

SERFF Tracking Number: INGD-126622144 State: Arkansas
Filing Company: ReliaStar Life Insurance Company State Tracking Number: 45678
Company Tracking Number: 156020 & 156021
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: RS 156020 & 156021 Underwriting Financial Questionnaires
Project Name/Number: Underwriting Financial Questionnaires/156020 & 156021

Filing at a Glance

Company: ReliaStar Life Insurance Company

Product Name: RS 156020 & 156021

Underwriting Financial Questionnaires

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: INGD-126622144 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 45678

Co Tr Num: 156020 & 156021

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Wendy Paquin, Terry

Stumpf, Jackie Williams, EDS

EDSSupport, Laura Sampair

Date Submitted: 05/14/2010

Disposition Date: 05/24/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Underwriting Financial Questionnaires

Project Number: 156020 & 156021

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: ReliaStar Life Insurance Company's domicile is Minnesota and it is included as a member state in this Interstate Insurance Compact filing.

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 05/17/2010

Created By: Laura Sampair

Corresponding Filing Tracking Number:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/24/2010

Deemer Date:

Submitted By: Laura Sampair

Filing Description:

Insurance Commissioner

Department of Insurance

Compliance Life & Health

SERFF Tracking Number: INGD-126622144 State: Arkansas
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1200 West Third Street
Little Rock, Arkansas 72201-1904

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

Form Numbers:

156020 Underwriting Personal Financial Questionnaire
156021 Underwriting Business Financial Questionnaire

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.

Please note we are submitting this filing simultaneously for Security Life of Denver Insurance Company.

These forms will be available both in a printed and electronic format. The electronic format application presented to the customer for signature will appear on screen as a pdf of the filed application form containing all information completed by the customer, in appearance identical to the printed version. If an electronic signature will be used with an application, it will be obtained in compliance with applicable State and Federal law.

156020 Underwriting Personal Financial Questionnaire - This form will be used to provide personal financial information as part of the individual life insurance application process when the proposed insurance applied for is greater than a \$3 million face amount or at the underwriter's request.

156021 Underwriting Business Financial Questionnaire - This form will be used to provide business financial information as part of the individual life insurance application process when the proposed insurance applied for is greater than a \$3 million face amount or at the underwriter's request.

The forms may be used with the following previously approved application form(s) (approval date(s) provided) as well as our future life application portfolio:

153793 - Ind. Life App. (Gen. and Variable Acct. Life Insurance) - 06/08/09
154214 - Ind. Life App. (Term Life Insurance) - 11/17/09

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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 correct typographical errors or 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,

Laura Sampair, FLMI, FFSI, PCS, AAPA, AIAA, AIRC, ARA
 Contract Analyst
 (612) 342-7081
 (612) 342-7531 (fax)
 laura.sampair@us.ing.com

Company and Contact

Filing Contact Information

Laura Sampair, laura.sampair@us.ing.com
 20 Washington Ave South 612-342-7081 [Phone]
 Minneapolis, MN 55401 612-342-7081 [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
 Retaliatory? Yes
 Fee Explanation: \$125 Per Filing (Higher Retaliatory Fee)
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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<i>SERFF Tracking Number:</i>	<i>INGD-126622144</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>ReliaStar Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45678</i>
<i>Company Tracking Number:</i>	<i>156020 & 156021</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>RS 156020 & 156021 Underwriting Financial Questionnaires</i>		
<i>Project Name/Number:</i>	<i>Underwriting Financial Questionnaires/156020 & 156021</i>		
ReliaStar Life Insurance Company	\$125.00	05/14/2010	36527623
ReliaStar Life Insurance Company	\$125.00	05/24/2010	36765589

SERFF Tracking Number: INGD-126622144 State: Arkansas
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 Product Name: RS 156020 & 156021 Underwriting Financial Questionnaires
 Project Name/Number: Underwriting Financial Questionnaires/156020 & 156021

