequency of payment selected. You may not assign the supplementary policy or payments without our consent.

INCOME PROTECTION

Unless otherwise provided in the Settlement Option Changes and Withdrawals section above or in the selection of the Settlement Option, a payee does not have the right to commute, transfer or encumber amounts held or installments to become payable. To the extent provided by law, the Death Proceeds, retained amounts and installments are not subject to any payee's debts, policies or engagements.

DEATH OF PRIMARY PAYEE

On the primary payee's death, we will continue any payments certain under Settlement Option I or II, interest payments under Settlement Option III, or payments under Settlement Option IV to the contingent payee, or release any amounts in one lump sum, if permitted by your policy. The final payee will be the estate of the last to die of the primary payee and any contingent payee.

PAYMENTS OTHER THAN MONTHLY

The tables that follow show monthly installments for Settlement Options I and II. To arrive at annual, semi-annual or quarterly payments, multiply the appropriate figures by 11.813, 5.957 or 2.991 respectively. We will provide factors for other periods certain, or for other options provided by mutual agreement, on reasonable request.

SETTLEMENT OPTION TABLES

SETTLEMENT OPTION I
(Per $1,000.00 of Death Proceeds)

No. of Years Payable	Monthly Installment	No. of Years Payable	Monthly Installment
5	$17.28	18	$5.27
6	$14.51	19	$5.03
7	$12.53	20	$4.81
8	$11.04	21	$4.62
9	$9.89	22	$4.44
10	$8.96	23	$4.28
11	$8.21	24	$4.13
12	$7.58	25	$3.99
13	$7.05	26	$3.86
14	$6.59	27	$3.75
15	$6.20	28	$3.64
16	$5.85	29	$3.54
17	$5.55	30	$3.44

We base these monthly installments on an interest rate of 1.50% per year.

SETTLEMENT OPTION TABLES (CONTINUED)

SETTLEMENT OPTION II
Female
(Per $1,000.00 of Death Proceeds)

Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment				Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment			
Female	Life With 5 Years Certain	Life With 10 Years Certain	Life With 15 Years Certain	Life With 20 Years Certain	Female	Life With 5 Years Certain	Life With 10 Years Certain	Life With 15 Years Certain	Life With 20 Years Certain
15	1.92	1.92	1.92	1.92	41	2.57	2.56	2.56	2.55
16	1.94	1.94	1.94	1.94	42	2.61	2.60	2.60	2.59
17	1.95	1.95	1.95	1.95	43	2.65	2.64	2.64	2.63
18	1.97	1.97	1.97	1.97	44	2.69	2.69	2.68	2.67
19	1.99	1.99	1.99	1.99	45	2.74	2.73	2.73	2.71
20	2.01	2.01	2.01	2.00	46	2.79	2.78	2.77	2.76
21	2.02	2.02	2.02	2.02	47	2.84	2.83	2.82	2.80
22	2.04	2.04	2.04	2.04	48	2.89	2.88	2.87	2.85
23	2.06	2.06	2.06	2.06	49	2.94	2.94	2.92	2.90
24	2.08	2.08	2.08	2.08	50	3.00	2.99	2.98	2.95
25	2.10	2.10	2.10	2.10	51	3.06	3.05	3.03	3.00
26	2.13	2.12	2.12	2.12	52	3.12	3.11	3.09	3.06
27	2.15	2.15	2.15	2.14	53	3.19	3.18	3.16	3.12
28	2.17	2.17	2.17	2.17	54	3.26	3.25	3.22	3.18
29	2.19	2.19	2.19	2.19	55	3.33	3.32	3.29	3.24
30	2.22	2.22	2.22	2.21	56	3.41	3.39	3.36	3.30
31	2.25	2.24	2.24	2.24	57	3.49	3.47	3.43	3.37
32	2.27	2.27	2.27	2.27	58	3.58	3.56	3.51	3.44
33	2.30	2.30	2.30	2.29	59	3.67	3.65	3.59	3.51
34	2.33	2.33	2.32	2.32	60	3.77	3.74	3.68	3.58
35	2.36	2.36	2.35	2.35	61	3.87	3.84	3.77	3.66
36	2.39	2.39	2.39	2.38	62	3.98	3.94	3.86	3.73
37	2.42	2.42	2.42	2.41	63	4.10	4.05	3.96	3.81
38	2.46	2.45	2.45	2.44	64	4.22	4.16	4.06	3.88
39	2.49	2.49	2.49	2.48	65	4.35	4.29	4.16	3.96
40	2.53	2.53	2.52	2.51	66	4.49	4.42	4.27	4.04

We will provide monthly installments for ages not shown on request.

