Filing at a Glance

Company: ReliaStar Life Insurance Company

Product Name: RLIC Policy Change/Reinstatement App & Questionnaires

SERFF Tr Num: INGD-127374080

State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved-Closed

State Tr Num: 49907

Sub-TOI: L08.000 Life - Other

Co Tr Num: 159956

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Wendy Paquin, Terry Stumpf, Jackie Williams, Tonya Gallatin

Disposition Date: 10/05/2011

Date Submitted: 09/28/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Policy Change/Reinstatement App & Questionnaires

Project Number: Policy Change/Reinstatement App & Questionnaires

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 the Interstate Insurance Compact filing of this form.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 10/05/2011

State Status Changed: 10/05/2011

Deemer Date:

Submitted By: Jackie Williams

Filing Description:

Insurance Commissioner
Department of Insurance
Compliance Life & Health
1200 West Third Street

Created By: Tonya Gallatin

Corresponding Filing Tracking Number:

Little Rock, Arkansas 72201-1904

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

Form Numbers:
159956 Application for Policy Change or Reinstatement with Evidence of Insurability
160004 Application for Policy Change or Reinstatement with Evidence of Insurability
Part II - Medical Declarations
160714 Supplement to Individual Life Insurance Application - Alcohol Usage Questionnaire
160718 Supplement to Individual Life Insurance Application - Aviation Questionnaire
160721 Supplement to Individual Life Insurance Applicaton - Avocations and Professional Sports Questionnaire
160724 Supplement to Individual Life Insurance Application - Drug Usage Questionnaire
160728 Supplement to Individual Life Insurance Application - Foreign Travel & Residence Questionnaire
160732 Supplement to Individual Life Insurance Application - Military Questionnaire
160735 Supplement to Individual Life Insurance Application - Motor Sports Questionnaire
160738 Supplement to Individual Life Insurance Application - Scuba Diving Questionnaire
160741 Supplement to Individual Life Insurance Application - Tobacco/Nicotine Use 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.

The forms were filed simultaneously in Minnesota, our state of domicile.

Please note we are submitting this filing simultaneously for Security Life of Denver Insurance Company, Midwestern United Life Insurance Company and ING USA Annuity and Life Insurance Company.

The information bracketed in the forms is subject to change.

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.

159956 - Application for Policy Change or Reinstatement with Evidence of Insurability. This form will be used for requested changes in coverage. These changes may include an increase in death benefit amount, addition of a benefit such as waiver of premium, removal of a rating, or a change in smoker status.

160004 - Application for Policy Change or Reinstatement with Evidence of Insurability
Part II - Medical Declarations. This form will be used when the proposed insured is not completing Part II - Medical Examination.

160714 - Supplement to Individual Life Insurance Application - Alcohol Usage Questionnaire. This form will be used to assess risk based on alcohol usage.

160718 - Supplement to Individual Life Insurance Application - Aviation Questionnaire. This form will be used to evaluate the proposed insured’s suitability for insurance when he/she flies other than as a passenger on a commercial airline.

160721 - Supplement to Individual Life Insurance Applicaton - Avocations and Professional Sports Questionnaire. This form will be used to assess risk when the proposed insured engages in hazardous activities and/or professional sports.

160724 - Supplement to Individual Life Insurance Application - Drug Usage Questionnaire. This form will be used to assess risk based on drug usage.

160728 - Supplement to Individual Life Insurance Application - Foreign Travel & Residence Questionnaire. This form will be used to assess risk when the proposed insured engages in foreign travel or is not a U.S. Citizen.

160732 - Supplement to Individual Life Insurance Application - Military Questionnaire. This form will be used when the proposed insured is a member of the Armed Forces.

160735 - Supplement to Individual Life Insurance Application - Motor Sports Questionnaire. This form will be used to assess risk when the proposed insured engages in motor sports activities.

160738 - Supplement to Individual Life Insurance Application - Scuba Diving Questionnaire. This form will be used to assess risk when the proposed insured engages in scuba diving.

160741 - Supplement to Individual Life Insurance Application - Tobacco/Nicotine Use Questionnaire. This form will be

used to evaluate proposed insured's suitability for insurance when he/she uses tobacco and/or other nicotine products.

The above applications will be used with our general account and variable account individual life product portfolio.

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 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

Tonya Gallatin, Contract Analyst
20 Washington Ave South
Minneapolis, MN 55401
tonya.gallatin@us.ing.com
612-342-3828 [Phone]

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:	$550.00
Retaliatory?	No
Fee Explanation:	(2 App's x $50 per App) + (9 Questionnaires x $50 per Questionnaire) = $550

SERFF Tracking Number:	*INGD-127374080*	*State:*	*Arkansas*
Filing Company:	*ReliaStar Life Insurance Company*	*State Tracking Number:*	*49907*
Company Tracking Number:	*159956*		
TOI:	*L08 Life - Other*	*Sub-TOI:*	*L08.000 Life - Other*
Product Name:	*RLIC Policy Change/Reinstatement App & Questionnaires*		
Project Name/Number:	*Policy Change/Reinstatement App & Questionnaires/Policy Change/Reinstatement App & Questionnaires*		
Per Company:	No		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ReliaStar Life Insurance Company	$550.00	09/28/2011	52220863

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/05/2011	10/05/2011

Disposition

Disposition Date: 10/05/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*INGD-127374080*	*State:*	*Arkansas*
Filing Company:	*ReliaStar Life Insurance Company*	*State Tracking Number:*	*49907*
Company Tracking Number:	*159956*		
TOI:	*L08 Life - Other*	*Sub-TOI:*	*L08.000 Life - Other*
Product Name:	*RLIC Policy Change/Reinstatement App & Questionnaires*		
Project Name/Number:	*Policy Change/Reinstatement App & Questionnaires/Policy Change/Reinstatement App & Questionnaires*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Statement of Varibility		Yes
Form	Application for Policy Change or Reinstatement with Evidence of Insurability		Yes
Form	Application for Policy Change or Reinstatement with Evidence of Insurability Part II - Medical Declarations		Yes
Form	Supplement to Individual Life Insurance Application Alcohol Usage Questionnaire		Yes
Form	Supplement to Individual Life Insurance Application Aviation Questionnaire		Yes
Form	Supplement to Individual Life Insurance Application Avocations and Professional Sports Questionnaire		Yes
Form	Supplement to Individual Life Insurance Application Drug Usage Questionnaire		Yes
Form	Supplement to Individual Life Insurance Application Foreign Travel & Residence Questionnaire		Yes
Form	Supplement to Individual Life Insurance Application Military Questionnaire		Yes
Form	Supplement to Individual Life Insurance Application Motor Sports Questionnaire		Yes
Form	Supplement to Individual Life Insurance Application Scuba Diving Questionnaire		Yes
Form	Supplement to Individual Life Insurance Application Tobacco/Nicotine Use Questionnaire		Yes