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/24/2010	05/24/2010
Approved-Closed	Linda Bird	05/17/2010	05/17/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Underwriting Personal Financial Questionnaire	Laura Sampair	05/17/2010	05/17/2010
Form	Underwriting Business Financial Questionnaire	Laura Sampair	05/17/2010	05/17/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Additional Fees Submitted	Note To Reviewer	Laura Sampair	05/24/2010	05/24/2010
Retaliatory Fee Adjustment	Note To Filer	Linda Bird	05/20/2010	05/20/2010
Retaliatory Fee Adjustment	Note To Reviewer	Laura Sampair	05/19/2010	05/19/2010

SERFF Tracking Number: *INGD-126622144* State: *Arkansas*
Filing Company: *ReliaStar Life Insurance Company* State Tracking Number: *45678*
Company Tracking Number: *156020 & 156021*
TOI: *L08 Life - Other* Sub-TOI: *L08.000 Life - Other*
Product Name: *RS 156020 & 156021 Underwriting Financial Questionnaires*
Project Name/Number: *Underwriting Financial Questionnaires/156020 & 156021*

Disposition

Disposition Date: 05/24/2010

Implementation Date:

Status: Approved-Closed

Comment: Additional filing fee submitted for this filing.

Rate data does NOT apply to filing.

SERFF Tracking Number: *INGD-126622144* State: *Arkansas*
 Filing Company: *ReliaStar Life Insurance Company* State Tracking Number: *45678*
 Company Tracking Number: *156020 & 156021*
 TOI: *L08 Life - Other* Sub-TOI: *L08.000 Life - Other*
 Product Name: *RS 156020 & 156021 Underwriting Financial Questionnaires*
 Project Name/Number: *Underwriting Financial Questionnaires/156020 & 156021*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form (revised)	Underwriting Personal Financial Questionnaire		Yes
Form	Underwriting Personal Financial Questionnaire		Yes
Form (revised)	Underwriting Business Financial Questionnaire		Yes
Form	Underwriting Business Financial Questionnaire		Yes

SERFF Tracking Number: *INGD-126622144* State: *Arkansas*
Filing Company: *ReliaStar Life Insurance Company* State Tracking Number: *45678*
Company Tracking Number: *156020 & 156021*
TOI: *L08 Life - Other* Sub-TOI: *L08.000 Life - Other*
Product Name: *RS 156020 & 156021 Underwriting Financial Questionnaires*
Project Name/Number: *Underwriting Financial Questionnaires/156020 & 156021*

Disposition

Disposition Date: 05/17/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *INGD-126622144* State: *Arkansas*
 Filing Company: *ReliaStar Life Insurance Company* State Tracking Number: *45678*
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form (revised)	Underwriting Personal Financial Questionnaire		Yes
Form	Underwriting Personal Financial Questionnaire		Yes
Form (revised)	Underwriting Business Financial Questionnaire		Yes
Form	Underwriting Business Financial Questionnaire		Yes

SERFF Tracking Number: *INGD-126622144* State: *Arkansas*
Filing Company: *ReliaStar Life Insurance Company* State Tracking Number: *45678*
Company Tracking Number: *156020 & 156021*
TOI: *L08 Life - Other* Sub-TOI: *L08.000 Life - Other*
Product Name: *RS 156020 & 156021 Underwriting Financial Questionnaires*
Project Name/Number: *Underwriting Financial Questionnaires/156020 & 156021*

Note To Reviewer

Created By:

Laura Sampair on 05/24/2010 06:45 AM

Last Edited By:

Laura Sampair

Submitted On:

05/24/2010 06:46 AM

Subject:

Additional Fees Submitted

Comments:

Good Morning,

I have submitted an additional \$125 in retaliatory fees.

Thank you.

