

State: Arkansas **Filing Company:** ReliaStar Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: 1316
Project Name/Number: 1316/1316

Filing at a Glance

Company: ReliaStar Life Insurance Company
Product Name: 1316
State: Arkansas
TOI: L071 Individual Life - Whole
Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Filing Type: Form
Date Submitted: 09/28/2012
SERFF Tr Num: INGD-128096023
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 1316
Implementation: On Approval
Date Requested:
Author(s): Wendy Paquin, Terry Stumpf, Jackie Williams, Tonya Gallatin
Reviewer(s): Linda Bird (primary)
Disposition Date: 10/15/2012
Disposition Status: Approved-Closed
Implementation Date:
State Filing Description:

State: Arkansas
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: 1316
Project Name/Number: 1316/1316

Filing Company: ReliaStar Life Insurance Company

General Information

Project Name: 1316
Project Number: 1316
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Wendy Paquin

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

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

Form Numbers:
1316-10/12 LB Whole Life Insurance Policy
1316-10/12 GB Graded Death Benefit Whole Life Insurance Policy
1316-10/12 MB Graded Death Benefit Whole Life Insurance Policy
R1386-10/12 Accidental Death Benefit Rider
164890 Individual Whole Life Insurance Application
164891 Part II - Medical Questions

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.

The information bracketed in the forms is subject to change.

The Whole Life Insurance Policy 1316-10/12 is designed to provide a level death benefit for all policy years.

The Graded Death Benefit Whole Life Insurance Policy 1316-10/12 GB is designed to provide a death benefit of 30% of the face amount in year one, 70% in year two, and 100% in years three and later. In the event of accidental death, the death benefit in the first two years is increased to the full face amount.

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The Modified Death Benefit Whole Life Insurance Policy 1316-10/12 MB is designed to provide a death benefit in the first two years equal to the return of premiums paid plus daily interest at an annual rate of 10%, and 100% of the face amount in years three and later. In the event of accidental death, the death benefit in the first two years is increased to the full face amount.

In order to assist with your review of the three individual policies, we have attached the language variations between the three policies to the Supporting Documentation tab in the filing.

The Accidental Death Benefit Rider pays a benefit for death resulting, directly and independently of sickness and all other causes, from an accidental injury (as defined in the rider). The amount of death benefit is listed on the Policy Data Page. We plan to issue the Accidental Death Benefit Rider with Whole Life Insurance Policy 1316-10/12 LB. We also plan to issue this rider with other existing and future life insurance products offered by ReliaStar Life Insurance Company.

The products will be marketed without an illustration as defined under the Life Insurance Illustrations Model Regulation.

The products will be offered as a simplified issue policy.

The products will be marketed by our licensed agents on an individual, face-to-face basis.

The products will be offered on a sex distinct basis. The products will not be issued in any employer-employee plans that are subject to the Norris decision and/or Title VII of the Civil Rights Act of 1964.

We do not believe the policies constitute funeral expense insurance as defined in Arkansas Insurance Rule and Regulation 30.

The products will be issued using our Individual Whole Life Insurance Application. Part I of our Individual Whole Life Insurance Application will be completed using either a tele-application process or in a printed format. In addition, agents/applicants' copies of all required disclosure forms (such as replacement forms) will be done in paper; however, agents/applicants can complete ReliaStar Life Insurance Company's copies of any required disclosures using either the tele-application process or a printed format. Part II of our Individual Whole Life Insurance Application will be completed using the tele-application process only.

ReliaStar Life Insurance Company will be using a vendor, Apptical Corp. ("Apptical"), that will facilitate a tele-application process and capture voice consent and signature (which calls will be recorded). Note that before an application is taken electronically, Apptical will confirm that the applicant would like to proceed with an electronic application and voice signature. During the tele-application process, the agent reviews the product and cost with the proposed applicant(s) in person, and then contacts Apptical's tele-application unit to complete the application (either Part I and Part II or Part II only). I am attaching the draft script that will be used by Apptical's tele-application unit. Answers provided during the tele-application process will be populated by Apptical on an electronic version of the Individual Whole Life Insurance Application. The electronic version of the Individual Whole Life Insurance Application is identical in appearance to the printed version. During the collection of the responses to the application questions, as noted above, Apptical may also obtain from the applicant(s) and agent any information necessary to complete ReliaStar Life Insurance Company's copies of any required disclosure forms; however, the agent/applicant may choose to complete ReliaStar Life Insurance Company's copies of any required disclosures in a printed format.

Authenticity of the transaction will be verified by collecting the SSN or government issued ID number and drivers license number on the application (to be visually verified by the agent) and performing a third party ID check during the tele-application process.

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

R1384-04/12 - Common Carrier Accidental Death Benefit Rider – 03/27/2012

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

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

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

Sincerely,

Wendy Paquin, FLMI, CLU
 Assistant Secretary
 Senior Contract Analyst
 (612) 342-3595
 (612) 342-7531 (fax)
 wendy.paquin@us.ing.com

Company and Contact

Filing Contact Information

Wendy Paquin, wendy.paquin@us.ing.com
 20 Washington Ave South 612-342-3595 [Phone]
 Minneapolis, MN 55401 612-342-7531 [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:	\$300.00
Retaliatory?	No
Fee Explanation:	6 forms x \$50 per form = \$300
Per Company:	No

Company	Amount	Date Processed	Transaction #
ReliaStar Life Insurance Company	\$300.00	09/28/2012	63208244

SERFF Tracking #: INGD-128096023

State Tracking #:

Company Tracking #: 1316

State: Arkansas

Filing Company: ReliaStar Life Insurance Company

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Product Name: 1316

Project Name/Number: 1316/1316

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/15/2012	10/15/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Linda Bird	10/04/2012	10/04/2012

Response Letters

Responded By	Created On	Date Submitted
Wendy Paquin	10/15/2012	10/15/2012

State: Arkansas **Filing Company:** ReliaStar Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
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Disposition

Disposition Date: 10/15/2012

Implementation Date:

Status: Approved-Closed

Comment: Form 1316-10/12 GB and form 1316-10/12 MB have been withdrawn from this submission.

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document (revised)	Life & Annuity - Actuarial Memo		No
Supporting Document	Life & Annuity - Actuarial Memo	Replaced	No
Supporting Document	Statement of Variability		Yes
Supporting Document	Statement of Policy Cost and Benefit Information		Yes
Supporting Document	Redline of Language Variation		Yes
Supporting Document	Voice Script		Yes
Form	Whole Life Insurance Policy		Yes
Form	Whole Life Insurance Policy	Withdrawn	Yes
Form	Whole Life Insurance Policy	Withdrawn	Yes
Form	Accidental Death Benefit Rider		Yes
Form	Individual Whole Life Insurance Application		Yes
Form	Part II - Medical Questions		Yes

State: Arkansas **Filing Company:** ReliaStar Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: 1316
Project Name/Number: 1316/1316

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	10/04/2012
Submitted Date	10/04/2012
Respond By Date	11/05/2012

Dear Wendy Paquin,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- Whole Life Insurance Policy, 1316-10/12 GB (Form)
- Whole Life Insurance Policy, 1316-10/12 MB (Form)

Comments:

Life Policies with reduced death benefits in early policy years are subject to Bulletin 8-85. Form 1316-10/12GB is in violation of Guideline Two of this bulletin. Form 1316-10/12MB is in violation of both Guideline One and Two of this bulletin.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

*Sincerely,
Linda Bird*

State: Arkansas **Filing Company:** ReliaStar Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: 1316
Project Name/Number: 1316/1316

Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/15/2012
Submitted Date 10/15/2012

Dear Linda Bird,

Introduction:

I am responding to your October 4 Objection Letter regarding the above referenced filing. I will address your concern below.

Response 1

Comments:

We wish to withdraw 1316-10/12 GB and 1316-10/12 MB from further review.

Related Objection 1

Applies To:

- Whole Life Insurance Policy, 1316-10/12 GB (Form)
- Whole Life Insurance Policy, 1316-10/12 MB (Form)

Comments:

Life Policies with reduced death benefits in early policy years are subject to Bulletin 8-85. Form 1316-10/12GB is in violation of Guideline Two of this bulletin. Form 1316-10/12MB is in violation of both Guideline One and Two of this bulletin.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Life & Annuity - Actuarial Memo

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

I am attaching a revised Actuarial Memorandum to the Supporting Documentation tab for the 1316-10/12 LB policy. The memo was revised to correct some minor typos.

If you have any questions, please let me know.

Sincerely,

Wendy Paquin

State: Arkansas

Filing Company:

ReliaStar Life Insurance Company

TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: 1316

Project Name/Number: 1316/1316

Form Schedule

Lead Form Number:							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		1316-10/12 LB	POL	Whole Life Insurance Policy	Initial:	50.000	AR 1316 Level.pdf
2	Withdrawn 10/15/2012	1316-10/12 GB	POL	Whole Life Insurance Policy	Initial:	50.000	AR 1316 Graded.pdf
3	Withdrawn 10/15/2012	1316-10/12 MB	POL	Whole Life Insurance Policy	Initial:	50.000	AR 1316 Modified.pdf
4		R1386-10/12	POLA	Accidental Death Benefit Rider	Initial:	50.600	R1386 ADB Rider Basic.pdf
5		164890	AEF	Individual Whole Life Insurance Application	Initial:	50.000	164890_09212012_State Filing.pdf
6		164891	AEF	Part II - Medical Questions	Initial:	56.300	164891_09212012_State Filing.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

**RELIASTAR LIFE INSURANCE COMPANY
A STOCK COMPANY**

INSURED [JOHN DOE]
POLICY DATE: [October 25, 2012]
POLICY NUMBER: [67000001]

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

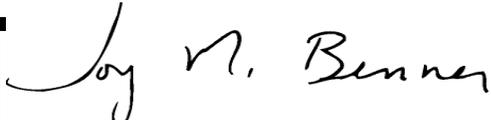
WE ALSO AGREE to provide the other rights and benefits of your policy, subject to its provisions.

PLEASE READ YOUR POLICY CAREFULLY

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

Your policy is signed for ReliaStar Life Insurance Company by:

[]
Donald W. Britton
President

[]
Joy M. Benner
Secretary

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

YOUR POLICY IS A WHOLE LIFE INSURANCE POLICY

The Death Benefit Proceeds are payable on the Insured's death.
Premiums are payable by you until Attained Age 121.
Your policy is nonparticipating and is not eligible for dividends.
Your policy may not be exchanged for another insurance policy.
The policy risk class cannot be changed.
There is no maturity date.

RELIASTAR LIFE INSURANCE COMPANY

Home Office:
[Minneapolis, Minnesota]

**[ING Customer Service Center
P.O. Box 5011, Minot, ND 58702-5011
2000 21st Avenue NW
Minot, ND 58703-0890
Toll Free Number: 1 (877) 886-5050]**

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

SCHEDULE

POLICY NUMBER	[67000001]
POLICY DATE	[October 25, 2012]
ISSUE DATE	[October 25, 2012]
OWNER	[JOHN DOE]
INSURED	[JOHN DOE]
AGE/GENDER	[50, MALE]
RISK CLASS	[NO TOBACCO]
FACE AMOUNT	[\$35,000.00]
LOAN INTEREST RATE	[8.00]% per year
MINIMUM LOAN AMOUNT	[\$100.00]
MINIMUM REDUCED PAID-UP PREMIUM	[\$1,000.00]
MODAL PREMIUM	[\$1,122.05 annually]

	PREMIUM MODE				
	Annual	Semi-Annual	Quarterly	Monthly Direct Bill*	Monthly EFT
TOTAL FIRST YEAR PREMIUM	[\$1,122.05]	[\$583.46]	[\$297.34]	[\$106.60]	[\$98.18]

Paying premiums more frequently than annually results in a higher total premium for the same amount of coverage. More specifically, the increase in total premiums paid is [4.00]% for the semi-annual mode, [6.00]% for the quarterly mode, [14.00]% for the monthly direct bill mode, and [5.00]% for the monthly EFT mode.

*We reserve the right to limit monthly direct bill to no more than [3] policy months.

COVERAGE TYPE	Face Amount/Rider Benefit	Years of Coverage	Years Premium Payable	Annual Premium
WHOLE LIFE INSURANCE POLICY	[\$35,000.00]	Lifetime	[71]	[\$1075.85]
[ACCIDENTAL DEATH BENEFIT RIDER]	[\$35,000.00]	[20]	[20]	[\$46.20]
[COMMON CARRIER ACCIDENTAL DEATH BENEFIT RIDER]	[\$35,000.00]	Lifetime	--	[\$0.00]
TOTAL FIRST YEAR ANNUAL PREMIUM	--	--	--	[\$1,122.05]

Most of the capitalized terms used in these Schedules are defined in the “Terms to Understand” section of the policy. Please refer to that section for further explanation about these terms.

SCHEDULE (CONTINUED)

TABLE OF NONFORFEITURE VALUES

The following table shows the Cash Value and reduced paid-up insurance benefits at the end of each policy year, based on policy benefits at issue and assuming that all premiums are paid when due and there is no indebtedness on the policy. For values at other times, allowance will be made for the lapse of time and payment for fractions of a year. Values for times not shown will be furnished on request.