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	159956	Application/ Enrollment Form	Application for Policy Change or Reinstatement with Evidence of Insurability	Initial		52.100	159956_08052011_StateFiling_Bracketed.pdf
	160004	Application/ Enrollment Form	Application for Policy Change or Reinstatement with Evidence of Insurability Part II - Medical Declarations	Initial		63.900	160004_08052011_StateFiling_Bracketed.pdf
	160714	Application/ Enrollment Form	Supplement to Individual Life Insurance Application Alcohol Usage Questionnaire	Initial		52.200	160714_08012011_StateFiled_Bracketed.pdf
	160718	Application/ Enrollment Form	Supplement to Individual Life Insurance Application Aviation Questionnaire	Initial		59.400	160718_08012011_StateFiling_Bracketed.pdf
	160721	Application/ Enrollment Form	Supplement to Individual Life Insurance Application Avocations and Professional Sports Questionnaire	Initial		51.600	160721_08012011_StateFiled_Bracketed.pdf
	160724	Application/ Enrollment Form	Supplement to Individual Life Insurance Application Drug Usage	Initial		54.700	160724_08012011_StateFiled_Bracketed.pdf

		Questionnaire			
160728	Application/ Enrollment Form	Supplement to Individual Life Insurance Application Foreign Travel & Residence Questionnaire	Initial	67.600	160728_08012011_StateFiled_Bracketed.pdf
160732	Application/ Enrollment Form	Supplement to Individual Life Insurance Application Military Questionnaire	Initial	74.400	160732_08012011_StateFiling_Bracketed.pdf
160735	Application/ Enrollment Form	Supplement to Individual Life Insurance Application Motor Sports Questionnaire	Initial	56.300	160735_08012011_StateFiled_Bracketed.pdf
160738	Application/ Enrollment Form	Supplement to Individual Life Insurance Application Scuba Diving Questionnaire	Initial	65.400	160738_08012011_StateFiled_Bracketed.pdf
160741	Application/ Enrollment Form	Supplement to Individual Life Insurance Application Tobacco/Nicotine Use Questionnaire	Initial	82.200	160741_08012011_StateFiled_Bracketed.pdf

Life

APPLICATION FOR POLICY CHANGE OR REINSTATEMENT WITH EVIDENCE OF INSURABILITY

☐ **ReliaStar Life Insurance Company**
☐ **Security Life of Denver Insurance Company**
☐ **ING USA Annuity and Life Insurance Company**
☐ **Midwestern United Life Insurance Company**
[*Members of the ING family of companies*]
("the Company")
[ING Customer Service Center: PO Box 5011, Minot, ND, 58702-5011]

PART I - A. REQUEST FOR CHANGE *(Policy Number is required for all requests. Select appropriate request type and provide details.)*

1. Policy Number _____

2. ☐ REINSTATEMENT REQUEST *(No other policy changes are permitted for reinstatement requests.)*

a. If there is a Children's Insurance Rider on your existing policy, complete the chart below for each child.

Child Full Name	Gender	Birth Date	Birth State	Height & Weight	SSN	Relationship to Primary Insured	Amount of Life Insurance In Force	Date of Most Recent Life Insurance Purchase

3. ☐ POLICY CHANGE REQUEST *(Complete appropriate details in question a. - g. below.)*

a. Increase or Decrease Base Face Amount from $ _____ to $ _____

b. Premium Class Change from _____ to _____

c. Change in Premium Amount $_____

d. Subsequent Premium Payment Frequency: ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly (*Available with electronic funds transfer.*)

e. Removal of a Rider _____

f. Addition of a Rider _____ Amount $ _____

If adding a Children's Insurance Rider, complete the Children's Individual Insurance Rider Application.

g. Other Insured Rider Information

Other Insured Name	Gender	Birth Date	Birth State	SSN	Relationship to Primary Insured	Amount of Life Insurance In Force	Date of Most Recent Life Insurance Purchase

4. Other Requests/Instructions _____

PART I - B. PRIMARY INSURED INFORMATION

1. First Name _____ MI _____ Last Name _____

2. Birth Date _____ SSN _____ Birth State/Country _____ Gender: ☐ M ☐ F

3. Residence Address *(PO Boxes are not permitted.)* _____

City _____ State _____ ZIP _____

PART I - B. PRIMARY INSURED INFORMATION *(Continued)*

4. Daytime Phone (_____)_____ Evening Phone (_____)_____

5. Best Time to Call _____ E-mail _____

6. Are you a U.S. Citizen? *(If "No," complete the Foreign Travel and Residence Questionnaire.)* . . . . . ☐ Yes ☐ No

7. Occupation/Duties _____

8. Do you currently use or have you ever used tobacco or nicotine products in any form? *(e.g., cigarettes, cigars, pipes, chewing tobacco, nicotine gum, or nicotine patches)* . . . . . ☐ Yes ☐ No

   If "Yes," indicate Type _____ Amount & Frequency _____ Month/Year Last Used _____

9. Driver's License Number _____ 10. Driver's License State _____

   (If you do not have a driver's license, then provide government photo ID number, issuer and expiration date.)

11. Name on Driver's License *(if different than above)* _____

PART I - C. OTHER INSURED INFORMATION *(Complete this section only if applicable.)*

1. First Name _____ MI _____ Last Name _____

2. Birth Date _____ SSN _____ Birth State/Country _____ Gender: ☐ M ☐ F

3. Residence Address *(PO Boxes are not permitted.)* _____

   City _____ State _____ ZIP _____

4. Daytime Phone (_____)_____ Evening Phone (_____)_____

5. Best Time to Call _____ E-mail _____

6. Are you a U.S. Citizen? *(If "No," complete the Foreign Travel and Residence Questionnaire.)* . . . . . ☐ Yes ☐ No

7. Occupation/Duties _____

8. Do you currently use or have you ever used tobacco or nicotine products in any form? *(e.g., cigarettes, cigars, pipes, chewing tobacco, nicotine gum, or nicotine patches)* . . . . . ☐ Yes ☐ No

   If "Yes," indicate Type _____ Amount & Frequency _____ Month/Year Last Used _____

9. Driver's License Number _____ 10. Driver's License State _____

   (If you do not have a driver's license, then provide government photo ID number, issuer and expiration date.)