Laura Sampair

612 342 7081

SERFF Tracking Number: *INGD-126622144* State: *Arkansas*
Filing Company: *ReliaStar Life Insurance Company* State Tracking Number: *45678*
Company Tracking Number: *156020 & 156021*
TOI: *L08 Life - Other* Sub-TOI: *L08.000 Life - Other*
Product Name: *RS 156020 & 156021 Underwriting Financial Questionnaires*
Project Name/Number: *Underwriting Financial Questionnaires/156020 & 156021*

Note To Filer

Created By:

Linda Bird on 05/20/2010 08:50 AM

Last Edited By:

Linda Bird

Submitted On:

05/20/2010 08:50 AM

Subject:

Retaliatory Fee Adjustment

Comments:

Filing has been reopened in order for correction to be made in the retaliatory fee amount submitted.

SERFF Tracking Number: *INGD-126622144* State: *Arkansas*
Filing Company: *ReliaStar Life Insurance Company* State Tracking Number: *45678*
Company Tracking Number: *156020 & 156021*
TOI: *L08 Life - Other* Sub-TOI: *L08.000 Life - Other*
Product Name: *RS 156020 & 156021 Underwriting Financial Questionnaires*
Project Name/Number: *Underwriting Financial Questionnaires/156020 & 156021*

Note To Reviewer

Created By:

Laura Sampair on 05/19/2010 02:56 PM

Last Edited By:

Laura Sampair

Submitted On:

05/19/2010 02:56 PM

Subject:

Retaliatory Fee Adjustment

Comments:

Hi Linda,

We would like to increase the retaliatory fee amount that we submitted for this filing. Would you please re-open so that I may submit an additional \$125.

Thank you.

Laura Sampair

612 342 7081

laura.sampair@us.ing.com

SERFF Tracking Number: INGD-126622144 State: Arkansas
 Filing Company: ReliaStar Life Insurance Company State Tracking Number: 45678
 Company Tracking Number: 156020 & 156021
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: RS 156020 & 156021 Underwriting Financial Questionnaires
 Project Name/Number: Underwriting Financial Questionnaires/156020 & 156021

Amendment Letter

Submitted Date: 05/17/2010

Comments:

We have revised the forms. The first set did not have a form number in the lower left hand corner.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
156020	Application/Enrollment Form	Underwriting Initial Personal Financial Questionnaire					62.000	156020_0510 2010_StateFiled.pdf
156021	Application/Enrollment Form	Underwriting Initial Business Financial Questionnaire					50.900	156021_0510 2010_StateFiled.pdf

SERFF Tracking Number: *INGD-126622144* State: *Arkansas*
 Filing Company: *ReliaStar Life Insurance Company* State Tracking Number: *45678*
 Company Tracking Number: *156020 & 156021*
 TOI: *L08 Life - Other* Sub-TOI: *L08.000 Life - Other*
 Product Name: *RS 156020 & 156021 Underwriting Financial Questionnaires*
 Project Name/Number: *Underwriting Financial Questionnaires/156020 & 156021*

Form Schedule

Lead Form Number: 156020 & 156021

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	156020	Application/ Underwriting Enrollment Personal Financial Form Questionnaire	Initial		62.000	156020_0510 2010_StateFiled.pdf
	156021	Application/ Underwriting Enrollment Business Financial Form Questionnaire	Initial		50.900	156021_0510 2010_StateFiled.pdf

UNDERWRITING PERSONAL FINANCIAL QUESTIONNAIRE

ReliaStar Life Insurance Company, 20 Washington Avenue South, Minneapolis, MN 55401

Security Life of Denver Insurance Company, 1290 Broadway, Denver, CO 80203

A member of the ING family of companies

("the Company")

ING Customer Service Center: PO Box 5075, Minot, ND 58702-5075



Your future. Made easier.®

The Company reserves the right to require additional documentation and or financial and tax statements for verification as needed.