End of Policy Year	Attained Age	Cash Value	Reduced Paid-up Amount	End of Policy Year	Attained Age	Cash Value	Reduced Paid-up Amount
[1]	[50]	\$[0.00]	\$[0.00]	[37]	[86]	\$[25,109.35]	\$[31,029.09]
[2]	[51]	\$[16.10]	\$[0.00]	[38]	[87]	\$[25,624.90]	\$[31,281.78]
[3]	[52]	\$[631.75]	\$[0.00]	[39]	[88]	\$[26,103.00]	\$[31,510.52]
[4]	[53]	\$[1,262.80]	\$[3,615.69]	[40]	[89]	\$[26,544.00]	\$[31,717.36]
[5]	[54]	\$[1,906.10]	\$[5,270.33]	[41]	[90]	\$[26,953.50]	\$[31,905.47]
[6]	[55]	\$[2,560.95]	\$[6,841.98]	[42]	[91]	\$[27,340.25]	\$[32,080.05]
[7]	[56]	\$[3,228.40]	\$[8,338.42]	[43]	[92]	\$[27,704.25]	\$[32,241.48]
[8]	[57]	\$[3,910.20]	\$[9,767.57]	[44]	[93]	\$[28,044.80]	\$[32,390.33]
[9]	[58]	\$[4,608.45]	\$[11,137.16]	[45]	[94]	\$[28,359.10]	\$[32,525.56]
[10]	[59]	\$[5,321.40]	\$[12,446.58]	[46]	[95]	\$[28,652.75]	\$[32,650.30]
[11]	[60]	\$[6,045.90]	\$[13,693.45]	[47]	[96]	\$[28,933.45]	\$[32,767.90]
[12]	[61]	\$[6,778.80]	\$[14,877.08]	[48]	[97]	\$[29,199.45]	\$[32,878.05]
[13]	[62]	\$[7,516.95]	\$[15,997.17]	[49]	[98]	\$[29,446.90]	\$[32,979.37]
[14]	[63]	\$[8,259.65]	\$[17,057.86]	[50]	[99]	\$[29,668.80]	\$[33,069.35]
[15]	[64]	\$[9,007.25]	\$[18,063.87]	[51]	[100]	\$[29,870.40]	\$[33,150.49]
[16]	[65]	\$[9,760.80]	\$[19,020.57]	[52]	[101]	\$[30,067.80]	\$[33,229.23]
[17]	[66]	\$[10,522.75]	\$[19,934.40]	[53]	[102]	\$[30,260.30]	\$[33,305.16]
[18]	[67]	\$[11,294.50]	\$[20,809.68]	[54]	[103]	\$[30,447.90]	\$[33,378.73]
[19]	[68]	\$[12,076.75]	\$[21,649.04]	[55]	[104]	\$[30,630.25]	\$[33,449.61]
[20]	[69]	\$[12,868.45]	\$[22,453.56]	[56]	[105]	\$[30,808.05]	\$[33,518.24]
[21]	[70]	\$[13,666.45]	\$[23,222.30]	[57]	[106]	\$[30,981.30]	\$[33,584.73]
[22]	[71]	\$[14,464.80]	\$[23,952.25]	[58]	[107]	\$[31,149.65]	\$[33,648.84]
[23]	[72]	\$[15,258.25]	\$[24,641.57]	[59]	[108]	\$[31,312.75]	\$[33,710.34]
[24]	[73]	\$[16,048.55]	\$[25,295.08]	[60]	[109]	\$[31,470.95]	\$[33,769.70]
[25]	[74]	\$[16,836.40]	\$[25,916.17]	[61]	[110]	\$[31,624.25]	\$[33,826.96]
[26]	[75]	\$[17,621.45]	\$[26,506.77]	[62]	[111]	\$[31,772.30]	\$[33,881.83]
[27]	[76]	\$[18,401.25]	\$[27,067.39]	[63]	[112]	\$[31,915.10]	\$[33,934.35]
[28]	[77]	\$[19,170.55]	\$[27,596.70]	[64]	[113]	\$[32,053.00]	\$[33,984.97]
[29]	[78]	\$[19,923.05]	\$[28,092.84]	[65]	[114]	\$[32,185.65]	\$[34,033.32]
[30]	[79]	\$[20,655.95]	\$[28,557.14]	[66]	[115]	\$[32,313.05]	\$[34,079.44]
[31]	[80]	\$[21,365.40]	\$[28,989.39]	[67]	[116]	\$[32,435.20]	\$[34,123.33]
[32]	[81]	\$[22,051.05]	\$[29,392.22]	[68]	[117]	\$[32,552.45]	\$[34,165.39]
[33]	[82]	\$[22,715.35]	\$[29,769.42]	[69]	[118]	\$[32,664.45]	\$[34,205.54]
[34]	[83]	\$[23,356.55]	\$[30,121.33]	[70]	[119]	\$[32,767.70]	\$[34,242.25]
[35]	[84]	\$[23,972.20]	\$[30,449.11]	[71]	[120]	\$[35,000.00]	\$[35,000.00]
[36]	[85]	\$[24,557.75]	\$[30,751.81]				

Nonforfeiture Mortality Table: [2001 Commissioners Standard Ordinary, Sex Distinct, Smoker Distinct, Ultimate Mortality Table, Age Last Birthday]

Nonforfeiture Interest Rate: [4.50]%

TERMS TO UNDERSTAND

This section identifies some of the important terms that we have used throughout your policy and that have special meaning.

Age: Age is the age of the Insured on his or her last birthday before the Policy Date. We issue your policy at the Age shown in your Schedule.

Attained Age: Attained Age is the Insured's Age as of the Policy Date plus the number of completed policy years.

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

Cash Value: The Cash Values are shown on the Table of Nonforfeiture Values Schedule and are based on policy benefits at issue and assume that all premiums are paid when due and there is no indebtedness on the policy.

Death Benefit: The Death Benefit is the amount of death benefit coverage provided under your policy. See the Death Benefit section for details.

Death Benefit Proceeds: Death Benefit Proceeds is the amount we pay on the Insured's death. See the Payment of Death Benefit Proceeds section for details.

Face Amount: The Face Amount is used to determine the amount of death benefit coverage provided under your policy and is shown in your Schedule. The Face Amount does not include any additional death benefit provided by riders attached to your policy, if any.

Grace Period: The Grace Period is the 31 day period after which your policy will lapse unless you make a required premium payment or loan repayment. See the Grace Period section for details.

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

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

Loan Value: The Loan Value is the maximum amount you may borrow against your policy. It is equal to the Cash Value on the date to which premiums are paid minus any outstanding loan, minus all premiums due, and minus any loan interest to the end of the current policy year on the Cash Value.

Minimum Reduced Paid-Up Premium: The Minimum Reduced Paid-Up Premium is shown in your Schedule. It is the minimum amount of premium required to have the status of your policy changed to reduced paid-up insurance.

Policy Date: We show the Policy Date in your Schedule. It is the date from which we measure policy years, policy months and policy anniversaries.

Right to Examine Period: The Right to Examine Period is the number of days after delivery of your policy during which you have the right to examine your policy and return it for a refund of all premiums paid. For details, see the cover page.

INSURANCE COVERAGE PROVISIONS

POLICY DATES AND PERIODS

Issue Date

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

Policy Date

We show the Policy Date in your Schedule. It is the date from which we measure policy years, policy months and policy anniversaries. A policy anniversary occurs each year on the same month and day as the Policy Date. The period between the Policy Date and the first policy anniversary, or from one policy anniversary to the next, is a policy year.

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

Right to Examine Period

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

PREMIUMS

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

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

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

DEATH BENEFIT PROVISIONS

Face Amount

The Face Amount is used to determine the amount of death benefit coverage provided under your policy and is shown in your Schedule. The Face Amount does not include any additional death benefit provided by riders attached to your policy, if any. You may not increase or decrease the Face Amount.

Death Benefit

The Death Benefit is the amount of death benefit coverage provided under your policy. The Death Benefit is equal to the Face Amount.

Payment of Death Benefit Proceeds

Death Benefit Proceeds is the amount we pay on the Insured's death and we compute the amount as of the date of the Insured's death.

Death Benefit Proceeds equals:

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

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

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

Any Death Benefit Proceeds we pay are subject to adjustments as provided in the Misstatement of Age or Gender, Suicide Exclusion and Incontestability sections. We will pay the Death Benefit Proceeds in one lump sum.

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

NONFORFEITURE PROVISIONS

CASH SURRENDERS

Subject to the terms of your policy and provided the Insured is alive, you may give us notice requesting a surrender of your policy for the Cash Surrender Value. Notice should be given as provided in the Required Notice and Procedures section. If your policy is surrendered, your policy and all riders will terminate and cannot be reinstated. We will pay the Cash Surrender Value in one lump sum.

Cash Surrender Value

The Cash Surrender Value is equal to the then current Cash Value minus any outstanding loan and accrued loan interest. If you surrender your policy within 30 days following a policy anniversary, the Cash Surrender Value will not be less than it was on that policy anniversary, reduced by payments we make within those 30 days.

Cash Value

The Cash Values are shown on the Table of Nonforfeiture Values Schedule and are based on policy benefits at issue and assume that all premiums are paid when due and there is no indebtedness on the policy.

REDUCED PAID-UP INSURANCE

You may choose to have the status of your policy changed to reduced paid-up insurance, provided that your policy has not been surrendered and has a Cash Surrender Value greater than or equal to the Minimum Reduced Paid-Up Premium as set forth in your Schedule. If the Cash Surrender Value is less than the Minimum Reduced Paid-Up Premium, we will pay to you the Cash Surrender Value. See the Cash Surrenders section for details.

If your policy continues as reduced paid-up insurance:

- a. We will decrease the Face Amount to a reduced paid-up death benefit. We will use the Cash Surrender Value as a net single premium to purchase the reduced paid-up death benefit. When calculating the amount of reduced paid-up insurance coverage, we base the net single premium rates on the Insured's gender, as applicable, Attained Age and risk class, and the Nonforfeiture Mortality Table and the Nonforfeiture Interest Rate as shown in the Table of Nonforfeiture Values Schedule;
- b. The Cash Value of your policy at any point in time will equal the net single premium for continued reduced paid-up insurance coverage;
- c. No further premiums may be paid on your policy;
- d. No loans will be permitted; and
- e. Your riders will terminate.

You may surrender reduced paid-up insurance at any time for the then current Cash Surrender Value of the reduced paid-up insurance.

BASIS OF NONFORFEITURE VALUES

The Cash Values and reduced paid-up nonforfeiture benefits under your policy are not less than the minimum required, as of the Policy Date, by the Standard Nonforfeiture Laws of the state in which your policy was delivered. We base the Cash Values and reduced paid-up nonforfeiture benefits on the Nonforfeiture Mortality Table and Nonforfeiture Interest Rate shown on the Table of Nonforfeiture Values Schedule. We have filed a detailed statement of the method of computation of the Cash Values and reduced paid-up nonforfeiture benefits with the insurance department of the state in which your policy was delivered, if required.

POLICY LOAN PROVISIONS

POLICY LOANS

If your policy has a Loan Value, you may give us notice requesting a loan, secured only by your policy.

The Loan Value is the maximum amount you may borrow against your policy. It is equal to the Cash Value on the date to which premiums are paid minus any outstanding loan, minus all premiums due, and minus loan interest to the end of the current policy year on the Cash Value. The Loan Value may not exceed the Cash Surrender Value. The minimum amount you may borrow is the Minimum Loan Amount as set forth in your Schedule. Any loan request should be sent to the [ING Customer Service Center].

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

We charge interest on all loans at the Loan Interest Rate shown in your Schedule. Interest is due and payable at the end of each policy year until the loan is repaid. If interest is not paid when due, it is added to the loan. If the loan and any accrued interest exceed the Cash Value, a payment sufficient to keep your policy in force will be due and must be paid before the end of the Grace Period or your policy will terminate. For details, see the Grace Period section.

You may repay all or part of a loan at any time while your policy is in force. Loan repayments should be sent to the [ING Customer Service Center].

AUTOMATIC PREMIUM LOANS

Automatic premium loans are an optional benefit that you may elect at the time of application or anytime thereafter. If you elect the automatic premium loan benefit, any premiums due at the end of the policy's Grace Period will be automatically paid by taking a loan against the Loan Value of the policy. If the Loan Value is not sufficient to pay the entire premium that is due for the then current premium mode, the loan will be for an amount sufficient to pay the premium for the next shorter premium mode, but not less frequently than quarterly. If the Loan Value is not sufficient to pay the premium then due, the policy will terminate unless the Reduced Paid-Up Insurance provision applies.

GENERAL POLICY PROVISIONS

YOUR POLICY

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

Both our president, or an officer, and our secretary or assistant secretary must sign all changes to your policy. No other person can change any of your policy's terms and conditions.

Your policy does not participate in our surplus earnings.

DEFINITION OF LIFE INSURANCE

We design your policy to qualify as a life insurance contract under the Internal Revenue Code, and we will construe all terms and provisions of your policy in a manner consistent with that design. The Face Amount in force at any time will not be less than the amount of insurance necessary to achieve such qualification under the applicable provisions of the Internal Revenue Code. We reserve the right to amend your policy, return or refuse any premium, adjust the amount of coverage and reject any policy request when required to maintain this tax qualification. We also reserve the right to reject any policy request if the request might cause us to return any premium to you, unless you have agreed in writing.

REQUIRED NOTICE AND PROCEDURES

Unless we allow otherwise, you must send us notice of all selections, designations, assignments and requests in a written form acceptable to us. You should send any notice to the [ING Customer Service Center at P.O. Box 5011, Minot, ND 58702-5011]. For overnight delivery, the address is [2000 21st Ave NW, Minot, ND 58703-0890]. We may require a return of your policy or proof of your lost policy for the surrender of, or any change to, your policy. We are not liable for any action we take before we receive and record your written notification at the [ING Customer Service Center].

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

AGES

Age

Age is the age of the Insured on his or her last birthday before the Policy Date. We issue your policy at the Age shown in your Schedule.

Attained Age

Attained Age is the Insured's Age as of the Policy Date plus the number of completed policy years.

INSURED

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

OWNER

The original owner is the person or entity named as the owner in your application. You, as the owner, can exercise all rights and receive the benefits until the Insured's death. This includes the right to change the owner, beneficiaries and methods for the payment of Death Benefit Proceeds. All rights of the owner are subject to the rights of any assignee and any irrevocable beneficiary.