11. Name on Driver's License *(if different than above)* _____

PART I - D. OWNER/TRUST/CORPORATION INFORMATION

1. Full Name of Owner/Trust/Corporation *(30 character limit)* _____

2. Owner Phone (_____)_____ Owner SSN/TIN _____

3. Owner Address *(PO Boxes are not permitted.)* _____

   City _____ State _____ ZIP _____

PART I - E. PERSONAL HISTORY *(Questions 1-7 must be completed for all Insureds age 16 and up.)*

	Primary Insured	Other Insured
1. Are you, or do you intend to become a member of the armed forces, including the Reserves? *(If "Yes," complete the Military Questionnaire.)*	☐ Yes ☐ No	☐ Yes ☐ No
2. Do you intend to travel or reside outside the United States or Canada in the next two years? *(If "Yes," complete the Foreign Travel and Residence Questionnaire.)*	☐ Yes ☐ No	☐ Yes ☐ No
3. Have you in the last five years made or do you anticipate in the next two years making flights in an aircraft OTHER than as a passenger on a scheduled airline? *(If "Yes," complete the Aviation Questionnaire.)*	☐ Yes ☐ No	☐ Yes ☐ No
4. Do you participate in hang-gliding, soaring, sky-diving, ballooning, skin or scuba diving, mountain climbing, competitive skiing, or rodeos? *(If "Yes," complete the appropriate questionnaire.)*	☐ Yes ☐ No	☐ Yes ☐ No
5. Do you race, test or stunt drive automobiles, motorcycles, motor boats, or jet powered vehicles, or do you use or race snowmobiles, dirt bikes or dune buggies? *(If "Yes," complete Avocations and Professional Sports Questionnaire.)*	☐ Yes ☐ No	☐ Yes ☐ No

PART I - E. PERSONAL HISTORY *(Continued)*

	Primary Insured	Other Insured
6. Except for traffic violations, have you been convicted in a criminal proceeding or been the subject of a pending criminal proceeding?	☐ Yes ☐ No	☐ Yes ☐ No
7. Have you in the last five years had any motor vehicle accidents, alcohol or drug related convictions, or other moving violations while operating a motor vehicle?	☐ Yes ☐ No	☐ Yes ☐ No

For any "Yes" answer to questions 6-7, please record information in the chart below.

Question	Insured/Other Insured	Explanation

PART I - F. FINANCIAL DETAILS

1. Is the policy in accordance with your insurance objectives and your anticipated financial needs? ☐ Yes ☐ No
2. Do you believe you have the financial ability to continue making premium payments on this policy? ☐ Yes ☐ No
3. Have you or your company ever declared bankruptcy? *(If "Yes," provide details, type and date discharged.)* ☐ Yes ☐ No

4.	Annual Earned Income	Annual Interest and Other Income	Total Assets	Total Liabilities	Total Net Worth
Primary Insured	$	$	$	$	$
Other Insured	$	$	$	$	$

PART I - G. IN FORCE/REPLACEMENT INFORMATION *(Questions 1-3 must be completed for each Insured/Other Insured/Proposed Insureds.)*

	Primary Insured Yes	Primary Insured No	Other Insured Yes	Other Insured 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

	Primary Insured Yes	Primary Insured No	Other Insured Yes	Other Insured No
2. Are you considering using funds from your existing policies or contracts to pay premiums due on this 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

PART I - H. NOTES *(Use this space to provide any additional details to questions answered throughout the application. Please understand that if you provide the Company with information on this page it will be considered part of your Application for Policy Change or Reinstatement with Evidence of Insurability. If you need additional space, please attach a separate piece of paper to the application.)*

Section	Question	Details

PART I - I. [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".

PART I - J. AUTHORIZATION AND ACKNOWLEDGEMENT

Incontestability. If the policy change, conversion, or addition requires new evidence of insurability, the policy date for the purpose of the incontestability and suicide provisions shall be the date of this application. Where no new evidence is required, the policy date of the original policy will be the policy date for the purposes of the incontestability and suicide provisions. If the policy is reinstated, the policy date for the purpose of incontestability shall be the date of this application.

Verification. By signing this form, I acknowledge that I have read this application and I agree with the statements in this application and declare 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 policy change or reinstatement approved and no information will be considered to have been given by me to the Company or authorized by me unless it is stated herein. 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.

No new insurance or policy change requested above (including a reinstatement) shall be inforce until: (a) any required payment for the request is paid in full, and (b) the request is approved by the Company while the facts and health condition of those to be insured remain the same as represented in this application. Even if the Company accepts payment made with this application, it may decline the request. The Company may require additional evidence of insurability before approving this request.

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

Statements of Understanding. 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

PART I - J. AUTHORIZATION AND ACKNOWLEDGEMENT *(Continued)*

be as valid as the original. I give my permission to the Company and other insurance companies affiliated with the company to collect medical record information and consumer or investigative consumer reports about me and my minor children 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 acknowledge receipt of the following disclosures and notices: 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.

If an investigative consumer report is prepared, I request to be interviewed. ☐ Yes *(If "No," leave the checkbox blank.)*

Interview Information: Daytime phone number: (_____)_____

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

By signing below 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.

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.

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

This application will be attached to and become part of the policy.

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.

Owner Signed at *(city/state)* _____ Date _____

➡ Owner Signature *(if other than the Insured)* _____

Owner/Trustee Name *(Please print.)* _____

➡ Insured Signature *(if age 15 or older)* _____ Date _____

➡ Other Insured Signature _____ Date _____

➡ Parent or Guardian Signature _____ Date _____
(if the Owner, Primary Insured or the Other Insured is a minor)

Assignee Name *(Please print.)* _____

➡ Assignee Signature *(if applicable)* _____ Date _____

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

➡ Writing Agent/Registered Rep. Signature _____ Date _____

Writing Agent State Lic. Number _____ Writing Agent/Registered Rep. Number _____

Agent/Registered Rep. Name _____

Agent State Lic. Number _____ Agent/Registered Rep. Number _____

[ING CUSTOMER SERVICE CENTER] USE ONLY

Endorsed by _____ Date _____ Effective Date _____

APPLICATION FOR POLICY CHANGE OR REINSTATEMENT WITH EVIDENCE OF INSURABILITY PART II - MEDICAL DECLARATIONS

☐ **ReliaStar Life Insurance Company**
☐ **Security Life of Denver Insurance Company**
☐ **ING USA Annuity and Life Insurance Company**
☐ **Midwestern United Life Insurance Company**
[*Members of the ING family of companies*]
("the Company")
[ING Customer Service Center: PO Box 5011, Minot, ND, 58702-5011]

Medical Declarations must be completed for all insureds and submitted with the Application for Policy Change or Reinstatement with Evidence of Insurability.

