

<i>SERFF Tracking Number:</i>	<i>INGD-126327524</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>ReliaStar Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44303</i>
<i>Company Tracking Number:</i>	<i>137354 (11/09)</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>137354 (11/09)</i>		
<i>Project Name/Number:</i>	<i>137354 (11/09)/137354 (11/09)</i>		

Filing at a Glance

Company: ReliaStar Life Insurance Company

Product Name: 137354 (11/09)

TOI: A02I Individual Annuities- Deferred Non-Variable

Sub-TOI: A02I.002 Flexible Premium

Filing Type: Form

SERFF Tr Num: INGD-126327524 State: Arkansas

SERFF Status: Closed-Approved-Closed State Tr Num: 44303

Co Tr Num: 137354 (11/09)

State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Michele Michaud

Disposition Date: 12/11/2009

Date Submitted: 12/10/2009

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: 137354 (11/09)

Project Number: 137354 (11/09)

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/11/2009

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 12/11/2009

Created By: Michele Michaud

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Michele Michaud

Filing Description:

Arkansas Department of Insurance

Re: ReliaStar Life Insurance Company,
NAIC #229-67105, FEIN # 41-0451140

Application Form: 137354 (11/09)

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

SERFF Tracking Number:	INGD-126327524	State:	Arkansas
Filing Company:	ReliaStar Life Insurance Company	State Tracking Number:	44303
Company Tracking Number:	137354 (11/09)		
TOI:	A02I Individual Annuities- Deferred Non-Variable	Sub-TOI:	A02I.002 Flexible Premium
Product Name:	137354 (11/09)		
Project Name/Number:	137354 (11/09)/137354 (11/09)		

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

Form 137354 (11/09) replaces form 137354 (04/08), approved by your Department on 6/6/08. Among the changes made to this form are deletion of the suitability profile and its instructions, addition of the current W-9 language and bringing this form up to our corporate branding standards. A Statement of Variability is attached which explains the bracketing included within the body of the application.

The attached application may be completed and sent to us as a paper file or it may be completed and submitted electronically (faxed or scanned).

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

This application is submitted in final printed form, subject to only minor modification in paper stock, ink, border, company logo, and adaptation to computer printing and the possible inclusion of a barcode.

The above form has been filed with our domiciliary state of Minnesota. Please be advised that the Fixed Annuity Application has achieved a 50.8 Flesch readability score.

We appreciate your efforts and attention to this filing. Please do not hesitate to call me if you have any other questions or need any additional information to help assist in your review at (860) 580-2825, or toll free at (800) 654-8065 (Ext. 5802825) or Email: michele.michaud@us.ing.com.

Company and Contact

Filing Contact Information

Michele Michaud, Contract Analyst	Michele.Michaud@us.ing.com
One Orange Way	860-580-2825 [Phone]
Windsor, CT 06095	860-580-4842 [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:	\$125.00

SERFF Tracking Number: *INGD-126327524* State: *Arkansas*
Filing Company: *ReliaStar Life Insurance Company* State Tracking Number: *44303*
Company Tracking Number: *137354 (11/09)*
TOI: *A02I Individual Annuities- Deferred Non-Variable* Sub-TOI: *A02I.002 Flexible Premium*
Product Name: *137354 (11/09)*
Project Name/Number: *137354 (11/09)/137354 (11/09)*
Retaliatory? **Yes**
Fee Explanation:
Per Company: **No**

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ReliaStar Life Insurance Company	\$125.00	12/10/2009	32684558

SERFF Tracking Number: *INGD-126327524* State: *Arkansas*
Filing Company: *ReliaStar Life Insurance Company* State Tracking Number: *44303*
Company Tracking Number: *137354 (11/09)*
TOI: *A021 Individual Annuities- Deferred Non- Variable* Sub-TOI: *A021.002 Flexible Premium*
Product Name: *137354 (11/09)*
Project Name/Number: *137354 (11/09)/137354 (11/09)*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	12/11/2009	12/11/2009

SERFF Tracking Number: *INGD-126327524* State: *Arkansas*
Filing Company: *ReliaStar Life Insurance Company* State Tracking Number: *44303*
Company Tracking Number: *137354 (11/09)*
TOI: *A02I Individual Annuities- Deferred Non- Variable* Sub-TOI: *A02I.002 Flexible Premium*
Product Name: *137354 (11/09)*
Project Name/Number: *137354 (11/09)/137354 (11/09)*