You may name a new owner by sending us notice. Unless you state otherwise, the new owner designation will take effect on the date you sign the notice, subject to any payments or actions we take prior to receipt of your notice at the [ING Customer Service Center].

BENEFICIARIES

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

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

ASSIGNMENT

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

INCONTESTABILITY

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

MISSTATEMENT OF AGE OR GENDER

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

SUICIDE EXCLUSION

If the Insured commits suicide, while sane or insane, while your policy is in force and within two years of the Issue Date, we will make a limited payment to the beneficiary. We will pay in one lump sum the amount of all premiums paid to us during that time, minus any outstanding loan and accrued loan interest. Coverage under your policy and all riders will then terminate.

DEFERRAL OF PAYMENTS

We may defer payment of any surrender or loan, except for any loan used to pay premiums, for up to 6 months after receipt of your notice. We will not defer payment of Death Benefit Proceeds.

TERMINATION

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

- a. The date you surrender your policy for the Cash Surrender Value;
- b. The date your policy lapses (when the Grace Period ends without payment of the required premium or loan and accrued interest payment, as applicable);
- c. The date we receive notice of your written request to terminate your policy; or
- d. The date of the Insured's death.

GRACE PERIOD

After the initial premium and subject to the Automatic Premium Loans and Reduced Paid-Up Insurance provisions, premiums must be paid by the 31st day after the due date or this policy will terminate, except as provided under the Nonforfeiture Options Upon Default section. Likewise, if any outstanding loan and accrued interest exceed the Cash Surrender Value, a payment sufficient to keep your policy in force must be paid by the 31st day after the due date or this policy will terminate. We will mail notice of the amount of this required premium or loan repayment to you and any assignee at the last known address at least 30 days before the end of the Grace Period. Premiums and loan repayments sent to us by U.S. mail and postmarked within the Grace Period shall be deemed to be paid within the Grace Period. We will consider any required payment received by us within 7 days of the end of the Grace Period as having been mailed within the Grace Period. The policy will be in force during this 31 day Grace Period and if the Insured dies during the Grace Period, we will deduct from the Death Benefit Proceeds any due and unpaid premiums and any outstanding loan and accrued loan interest.

REINSTATEMENT

If your policy terminates for failure to pay the required premium or loan and accrued interest payment, as applicable, by the end of the Grace Period and has not been surrendered for the Cash Surrender Value, it may be reinstated within five years of the due date of the unpaid premium or loan repayment if you provide us with:

- a. A written application for reinstatement on a form acceptable to us;
- b. Evidence of insurability satisfactory to us;
- c. Payment of all overdue premiums with 6.00% interest compounded annually up to the date of reinstatement; and
- d. Payment of the Cash Surrender Value paid upon lapse of your policy, if any, with 6.00% interest compounded annually up to the date of reinstatement.

When your policy is reinstated, we will reinstate the loan amount, if any, with interest at the Loan Interest Rate shown in your Schedule compounded annually up to the date of reinstatement.

[ING CUSTOMER SERVICE CENTER]

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

- a. All payments to the address on any provided premium notice or coupon and return envelope; and
- b. All other payments, notices and requests to the [ING Customer Service Center] as provided in the Required Notice and Procedures section.

YOUR POLICY IS A WHOLE LIFE INSURANCE POLICY

The Death Benefit Proceeds are payable on the Insured's death.
Premiums are payable by you until Attained Age 121.
Your policy is nonparticipating and is not eligible for dividends.
Your policy may not be exchanged for another insurance policy.
The policy risk class cannot be changed.
There is no maturity date.

To obtain information or make a complaint, contact ReliaStar Life Insurance Company

**[ING Customer Service Center
P.O. Box 5011, Minot, ND 58702-5011
2000 21st Avenue NW
Minot, ND 58703-0890
Toll Free Number: 1 (877) 886-5050]**

**RELIASTAR LIFE INSURANCE COMPANY
A STOCK COMPANY**

**RELIASTAR LIFE INSURANCE COMPANY
A STOCK COMPANY**

INSURED [JOHN DOE]
POLICY DATE: [October 25, 2012]
POLICY NUMBER: [67000001]

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

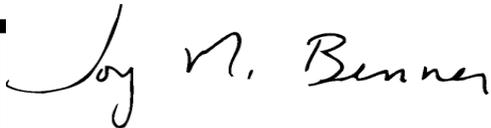
WE ALSO AGREE to provide the other rights and benefits of your policy, subject to its provisions.

**THIS POLICY HAS A LIMITED GRADED DEATH BENEFIT
PLEASE READ YOUR POLICY CAREFULLY**

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

Your policy is signed for ReliaStar Life Insurance Company by:

[
Donald W. Britton
President]

[
Joy M. Benner
Secretary]

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

YOUR POLICY IS A WHOLE LIFE INSURANCE POLICY

The Death Benefit Proceeds are payable on the Insured's death.
Limited benefit for non-Accidental Death in the first two policy years.
Premiums are payable by you until Attained Age 121.
Your policy is nonparticipating and is not eligible for dividends.
Your policy may not be exchanged for another insurance policy.
The policy risk class cannot be changed.
There is no maturity date.

RELIASTAR LIFE INSURANCE COMPANY

Home Office:
[Minneapolis, Minnesota]

**[ING Customer Service Center
P.O. Box 5011, Minot, ND 58702-5011
2000 21st Avenue NW
Minot, ND 58703-0890
Toll Free Number: 1 (877) 886-5050]**

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

SCHEDULE

POLICY NUMBER	[67000001]
POLICY DATE	[October 25, 2012]
ISSUE DATE	[October 25, 2012]
OWNER	[JOHN DOE]
INSURED	[JOHN DOE]
AGE/GENDER	[50, MALE]
RISK CLASS	[NO TOBACCO]
FACE AMOUNT	[\$20,000.00]
LOAN INTEREST RATE	[8.00]% per year
MINIMUM LOAN AMOUNT	[\$100.00]
MINIMUM REDUCED PAID-UP PREMIUM	[\$1,000.00]
MODAL PREMIUM	[\$1,256.60 annually]

	PREMIUM MODE				
	Annual	Semi-Annual	Quarterly	Monthly Direct Bill*	Monthly EFT
TOTAL FIRST YEAR PREMIUM	\$[1,256.60]	\$[653.43]	\$[333.00]	\$[119.38]	\$[109.95]

Paying premiums more frequently than annually results in a higher total premium for the same amount of coverage. More specifically, the increase in total premiums paid is [4.00]% for the semi-annual mode, [6.00]% for the quarterly mode, [14.00]% for the monthly direct bill mode, and [5.00]% for the monthly EFT mode.

*We reserve the right to limit monthly direct bill to no more than [3] policy months.

COVERAGE TYPE	Face Amount/Rider Benefit	Years of Coverage	Years Premium Payable	Annual Premium
WHOLE LIFE INSURANCE POLICY	\$[20,000.00]**	Lifetime	[71]	\$[1,256.60]
[COMMON CARRIER ACCIDENTAL DEATH BENEFIT RIDER]	\$[20,000.00]	Lifetime	--	\$[0.00]
TOTAL FIRST YEAR ANNUAL PREMIUM	--	--	--	\$[1,256.60]

**FOR DEATH OCCURRING DURING THE FIRST TWO POLICY YEARS, UNLESS DUE TO AN ACCIDENTAL DEATH, THE DEATH BENEFIT WILL BE LIMITED AS FOLLOWS: [30.00]% OF THE FACE AMOUNT FOR THE 1ST POLICY YEAR AND [70.00]% OF THE FACE AMOUNT FOR THE 2ND POLICY YEAR. IN THE EVENT OF THE ACCIDENTAL DEATH OF THE INSURED AT ANY TIME WHILE THIS POLICY IS IN FORCE, THE DEATH BENEFIT WILL EQUAL THE FACE AMOUNT. SEE THE DEATH BENEFIT SECTION FOR DETAILS.

Most of the capitalized terms used in these Schedules are defined in the "Terms to Understand" section of the policy. Please refer to that section for further explanation about these terms.

SCHEDULE (CONTINUED)

TABLE OF NONFORFEITURE VALUES

The following table shows the Cash Value and reduced paid-up insurance benefits at the end of each policy year, based on policy benefits at issue and assuming that all premiums are paid when due and there is no indebtedness on the policy. For values at other times, allowance will be made for the lapse of time and payment for fractions of a year. Values for times not shown will be furnished on request.

End of Policy Year	Attained Age	Cash Value	Reduced Paid-up Amount	End of Policy Year	Attained Age	Cash Value	Reduced Paid-up Amount
[1]	[50]	\$[0.00]	\$[0.00]	[37]	[86]	\$[14,373.40]	\$[17,762.05]
[2]	[51]	\$[98.20]	\$[0.00]	[38]	[87]	\$[14,666.60]	\$[17,904.36]
[3]	[52]	\$[448.40]	\$[0.00]	[39]	[88]	\$[14,938.80]	\$[18,033.54]
[4]	[53]	\$[807.40]	\$[0.00]	[40]	[89]	\$[15,189.40]	\$[18,149.78]
[5]	[54]	\$[1,173.40]	\$[3,244.43]	[41]	[90]	\$[15,422.40]	\$[18,255.84]
[6]	[55]	\$[1,546.00]	\$[4,130.38]	[42]	[91]	\$[15,642.40]	\$[18,354.22]
[7]	[56]	\$[1,925.60]	\$[4,973.50]	[43]	[92]	\$[15,849.60]	\$[18,445.35]
[8]	[57]	\$[2,313.60]	\$[5,779.31]	[44]	[93]	\$[16,043.20]	\$[18,529.09]
[9]	[58]	\$[2,710.80]	\$[6,551.14]	[45]	[94]	\$[16,222.00]	\$[18,605.30]
[10]	[59]	\$[3,116.20]	\$[7,288.69]	[46]	[95]	\$[16,389.00]	\$[18,675.55]
[11]	[60]	\$[3,528.60]	\$[7,991.98]	[47]	[96]	\$[16,548.80]	\$[18,741.96]
[12]	[61]	\$[3,945.40]	\$[8,658.76]	[48]	[97]	\$[16,700.20]	\$[18,804.12]
[13]	[62]	\$[4,365.40]	\$[9,290.21]	[49]	[98]	\$[16,841.00]	\$[18,861.26]
[14]	[63]	\$[4,787.80]	\$[9,887.78]	[50]	[99]	\$[16,967.20]	\$[18,911.93]
[15]	[64]	\$[5,213.00]	\$[10,454.58]	[51]	[100]	\$[17,081.80]	\$[18,957.56]
[16]	[65]	\$[5,641.80]	\$[10,994.00]	[52]	[101]	\$[17,194.00]	\$[19,001.84]
[17]	[66]	\$[6,075.40]	\$[11,509.30]	[53]	[102]	\$[17,303.80]	\$[19,044.95]
[18]	[67]	\$[6,514.20]	\$[12,002.16]	[54]	[103]	\$[17,410.40]	\$[19,086.27]
[19]	[68]	\$[6,959.40]	\$[12,475.57]	[55]	[104]	\$[17,514.20]	\$[19,126.30]
[20]	[69]	\$[7,409.80]	\$[12,929.02]	[56]	[105]	\$[17,615.40]	\$[19,165.03]
[21]	[70]	\$[7,863.60]	\$[13,361.98]	[57]	[106]	\$[17,713.80]	\$[19,202.33]
[22]	[71]	\$[8,317.80]	\$[13,773.44]	[58]	[107]	\$[17,809.60]	\$[19,238.50]
[23]	[72]	\$[8,769.20]	\$[14,161.97]	[59]	[108]	\$[17,902.40]	\$[19,273.17]
[24]	[73]	\$[9,218.80]	\$[14,530.30]	[60]	[109]	\$[17,992.40]	\$[19,306.63]
[25]	[74]	\$[9,667.00]	\$[14,880.36]	[61]	[110]	\$[18,079.60]	\$[19,338.89]
[26]	[75]	\$[10,113.60]	\$[15,213.22]	[62]	[111]	\$[18,163.80]	\$[19,369.79]
[27]	[76]	\$[10,557.20]	\$[15,529.15]	[63]	[112]	\$[18,245.20]	\$[19,399.56]
[28]	[77]	\$[10,994.80]	\$[15,827.41]	[64]	[113]	\$[18,323.40]	\$[19,427.83]
[29]	[78]	\$[11,423.00]	\$[16,107.20]	[65]	[114]	\$[18,398.80]	\$[19,455.01]
[30]	[79]	\$[11,839.80]	\$[16,368.69]	[66]	[115]	\$[18,471.40]	\$[19,481.14]
[31]	[80]	\$[12,243.60]	\$[16,612.58]	[67]	[116]	\$[18,541.00]	\$[19,505.99]
[32]	[81]	\$[12,633.60]	\$[16,839.54]	[68]	[117]	\$[18,607.80]	\$[19,529.80]
[33]	[82]	\$[13,011.40]	\$[17,051.99]	[69]	[118]	\$[18,671.40]	\$[19,552.31]
[34]	[83]	\$[13,376.40]	\$[17,250.62]	[70]	[119]	\$[18,730.00]	\$[19,572.85]
[35]	[84]	\$[13,726.40]	\$[17,435.06]	[71]	[120]	\$[20,000.00]	\$[20,000.00]
[36]	[85]	\$[14,059.40]	\$[17,605.52]				

Nonforfeiture Mortality Table: [2001 Commissioners Standard Ordinary, Sex Distinct, Smoker Distinct, Ultimate Mortality Table, Age Last Birthday]

Nonforfeiture Interest Rate: [4.50]%

TERMS TO UNDERSTAND

This section identifies some of the important terms that we have used throughout your policy and that have special meaning.

Accidental Death: Accidental Death means death resulting, directly and independently of disease or bodily or mental illness or infirmity or any other cause, from an accidental injury. See the Accidental Death section for details.