I. PROPOSED INSURED(S)

1. Proposed Insured Name _____ Birth Date _____

2. Proposed Other Insured Name _____ Birth Date _____

II. INCOME

3. Personal Income of Proposed Insured(s) or Household:

Earned Income	Current Year	Last Year	Unearned Income	Current Year	Last Year
Salary	\$	\$	Dividends	\$	\$
Bonus or Commission	\$	\$	Interest	\$	\$
Spouse/Family Earned Income	\$	\$	Rents	\$	\$
Other	\$	\$	Other	\$	\$
	\$	\$		\$	\$
Total	\$	\$	Total	\$	\$

III. ASSETS AND LIABILITIES (Provide the current net worth of the Proposed Insured(s) or household.)

4. Proposed Insured	\$	<input type="checkbox"/> Personal	<input type="checkbox"/> Family
5. Proposed Other Insured	\$	<input type="checkbox"/> Personal	<input type="checkbox"/> Family

6. If joint assets held, how much life insurance is in force for spouse? \$ _____

7. Provide breakdown of the assets and liabilities:

Assets	
Cash	\$
Stocks, Bonds, Securities	\$
Accounts Receivable	\$
Life Insurance (Cash Value)	\$
Personal Property	\$
Real Estate (Total)	\$
Other Assets	\$
Total	\$

Liabilities	
Unpaid Interest & Taxes	\$
Notes payable	\$
Accounts payable	\$
Mortgages	\$
Other Long term debts	\$
Other Liabilities	\$
	\$
Total	\$

IV. SIGNATURES

I have read the above questions and answers. I affirm that they are complete and true to the best of my knowledge and belief. I agree that this questionnaire is a part of my application for life insurance.

➔ Proposed Insured Signature _____ Date _____

➔ Proposed Other Insured Signature _____ Date _____

➔ Agent Signature _____ Date _____

UNDERWRITING BUSINESS FINANCIAL QUESTIONNAIRE

ReliaStar Life Insurance Company, 20 Washington Avenue South, Minneapolis, MN 55401
 Security Life of Denver Insurance Company, 1290 Broadway, Denver, CO 80203
A member of the ING family of companies
 ("the Company")
 ING Customer Service Center: PO Box 5075, Minot, ND 58702-5075



Complete if the business entity is the owner, premium payor or beneficiary of the insurance. The Company reserves the right to require additional documentation and or financial and tax statements for verification as needed.

I. PROPOSED INSURED

1. Proposed Insured Name _____ Birth Date _____

2. Proposed Insured Title _____

3. Purpose of Insurance: Key executive Buy/sell or stock redemption plan Business loan/creditor insurance Executive benefit plan
 Other (*provide details*) _____

a. If Buy/sell, is there a written agreement in force or being drafted? Yes No

b. If Business loan/creditor coverage, provide amount of the loan \$ _____

Provide purpose & duration of the loan _____

4. Has business ever been reorganized because of financial difficulties? (*If yes, please provide details, dates and resolution.*) _____

5. Proposed Insured Personal Compensation from This Business

Source of Earnings	Most Recent Year	Previous Year
Salary	\$ _____	\$ _____
Bonus or Commission	\$ _____	\$ _____
Retained Earnings	\$ _____	\$ _____
Undistributed Profits	\$ _____	\$ _____
Stock Options	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total	\$ _____	\$ _____

II. BUSINESS INFORMATION

6. Business Name _____ Type of Business _____

7. Business Address _____

8. Other Locations _____ Number of Employees _____

9. Date Business Started _____ Company Web Address _____

10. Proposed Insured(s): % of Ownership _____ Duration of Ownership _____ Value of Ownership \$ _____

II. BUSINESS INFORMATION *(Continued)*

11. Complete the following schedule for all partners, owners, corporation officers, or key executives.

Name	Title	% Ownership	Insurance in Force or Applied for	Purpose of Insurance
			\$	
			\$	
			\$	
			\$	
			\$	

12. If no other business associates are insured or expect to be insured for the benefit of the business, explain reasons for applying only on the above proposed insured. _____

13. Figures based on the most recent complete business year.			
Assets	\$	Gross Sales	\$
Liabilities	\$	Earnings before income tax, depreciation and amortization	\$
Net Worth	\$		
14. Provide dates of company fiscal year covered above			

15. a. Company Fair Market Value \$ _____
 b. How was fair market value determined? _____

III. SIGNATURES

I have read the above questions and answers. I affirm that they are complete and true to the best of my knowledge and belief. I agree that this questionnaire is a part of my application for life insurance.