Primary Insured Name _____ Policy Number _____

Primary Insured

1. 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 _____

Other Insured

7. Height _____ Weight _____ Loss or gain in pounds during the last year _____
8. Personal Physician Name _____ Physician Phone (_____)_____
9. Physician Address _____ City _____ State _____ ZIP _____
10. Date last seen by physician _____ 11. Reason for Consultation _____
12. Results of Consultation _____

	Primary Insured	Other Insured
13. In the past 10 years, have you ever 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, headache, paralysis, stroke, TIA, or a mental or nervous disorder, including anxiety or depression?	☐ Yes ☐ No	☐ Yes ☐ No
b. Shortness of breath, persistent hoarseness or cough, asthma, emphysema, tuberculosis, or chronic respiratory disorder?	☐ Yes ☐ No	☐ Yes ☐ No
c. Chest pain, palpitations, high blood pressure, heart murmur, heart attack, or other disorder of the heart or blood vessels?	☐ Yes ☐ No	☐ Yes ☐ No
d. Jaundice, intestinal bleeding, ulcer, hepatitis, colitis, or other disorder of the stomach, intestine, liver, pancreas, or gall bladder?	☐ Yes ☐ No	☐ Yes ☐ No
e. Sugar, albumin, or blood in urine, sexually transmitted disease, nephritis, stone, or other disorder of the kidneys, bladder, breasts, prostate, or reproductive organs?	☐ Yes ☐ No	☐ Yes ☐ No
f. Diabetes, thyroid, or other endocrine disorder?	☐ Yes ☐ No	☐ Yes ☐ No
g. Disorder of the skin or lymph glands, arthritis, or any disorder of the muscles, joints, nerves or bones?	☐ Yes ☐ No	☐ Yes ☐ No
h. Anemia or any other disorder of the blood?	☐ Yes ☐ No	☐ Yes ☐ No
i. A positive HIV test, AIDS (Acquired Immunodeficiency Syndrome), or any other disease or disorder of the immune system?	☐ Yes ☐ No	☐ Yes ☐ No
14. Have you:		
a. Experienced any symptom(s) for which you have not yet consulted a health care provider?	☐ Yes ☐ No	☐ Yes ☐ No
b. Had any operation(s) in the past 5 years?	☐ Yes ☐ No	☐ Yes ☐ No
c. In the past 5 years been advised to have operation(s), treatments, or diagnostic tests that have not yet been performed?	☐ Yes ☐ No	☐ Yes ☐ No
d. Had an electrocardiogram, x-ray, or other diagnostic test in the past 5 years (excluding HIV testing)?	☐ Yes ☐ No	☐ Yes ☐ No
e. In the past 5 years been confined for observation, care, or treatment in a hospital or other health care facility?	☐ Yes ☐ No	☐ Yes ☐ No
f. In the past 5 years, consulted any health care provider(s) not already identified, for any reason including routine physical examination?	☐ Yes ☐ No	☐ Yes ☐ No

MEDICAL DECLARATIONS *(Continued)*

	Primary Insured	Other Insured
15. Have you:		
a. Sought or been advised by a health care provider to seek advice or treatment for the use of alcohol or drugs? *(If "Yes," complete Alcohol Usage or Drug Use Questionnaire.)*	☐ Yes ☐ No	☐ Yes ☐ No
b. Ever been diagnosed by a health care provider as having a tumor, pre-cancerous lesion or cancer?	☐ Yes ☐ No	☐ Yes ☐ No
16. Are you:		
a. Presently taking any medication(s), including non-prescription/over the counter medication or supplements? *(If "Yes," provide name, dosage, frequency and reason in question 17.)*	☐ Yes ☐ No	☐ Yes ☐ No
b. Currently using or have you ever used Ecstasy, marijuana, cocaine, amphetamines, barbiturates, hallucinogenic agents, narcotics, or any other drug except as legally prescribed by a health care provider? *(If "Yes," complete Drug Use Questionnaire.)*	☐ Yes ☐ No	☐ Yes ☐ No

Complete question 17 only for Reinstatement of a policy containing a Children's Insurance Rider:

17. Has any child covered under this Rider:
    a. In the past 10 years been treated for or diagnosed by a health care provider with heart disease, liver disease, mental, nervous or developmental disorder, diabetes, cancer, or any blood disorder? ☐ Yes ☐ No
    b. In the past 5 years been advised by a health care provider to have operation(s), treatments or diagnostic tests that have not yet been performed? ☐ Yes ☐ No

18. For any "Yes" answer to questions 13-17 please record information in chart below.

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

19. Family History

Primary Insured				Other Insured			
	Age if Living	Age at Death	Cause of Death		Age if Living	Age at Death	Cause of Death
Father				Father			
Mother				Mother			

I have read the statements above and affirm that they are complete and true to the best of my knowledge and belief.

Signed at *(city, state)* _____

Primary Insured Signature *(if age 15 or older)* _____ Date _____

Other Insured Signature _____ Date _____

Parent or Guardian Signature *(if the Primary Insured is a minor)* _____ Date _____

SUPPLEMENT TO INDIVIDUAL LIFE INSURANCE APPLICATION
ALCOHOL USAGE QUESTIONNAIRE

☐ **ReliaStar Life Insurance Company,** 20 Washington Avenue South, Minneapolis, MN 55401
☐ **Security Life of Denver Insurance Company,** 1290 Broadway, Denver, CO 80203

For Policy Owner Service Use Only:
☐ **ING USA Annuity and Life Insurance Company,** Des Moines, IA
☐ **Midwestern United Life Insurance Company,** Fort Wayne, IN
[*A member of the ING family of companies*]
[ING Customer Service Center: PO Box 5033, Minot, ND 58702-5033]

Proposed Insured Name *(please print)* _____ Birth Date _____

1. Do you drink alcoholic beverages? . . . . . ☐ Yes ☐ No

If "Yes," quantity in ounces:

	Beer	Wine	Liquor
Daily			
Weekly			

2. Did you ever drink substantially more than you do now? . . . . . ☐ Yes ☐ No

If "Yes,", when? _____ to _____ *(month/year)*

If "Yes," former consumption in ounces:

	Beer	Wine	Liquor
Daily			
Weekly			

3. Have you ever consulted a physician, received treatment or professional advice, or been hospitalized because of your alcohol use? . . ☐ Yes ☐ No

If "Yes," list dates, hospitals, treatment centers, and names and addresses of medical professionals. _____

4. Have you ever been convicted of driving while under the influence of alcohol? . . . . . ☐ Yes ☐ No

If "Yes," provide dates, charges and resolution. _____

5. Are you currently a member of Alcoholics Anonymous (AA)? . . . . . ☐ Yes ☐ No

6. Were you previously a member of AA but currently are not a member? . . . . . ☐ Yes ☐ No

If "Yes," please provide the reason(s) that you stopped participating in AA. _____

7. How long have you totally abstained from drinking alcoholic beverages? _____

8. Please add any information that you feel is important concerning your use of alcohol, before and/or after treatment. _____

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.