Age: Age is the age of the Insured on his or her last birthday before the Policy Date. We issue your policy at the Age shown in your Schedule.

Attained Age: Attained Age is the Insured's Age as of the Policy Date plus the number of completed policy years.

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

Cash Value: The Cash Values are shown on the Table of Nonforfeiture Values Schedule and are based on policy benefits at issue and assume that all premiums are paid when due and there is no indebtedness on the policy.

Death Benefit: The Death Benefit is the amount of death benefit coverage provided under your policy. See the Death Benefit section for details.

Death Benefit Proceeds: Death Benefit Proceeds is the amount we pay on the Insured's death. See the Payment of Death Benefit Proceeds section for details.

Face Amount: The Face Amount is used to determine the amount of death benefit coverage provided under your policy and is shown in your Schedule. The Face Amount does not include any additional death benefit provided by riders attached to your policy, if any.

Grace Period: The Grace Period is the 31 day period after which your policy will lapse unless you make a required premium payment or loan repayment. See the Grace Period section for details.

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

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

Loan Value: The Loan Value is the maximum amount you may borrow against your policy. It is equal to the Cash Value on the date to which premiums are paid minus any outstanding loan, minus all premiums due, and minus any loan interest to the end of the current policy year on the Cash Value.

Minimum Reduced Paid-Up Premium: The Minimum Reduced Paid-Up Premium is shown in your Schedule. It is the minimum amount of premium required to have the status of your policy changed to reduced paid-up insurance.

Policy Date: We show the Policy Date in your Schedule. It is the date from which we measure policy years, policy months and policy anniversaries.

Right to Examine Period: The Right to Examine Period is the number of days after delivery of your policy during which you have the right to examine your policy and return it for a refund of all premiums paid. For details, see the cover page.

INSURANCE COVERAGE PROVISIONS

POLICY DATES AND PERIODS

Issue Date

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

Policy Date

We show the Policy Date in your Schedule. It is the date from which we measure policy years, policy months and policy anniversaries. A policy anniversary occurs each year on the same month and day as the Policy Date. The period between the Policy Date and the first policy anniversary, or from one policy anniversary to the next, is a policy year.

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

Right to Examine Period

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

PREMIUMS

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

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

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

DEATH BENEFIT PROVISIONS

Face Amount

The Face Amount is used to determine the amount of death benefit coverage provided under your policy and is shown in your Schedule. The Face Amount does not include any additional death benefit provided by riders attached to your policy, if any. You may not increase or decrease the Face Amount.

Death Benefit

The Death Benefit is the amount of death benefit coverage provided under your policy. The Death Benefit during the first two policy years, unless due to an Accidental Death, will be limited as shown in your Schedule. In the event of the Accidental Death of the Insured during the first two policy years, the Death Benefit will equal the Face Amount. The Death Benefit after the first two policy years is equal to the Face Amount.

Payment of Death Benefit Proceeds

Death Benefit Proceeds is the amount we pay on the Insured's death and we compute the amount as of the date of the Insured's death.

Death Benefit Proceeds equals:

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

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

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

Any Death Benefit Proceeds we pay are subject to adjustments as provided in the Misstatement of Age or Gender, Suicide Exclusion and Incontestability sections. We will pay the Death Benefit Proceeds in one lump sum.

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

Accidental Death

Accidental Death means death resulting, directly and independently of disease or bodily or mental illness or infirmity or any other cause, from an accidental injury. There must be a bruise or wound that can be seen on the outside of the body, except in the case of drowning or internal injuries revealed by autopsy. We reserve the right, at our expense, to request an autopsy unless prohibited by law. Death must occur within 180 days following the date of this injury.

Accidental Death does not include death that is caused or contributed to by any of the following:

- a. Disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity;
- b. Suicide or intentionally self-inflicted injury, whether the Insured was sane or insane;
- c. Committing or attempting to commit a felony;
- d. Travel in or descent from any type of aircraft where the Insured acted in a capacity other than as a passenger, including, without limitation:
 1. Acting as a pilot or a crew member;
 2. Giving or receiving aviation training; or
 3. Having any duties on the aircraft whether or not they were related to operating it.
- e. Voluntary intake or use of:
 1. Any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or
 2. Poison, gas or fumes, unless a direct result of an occupational accident.

NONFORFEITURE PROVISIONS

CASH SURRENDERS

Subject to the terms of your policy and provided the Insured is alive, you may give us notice requesting a surrender of your policy for the Cash Surrender Value. Notice should be given as provided in the Required Notice and Procedures section. If your policy is surrendered, your policy and all riders will terminate and cannot be reinstated. We will pay the Cash Surrender Value in one lump sum.

Cash Surrender Value

The Cash Surrender Value is equal to the then current Cash Value minus any outstanding loan and accrued loan interest. If you surrender your policy within 30 days following a policy anniversary, the Cash Surrender Value will not be less than it was on that policy anniversary, reduced by payments we make within those 30 days.

Cash Value

The Cash Values are shown on the Table of Nonforfeiture Values Schedule and are based on policy benefits at issue and assume that all premiums are paid when due and there is no indebtedness on the policy.

REDUCED PAID-UP INSURANCE

You may choose to have the status of your policy changed to reduced paid-up insurance, provided that your policy has not been surrendered and has a Cash Surrender Value greater than or equal to the Minimum Reduced Paid-Up Premium as set forth in your Schedule. If the Cash Surrender Value is less than the Minimum Reduced Paid-Up Premium, we will pay to you the Cash Surrender Value. See the Cash Surrenders section for details.

If your policy continues as reduced paid-up insurance:

- a. We will decrease the Face Amount to a reduced paid-up death benefit. We will use the Cash Surrender Value as a net single premium to purchase the reduced paid-up death benefit. When calculating the amount of reduced paid-up insurance coverage, we base the net single premium rates on the Insured's gender, as applicable, Attained Age and risk class, and the Nonforfeiture Mortality Table and the Nonforfeiture Interest Rate as shown in the Table of Nonforfeiture Values Schedule;
- b. The Cash Value of your policy at any point in time will equal the net single premium for continued reduced paid-up insurance coverage;
- c. No further premiums may be paid on your policy;
- d. No loans will be permitted; and
- e. Your riders will terminate.

You may surrender reduced paid-up insurance at any time for the then current Cash Surrender Value of the reduced paid-up insurance.

NONFORFEITURE OPTIONS UPON DEFAULT

Any premium not paid by the end of its Grace Period will result in default. The date of default is the date on which the unpaid premium was due. No later than 60 days after default and before the death of the Insured, you may elect to surrender the policy for its Cash Surrender Value or continue the policy as reduced paid-up insurance. If the policy has a Cash Surrender Value greater than or equal to the Minimum Reduced Paid-Up Premium, this policy will continue as reduced paid-up insurance if you have made no other election. If not, we will pay to you the Cash Surrender Value, if any.

BASIS OF NONFORFEITURE VALUES

The Cash Values and reduced paid-up nonforfeiture benefits under your policy are not less than the minimum required, as of the Policy Date, by the Standard Nonforfeiture Laws of the state in which your policy was delivered. We base the Cash Values and reduced paid-up nonforfeiture benefits on the Nonforfeiture Mortality Table and Nonforfeiture Interest Rate shown on the Table of Nonforfeiture Values Schedule. We have filed a detailed statement of the method of computation of the Cash Values and reduced paid-up nonforfeiture benefits with the insurance department of the state in which your policy was delivered, if required.

POLICY LOAN PROVISIONS

POLICY LOANS

If your policy has a Loan Value, you may give us notice requesting a loan, secured only by your policy.

The Loan Value is the maximum amount you may borrow against your policy. It is equal to the Cash Value on the date to which premiums are paid minus any outstanding loan, minus all premiums due, and minus loan interest to the end of the current policy year on the Cash Value. The Loan Value may not exceed the Cash Surrender Value. The minimum amount you may borrow is the Minimum Loan Amount as set forth in your Schedule. Any loan request should be sent to the [ING Customer Service Center].

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

We charge interest on all loans at the Loan Interest Rate shown in your Schedule. Interest is due and payable at the end of each policy year until the loan is repaid. If interest is not paid when due, it is added to the loan. If the loan and any accrued interest exceed the Cash Value, a payment sufficient to keep your policy in force will be due and must be paid before the end of the Grace Period or your policy will terminate. For details, see the Grace Period section.

You may repay all or part of a loan at any time while your policy is in force. Loan repayments should be sent to the [ING Customer Service Center].

AUTOMATIC PREMIUM LOANS

Automatic premium loans are an optional benefit that you may elect at the time of application or anytime thereafter. If you elect the automatic premium loan benefit, any premiums due at the end of the policy's Grace Period will be automatically paid by taking a loan against the Loan Value of the policy. If the Loan Value is not sufficient to pay the entire premium that is due for the then current premium mode, the loan will be for an amount sufficient to pay the premium for the next shorter premium mode, but not less frequently than quarterly. If the Loan Value is not sufficient to pay the premium then due, the policy will terminate unless the Reduced Paid-Up Insurance provision applies.

GENERAL POLICY PROVISIONS

YOUR POLICY

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

Both our president, or an officer, and our secretary or assistant secretary must sign all changes to your policy. No other person can change any of your policy's terms and conditions.

Your policy does not participate in our surplus earnings.

DEFINITION OF LIFE INSURANCE

We design your policy to qualify as a life insurance contract under the Internal Revenue Code, and we will construe all terms and provisions of your policy in a manner consistent with that design. The Face Amount in force at any time will not be less than the amount of insurance necessary to achieve such qualification under the applicable provisions of the Internal Revenue Code. We reserve the right to amend your policy, return or refuse any premium, adjust the amount of coverage and reject any policy request when required to maintain this tax qualification. We also reserve the right to reject any policy request if the request might cause us to return any premium to you, unless you have agreed in writing.

REQUIRED NOTICE AND PROCEDURES

Unless we allow otherwise, you must send us notice of all selections, designations, assignments and requests in a written form acceptable to us. You should send any notice to the [ING Customer Service Center at P.O. Box 5011, Minot, ND 58702-5011]. For overnight delivery, the address is [2000 21st Ave NW, Minot, ND 58703-0890]. We may require a return of your policy or proof of your lost policy for the surrender of, or any change to, your policy. We are not liable for any action we take before we receive and record your written notification at the [ING Customer Service Center].

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

AGES

Age

Age is the age of the Insured on his or her last birthday before the Policy Date. We issue your policy at the Age shown in your Schedule.

Attained Age

Attained Age is the Insured's Age as of the Policy Date plus the number of completed policy years.

INSURED

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

OWNER

The original owner is the person or entity named as the owner in your application. You, as the owner, can exercise all rights and receive the benefits until the Insured's death. This includes the right to change the owner, beneficiaries and methods for the payment of Death Benefit Proceeds. All rights of the owner are subject to the rights of any assignee and any irrevocable beneficiary.

You may name a new owner by sending us notice. Unless you state otherwise, the new owner designation will take effect on the date you sign the notice, subject to any payments or actions we take prior to receipt of your notice at the [ING Customer Service Center].

BENEFICIARIES

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

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

ASSIGNMENT

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

INCONTESTABILITY

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

MISSTATEMENT OF AGE OR GENDER

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

SUICIDE EXCLUSION

If the Insured commits suicide, while sane or insane, while your policy is in force and within two years of the Issue Date, we will make a limited payment to the beneficiary. We will pay in one lump sum the amount of all premiums paid to us during that time, minus any outstanding loan and accrued loan interest. Coverage under your policy and all riders will then terminate.

DEFERRAL OF PAYMENTS

We may defer payment of any surrender or loan, except for any loan used to pay premiums, for up to 6 months after receipt of your notice. We will not defer payment of Death Benefit Proceeds.

TERMINATION

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

- a. The date you surrender your policy for the Cash Surrender Value;
- b. The date your policy lapses (when the Grace Period ends without payment of the required premium or loan and accrued interest payment, as applicable);
- c. The date we receive notice of your written request to terminate your policy; or
- d. The date of the Insured's death.

GRACE PERIOD

After the initial premium and subject to the Automatic Premium Loans and Reduced Paid-Up Insurance provisions, premiums must be paid by the 31st day after the due date or this policy will terminate, except as provided under the Nonforfeiture Options Upon Default section. Likewise, if any outstanding loan and accrued interest exceed the Cash Surrender Value, a payment sufficient to keep your policy in force must be paid by the 31st day after the due date or this policy will terminate. We will mail notice of the amount of this required premium or loan repayment to you and any assignee at the last known address at least 30 days before the end of the Grace Period. Premiums and loan repayments sent to us by U.S. mail and postmarked within the Grace Period shall be deemed to be paid within the Grace Period. We will consider any required payment received by us within 7 days of the end of the Grace Period as having been mailed within the Grace Period. The policy will be in force during this 31 day Grace Period and if the Insured dies during the Grace Period, we will deduct from the Death Benefit Proceeds any due and unpaid premiums and any outstanding loan and accrued loan interest.

REINSTATEMENT

If your policy terminates for failure to pay the required premium or loan and accrued interest payment, as applicable, by the end of the Grace Period and has not been surrendered for the Cash Surrender Value, it may be reinstated within five years of the due date of the unpaid premium or loan repayment if you provide us with:

- a. A written application for reinstatement on a form acceptable to us;
- b. Evidence of insurability satisfactory to us;
- c. Payment of all overdue premiums with 6.00% interest compounded annually up to the date of reinstatement; and
- d. Payment of the Cash Surrender Value paid upon lapse of your policy, if any, with 6.00% interest compounded annually up to the date of reinstatement.

When your policy is reinstated, we will reinstate the loan amount, if any, with interest at the Loan Interest Rate shown in your Schedule compounded annually up to the date of reinstatement.