 Proposed Insured Signature _____ Date _____

Agent Name *(please print)* _____ Date _____

 Agent Signature _____ Date _____

SERFF Tracking Number: INGD-126622144 State: Arkansas
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Product Name: RS 156020 & 156021 Underwriting Financial Questionnaires
Project Name/Number: Underwriting Financial Questionnaires/156020 & 156021

Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

See attached.

Attachments:

RS Flesch Readability Certification.pdf

RS - AR Certification Reg 19.pdf

Item Status:

Status

Date:

Bypassed - Item: Application

Bypass Reason: Not applicable to this application filing.

Comments:

RELIASTAR LIFE INSURANCE COMPANY
Minneapolis, Minnesota

FLESCH READABILITY CERTIFICATE

I certify that the forms included in this submission have been printed in not less than ten point type.

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

The section titles are captioned in bold face type. The layout and spacing of the forms 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 these forms.

Flesch Scale Reading Ease Score

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

Form Numbers

156020
156021

Flesch Reading Ease Scores

62.0
50.9

Signed



Terry Stumpf
Assistant Secretary

Date:

May 10, 2010

**ARKANSAS
CERTIFICATION**

Re: 156020 Underwriting Personal Financial Questionnaire
156021 Underwriting Business Financial Questionnaire

We hereby certify that this submission meets the provisions of Regulation 19 and all applicable requirements of the Arkansas Insurance Department.

ReliaStar Life Insurance Company

By:

A handwritten signature in black ink, appearing to read "Terry Stumpf". The signature is written in a cursive, slightly slanted style.

Terry Stumpf, Assistant Secretary

Date: March 14, 2010

SERFF Tracking Number: *INGD-126622144* State: *Arkansas*
 Filing Company: *ReliaStar Life Insurance Company* State Tracking Number: *45678*
 Company Tracking Number: *156020 & 156021*
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 Project Name/Number: *Underwriting Financial Questionnaires/156020 & 156021*

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)
05/10/2010	Form	Underwriting Personal Financial Questionnaire	05/17/2010	156020_05102010_StateFile d.pdf (Superseded)
05/10/2010	Form	Underwriting Business Financial Questionnaire	05/17/2010	156021_05102010_StateFile d.pdf (Superseded)

UNDERWRITING PERSONAL FINANCIAL QUESTIONNAIRE

ReliaStar Life Insurance Company, 20 Washington Avenue South, Minneapolis, MN 55401

Security Life of Denver Insurance Company, 1290 Broadway, Denver, CO 80203

A member of the ING family of companies

("the Company")

ING Customer Service Center: PO Box 5075, Minot, ND 58702-5075



Your future. Made easier.®

The Company reserves the right to require additional documentation and or financial and tax statements for verification as needed.

I. PROPOSED INSURED(S)

1. Proposed Insured Name _____ Birth Date _____

2. Proposed Other Insured Name _____ Birth Date _____

II. INCOME

3. Personal Income of Proposed Insured(s) or Household:

Earned Income	Current Year	Last Year	Unearned Income	Current Year	Last Year
Salary	\$	\$	Dividends	\$	\$
Bonus or Commission	\$	\$	Interest	\$	\$
Spouse/Family Earned Income	\$	\$	Rents	\$	\$
Other	\$	\$	Other	\$	\$
	\$	\$		\$	\$
Total	\$	\$	Total	\$	\$