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.

Proposed Insured Signature _____ Date _____

Life

SUPPLEMENT TO INDIVIDUAL LIFE INSURANCE APPLICATION AVIATION QUESTIONNAIRE

☐ **ReliaStar Life Insurance Company,** 20 Washington Avenue South, Minneapolis, MN 55401
☐ **Security Life of Denver Insurance Company,** 1290 Broadway, Denver, CO 80203

For Policy Owner Service Use Only:
☐ **ING USA Annuity and Life Insurance Company,** Des Moines, IA
☐ **Midwestern United Life Insurance Company,** Fort Wayne, IN
[*A member of the ING family of companies*]
[ING Customer Service Center: PO Box 5033, Minot, ND 58702-5033]

Proposed Insured Name *(please print)* _____ Birth Date _____

1. Describe your civilian and/or military flying experience in the chart below.

	Hours Flown as Pilot or Co-Pilot			Hours Flown as Crew Member			Hours Flown as Passenger	
Type of Flying	Last 12 Months	1-2 Years Ago	Estimated Next 12 Months	Last 12 Months	1-2 Years Ago	Estimated Next 12 Months	Last 12 Months	Estimated Next 12 Months
a. Civilian Non-Commercial								
Pleasure								
Personal Business								
Other, including any experimental aircraft *(Complete 2 & 3 below)*								
b. Civilian Commercial								
Scheduled Airlines and Freight							XX	XX
Non-scheduled Airlines and Freight								
Company-Owned Plane								
Other *(Complete 2 & 3 below)*								
c. Military *(Complete 7 below)*								

2. Provide details about any type of flying experience not indicated above. _____

3. Provide details about all types of aircraft flown, including experimental and lighter-than-air aircraft, gliders and helicopters. Also provide the annual hours spent in each type. _____

4. Circle all categories that describe your other flying experience: aerobatics, charter (air taxi, sightseeing), crop dusting, fish and game, forestry (fire fighting), inspection (pipe, power, telephone line), instruction, mapping, photography, racing, spraying, surveying, testing (production line or prototype), and any other. Provide details in # 9.

5. a. Total hours flown as a pilot _____ b. Date of last flight you piloted _____

c. Do you expect to fly in the future? . . . . . ☐ Yes ☐ No

d. If future flying plans differ from past flying experience, please explain. _____

6. a. What type of pilot certificate do you hold? ☐ Student ☐ Private ☐ Recreational ☐ Commercial ☐ ATP ☐ Sport

b. Issue Date _____

c. Do you have additional ratings? ☐ Instrument ☐ Multi Engine ☐ Instructor ☐ Other _____

d. What class of medical certificate do you hold? _____ e. Date of last renewal _____

f. Was the medical certificate granted subject to a physical waiver? *(If "Yes," provide details in #9)*. . . . . ☐ Yes ☐ No

g. Have you ever been grounded, been penalized for a violation of Federal Aviation Regulations or had your license revoked? *(If "Yes," provide details in #9)*. . . . . ☐ Yes ☐ No

7. a. If you have flown for military purposes, what is/was your branch of service or what military connection do you have? _____

_____

b. If your military experience is/was as a crew member, provide the job title. _____

c. List your duty assignments (FLOGS, MATS, SAC). _____

d. If currently a pilot in the military, what aircraft do you now fly? *(Provide complete description of aircraft types, where based, and flight destinations.)*

_____

_____

e. Do you anticipate any change in your duties or the type of aircraft you fly? *(If "Yes," provide details in #9.)* . . . . . ☐ Yes ☐ No

8. In lieu of aviation coverage with an extra premium charge, do you want your policy issued with restricted aviation coverage without extra premium?. . . . . ☐ Yes ☐ No

9. Additional remarks _____

_____

_____

_____

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.

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.

Proposed Insured Signature _____ Date _____

SUPPLEMENT TO INDIVIDUAL LIFE INSURANCE APPLICATION AVOCATIONS AND PROFESSIONAL SPORTS QUESTIONNAIRE

☐ **ReliaStar Life Insurance Company,** 20 Washington Avenue South, Minneapolis, MN 55401
☐ **Security Life of Denver Insurance Company,** 1290 Broadway, Denver, CO 80203

For Policy Owner Service Use Only:
☐ **ING USA Annuity and Life Insurance Company,** Des Moines, IA
☐ **Midwestern United Life Insurance Company,** Fort Wayne, IN
[*A member of the ING family of companies*]
[ING Customer Service Center: PO Box 5033, Minot, ND 58702-5033]

Proposed Insured Name *(please print)* _____ Birth Date _____

1. Check (on the left) all appropriate Avocational and Professional Sports activities in which you participate. Check (on the right) all times in which you did or plan to participate. (If you participate in motorized vehicle sports or avocations, complete the Motor Sports Questionnaire.)