[ING CUSTOMER SERVICE CENTER]

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

- a. All payments to the address on any provided premium notice or coupon and return envelope; and
- b. All other payments, notices and requests to the [ING Customer Service Center] as provided in the Required Notice and Procedures section.

YOUR POLICY IS A WHOLE LIFE INSURANCE POLICY

The Death Benefit Proceeds are payable on the Insured's death.
Limited benefit for non-Accidental Death in the first two policy years.
Premiums are payable by you until Attained Age 121.
Your policy is nonparticipating and is not eligible for dividends.
Your policy may not be exchanged for another insurance policy.
The policy risk class cannot be changed.
There is no maturity date.

To obtain information or make a complaint, contact ReliaStar Life Insurance Company

**[ING Customer Service Center
P.O. Box 5011, Minot, ND 58702-5011
2000 21st Avenue NW
Minot, ND 58703-0890
Toll Free Number: 1 (877) 886-5050]**

**RELIASTAR LIFE INSURANCE COMPANY
A STOCK COMPANY**

**RELIASTAR LIFE INSURANCE COMPANY
A STOCK COMPANY**

INSURED [JOHN DOE]
POLICY DATE: [October 25, 2012]
POLICY NUMBER: [67000001]

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

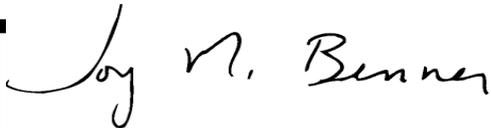
WE ALSO AGREE to provide the other rights and benefits of your policy, subject to its provisions.

**THIS POLICY HAS A LIMITED GRADED DEATH BENEFIT
PLEASE READ YOUR POLICY CAREFULLY**

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

Your policy is signed for ReliaStar Life Insurance Company by:

[
Donald W. Britton
President]

[
Joy M. Benner
Secretary]

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

YOUR POLICY IS A WHOLE LIFE INSURANCE POLICY

The Death Benefit Proceeds are payable on the Insured's death.
Limited benefit for non-Accidental Death in the first two policy years.
Premiums are payable by you until Attained Age 121.
Your policy is nonparticipating and is not eligible for dividends.
Your policy may not be exchanged for another insurance policy.
The policy risk class cannot be changed.
There is no maturity date.

RELIASTAR LIFE INSURANCE COMPANY

Home Office:
[Minneapolis, Minnesota]

**[ING Customer Service Center
P.O. Box 5011, Minot, ND 58702-5011
2000 21st Avenue NW
Minot, ND 58703-0890
Toll Free Number: 1 (877) 886-5050]**

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

SCHEDULE

POLICY NUMBER	[67000001]
POLICY DATE	[October 25, 2012]
ISSUE DATE	[October 25, 2012]
OWNER	[JOHN DOE]
INSURED	[JOHN DOE]
AGE/GENDER	[50, MALE]
RISK CLASS	[NO TOBACCO]
FACE AMOUNT	[\$15,000.00]
LOAN INTEREST RATE	[8.00]% per year
MINIMUM LOAN AMOUNT	[\$100.00]
MINIMUM REDUCED PAID-UP PREMIUM	[\$1,000.00]
MODAL PREMIUM	[\$1,185.45 annually]

	PREMIUM MODE				
	Annual	Semi-Annual	Quarterly	Monthly Direct Bill*	Monthly EFT
TOTAL FIRST YEAR PREMIUM	[\$1,185.45]	[\$616.43]	[\$314.14]	[\$112.62]	[\$103.73]

Paying premiums more frequently than annually results in a higher total premium for the same amount of coverage. More specifically, the increase in total premiums paid is [4.00]% for the semi-annual mode, [6.00]% for the quarterly mode, [14.00]% for the monthly direct bill mode, and [5.00]% for the monthly EFT mode.

*We reserve the right to limit monthly direct bill to no more than [3] policy months.

COVERAGE TYPE	Face Amount/Rider Benefit	Years of Coverage	Years Premium Payable	Annual Premium
WHOLE LIFE INSURANCE POLICY	[\$15,000.00]**	Lifetime	[71]	[\$1,185.45]
[COMMON CARRIER ACCIDENTAL DEATH BENEFIT RIDER]	[\$15,000.00]	Lifetime	--	[\$0.00]
TOTAL FIRST YEAR ANNUAL PREMIUM	--	--	--	[\$1,185.45]

**FOR DEATH OCCURRING DURING THE FIRST TWO POLICY YEARS, UNLESS DUE TO AN ACCIDENTAL DEATH, THE DEATH BENEFIT WILL BE LIMITED AS FOLLOWS: 100.00% OF THE PREMIUMS PAID FOR THIS POLICY PRIOR TO THE INSURED'S DEATH PLUS DAILY INTEREST AT AN ANNUAL RATE OF [10.00]% ON EACH PREMIUM FROM THE DATE WE RECEIVED THE PREMIUM UNTIL THE DATE OF THE INSURED'S DEATH. IN THE EVENT OF THE ACCIDENTAL DEATH OF THE INSURED AT ANY TIME WHILE THIS POLICY IS IN FORCE, THE DEATH BENEFIT WILL EQUAL THE FACE AMOUNT. SEE THE DEATH BENEFIT SECTION FOR DETAILS.

Most of the capitalized terms used in these Schedules are defined in the "Terms to Understand" section of the policy. Please refer to that section for further explanation about these terms.

SCHEDULE (CONTINUED)

TABLE OF NONFORFEITURE VALUES

The following table shows the Cash Value and reduced paid-up insurance benefits at the end of each policy year, based on policy benefits at issue and assuming that all premiums are paid when due and there is no indebtedness on the policy. For values at other times, allowance will be made for the lapse of time and payment for fractions of a year. Values for times not shown will be furnished on request.

End of Policy Year	Attained Age	Cash Value	Reduced Paid-up Amount	End of Policy Year	Attained Age	Cash Value	Reduced Paid-up Amount
[1]	[50]	\$[0.00]	\$[0.00]	[37]	[86]	\$[10,794.75]	\$[13,339.70]
[2]	[51]	\$[125.70]	\$[0.00]	[38]	[87]	\$[11,013.90]	\$[13,445.30]
[3]	[52]	\$[387.60]	\$[0.00]	[39]	[88]	\$[11,217.30]	\$[13,541.09]
[4]	[53]	\$[655.80]	\$[0.00]	[40]	[89]	\$[11,404.65]	\$[13,627.39]
[5]	[54]	\$[929.40]	\$[0.00]	[41]	[90]	\$[11,578.80]	\$[13,706.09]
[6]	[55]	\$[1,207.80]	\$[3,226.83]	[42]	[91]	\$[11,743.20]	\$[13,779.04]
[7]	[56]	\$[1,491.60]	\$[3,852.55]	[43]	[92]	\$[11,898.00]	\$[13,846.58]
[8]	[57]	\$[1,781.55]	\$[4,450.26]	[44]	[93]	\$[12,042.75]	\$[13,908.77]
[9]	[58]	\$[2,078.25]	\$[5,022.47]	[45]	[94]	\$[12,176.40]	\$[13,965.33]
[10]	[59]	\$[2,381.40]	\$[5,570.01]	[46]	[95]	\$[12,301.20]	\$[14,017.43]
[11]	[60]	\$[2,689.50]	\$[6,091.49]	[47]	[96]	\$[12,420.60]	\$[14,066.66]
[12]	[61]	\$[3,001.05]	\$[6,586.25]	[48]	[97]	\$[12,533.85]	\$[14,112.89]
[13]	[62]	\$[3,315.00]	\$[7,054.81]	[49]	[98]	\$[12,639.00]	\$[14,155.18]
[14]	[63]	\$[3,630.60]	\$[7,497.93]	[50]	[99]	\$[12,733.35]	\$[14,192.81]
[15]	[64]	\$[3,948.45]	\$[7,918.54]	[51]	[100]	\$[12,819.00]	\$[14,226.66]
[16]	[65]	\$[4,269.00]	\$[8,318.87]	[52]	[101]	\$[12,902.85]	\$[14,259.50]
[17]	[66]	\$[4,593.00]	\$[8,701.03]	[53]	[102]	\$[12,984.90]	\$[14,291.47]
[18]	[67]	\$[4,921.05]	\$[9,066.84]	[54]	[103]	\$[13,064.55]	\$[14,322.11]
[19]	[68]	\$[5,253.60]	\$[9,417.72]	[55]	[104]	\$[13,142.10]	\$[14,351.77]
[20]	[69]	\$[5,590.20]	\$[9,754.08]	[56]	[105]	\$[13,217.70]	\$[14,380.46]
[21]	[70]	\$[5,929.50]	\$[10,075.52]	[57]	[106]	\$[13,291.35]	\$[14,408.25]
[22]	[71]	\$[6,268.95]	\$[10,380.75]	[58]	[107]	\$[13,362.90]	\$[14,435.03]
[23]	[72]	\$[6,606.30]	\$[10,668.96]	[59]	[108]	\$[13,432.35]	\$[14,460.85]
[24]	[73]	\$[6,942.30]	\$[10,942.17]	[60]	[109]	\$[13,499.55]	\$[14,485.61]
[25]	[74]	\$[7,277.25]	\$[11,201.83]	[61]	[110]	\$[13,564.65]	\$[14,509.46]
[26]	[75]	\$[7,611.15]	\$[11,448.95]	[62]	[111]	\$[13,627.65]	\$[14,532.46]
[27]	[76]	\$[7,942.65]	\$[11,683.27]	[63]	[112]	\$[13,688.40]	\$[14,554.46]
[28]	[77]	\$[8,269.65]	\$[11,904.46]	[64]	[113]	\$[13,747.05]	\$[14,575.64]
[29]	[78]	\$[8,589.75]	\$[12,112.12]	[65]	[114]	\$[13,803.30]	\$[14,595.70]
[30]	[79]	\$[8,901.30]	\$[12,306.17]	[66]	[115]	\$[13,857.60]	\$[14,615.13]
[31]	[80]	\$[9,202.95]	\$[12,486.91]	[67]	[116]	\$[13,909.65]	\$[14,633.59]
[32]	[81]	\$[9,494.55]	\$[12,655.45]	[68]	[117]	\$[13,959.45]	\$[14,651.13]
[33]	[82]	\$[9,776.85]	\$[12,812.97]	[69]	[118]	\$[14,007.00]	\$[14,667.84]
[34]	[83]	\$[10,049.55]	\$[12,960.21]	[70]	[119]	\$[14,050.80]	\$[14,683.09]
[35]	[84]	\$[10,311.30]	\$[13,097.25]	[71]	[120]	\$[15,000.00]	\$[15,000.00]
[36]	[85]	\$[10,560.15]	\$[13,223.67]				

Nonforfeiture Mortality Table: [2001 Commissioners Standard Ordinary, Sex Distinct, Smoker Distinct, Ultimate Mortality Table, Age Last Birthday]

Nonforfeiture Interest Rate: [4.50]%

TERMS TO UNDERSTAND

This section identifies some of the important terms that we have used throughout your policy and that have special meaning.

Accidental Death: Accidental Death means death resulting, directly and independently of disease or bodily or mental illness or infirmity or any other cause, from an accidental injury. See the Accidental Death section for details.

Age: Age is the age of the Insured on his or her last birthday before the Policy Date. We issue your policy at the Age shown in your Schedule.

Attained Age: Attained Age is the Insured's Age as of the Policy Date plus the number of completed policy years.

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

Cash Value: The Cash Values are shown on the Table of Nonforfeiture Values Schedule and are based on policy benefits at issue and assume that all premiums are paid when due and there is no indebtedness on the policy.

Death Benefit: The Death Benefit is the amount of death benefit coverage provided under your policy. See the Death Benefit section for details.

Death Benefit Proceeds: Death Benefit Proceeds is the amount we pay on the Insured's death. See the Payment of Death Benefit Proceeds section for details.

Face Amount: The Face Amount is used to determine the amount of death benefit coverage provided under your policy and is shown in your Schedule. The Face Amount does not include any additional death benefit provided by riders attached to your policy, if any.

Grace Period: The Grace Period is the 31 day period after which your policy will lapse unless you make a required premium payment or loan repayment. See the Grace Period section for details.

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

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

Loan Value: The Loan Value is the maximum amount you may borrow against your policy. It is equal to the Cash Value on the date to which premiums are paid minus any outstanding loan, minus all premiums due, and minus any loan interest to the end of the current policy year on the Cash Value.

Minimum Reduced Paid-Up Premium: The Minimum Reduced Paid-Up Premium is shown in your Schedule. It is the minimum amount of premium required to have the status of your policy changed to reduced paid-up insurance.

Policy Date: We show the Policy Date in your Schedule. It is the date from which we measure policy years, policy months and policy anniversaries.

Right to Examine Period: The Right to Examine Period is the number of days after delivery of your policy during which you have the right to examine your policy and return it for a refund of all premiums paid. For details, see the cover page.

INSURANCE COVERAGE PROVISIONS

POLICY DATES AND PERIODS

Issue Date

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

Policy Date

We show the Policy Date in your Schedule. It is the date from which we measure policy years, policy months and policy anniversaries. A policy anniversary occurs each year on the same month and day as the Policy Date. The period between the Policy Date and the first policy anniversary, or from one policy anniversary to the next, is a policy year.

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

Right to Examine Period

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

PREMIUMS

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

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

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

DEATH BENEFIT PROVISIONS

Face Amount

The Face Amount is used to determine the amount of death benefit coverage provided under your policy and is shown in your Schedule. The Face Amount does not include any additional death benefit provided by riders attached to your policy, if any. You may not increase or decrease the Face Amount.

Death Benefit

The Death Benefit is the amount of death benefit coverage provided under your policy. The Death Benefit during the first two policy years, unless due to an Accidental Death, will be limited as shown in your Schedule. In the event of the Accidental Death of the Insured during the first two policy years, the Death Benefit will equal the Face Amount. The Death Benefit after the first two policy years is equal to the Face Amount.