Disposition

Disposition Date: 12/11/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *INGD-126327524* State: *Arkansas*
 Filing Company: *ReliaStar Life Insurance Company* State Tracking Number: *44303*
 Company Tracking Number: *137354 (11/09)*
 TOI: *A021 Individual Annuities- Deferred Non-Variable* Sub-TOI: *A021.002 Flexible Premium*
 Product Name: *137354 (11/09)*
 Project Name/Number: *137354 (11/09)/137354 (11/09)*

Form Schedule

Lead Form Number: 137354 (11/09)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	137354(11/09)	Application/Fixed Annuity Enrollment Application Form	Initial		50.800	137354 GENERIC.pdf

FIXED ANNUITY APPLICATION

ReliaStar Life Insurance Company

(the "Company")

A member of the ING family of companies

Home Office: 20 Washington Avenue South, Minneapolis, MN 55401-1900

ING Service Center Mailing Address: PO Box 5050, Minot, ND 58702-5050



Your future. Made easier.®

IMPORTANT INFORMATION AND STATE REQUIRED NOTICES

Pursuant to federal law (the Defense of Marriage Act of 1996), certain favorable federal tax treatment available to opposite-sex spouses is not available to same-sex spouses. For instance, federal tax law allows a surviving spouse who is designated the beneficiary under a non-qualified annuity or an IRA annuity to continue the annuity when the owner dies. For 403(b) contracts and those issued in connection with other qualified plans, federal tax law may allow a beneficiary who is an opposite-sex spouse to have more favorable options in connection with required minimum distributions than a beneficiary who is a same-sex spouse. If you are a same-sex spouse, we suggest that you consult with a tax advisor prior to purchasing an annuity contract, such as this one, which provides spousal benefits.

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

Arizona Right to Cancel Notice: The contract owner can request at any time information from the Company regarding benefits and provisions of this contract and the Company will respond within a reasonable period of time and provide the requested reasonable factual information. If for any reason you are not satisfied with the Contract you may return it within fifteen days of receipt, or within thirty days of receipt if you are sixty-five years of age or older as of the date the application was signed or if the Contract is replacing another existing life insurance or annuity contract, for a refund of all deposits.

California Reg. 789.8: The sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation. You or your agent may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.

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

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

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

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

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

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

Virginia, Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Washington D.C.: WARNING - It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and /or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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

1. ANNUITANT *(Must be the same as Owner for TSA, IRA, Roth IRA, or Roth 403(b).)*

Name _____ Birth Date _____

Street Address **(Required)** _____ SSN **(Required)** _____

PO Box *(if applicable)* _____ Sex Male Female

City _____ Phone _____

State _____ ZIP _____ Alternate Phone _____

Joint Annuitant *(Available only for ING MVA and ING StrataFlex non-qualified products.)*

Name _____ Birth Date _____

Street Address **(Required)** _____ SSN **(Required)** _____

PO Box *(if applicable)* _____ Sex Male Female

City _____ Phone _____

State _____ ZIP _____ Alternate Phone _____

2. OWNER *(If applicable to selected contract. If owner is different from annuitant, also provide owner's signature in section 10 of application. If a non-natural owner, please provide proper documents; e.g., first and last page of trust, corporate resolution, etc.)*

Name _____ Birth Date _____

Street Address **(Required)** _____ SSN/TIN **(Required)** _____

PO Box *(if applicable)* _____ Sex Male Female

City _____ Phone _____

State _____ ZIP _____ Alternate Phone _____

Joint Owner *(Available only for ING MVA and ING StrataFlex non-qualified products.)*

Name _____ Birth Date _____

Street Address **(Required)** _____ SSN/TIN **(Required)** _____

PO Box *(if applicable)* _____ Sex Male Female

City _____ Phone _____

State _____ ZIP _____ Alternate Phone _____

3. BENEFICIARY(IES) (Must be completed unless the annuity is part of a Plan subject to the Employee Retirement Income Security Act of 1974 (ERISA). Beneficiaries of ERISA plans must be designated using the Beneficiary Election/Change Request - ERISA form.)