CHECK IF A PARTICIPANT	ACTIVITY	PAST 12 MONTHS AND/OR CURRENTLY	NEXT 12 MONTHS AND/OR FUTURE
☐	Aquascooters	☐	☐
☐	Balloonist		
☐	Amateur	☐	☐
☐	Professional/Commercial	☐	☐
☐	Bicycle Riders (indicate in remarks whether sprint, pursuit, or motor pace)	☐	☐
☐	Boataloon	☐	☐
☐	Bobsled racers (2 and 4 person)	☐	☐
☐	Boxers and prizefighters (professional)	☐	☐
☐	Canoe and kayak	☐	☐
☐	Tobogganers, sledders	☐	☐
☐	White water slalom, downriver	☐	☐
☐	Cliff divers		
☐	International competitors and professional	☐	☐
☐	Others (give details in remarks)	☐	☐
☐	Dune soarers	☐	☐
☐	Hang balloonist	☐	☐
☐	Hang gliding	☐	☐
☐	Horse racers and competitors		
☐	Harness racing drivers (pacing & trotting)	☐	☐
☐	Jockeys	☐	☐
☐	Steeplechase riders	☐	☐
☐	Hunters - big game (give details in remarks)	☐	☐
☐	Kiters	☐	☐
☐	Laserteers	☐	☐
☐	Luge racers (1 & 2 person)	☐	☐
☐	Motorboard surfers	☐	☐
☐	Mountain climbers		
☐	North American continent		
☐	Rock climbers	☐	☐
☐	Trail climbers	☐	☐
☐	Elsewhere		
☐	Rock climbers	☐	☐
☐	Trail climbers	☐	☐
☐	Para-gliders, para-kiters, para-sailers, para-scuba	☐	☐
☐	Para-skiers	☐	☐
☐	Powerboat or motorboat racing, testing, or stunt driving	☐	☐
☐	Power skiers	☐	☐
☐	Rocketeers	☐	☐
☐	Experimental metal rockets using home-mixed propellants	☐	☐
☐	Rodeo		
☐	Clowns (professional)	☐	☐
☐	Performers		
☐	Amateur	☐	☐
☐	Professional	☐	☐

CHECK IF A PARTICIPANT	ACTIVITY	PAST 12 MONTHS AND/OR CURRENTLY	NEXT 12 MONTHS AND/OR FUTURE
☐	Sand surfers	☐	☐
☐	Sand Yacht Racers	☐	☐
☐	Skiers	☐	☐
☐	Acrobats	☐	☐
☐	Ski jumpers, downhill racers	☐	☐
☐	Skydivers and sport parachutist		
☐	Amateur	☐	☐
☐	Professional	☐	☐
☐	Spelunkers (including members of search and rescue units)	☐	☐
☐	Surfers		
☐	International competitors and professionals	☐	☐
☐	Others	☐	☐
☐	Target divers		
☐	International competitors and professionals	☐	☐
☐	Others	☐	☐
☐	Water kiters	☐	☐
☐	Water skiers	☐	☐
☐	International competitors and professionals	☐	☐
☐	Water ski racing	☐	☐
☐	Water ski speed records	☐	☐
☐	Wrestlers (professional)	☐	☐

2. How long have you been participating in this activity or activities? _____

3. How frequently do you participate in this activity or activities? *(Include total participation in the past 2 years.)* _____

4. Are you certified or a member of an organized club? ☐ Yes ☐ No

   Club name and location or certification type _____

5. Do you participate professionally or in competitive events? ☐ Yes ☐ No

   Provide details of these events _____

6. What type of equipment is used? _____

7. Where do you participate in the activity(ies) *(city, state, country)*? _____

8. Have you attempted or do you intend to attempt any height, distance, or duration records? ☐ Yes ☐ No

   If "Yes," give details. _____

9. Have you ever or do you intend to use experimental equipment of either a manufacturer's or your own design? ☐ Yes ☐ No

   If "Yes," give details. _____

10. Within what parameters of your activity do you participate? Explain. *(Use criteria that indicate the level of risk involved, for example, greatest altitude, speed, or depth achieved, is equipment owned or rented, types of events entered, competition class, etc.)* _____

11. Remarks _____

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.

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.

Proposed Insured Signature _____ Date _____

SUPPLEMENT TO INDIVIDUAL LIFE INSURANCE APPLICATION DRUG USAGE QUESTIONNAIRE

☐ **ReliaStar Life Insurance Company,** 20 Washington Avenue South, Minneapolis, MN 55401
☐ **Security Life of Denver Insurance Company,** 1290 Broadway, Denver, CO 80203

For Policy Owner Service Use Only:
☐ **ING USA Annuity and Life Insurance Company,** Des Moines, IA
☐ **Midwestern United Life Insurance Company,** Fort Wayne, IN
[*A member of the ING family of companies*]
[ING Customer Service Center: PO Box 5033, Minot, ND 58702-5033]

Proposed Insured Name *(please print)* _____ Birth Date _____

1. Have you ever used or do you now use:
   a. Opiates (e.g. codeine, heroin, methadone)? . . . . . ☐ Yes ☐ No
   b. Barbiturates (e.g. amytal, phenobarbital)? . . . . . ☐ Yes ☐ No
   c. Non-Barbiturate sedatives (e.g. Placidyl®, Doriden®)? . . . . . ☐ Yes ☐ No
   d. Amphetamines (e.g. Benzedrine®, Dexedrine®, Preludin®)? . . . . . ☐ Yes ☐ No
   e. Anticholinergics (e.g. belladonna, bromide, cocaine)? . . . . . ☐ Yes ☐ No
   f. Hallucinogens (e.g. LSD, peyote, psilocybin)? . . . . . ☐ Yes ☐ No
   g. Cannabis (e.g. marijuana, hashish)? . . . . . ☐ Yes ☐ No

   Provide details of extent, time frame and duration of use and drugs used. _____

2. Have you increased or decreased your pattern of drug use? . . . . . ☐ Yes ☐ No

   If "Yes," when and why? _____

3. Have you ever consulted a physician, received treatment or professional advice, or been hospitalized because of your drug use? . . . . ☐ Yes ☐ No

   If "Yes," list dates, hospitals, treatment centers, and names and addresses of medical professionals. _____

4. Have you ever been arrested and convicted in connection with drug use or possession of drugs? . . . . . ☐ Yes ☐ No

   If "Yes," explain. _____

5. How long have you totally abstained from use of drugs (other than drugs legally prescribed to you by a physician)? _____

6. Please add any additional information that you feel is important concerning your use of drugs. _____

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.

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.

Proposed Insured Signature _____ Date _____

SUPPLEMENT TO INDIVIDUAL LIFE INSURANCE APPLICATION FOREIGN TRAVEL AND RESIDENCE QUESTIONNAIRE

☐ **ReliaStar Life Insurance Company,** 20 Washington Avenue South, Minneapolis, MN 55401
☐ **Security Life of Denver Insurance Company,** 1290 Broadway, Denver, CO 80203

For Policy Owner Service Use Only:
☐ **ING USA Annuity and Life Insurance Company,** Des Moines, IA
☐ **Midwestern United Life Insurance Company,** Fort Wayne, IN
[*A member of the ING family of companies*]
[ING Customer Service Center: PO Box 5033, Minot, ND 58702-5033]

Proposed Insured Name *(please print)* _____ Birth Date _____

1. Country of Origin[1] _____ Current Citizenship _____

2. Date of entry into the United States *(if applicable)* _____

3. Visa type, symbol, number, and expiration date *(if applicable)* _____

4. Do you live full-time in the USA? . . . . . ☐ Yes ☐ No

   If "No," list all cities and countries resided in, and the number of weeks/years in each. _____

5. Do you intend to remain permanently in the USA? . . . . . ☐ Yes ☐ No

6. Do you plan to travel outside the USA in the next two years? . . . . . ☐ Yes ☐ No

   If "Yes," provide details for each country to include specific locations, departure dates, duration and purpose of stay. _____

7. List your assets/property both within and outside the USA _____

8. List immediate family members by relationship, age, and citizenship

   Within the USA _____

   Outside the USA _____

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.