Payment of Death Benefit Proceeds

Death Benefit Proceeds is the amount we pay on the Insured's death and we compute the amount as of the date of the Insured's death.

During the first two policy years, Death Benefit Proceeds equals:

- a. The Death Benefit; plus
- b. Any added benefit provided by rider; minus
- c. Any outstanding loan and accrued loan interest.

After the first two policy years, Death Benefit Proceeds equals:

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

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

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

Any Death Benefit Proceeds we pay are subject to adjustments as provided in the Misstatement of Age or Gender, Suicide Exclusion and Incontestability sections. We will pay the Death Benefit Proceeds in one lump sum.

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

Accidental Death

Accidental Death means death resulting, directly and independently of disease or bodily or mental illness or infirmity or any other cause, from an accidental injury. There must be a bruise or wound that can be seen on the outside of the body, except in the case of drowning or internal injuries revealed by autopsy. We reserve the right, at our expense, to request an autopsy unless prohibited by law. Death must occur within 180 days following the date of this injury.

Accidental Death does not include death that is caused or contributed to by any of the following:

- a. Disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity;
- b. Suicide or intentionally self-inflicted injury, whether the Insured was sane or insane;
- c. Committing or attempting to commit a felony;
- d. Travel in or descent from any type of aircraft where the Insured acted in a capacity other than as a passenger, including, without limitation:
 1. Acting as a pilot or a crew member;
 2. Giving or receiving aviation training; or
 3. Having any duties on the aircraft whether or not they were related to operating it.
- e. Voluntary intake or use of:
 1. Any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or
 2. Poison, gas or fumes, unless a direct result of an occupational accident.

NONFORFEITURE PROVISIONS

CASH SURRENDERS

Subject to the terms of your policy and provided the Insured is alive, you may give us notice requesting a surrender of your policy for the Cash Surrender Value. Notice should be given as provided in the Required Notice and Procedures section. If your policy is surrendered, your policy and all riders will terminate and cannot be reinstated. We will pay the Cash Surrender Value in one lump sum.

Cash Surrender Value

The Cash Surrender Value is equal to the then current Cash Value minus any outstanding loan and accrued loan interest. If you surrender your policy within 30 days following a policy anniversary, the Cash Surrender Value will not be less than it was on that policy anniversary, reduced by payments we make within those 30 days.

Cash Value

The Cash Values are shown on the Table of Nonforfeiture Values Schedule and are based on policy benefits at issue and assume that all premiums are paid when due and there is no indebtedness on the policy.

REDUCED PAID-UP INSURANCE

You may choose to have the status of your policy changed to reduced paid-up insurance, provided that your policy has not been surrendered and has a Cash Surrender Value greater than or equal to the Minimum Reduced Paid-Up Premium as set forth in your Schedule. If the Cash Surrender Value is less than the Minimum Reduced Paid-Up Premium, we will pay to you the Cash Surrender Value. See the Cash Surrenders section for details.

If your policy continues as reduced paid-up insurance:

- a. We will decrease the Face Amount to a reduced paid-up death benefit. We will use the Cash Surrender Value as a net single premium to purchase the reduced paid-up death benefit. When calculating the amount of reduced paid-up insurance coverage, we base the net single premium rates on the Insured's gender, as applicable, Attained Age and risk class, and the Nonforfeiture Mortality Table and the Nonforfeiture Interest Rate as shown in the Table of Nonforfeiture Values Schedule;
- b. The Cash Value of your policy at any point in time will equal the net single premium for continued reduced paid-up insurance coverage;
- c. No further premiums may be paid on your policy;
- d. No loans will be permitted; and
- e. Your riders will terminate.

You may surrender reduced paid-up insurance at any time for the then current Cash Surrender Value of the reduced paid-up insurance.

NONFORFEITURE OPTIONS UPON DEFAULT

Any premium not paid by the end of its Grace Period will result in default. The date of default is the date on which the unpaid premium was due. No later than 60 days after default and before the death of the Insured, you may elect to surrender the policy for its Cash Surrender Value or continue the policy as reduced paid-up insurance. If the policy has a Cash Surrender Value greater than or equal to the Minimum Reduced Paid-Up Premium, this policy will continue as reduced paid-up insurance if you have made no other election. If not, we will pay to you the Cash Surrender Value, if any.

BASIS OF NONFORFEITURE VALUES

The Cash Values and reduced paid-up nonforfeiture benefits under your policy are not less than the minimum required, as of the Policy Date, by the Standard Nonforfeiture Laws of the state in which your policy was delivered. We base the Cash Values and reduced paid-up nonforfeiture benefits on the Nonforfeiture Mortality Table and Nonforfeiture Interest Rate shown on the Table of Nonforfeiture Values Schedule. We have filed a detailed statement of the method of computation of the Cash Values and reduced paid-up nonforfeiture benefits with the insurance department of the state in which your policy was delivered, if required.

POLICY LOAN PROVISIONS

POLICY LOANS

If your policy has a Loan Value, you may give us notice requesting a loan, secured only by your policy.

The Loan Value is the maximum amount you may borrow against your policy. It is equal to the Cash Value on the date to which premiums are paid minus any outstanding loan, minus all premiums due, and minus loan interest to the end of the current policy year on the Cash Value. The Loan Value may not exceed the Cash Surrender Value. The minimum amount you may borrow is the Minimum Loan Amount as set forth in your Schedule. Any loan request should be sent to the [ING Customer Service Center].

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

We charge interest on all loans at the Loan Interest Rate shown in your Schedule. Interest is due and payable at the end of each policy year until the loan is repaid. If interest is not paid when due, it is added to the loan. If the loan and any accrued interest exceed the Cash Value, a payment sufficient to keep your policy in force will be due and must be paid before the end of the Grace Period or your policy will terminate. For details, see the Grace Period section.

You may repay all or part of a loan at any time while your policy is in force. Loan repayments should be sent to the [ING Customer Service Center].

AUTOMATIC PREMIUM LOANS

Automatic premium loans are an optional benefit that you may elect at the time of application or anytime thereafter. If you elect the automatic premium loan benefit, any premiums due at the end of the policy's Grace Period will be automatically paid by taking a loan against the Loan Value of the policy. If the Loan Value is not sufficient to pay the entire premium that is due for the then current premium mode, the loan will be for an amount sufficient to pay the premium for the next shorter premium mode, but not less frequently than quarterly. If the Loan Value is not sufficient to pay the premium then due, the policy will terminate unless the Reduced Paid-Up Insurance provision applies.

GENERAL POLICY PROVISIONS

YOUR POLICY

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

Both our president, or an officer, and our secretary or assistant secretary must sign all changes to your policy. No other person can change any of your policy's terms and conditions.

Your policy does not participate in our surplus earnings.

DEFINITION OF LIFE INSURANCE

We design your policy to qualify as a life insurance contract under the Internal Revenue Code, and we will construe all terms and provisions of your policy in a manner consistent with that design. The Face Amount in force at any time will not be less than the amount of insurance necessary to achieve such qualification under the applicable provisions of the Internal Revenue Code. We reserve the right to amend your policy, return or refuse any premium, adjust the amount of coverage and reject any policy request when required to maintain this tax qualification. We also reserve the right to reject any policy request if the request might cause us to return any premium to you, unless you have agreed in writing.

REQUIRED NOTICE AND PROCEDURES

Unless we allow otherwise, you must send us notice of all selections, designations, assignments and requests in a written form acceptable to us. You should send any notice to the [ING Customer Service Center at P.O. Box 5011, Minot, ND 58702-5011]. For overnight delivery, the address is [2000 21st Ave NW, Minot, ND 58703-0890]. We may require a return of your policy or proof of your lost policy for the surrender of, or any change to, your policy. We are not liable for any action we take before we receive and record your written notification at the [ING Customer Service Center].

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

AGES

Age

Age is the age of the Insured on his or her last birthday before the Policy Date. We issue your policy at the Age shown in your Schedule.

Attained Age

Attained Age is the Insured's Age as of the Policy Date plus the number of completed policy years.

INSURED

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

OWNER

The original owner is the person or entity named as the owner in your application. You, as the owner, can exercise all rights and receive the benefits until the Insured's death. This includes the right to change the owner, beneficiaries and methods for the payment of Death Benefit Proceeds. All rights of the owner are subject to the rights of any assignee and any irrevocable beneficiary.

You may name a new owner by sending us notice. Unless you state otherwise, the new owner designation will take effect on the date you sign the notice, subject to any payments or actions we take prior to receipt of your notice at the [ING Customer Service Center].

BENEFICIARIES

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

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

ASSIGNMENT

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

INCONTESTABILITY

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

MISSTATEMENT OF AGE OR GENDER

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

SUICIDE EXCLUSION

If the Insured commits suicide, while sane or insane, while your policy is in force and within two years of the Issue Date, we will make a limited payment to the beneficiary. We will pay in one lump sum the amount of all premiums paid to us during that time, minus any outstanding loan and accrued loan interest. Coverage under your policy and all riders will then terminate.

DEFERRAL OF PAYMENTS

We may defer payment of any surrender or loan, except for any loan used to pay premiums, for up to 6 months after receipt of your notice. We will not defer payment of Death Benefit Proceeds.

TERMINATION

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

- a. The date you surrender your policy for the Cash Surrender Value;
- b. The date your policy lapses (when the Grace Period ends without payment of the required premium or loan and accrued interest payment, as applicable);
- c. The date we receive notice of your written request to terminate your policy; or
- d. The date of the Insured's death.

GRACE PERIOD

After the initial premium and subject to the Automatic Premium Loans and Reduced Paid-Up Insurance provisions, premiums must be paid by the 31st day after the due date or this policy will terminate, except as provided under the Nonforfeiture Options Upon Default section. Likewise, if any outstanding loan and accrued interest exceed the Cash Surrender Value, a payment sufficient to keep your policy in force must be paid by the 31st day after the due date or this policy will terminate. We will mail notice of the amount of this required premium or loan repayment to you and any assignee at the last known address at least 30 days before the end of the Grace Period. Premiums and loan repayments sent to us by U.S. mail and postmarked within the Grace Period shall be deemed to be paid within the Grace Period. We will consider any required payment received by us within 7 days of the end of the Grace Period as having been mailed within the Grace Period. The policy will be in force during this 31 day Grace Period and if the Insured dies during the Grace Period, we will deduct from the Death Benefit Proceeds any due and unpaid premiums and any outstanding loan and accrued loan interest.

REINSTATEMENT

If your policy terminates for failure to pay the required premium or loan and accrued interest payment, as applicable, by the end of the Grace Period and has not been surrendered for the Cash Surrender Value, it may be reinstated within five years of the due date of the unpaid premium or loan repayment if you provide us with:

- a. A written application for reinstatement on a form acceptable to us;
- b. Evidence of insurability satisfactory to us;
- c. Payment of all overdue premiums with 6.00% interest compounded annually up to the date of reinstatement; and
- d. Payment of the Cash Surrender Value paid upon lapse of your policy, if any, with 6.00% interest compounded annually up to the date of reinstatement.

When your policy is reinstated, we will reinstate the loan amount, if any, with interest at the Loan Interest Rate shown in your Schedule compounded annually up to the date of reinstatement.

[ING CUSTOMER SERVICE CENTER]

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

- a. All payments to the address on any provided premium notice or coupon and return envelope; and
- b. All other payments, notices and requests to the [ING Customer Service Center] as provided in the Required Notice and Procedures section.

YOUR POLICY IS A WHOLE LIFE INSURANCE POLICY

The Death Benefit Proceeds are payable on the Insured's death.
Limited benefit for non-Accidental Death in the first two policy years.

Premiums are payable by you until Attained Age 121.

Your policy is nonparticipating and is not eligible for dividends.

Your policy may not be exchanged for another insurance policy.

The policy risk class cannot be changed.

There is no maturity date.

To obtain information or make a complaint, contact ReliaStar Life Insurance Company

**[ING Customer Service Center
P.O. Box 5011, Minot, ND 58702-5011
2000 21st Avenue NW
Minot, ND 58703-0890
Toll Free Number: 1 (877) 886-5050]**

**RELIASTAR LIFE INSURANCE COMPANY
A STOCK COMPANY**

ACCIDENTAL DEATH BENEFIT RIDER

This Accidental Death Benefit Rider (this "Rider") is part of the policy to which it is attached (the "Policy"). It is effective on the Policy Date and may not be terminated except as provided herein. It may not be added after your Policy is issued. Unless expressly changed by this Rider, the terms and conditions of your Policy remain the same and apply to this Rider. This Rider is issued in consideration of the application and the payment of premiums for the Policy and this Rider. This rider does not have any cash value or loan value.

DEFINITIONS

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

ACCIDENTAL DEATH

Death resulting, directly and independently of sickness and all other causes, from an Accidental Injury. We may have the Insured's body examined and an autopsy performed at our expense, unless prohibited by law. Death must occur within 180 days following the date of the Accidental Injury.

ACCIDENTAL DEATH BENEFIT

The amount we will pay to the beneficiary on the Accidental Death of the Insured. The amount of the Accidental Death Benefit is shown on the Policy Data or Schedule page.

ACCIDENTAL INJURY

An injury that is the direct result of an accident, independent of sickness and all other causes.

RIDER BENEFITS

DESCRIPTION OF BENEFITS

We pay the Accidental Death Benefit to the Beneficiary, subject to the terms of this Rider, when we receive written proof acceptable to us that the Insured's death:

- a. Was an Accidental Death; and
- b. Occurred while the Policy and this Rider were in effect.

Any Accidental Death Benefit we pay under this Rider is in addition to the amount payable under the Policy.