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

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

Primary Beneficiary

Name _____ Relationship to Annuitant _____

SSN/TIN _____ Sex Male Female Birth Date _____ Percent _____ %

Address _____

Primary Contingent Beneficiary

Name _____ Relationship to Annuitant _____

SSN/TIN _____ Sex Male Female Birth Date _____ Percent _____ %

Address _____

Primary Contingent Beneficiary

Name _____ Relationship to Annuitant _____

SSN/TIN _____ Sex Male Female Birth Date _____ Percent _____ %

Address _____

For additional Beneficiary designations, please use the space in section 9 or attach a separate page, signed and dated by the owner(s). Be sure to designate whether additional Beneficiaries are Primary or Contingent.

4. PRODUCT SELECTION AND PLAN TYPE

All products and plan types may not be available in all states.

Place a check mark in the box corresponding to your product and plan type selection.

Product/Plan Type	TSA Individual	TSA Group	Roth 403(b)	457 Individual	457 Group	Non-Qualified	IRA	SEP-IRA	Roth IRA
ING QuintaFlex (Indiv or Grp)				N/A					
ING Retirement Plus (Indiv or Grp)				N/A					
ING Premier Flex (Indiv or Grp)		N/A		N/A					
ING Premier 3 (Indiv or Grp)		N/A	N/A	N/A					
ING Premier 5 (Indiv)		N/A	N/A	N/A	N/A				
ING SelectStep -With Modified Repurchase Provision (Indiv) <input type="checkbox"/> Elect to Modify		N/A	N/A	N/A	N/A				
ING SelectStep - Without Modified Repurchase Provision (Indiv)		N/A	N/A	N/A	N/A				
ING StrataFlex (Indiv)		N/A	N/A		N/A				
ING MVA (Indiv)		N/A	N/A		N/A				
Other: _____		N/A							

Is this an ERISA plan? Yes No

If you have elected a Roth 403(b), please indicate the first year you made a contribution to any previously established Roth 403(b) account in your employer's plan: _____. If no year is provided, we will use the first year a payment is applied to this contract.

If you selected a Market Value Adjusted (MVA) Annuity, please check one duration period (years) below:

1 2 3 4 5 6 7 8 9 10

5. REPLACEMENT (Must be completed.)

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

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

If "Yes" and you reside in a state that has implemented the Model Replacement Regulation, please complete and return with this application a copy of your state's replacement form as provided by your agent.

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

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

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

6. EMPLOYER (If applicable.)

Employer Name _____

Contact Name _____ Phone _____

Mailing Address _____

City _____ State _____ ZIP _____

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

Initial Purchase Payment will be made by:

Check (attached) \$ _____ Other Source of Payment \$ _____
 Applicable Tax Year (IRA/Roth IRA only): _____ Describe: _____

Exchange/Transfer/Rollover (Complete information below.)

Exchange/Transfer/Rollover #1:

Check is enclosed? Yes No Acceptance Letter required? Yes No

Payer _____ Policy # _____ Amount \$ _____

Exchange/Transfer/Rollover #2:

Check is enclosed? Yes No Acceptance Letter required? Yes No

Payer _____ Policy # _____ Amount \$ _____

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

Monthly Electronic Fund Transfer (EFT). (Does not apply to TSA. Attach EFT request.)

Who will make premium payment? Payment Amount X # of Payments = Annual Premium 1st Remittance Date

1. <input type="checkbox"/> Employee	1. \$			\$	
2. <input type="checkbox"/> Employer	2. \$			\$	
Total Annual Premium (12-month Period Only)				\$	

A Salary Reduction Agreement or Amendment to Employment Contract is required for 403(b), Roth 403(b) and 457 plans.

8. SPECIAL INSTRUCTIONS *(If necessary, attach a signed sheet containing any additional instructions.)*

9. TAXPAYER CERTIFICATION

Under penalties of perjury, I certify that:

1. The number on this form is my correct taxpayer identification number; and
 2. I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding; and
 3. I am a U.S. citizen or other U.S. person (including U.S. resident alien).
- I am a non-resident alien and the Taxpayer Certification language included in this form does not apply to me.

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

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

I agree that, to the best of my knowledge and belief, all statements and answers in this form are complete and true and may be relied upon in determining whether to issue the applied for fixed annuity. Only the owner and ReliaStar Life Insurance Company have the authority to modify this form. I also represent that the Social Security Number or Tax Identification Number shown on this form is correct.

I believe the annuity I am applying for is suitable based on my insurance needs and financial objectives.