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.

Proposed Insured Signature _____ Date _____

[1] ***Do not answer if you are a resident of California.***

Life

SUPPLEMENT TO INDIVIDUAL LIFE INSURANCE APPLICATION MILITARY QUESTIONNAIRE

☐ **ReliaStar Life Insurance Company,** 20 Washington Avenue South, Minneapolis, MN 55401
☐ **Security Life of Denver Insurance Company,** 1290 Broadway, Denver, CO 80203

For Policy Owner Service Use Only:
☐ **ING USA Annuity and Life Insurance Company,** Des Moines, IA
☐ **Midwestern United Life Insurance Company,** Fort Wayne, IN
[*A member of the ING family of companies*]
[ING Customer Service Center: PO Box 5033, Minot, ND 58702-5033]

Proposed Insured Name *(please print)* _____ Birth Date _____

1. Are you now on active duty with the Armed Forces? . . . . . ☐ Yes ☐ No

If "Yes," answer the following:

a. Branch of Service _____ b. Rank _____

c. Do your duties involve flying in military planes either as a passenger or otherwise? . . . . . ☐ Yes ☐ No

d. Have you ever flown as a pilot or crew member? . . . . . ☐ Yes ☐ No

If c. or d. is answered "Yes," complete the Aviation Questionnaire.

e. Have you ever been alerted for or received orders for duty outside the United States? . . . . . ☐ Yes ☐ No

If "Yes," explain fully. _____

2. Are you now a member of the National Guard, Air National Guard or any reserve component of the Armed Forces? . . . . . ☐ Yes ☐ No

If "Yes," answer the following:

a. Branch of Service _____ b. Rank _____

c. Do your duties involve flying in military planes either as a passenger or otherwise? . . . . . ☐ Yes ☐ No

d. Have you ever flown as a pilot or crew member? . . . . . ☐ Yes ☐ No

If c. or d. is answered "Yes," complete the Aviation Questionnaire.

e. Have you or your unit been alerted for active service? . . . . . ☐ Yes ☐ No

If "Yes," explain fully. _____

3. Additional Remarks _____

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.

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.

Proposed Insured Signature _____ Date _____

Life

SUPPLEMENT TO INDIVIDUAL LIFE INSURANCE APPLICATION
MOTOR SPORTS QUESTIONNAIRE

☐ **ReliaStar Life Insurance Company,** 20 Washington Avenue South, Minneapolis, MN 55401
☐ **Security Life of Denver Insurance Company,** 1290 Broadway, Denver, CO 80203

For Policy Owner Service Use Only:
☐ **ING USA Annuity and Life Insurance Company,** Des Moines, IA
☐ **Midwestern United Life Insurance Company,** Fort Wayne, IN
[*A member of the ING family of companies*]
[ING Customer Service Center: PO Box 5033, Minot, ND 58702-5033]

Proposed Insured Name *(please print)* _____ Birth Date _____

1. Do you participate in motor sport exhibitions or organized competitions? . . . . . ☐ Yes ☐ No

If "Yes," check all the events in which you have participated or plan to participate:

- ☐ All terrain vehicles (ATV)
- ☐ Gyro-stabilized land or water vehicles
- ☐ Championship cars
- ☐ Demolition or destruction derby
- ☐ Jet car exhibitions
- ☐ Kart races
- ☐ Economy runs
- ☐ Figure & demolition derby
- ☐ Football demolition derby, auto football or soccer
- ☐ Formula racing
- ☐ Rally
- ☐ Hovercraft and hydrofoils
- ☐ Sports cars
- ☐ Sprint cars
- ☐ Midget cars
- ☐ Mini cars
- ☐ Pike's Peak hill climb
- ☐ Auto-ice
- ☐ Drag racing
- ☐ Stock cars
- ☐ Swamp buggies
- ☐ Wheelie competitions
- ☐ Motorcycles
- ☐ Auto-crash
- ☐ Scooters
- ☐ Snowmobiles
- ☐ Dune or sand buggy or cycle
- ☐ Time speed trials
- ☐ Off road, desert, trail competition
- ☐ Others (explain below)

2. In what specific events do you compete with the vehicle(s) listed above? _____

3. In what class do you compete? *(Include make, model, engine size, vehicle class designation)* _____

4. Under what sanctioning body do you normally compete? (ex: AMA, NHRA, SCCA, ASAC) _____

5. Do you compete professionally? . . . . . ☐ Yes ☐ No
6. How many races or events did you participate in during the past twelve months? _____
7. How many races or events do you anticipate participating in during the next twelve months? _____
8. What is the average length of these events? (In miles, laps, or time, as appropriate) _____
9. What is your average speed? _____ What is your top speed? _____
10. Do you anticipate any changes in your participation in the next twelve months? . . . . . ☐ Yes ☐ No
    If "Yes," provide details. (different events, new class) _____
11. Additional Remarks _____

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.

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.