EXCLUSIONS

We will not pay benefits under this Rider if one or more of the following items causes or contributes to the Insured's death:

- a. Disease or illness of mind or body, or medical or surgical treatment related to such disease or illness;
- b. Voluntary intake or use of:
 1. Any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or
 2. Poison, gas or fumes, unless a direct result of an occupational accident.
- c. Suicide or intentionally self-inflicted injury, whether the insured was sane or insane;
- d. A felony that the insured committed or tried to commit;
- e. Travel in or descent from any type of aircraft where the insured acted in a capacity other than as a passenger, including, without limitation:
 1. Acting as a pilot or a crew member;
 2. Giving or receiving aviation training; or
 3. Having any duties on the aircraft whether or not they were related to operating it.

PREMIUM

The premium for this Rider, if any, is shown on the Policy Data or Schedule pages.

TERMINATION

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

- a. The end of the Policy Month in which we receive from the Owner a written request to terminate this Rider. Such a request may be made only after the first Policy Year;
- b. The end of the Years of Coverage period shown on the Policy Data or Schedule page.
- c. The date the Policy terminates for any reason; or
- d. The date the Policy's reduced paid-up insurance option, if any, goes into effect.

After this Rider Terminates, we are not liable for any further Rider benefits, except for an Accidental Death that occurred while the Rider was in force, and will refund any unearned Rider premium.

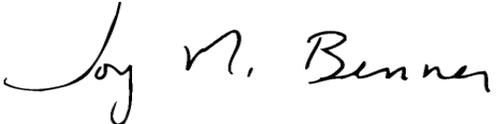
CONTESTABILITY

After this Rider has been in force during the lifetime of the insured for two years from its Issue Date, we will not contest it, except for non-payment of any required premium.

REINSTATEMENT

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

Signed for ReliaStar Life Insurance Company by:

[] []
Donald W. Britton Joy M. Benner
President Secretary

RELIASTAR LIFE INSURANCE COMPANY

**[Home Office: 20 Washington Avenue South, P.O. Box 20, Minneapolis, MN 55440
ING Customer Service Center: 2000 21st Avenue NW, Minot, ND 58703-0890]**

INDIVIDUAL WHOLE LIFE INSURANCE APPLICATION

ReliaStar Life Insurance Company

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

Case ID Number _____

A. PROPOSED INSURED INFORMATION *(PO Boxes are not permitted for the residence address.)*

1. First Name _____ MI _____ Last Name _____
2. Birth Date _____ 3. Birth State and Country _____
4. Gender: Male Female 5. Daytime Phone (_____) _____ 6. E-mail _____
7. Are you a U.S. Citizen or Permanent Resident Visa (Green Card) holder? Yes No
8. SSN/Government Issued ID Number _____ 9. Driver's License Number _____ State _____
10. Residence Address _____ City _____ State _____ ZIP _____
11. Have you used tobacco or any nicotine products in the past 12 months? Yes No

B. PROPOSED OWNER INFORMATION *(Complete this section only if the Owner is different than the Proposed Insured. PO Boxes are not permitted for the residence address.)*

1. First Name _____ MI _____ Last Name _____
2. SSN/Government Issued ID Number _____ 3. Relation to Proposed Insured _____
4. Birth Date _____ 5. Are you a U.S. Citizen or Permanent Resident Visa (Green Card) holder? Yes No
6. Daytime Phone (_____) _____ 7. E-mail _____
8. Residence Address _____ City _____ State _____ ZIP _____

C. PRODUCT AND RIDER INFORMATION

1. Face Amount *(Not including riders)* \$ _____ 2. Product Version: Level Graded Modified

AUTOMATIC FEATURE: Automatic Premium Loan I do not wish to add the Automatic Premium Loan feature.

OPTIONAL RIDER BENEFITS *(IF APPROVED IN YOUR STATE.)*: Accidental Death Benefit Rider¹ *(Equals 1x the face amount)*

¹This rider is **only** available with the Level product version and cannot be added after the policy has been issued.

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

Name (First, MI, Last)	Birth Date	SSN	Relationship to Proposed Insured	%	Beneficiary Type
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent

E. IN FORCE/REPLACEMENT INFORMATION *(This section applies to the Owner and the Proposed Insured. Please read each question and if the answer is "yes" for either the Owner or Proposed Insured, then respond "yes." If the answer is "no" for both the Owner and Proposed Insured, then respond "no." If a replacement is occurring, the policy being replaced must be terminated with a separate written request to the other insurance company.)*

1. Do you currently have life insurance or annuity contracts in force or applied for? *(If "Yes," complete state required replacement form for Model Replacement Regulation States ONLY.)* Yes No
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? *(If "Yes," complete state required replacement form and provide details below.)* Yes No
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.)* . . . Yes No
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
			\$
			\$
			\$

F. PAYMENT INFORMATION - ELECTRONIC FUNDS TRANSFER ONLY *(If account information is not valid, a voided check may be required. The owner of the policy is required to be the payor.)*

1. Initial Payment Amount \$ _____
2. Frequency of Subsequent Payments: Annually Semi-Annually Quarterly Monthly
3. Would you like to request a specific draft date for initial and recurring payments¹? *(1st through the 28th)* _____
If no draft date is requested, initial and recurring premium withdrawals will be consistent with your policy issue date.
4. Bank Name _____
5. Account Type: Checking Savings
6. Name(s) on Account _____
7. Routing Number *(9 digits)* _____
8. Account Number _____

Authorization for EFT. By signing this application I authorize the Company to withdraw funds from my checking or savings account, as indicated in this application, to pay premiums on the life insurance policy being applied for. This authorization will remain in effect until the Company receives a written request or phone call from me to terminate this authorization.

¹There is no coverage until a premium is paid and a policy is issued.

G. PRODUCER CERTIFICATION

1. Writing Producer Name *(Please print.)* _____
2. ReliaStar Agent License Number _____
3. Producer Phone (_____) _____
4. Producer E-mail _____
5. Will there be a rebate of any kind, such as a rebate of premium, to the Proposed Insured or Proposed Owner? Yes No
If there is a producer split, complete questions 6-8 below.
6. Producer Name *(Please print.)* _____
7. ReliaStar Agent License Number _____
8. Percent Split _____

By my signature on the application I certify that:

- Except as provided in the answers to the in force replacement questions, the proposed insured(s)/owner(s) do not own any existing life insurance or annuity contracts and no other replacement of insurance or annuity is involved in this transaction.
- Copies of all sales material were left with the applicant no later than the time of application. All Appendices and Disclosures have been delivered to the client. (Electronically presented sales materials must be provided to the Owner no later than at the time of the policy delivery.)
- The answers I have provided are complete and true to the best of my knowledge and belief.

H. REPRESENTATIONS, AUTHORIZATION AND ACKNOWLEDGEMENT

Representations/Obligations. I represent that I have answered all questions truthfully to the best of my knowledge and belief. I represent that I have not engaged in any prohibited conduct described in the Company's Important Notices disclosure provided to me with this application. I certify that my Social Security Number/tax identification number is correct and that I am not subject to back-up withholding. I agree to inform the Company if there is a material change in the health of the Proposed Insured prior to a policy being delivered.

HIPAA /MIB Inc. Authorization and Disclosures. I authorize any health care provider and the Medical Information Bureau Inc. (MIB, Inc.) to disclose my entire medical record and any other protected health information including the diagnosis or treatment of HIV infection, sexually transmitted diseases, mental illness, alcohol, drugs, and tobacco to the Company or its reinsurers and its producers, employees, and representatives. I also authorize the Company, or its reinsurers to make a brief report of my personal health information to MIB, Inc. Health care providers include any health plan, physician, medical practitioner, health care professional, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager, medical facility, or other health care provider, organization, institution or person.

The Company will use this information to determine eligibility for insurance and/or benefits. My authorization will be valid for 24 months from the date of signature on this application. I can revoke this authorization at any time by written notice to the Company. If I revoke or refuse to sign this authorization, the Company may not be able to process my application or act upon a claim submitted to the Company if a policy is issued. Information disclosed by my authorization may be re-disclosed and no longer covered by federal rules governing privacy and confidentiality. If I refuse to sign this authorization, my health care providers may not refuse to provide treatment or payment for health care services.

Consumer Reports Authorization. I authorize the Company and its affiliates, or its reinsurers, to collect medical information and consumer reports about me to determine my eligibility for insurance and/or benefits. I authorize any consumer reporting agency or related organization to release to the Company or its authorized representatives all requested information about me.

Copies. I have the right to receive a copy of these authorizations, and a photocopy will be as valid as the original.

Acknowledgements. I acknowledge that no insurance coverage will be provided by the Company until the application is complete, the first premium is received by the Company while the Proposed Insured is alive and all representations I have made remain true and all obligations on my part have been met as of the date a policy is delivered to and accepted by me. I acknowledge receipt of the Company's Important Notices disclosure.

I understand and agree that any person who knowingly provides false, incomplete or misleading information to an insurance company may be subject to penalties under state law.

 In what city and state did the Proposed Owner sign this application? (*city, state*) _____

 Proposed Insured Signature _____ Date _____

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

 Writing Producer Signature _____ Date _____

INDIVIDUAL WHOLE LIFE INSURANCE APPLICATION: PART II - MEDICAL QUESTIONS

ReliaStar Life Insurance Company

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

1. Proposed Insured Name _____
2. Birth Date _____ 3. Height _____ 4. Weight _____

Part A.

1. Are you currently or have you been in the past 30 days: confined to a hospital, a psychiatric, nursing, or correctional facility, or receiving home health care or receiving or been advised to receive hospice care, or confined to a wheelchair? Yes No
2. Do you currently require assistance with activities of daily living such as taking medications, moving about, bathing, dressing, eating, or toileting? Yes No
3. Within the past 12 months:
 - a. Have you been advised to have a diagnostic test, surgery, home health care or hospitalization which has not yet been started, completed, or for which results are not known? Yes No
 - b. Have you used or been advised to use oxygen equipment to assist in breathing (excluding CPAP or nebulizer) or had or been advised to have dialysis? Yes No
4. In the past 2 years, have you had more than 1 conviction for reckless driving or for driving under the influence of alcohol or drugs (DUI or DWI)? . . Yes No
5. In the past 10 years, have you:
 - a. Been diagnosed with Acquired Immune Deficiency Syndrome (AIDS) or tested positive for Human Immunodeficiency Virus (HIV)? . . Yes No
 - b. Received or been advised to receive an organ or tissue transplant? Yes No
 - c. Been diagnosed with Alzheimer's disease, dementia, Amyotrophic Lateral Sclerosis (ALS), or a terminal illness¹? Yes No

¹Terminal illness is defined as any illness diagnosed that would reasonably be expected to cause death within 12 months.

Part B.

1. Within the past 12 months, have you been recommended by a licensed medical professional to have treatment for, been medically diagnosed, treated, or taken prescription drugs for alcohol, drug, or substance abuse or addiction? Yes No
2. Within the past 2 years, have you
 - a. Had heart or circulatory surgery, or had or been diagnosed as having a heart attack, congestive heart failure, cardiomyopathy, stroke, transient ischemic attack (TIA), or aneurysm? Yes No
 - b. Been diagnosed with or had treatment for insulin shock or diabetic coma, or had an amputation due to complications of any disease? . . Yes No
3. Within the past 3 years, have you been diagnosed with or had treatment for any cancer (excluding basal/squamous cell skin cancer) or for a brain tumor? Yes No

Part C.

1. Within the past 2 years have you been diagnosed with, prescribed medication for, or had or been advised to have treatment for:
 - a. Parkinson's disease, Systemic Lupus (SLE), or sickle cell disease? Yes No
 - b. Cirrhosis of the liver, chronic hepatitis or other liver disorder, kidney failure, or other chronic kidney disease? Yes No
 - c. Chronic obstructive pulmonary disease (COPD), black lung disease, tuberculosis, or emphysema? Yes No
 - d. Depression or attempted suicide? Yes No

For any "Yes" answer to questions, provide details in the chart below. If you need additional space, attach a separate piece of paper to the application.

Question	Details

I affirm that the statements in this application about my medical history are complete and true to the best of my knowledge and belief.

In what city and state did the Proposed Owner sign this application? (city, state) _____

Proposed Insured Signature _____ Date _____

State: Arkansas

Filing Company:

ReliaStar Life Insurance Company

TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: 1316

Project Name/Number: 1316/1316

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR 115512 GAN 12032007.pdf			
AR 125638 Consumer Notice 06062006.pdf			
AR 1315 Certification Reg 19 and 49.pdf			
1316 Flesch Readability Certification.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	The applications to be used with these policies are attached to the Form Schedule tab.		

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
1316 LB SOV.pdf			
1316 GB SOV.pdf			
1316 MB SOV.pdf			
R1386 ADB SOV.pdf			
Applications SOV.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Policy Cost and Benefit Information		
Comments:			
Attachment(s):			

SERFF Tracking #:

INGD-128096023

State Tracking #:

Company Tracking #:

1316

State: Arkansas

Filing Company:

ReliaStar Life Insurance Company

TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: 1316

Project Name/Number: 1316/1316

FINAL_Cost Disclosure Level_July20_2012 .pdf
 FINAL_Cost Disclosure Graded_July20_2012.pdf
 FINAL_Cost Disclosure Modified_July20_2012 .pdf

Item Status:

Status Date:

Satisfied - Item:	Redline of Language Variation		
Comments:			
Attachment(s):			
Language Variation.pdf			

Item Status:

Status Date:

Satisfied - Item:	Voice Script		
Comments:			
Attachment(s):			
AR Voice Script.pdf			

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

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

DISCLAIMER

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

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

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

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

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

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

COVERAGE

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

EXCLUSIONS FROM COVERAGE

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

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

The Guaranty Association also does NOT provide coverage for:

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

LIMITS ON AMOUNT OF COVERAGE

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



RELIASTAR LIFE INSURANCE COMPANY

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

**NOTICE TO POLICYHOLDERS
KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS**

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

877-882-5050

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

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

**ARKANSAS INSURANCE DEPARTMENT
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201-1904**

Phone: 800-852-5494

**ARKANSAS
CERTIFICATION**

Re: 1316-10/12 LB Whole Life Insurance Policy
1316-10/12 GB Whole Life Insurance Policy
1316-10/12 MB Whole Life Insurance Policy
164890 Individual Whole Life Insurance Application
164891 Part II- Medical Questions

As an officer of ReliaStar Life Insurance Company, I hereby certify that this submission meets the provisions of Rule 19 Unfair Sex Discrimination in the Sale of Insurance, Rule and Regulation 49 Life and Health Insurance Guaranty Association Notices and all applicable requirements of the Arkansas Insurance Department.