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

ING MVA ANNUITY ONLY: Amounts are subject to a Market Value Adjustment prior to a date specified in the contract. The contract for which I am applying contains a Market Value Adjustment that may increase or decrease the values in the contract.

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

Signed at *(city, state)* _____ Date **(Required)** _____

Annuitant Signature _____

Joint Annuitant Signature *(if applicable)* _____

Owner Signature *(if differs from Annuitant)* _____ Title _____

Joint Owner Signature *(if applicable)* _____

11. AGENT INFORMATION AND SIGNATURE

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

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

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

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

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

I acknowledge that I believe that the annuity for which the owner(s) is applying is suitable to the financial needs and objectives of the owner(s). I base this belief on the information the owner(s) provided and on everything I know at this time.

Customer Identification (Choose one.)

I certify that I personally met with the proposed owner(s) and reviewed government issued identification documents. To the best of my knowledge it accurately reflects the identity of the proposed owner(s).

I was unable to personally review the customer's identification documents for the reason stated below. I certify that, to the best of my knowledge, the information provided by the owner(s) is true and accurate.

Reason _____

Note: Failure to review the identification documents may delay the application process. The agent or owner may be contacted to provide additional information to validate the identity above.

I understand that misrepresentations in connection with this or other certifications in the Company's application documents may result in disciplinary action, termination, civil action, or prosecution for violation of state or federal criminal laws.

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

Option A Option B Option C Option D Option I HiLo Other _____

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

Required Certification:

By signing below, I, as the producer, certify that the information the applicant provided to me was truly and accurately recorded on the application and/or any forms or electronic order entry system associated with the product for which the applicant has applied.

Agent #1

Name (Please print.) _____ Signature _____

Agent # _____ Split _____%

Agent #2 (Optional)

Name (Please print.) _____ Signature _____

Agent # _____ Split _____%

Agent #3 (Optional)

Name (Please print.) _____ Signature _____

Agent # _____ Split _____%

SERFF Tracking Number: *INGD-126327524* State: *Arkansas*
 Filing Company: *ReliaStar Life Insurance Company* State Tracking Number: *44303*
 Company Tracking Number: *137354 (11/09)*
 TOI: *A02I Individual Annuities- Deferred Non-Variable* Sub-TOI: *A02I.002 Flexible Premium*
 Product Name: *137354 (11/09)*
 Project Name/Number: *137354 (11/09)/137354 (11/09)*

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Please see attached certification.

Attachment:

AR Compliance Cert.pdf

Item Status: **Status Date:**

Bypassed - Item: Application

Bypass Reason:

This form was previously filed with your office and approved on 6/6/08. The form number was 137354 (04/08).

Comments:

Item Status: **Status Date:**

Satisfied - Item: Statement of Variability

Comments:

Statement of Variability Please see attached

Attachment:

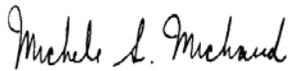
137354 SOV generic.pdf

STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

CARRIER: ReliaStar Life Insurance Company

FORM NUMBER(S): 137354 (11/09) FORM TITLE(S): Application

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



Signature of Officer or Representative

Michele Michaud

Name

Contract Analyst

Title and/or Business Affiliation

December 10, 2009

Date

STATEMENT OF VARIABILITY
137354(11/09)

December 10, 2009

Page 1

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

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

State Required Notices: *[State Required Notices....apply in your state.] [California Reg 789.8.... or civil damages.]*

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

Page 3

Product Selection And Plan Type: *[Product/Plan Type.....Other:_____]*

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

[Is this an ERISA plan?.....]

- .We reserve the right to modify if a product type is discontinued under this application.

[If you have elected a Roth 403(b).....]

- .We reserve the right to modify if a product is discontinued and/or a new product is introduced and available for election under this application.

[If you selected a Market Value Adjusted (MVA) Annuity.....]

- .We reserve the right to modify if a product is discontinued and/or a new product is introduced and available for election under this application.

Page 5, Application Signatures and Acknowledgements

[ING MVA ANNUITY ONLY:.....]

- .We reserve the right to modify if a product is discontinued and/or a new product is introduced and available for election under this application.

Page 6, Agent Information and Signature

[Compensation Alternative.....]

- .We reserve the right to modify to correctly reflect the current compensation alternatives offered.