Proposed Insured Signature _____ Date _____

SUPPLEMENT TO INDIVIDUAL LIFE INSURANCE APPLICATION
SCUBA DIVING QUESTIONNAIRE

☐ **ReliaStar Life Insurance Company,** 20 Washington Avenue South, Minneapolis, MN 55401
☐ **Security Life of Denver Insurance Company,** 1290 Broadway, Denver, CO 80203

For Policy Owner Service Use Only:
☐ **ING USA Annuity and Life Insurance Company,** Des Moines, IA
☐ **Midwestern United Life Insurance Company,** Fort Wayne, IN
[*A member of the ING family of companies*]
[ING Customer Service Center: PO Box 5033, Minot, ND 58702-5033]

Proposed Insured Name *(please print)* _____ Birth Date _____

Diving Experience and Qualifications

1. When and where did you learn to dive? _____
2. Are you an active member of a diving club? . . . . . ☐ Yes ☐ No
3. What diving qualifications do you hold? _____
4. How many dives per year have you made in each of the last 3 years? _____
5. What is the average time you spend under water per dive? _____
6. Where do you dive? _____
7. What is the maximum depth you dive to? _____
8. Do you ever dive unaccompanied? . . . . . ☐ Yes ☐ No

Future Diving Plans *(in the next 24 months)*

9. How many dives do you plan to make each year? _____
10. What depth will you usually dive to? _____
11. What type of equipment will you use? _____

Purpose of Dives

12. For what purpose do you dive (e.g., photography or marine biology)? _____
13. Do you dive commercially or for profit? . . . . . ☐ Yes ☐ No
14. Do you participate in any of the following dives?
    - Wreck diving (observation, salvage, photography or exploration) . . . . . ☐ Yes ☐ No
    - Cave or pothole diving . . . . . ☐ Yes ☐ No
    - Treasure diving . . . . . ☐ Yes ☐ No
    - Ice diving . . . . . ☐ Yes ☐ No
    - Diving at high altitudes (i.e. mountain lakes) . . . . . ☐ Yes ☐ No
    - Depth record attempts . . . . . ☐ Yes ☐ No

Provide details about the frequency and locations of the dives indicated above. Include any other information that may clarify your responses on this questionnaire.

_____
_____
_____
_____

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.

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.

Proposed Insured Signature _____ Date _____

SUPPLEMENT TO INDIVIDUAL LIFE INSURANCE APPLICATION TOBACCO/NICOTINE USE QUESTIONNAIRE

☐ **ReliaStar Life Insurance Company,** 20 Washington Avenue South, Minneapolis, MN 55401
☐ **Security Life of Denver Insurance Company,** 1290 Broadway, Denver, CO 80203

For Policy Owner Service Use Only:
☐ **ING USA Annuity and Life Insurance Company,** Des Moines, IA
☐ **Midwestern United Life Insurance Company,** Fort Wayne, IN
[*A member of the ING family of companies*]
[ING Customer Service Center: PO Box 5033, Minot, ND 58702-5033]

Proposed Insured Name *(please print)* _____ Birth Date _____

Describe your use of tobacco or nicotine products by completing all of the questions below.

Current User of Tobacco or Nicotine Products

1. Do you currently use:

a. Cigarettes . . . . . ☐ Yes ☐ No *If "Yes," provide the number of packs of cigarettes per day.* _____

b. Cigars . . . . . ☐ Yes ☐ No *If "Yes," provide the number of cigars per day.* _____

c. Pipe . . . . . ☐ Yes ☐ No

d. Chewing Tobacco . . . . . ☐ Yes ☐ No

e. Nicotine Gum . . . . . ☐ Yes ☐ No

f. Nicotine Patches . . . . . ☐ Yes ☐ No

g. Other Nicotine or Tobacco products . . . . . ☐ Yes ☐ No

Former User of Tobacco or Nicotine Products

2. Have you formerly used, but no longer use the following:

a. Cigarettes . . . . . ☐ Yes ☐ No
If "Yes," provide the month and year last used. _____

b. Cigars . . . . . ☐ Yes ☐ No
If "Yes," provide the month and year last used. _____

c. Pipe . . . . . ☐ Yes ☐ No
If "Yes," provide the month and year last used. _____

d. Chewing Tobacco . . . . . ☐ Yes ☐ No
If "Yes," provide the month and year last used. _____

e. Nicotine Gum . . . . . ☐ Yes ☐ No
If "Yes," provide the month and year last used. _____

f. Nicotine Patches . . . . . ☐ Yes ☐ No
If "Yes," provide the month and year last used. _____

g. Other Nicotine or Tobacco products . . . . . ☐ Yes ☐ No
If "Yes," provide the month and year last used. _____

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.

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.

Proposed Insured Signature _____ Date _____

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachments:

RS Flesch Readability Certification.pdf

AR Certification Reg 19 (RS).pdf

Item Status: **Status Date:**

Bypassed - Item: Application

Bypass Reason: Not applicable to this filing.

Comments:

Item Status: **Status Date:**

Satisfied - Item: Statement of Varibility

Comments:

Attachment:

159956 SOV(092811) RLIC.pdf

RELIASTAR LIFE INSURANCE COMPANY

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	Flesch Reading Ease Scores
159956	52.1
160004	63.9
160714	52.2
160718	59.4
160721	51.6
160724	54.7
160728	67.6
160732	74.4
160735	56.3
160738	65.4
160741	82.2

Signed

Terry Stumpf
Assistant Secretary

Date: August 23, 2011

ARKANSAS

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

Re: 159956 Application for Policy Change or Reinstatement with Evidence of Insurability
160004 Application for Policy Change or Reinstatement with Evidence of Insurability Part II - Medical Declarations
160714 Supplement to Individual Life Insurance Application - Alcohol Usage Questionnaire
160718 Supplement to Individual Life Insurance Application - Aviation Questionnaire
160721 Supplement to Individual Life Insurance Applicaton - Avocations and Professional Sports Questionnaire
160724 Supplement to Individual Life Insurance Application - Drug Usage Questionnaire
160728 Supplement to Individual Life Insurance Application - Foreign Travel & Residence Questionnaire
160732 Supplement to Individual Life Insurance Application - Military Questionnaire
160735 Supplement to Individual Life Insurance Application - Motor Sports Questionnaire
160738 Supplement to Individual Life Insurance Application - Scuba Diving Questionnaire
160741 Supplement to Individual Life Insurance Application - Tobacco/Nicotine Use Qestionnaire

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: Terry Stumpf

Terry Stumpf
Assistant Secretary

Date: August 23, 2011

ReliaStar Life Insurance Company

Statement of Variability
for

159956, 160004, 160714, 160718, 160721, 160724, 160728, 160732, 160735, 160738, 160741

This document will address the variability of the following factors found in the above listed form numbers.

FACTOR	RANGE OF FACTORS
ING Logo	Shown in brackets because this item may change for future issues. In the event of such a change, the new logo will be referenced in this field.
Members of the ING Family of Companies, ING Life Companies	Shown in brackets because this item may change for future issues. In the event of such a change, the new name will be referenced in this field.
ING Customer Service Center: PO Box 5033, Minot, ND 58702-5033	Shown in brackets as these items could change for future issues. In the event of such a change, the new name, the new address and/or contact information will be referenced in these fields.
Internal Order Form Number (Form 159956 Only)	Shown in brackets because the order form number may change for future issues.