We base these monthly installments on the 2000 Individual Annuitant Mortality Table and an interest rate of 1.50% per year.

SETTLEMENT OPTION TABLES (CONTINUED)

SETTLEMENT OPTION II
Female (Continued)
(Per $1,000.00 of Death Proceeds)

Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment			
Female	Life With 5 Years Certain	Life With 10 Years Certain	Life With 15 Years Certain	Life With 20 Years Certain
67	4.64	4.55	4.38	4.11
68	4.80	4.69	4.49	4.19
69	4.97	4.85	4.61	4.26
70	5.15	5.00	4.73	4.33
71	5.35	5.17	4.85	4.39
72	5.56	5.35	4.97	4.45
73	5.78	5.53	5.09	4.51
74	6.03	5.72	5.20	4.56
75	6.28	5.92	5.31	4.60
76	6.56	6.12	5.42	4.64
77	6.85	6.32	5.52	4.68
78	7.17	6.53	5.62	4.70
79	7.50	6.74	5.70	4.73
80	7.86	6.95	5.78	4.75
81	8.23	7.15	5.85	4.76
82	8.63	7.35	5.91	4.78
83	9.04	7.54	5.97	4.79
84	9.47	7.71	6.01	4.80
85	9.91	7.88	6.05	4.80
86	10.36	8.03	6.08	4.81
87	10.82	8.17	6.11	4.81
88	11.28	8.29	6.13	4.81
89	11.73	8.40	6.15	4.81
90	12.17	8.50	6.16	4.81

We will provide monthly installments for ages not shown on request.

We base these monthly installments on the 2000 Individual Annuitant Mortality Table and an interest rate of 1.50% per year.

SETTLEMENT OPTION TABLES (CONTINUED)

SETTLEMENT OPTION II
Male
(Per $1,000.00 of Death Proceeds)

Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment				Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment			
Male	Life With 5 Years Certain	Life With 10 Years Certain	Life With 15 Years Certain	Life With 20 Years Certain	Male	Life With 5 Years Certain	Life With 10 Years Certain	Life With 15 Years Certain	Life With 20 Years Certain
15	1.99	1.99	1.99	1.99	41	2.73	2.73	2.72	2.70
16	2.01	2.01	2.01	2.01	42	2.78	2.78	2.76	2.74
17	2.03	2.03	2.03	2.03	43	2.83	2.82	2.81	2.79
18	2.05	2.05	2.05	2.04	44	2.88	2.87	2.86	2.83
19	2.07	2.07	2.07	2.06	45	2.93	2.93	2.91	2.88
20	2.09	2.09	2.09	2.08	46	2.99	2.98	2.96	2.93
21	2.11	2.11	2.11	2.10	47	3.05	3.04	3.02	2.98
22	2.13	2.13	2.13	2.12	48	3.11	3.10	3.07	3.03
23	2.15	2.15	2.15	2.15	49	3.17	3.16	3.13	3.09
24	2.17	2.17	2.17	2.17	50	3.24	3.22	3.19	3.14
25	2.20	2.20	2.19	2.19	51	3.31	3.29	3.26	3.20
26	2.22	2.22	2.22	2.22	52	3.38	3.36	3.32	3.26
27	2.25	2.25	2.24	2.24	53	3.46	3.44	3.39	3.32
28	2.27	2.27	2.27	2.27	54	3.54	3.52	3.47	3.39
29	2.30	2.30	2.30	2.29	55	3.63	3.60	3.54	3.45
30	2.33	2.33	2.33	2.32	56	3.72	3.68	3.62	3.52
31	2.36	2.36	2.35	2.35	57	3.81	3.77	3.70	3.58
32	2.39	2.39	2.38	2.38	58	3.91	3.87	3.79	3.65
33	2.42	2.42	2.42	2.41	59	4.02	3.97	3.87	3.72
34	2.46	2.45	2.45	2.44	60	4.13	4.08	3.97	3.79
35	2.49	2.49	2.48	2.47	61	4.25	4.19	4.06	3.86
36	2.53	2.52	2.52	2.51	62	4.38	4.30	4.16	3.93
37	2.56	2.56	2.56	2.54	63	4.52	4.43	4.26	4.01
38	2.60	2.60	2.59	2.58	64	4.66	4.56	4.36	4.07
39	2.65	2.64	2.63	2.62	65	4.82	4.69	4.46	4.14
40	2.69	2.68	2.68	2.66					