III. ASSETS AND LIABILITIES (Provide the current net worth of the Proposed Insured(s) or household.)

4. Proposed Insured	\$	<input type="checkbox"/> Personal	<input type="checkbox"/> Family
5. Proposed Other Insured	\$	<input type="checkbox"/> Personal	<input type="checkbox"/> Family

6. If joint assets held, how much life insurance is in force for spouse? \$ _____

7. Provide breakdown of the assets and liabilities:

Assets	
Cash	\$
Stocks, Bonds, Securities	\$
Accounts Receivable	\$
Life Insurance (Cash Value)	\$
Personal Property	\$
Real Estate (Total)	\$
Other Assets	\$
Total	\$

Liabilities	
Unpaid Interest & Taxes	\$
Notes payable	\$
Accounts payable	\$
Mortgages	\$
Other Long term debts	\$
Other Liabilities	\$
	\$
Total	\$

IV. SIGNATURES

I have read the above questions and answers. I affirm that they are complete and true to the best of my knowledge and belief. I agree that this questionnaire is a part of my application for life insurance.

➔ Proposed Insured Signature _____ Date _____

➔ Proposed Other Insured Signature _____ Date _____

➔ Agent Signature _____ Date _____

UNDERWRITING BUSINESS FINANCIAL QUESTIONNAIRE

ReliaStar Life Insurance Company, 20 Washington Avenue South, Minneapolis, MN 55401
 Security Life of Denver Insurance Company, 1290 Broadway, Denver, CO 80203
A member of the ING family of companies
 ("the Company")
 ING Customer Service Center: PO Box 5075, Minot, ND 58702-5075



Complete if the business entity is the owner, premium payor or beneficiary of the insurance. The Company reserves the right to require additional documentation and or financial and tax statements for verification as needed.

I. PROPOSED INSURED

1. Proposed Insured Name _____ Birth Date _____

2. Proposed Insured Title _____

3. Purpose of Insurance: Key executive Buy/sell or stock redemption plan Business loan/creditor insurance Executive benefit plan
 Other (*provide details*) _____

a. If Buy/sell, is there a written agreement in force or being drafted? Yes No

b. If Business loan/creditor coverage, provide amount of the loan \$ _____

Provide purpose & duration of the loan _____

4. Has business ever been reorganized because of financial difficulties? (*If yes, please provide details, dates and resolution.*) _____

5. Proposed Insured Personal Compensation from This Business

Source of Earnings	Most Recent Year	Previous Year
Salary	\$ _____	\$ _____
Bonus or Commission	\$ _____	\$ _____
Retained Earnings	\$ _____	\$ _____
Undistributed Profits	\$ _____	\$ _____
Stock Options	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total	\$ _____	\$ _____

II. BUSINESS INFORMATION

6. Business Name _____ Type of Business _____

7. Business Address _____

8. Other Locations _____ Number of Employees _____

9. Date Business Started _____ Company Web Address _____

10. Proposed Insured(s): % of Ownership _____ Duration of Ownership _____ Value of Ownership \$ _____

II. BUSINESS INFORMATION *(Continued)*

11. Complete the following schedule for all partners, owners, corporation officers, or key executives.

Name	Title	% Ownership	Insurance in Force or Applied for	Purpose of Insurance
			\$	
			\$	
			\$	
			\$	
			\$	

12. If no other business associates are insured or expect to be insured for the benefit of the business, explain reasons for applying only on the above proposed insured. _____

13. Figures based on the most recent complete business year.			
Assets	\$	Gross Sales	\$
Liabilities	\$	Earnings before income tax, depreciation and amortization	\$
Net Worth	\$		
14. Provide dates of company fiscal year covered above			

15. a. Company Fair Market Value \$ _____
 b. How was fair market value determined? _____

III. SIGNATURES

I have read the above questions and answers. I affirm that they are complete and true to the best of my knowledge and belief. I agree that this questionnaire is a part of my application for life insurance.

 Proposed Insured Signature _____ Date _____

Agent Name *(please print)* _____ Date _____

 Agent Signature _____ Date _____