We will provide monthly installments for ages not shown on request.

We base these monthly installments on the 2000 Individual Annuitant Mortality Table and an interest rate of 1.50% per year.

SETTLEMENT OPTION TABLES (CONTINUED)

SETTLEMENT OPTION II
Male (Continued)
(Per $1,000.00 of Death Proceeds)

Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment			
Male	Life With 5 Years Certain	Life With 10 Years Certain	Life With 15 Years Certain	Life With 20 Years Certain
66	4.98	4.83	4.57	4.21
67	5.15	4.98	4.68	4.27
68	5.34	5.13	4.78	4.33
69	5.53	5.29	4.89	4.39
70	5.74	5.45	5.00	4.45
71	5.95	5.62	5.10	4.50
72	6.18	5.80	5.21	4.54
73	6.42	5.97	5.31	4.58
74	6.68	6.15	5.40	4.62
75	6.95	6.33	5.49	4.66
76	7.23	6.52	5.58	4.68
77	7.53	6.70	5.66	4.71
78	7.85	6.88	5.73	4.73
79	8.17	7.06	5.80	4.75
80	8.52	7.24	5.86	4.76
81	8.87	7.41	5.92	4.78
82	9.24	7.57	5.97	4.79
83	9.62	7.73	6.01	4.80
84	10.01	7.88	6.05	4.80
85	10.41	8.02	6.08	4.81
86	10.81	8.14	6.10	4.81
87	11.22	8.26	6.13	4.81
88	11.63	8.37	6.14	4.81
89	12.04	8.47	6.16	4.81
90	12.45	8.55	6.17	4.81

We will provide monthly installments for ages not shown on request.

We base these monthly installments on the 2000 Individual Annuitant Mortality Table and an interest rate of 1.50% per year.

YOUR POLICY IS AN INDETERMINATE PREMIUM TERM LIFE INSURANCE POLICY TO AGE 95 WITH EXCHANGE OPTION AND PREMIUM ADJUSTMENT PROVISIONS.
YOUR POLICY IS NONPARTICIPATING AND NONRENEWABLE.

PLEASE READ YOUR POLICY CAREFULLY

YOUR POLICY IS A VALUABLE ASSET
DO NOT ALLOW IT TO TERMINATE WITHOUT CONSULTING US

The Death Proceeds are payable if the Insured dies while your policy is in force. Premiums are payable to Age 95 or until the Insured's death, whichever comes first. Premiums remain level during the Level Premium Period. After the Level Premium Period, premiums may increase but will never be greater than those shown in the Schedule of Maximum Premiums by Year.

NOTICE: TO MAKE A CLAIM OR EXERCISE YOUR RIGHTS UNDER THIS POLICY, PLEASE CONTACT THE ING CUSTOMER SERVICE CENTER AT THE ADDRESS BELOW AND INCLUDE YOUR POLICY NUMBER:

RELIASTAR LIFE INSURANCE COMPANY

Home Office	**ING Customer Service Center**
Minneapolis, Minnesota	P.O. Box 5011
	Minot, North Dakota 58702-5011
	Toll Free Number: 1-877-886-5050