RELIASTAR LIFE INSURANCE COMPANY

By: 

Terry Stumpf, Assistant Secretary

Date: August 1, 2012

**RELIASTAR LIFE INSURANCE COMPANY
Minneapolis, Minnesota**

FLESCH READABILITY CERTIFICATE

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

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

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

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

Flesch Scale Reading Ease Score

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

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

Form Number	Flesch Reading Ease Scores
1316-10/12 LB	50.0
1316-10/12 MB	50.0
1316-10/12 GB	50.0
R1386-10/12	50.6
164890	50.0
164891	56.3

Signed



Terry Stumpf
Assistant Secretary

Date: August 1, 2012

ReliaStar Life Insurance Company

**Statement of Variability
Whole Life Insurance Policy
Policy Form # 1316-10/12 LB
May 2012**

The following items are bracketed for filing purposes only:

Policy Cover:

- Insured, policy date, and policy number: Shown in brackets because these are issue-specific.
- Company Officers: Shown in brackets because personnel could change at a future date.
- Home Office and ING Customer Service Center Address: Shown in brackets because address could change at a future date.

Schedule Page 3:

- Policy number, policy date, issue date, owner, insured, age, gender, risk class, face amount, and modal premium: Shown in brackets because these are issue-specific.
- Loan interest rate, minimum loan amount, and minimum reduced paid-up premium: Shown in brackets because factors could change at some future date for new issues only within the following ranges:
 - Loan interest rate: 2.00% to 8.00%
 - Minimum loan amount: \$0.00 to \$1,000.00
 - Minimum reduced paid-up premium: \$0.00 to \$5,000.00
- Total first year premium chart of by premium mode: Shown in brackets because these are issue-specific.
- Percentage increase in premium for non-annual premium modes: Shown in brackets because factors could change at some future date for new issues only within the following ranges:
 - Semi-annual: 2.00% to 6.00%
 - Quarterly: 4.00% to 8.00%
 - Monthly Direct: 12.00% to 16.00%
 - Monthly EFT: 3.00% to 7.00%
- Limit on months of monthly direct bill: Shown in brackets because factor could change at some future date for new issues only within the following ranges:

• Monthly direct bill limit	1 to 6 months
-----------------------------	---------------
- Coverage type chart detailing the policy's face amount, riders elected, benefit amounts, years of coverage, years premium payable, and the annual premium amounts: Shown in brackets because these are issue-specific.

Schedule Page 3A:

- Nonforfeiture values chart detailing the policy's cash value amounts and reduce paid-up amounts: Shown in brackets because these are issue specific.
- Nonforfeiture Mortality Table: Shown in brackets because factors could change at some future date for new issues only to any version of the 2001 CSO Table permitted under the Standard Nonforfeiture Law.
- Nonforfeiture Interest Rate: Shown in brackets because factor could change at some future date for new issues only to any interest rate permitted under the Standard Nonforfeiture Law.

ReliaStar Life Insurance Company
Statement of Variability

Back Cover:

Home Office and ING Customer Service Center Address: Shown in brackets because address could change at a future date.

ReliaStar Life Insurance Company
Statement of Variability
Graded Death Benefit Whole Life Insurance Policy
Policy Form # 1316-10/12 GB
May 2012

The following items are bracketed for filing purposes only:

Policy Cover:

- Insured, policy date, and policy number: Shown in brackets because these are issue-specific.
- Company Officers: Shown in brackets because personnel could change at a future date.
- Home Office and ING Customer Service Center Address: Shown in brackets because address could change at a future date.

Schedule Page 3:

- Policy number, policy date, issue date, owner, insured, age, gender, risk class, face amount, and modal premium: Shown in brackets because these are issue-specific.
- Loan interest rate, minimum loan amount, and minimum reduced paid-up premium: Shown in brackets because factors could change at some future date for new issues only within the following ranges:
 - Loan interest rate: 2.00% to 8.00%
 - Minimum loan amount: \$0.00 to \$1,000.00
 - Minimum reduced paid-up premium: \$0.00 to \$5,000.00
- Total first year premium chart of by premium mode: Shown in brackets because these are issue-specific.
- Percentage increase in premium for non-annual premium modes: Shown in brackets because factors could change at some future date for new issues only within the following ranges:
 - Semi-annual: 2.00% to 6.00%
 - Quarterly: 4.00% to 8.00%
 - Monthly Direct: 12.00% to 16.00%
 - Monthly EFT: 3.00% to 7.00%
- Limit on months of monthly direct bill: Shown in brackets because factor could change at some future date for new issues only within the following ranges:
 - Monthly direct bill limit 1 to 6 months
- Coverage type chart detailing the policy's face amount, riders elected, benefit amounts, years of coverage, years premium payable, and the annual premium amounts: Shown in brackets because these are issue-specific.
- Death Benefit percentage factors during the first two years: Shown in brackets because factors could change at some future date for new issues only within the following ranges.
 - Year 1 DB percentage: 20.00% to 40.00%
 - Year 2 DB percentage: 60.00% to 80.00%

Schedule Page 3A:

- Nonforfeiture values chart detailing the policy's cash value amounts and reduce paid-up amounts: Shown in brackets because these are issue specific.

ReliaStar Life Insurance Company
Statement of Variability

- Nonforfeiture Mortality Table: Shown in brackets because factors could change at some future date for new issues only to any version of the 2001 CSO Table permitted under the Standard Nonforfeiture Law.
- Nonforfeiture Interest Rate: Shown in brackets because factor could change at some future date for new issues only to any interest rate permitted under the Standard Nonforfeiture Law.

Back Cover:

Home Office and ING Customer Service Center Address: Shown in brackets because address could change at a future date.

ReliaStar Life Insurance Company
Statement of Variability
Graded Death Benefit Whole Life Insurance Policy
Policy Form # 1316-10/12 MB
May 2012

The following items are bracketed for filing purposes only:

Policy Cover:

- Insured, policy date, and policy number: Shown in brackets because these are issue-specific.
- Company Officers: Shown in brackets because personnel could change at a future date.
- Home Office and ING Customer Service Center Address: Shown in brackets because address could change at a future date.

Schedule Page 3:

- Policy number, policy date, issue date, owner, insured, age, gender, risk class, face amount, and modal premium: Shown in brackets because these are issue-specific.
- Loan interest rate, minimum loan amount, and minimum reduced paid-up premium: Shown in brackets because factors could change at some future date for new issues only within the following ranges:
 - Loan interest rate: 2.00% to 8.00%
 - Minimum loan amount: \$0.00 to \$1,000.00
 - Minimum reduced paid-up premium: \$0.00 to \$5,000.00
- Total first year premium chart of by premium mode: Shown in brackets because these are issue-specific.
- Percentage increase in premium for non-annual premium modes: Shown in brackets because factors could change at some future date for new issues only within the following ranges:
 - Semi-annual: 2.00% to 6.00%
 - Quarterly: 4.00% to 8.00%
 - Monthly Direct: 12.00% to 16.00%
 - Monthly EFT: 3.00% to 7.00%
- Limit on months of monthly direct bill: Shown in brackets because factor could change at some future date for new issues only within the following ranges:
 - Monthly direct bill limit 1 to 6 months
- Coverage type chart detailing the policy's face amount, riders elected, benefit amounts, years of coverage, years premium payable, and the annual premium amounts: Shown in brackets because these are issue-specific.
- Interest rate on premiums factor for death benefit during the first two years: Shown in brackets because factor could change at some future date for new issues only within the following ranges.
 - Interest rate on premiums: 0.00% to 12.00%

Schedule Page 3A:

- Nonforfeiture values chart detailing the policy's cash value amounts and reduce paid-up amounts: Shown in brackets because these are issue specific.

ReliaStar Life Insurance Company
Statement of Variability

- Nonforfeiture Mortality Table: Shown in brackets because factors could change at some future date for new issues only to any version of the 2001 CSO Table permitted under the Standard Nonforfeiture Law.
- Nonforfeiture Interest Rate: Shown in brackets because factor could change at some future date for new issues only to any interest rate permitted under the Standard Nonforfeiture Law.

Back Cover:

Home Office and ING Customer Service Center Address: Shown in brackets because address could change at a future date.

ReliaStar Life Insurance Company

**Statement of Variability
Accidental Death Benefit Rider**

Rider Form #R1386-10/12

(may vary by state)

August 2012

The Statement of Variability will be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

This document will address the variability of the following factors found in policy form.

FACTOR	
Company Officer's Names, Titles and Signatures	Shown in brackets because of changes in personnel for future issues. In the event of such change, any new name, title or signature utilized will be of an officer of the company.
Home Office, ING Customer Service Center	Shown in brackets as these items could change for future issues. In the event of such a change, the new address and/or contact information will be referenced in these fields.

ReliaStar Life Insurance Company

Statement of Variability
for

164890 Individual Whole Life Insurance Application
164891 Part II – Medical Questions

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

FACTOR	RANGE OF FACTORS
Company Address	Shown in brackets as this item could change for future issues. In the event of such a change, the new address information will be referenced in this field.

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

This statement provides basic information about the cost and coverage of the insurance being solicited. This statement shall not be considered as an offer or as altering or modifying any Policy or rider that may be issued.

Prepared For: Mary Jones Age: 50 Sex: Female Policy: AD17000000

<u>COVERAGE PROVIDED BY YOUR POLICY</u>	<u>ANNUAL PREMIUM*</u>	<u>PAYABLE FOR</u>	<u>FACE AMOUNT/ RIDER BENEFIT</u>
Basic Insurance Plan: Whole Life Insurance	\$742.25	71 YEARS	\$35,000.00
Riders: Common Carrier Accidental Death Benefit	--	--	\$35,000.00
Accidental Death Benefit Rider	<u>\$50.00</u>	20 YEARS	\$35,000.00
Total:	<u>\$792.25</u>		

*Premiums for this policy are level during the payable period shown above.

DEATH BENEFIT AT BEGINNING OF POLICY YEAR

POLICY YEAR	1	2	3	4	5	10	20	Age 65
Whole Life Insurance	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000
Common Carrier ADB								
Accidental Death Benefit	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000
	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000

CASH VALUE AT END OF POLICY YEAR

POLICY YEAR	1	2	3	4	5	10	20	Age 65
Whole Life Insurance	--	--	--	--	101.94	1,383.70	3,496.04	2,525.21

Loan Interest Rate: 8.00% per year, payable in arrears.

**COST INDICES
 SURRENDER COST INDEX**

POLICY YEAR	<u>10 YEAR</u>	<u>20 YEAR</u>
Whole Life Insurance	3.42	2.88

NET PAYMENT COST INDEX

POLICY YEAR	<u>10 YEAR</u>	<u>20 YEAR</u>
Whole Life Insurance	4.61	4.61

An explanation of the intended use of the Cost Indices is included in the Life Insurance Buyer's Guide.

ANY QUESTIONS -PLEASE CONTACT YOUR AGENT.

Date Prepared: 07/18/2012

AGENT: ASH BROKERAGE CORPORATION
 ADDRESS: 14725 WEATHERSIDE RUN
 FORT WAYNE, IN 46804-4133

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

This statement provides basic information about the cost and coverage of the insurance being solicited. This statement shall not be considered as an offer or as altering or modifying any Policy or rider that may be issued.

Prepared For: Mary Jones Age: 50 Sex: Female Policy: AD17000000

<u>COVERAGE PROVIDED BY YOUR POLICY</u>	<u>ANNUAL PREMIUM*</u>	<u>PAYABLE FOR</u>	<u>FACE AMOUNT/ RIDER BENEFIT</u>
Basic Insurance Plan:			
Graded Death Benefit Whole Life Insurance	\$842.25	71 YEARS	\$20,000.00
Riders:			
Common Carrier Accidental Death Benefit	--	--	\$20,000.00
Total:	\$842.25		

*Premiums for this policy are level during the payable period shown above.

DEATH BENEFIT AT BEGINNING OF POLICY YEAR

POLICY YEAR	1*	2*	3	4	5	10	20	Age 65
Graded Death Benefit Whole Life Insurance	6,000	14,000	20,000	20,000	20,000	20,000	20,000	20,000
Common Carrier ADB	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000

*For death occurring during the first two policy years, unless due to an accidental death, the death benefit will be limited to 30.00% of the Face Amount for the 1st policy year and 70.00% of the Face Amount for the 2nd policy year. See the Death Benefit Section of your policy for details.

CASH VALUE AT END OF POLICY YEAR

POLICY YEAR	1	2	3	4	5	10	20	Age 65
Graded Death Benefit Whole Life Insurance	--	--	--	--	101.94	1,383.70	3,496.04	2,525.21

Loan Interest Rate: 8.00% per year, payable in arrears.

COST INDICES
SURRENDER COST INDEX

POLICY YEAR	<u>10 YEAR</u>	<u>20 YEAR</u>
Graded Death Benefit Whole Life Insurance	3.42	2.88

NET PAYMENT COST INDEX

POLICY YEAR	<u>10 YEAR</u>	<u>20 YEAR</u>
Graded Death Benefit Whole Life Insurance	4.61	4.61

An explanation of the intended use of the Cost Indices is included in the Life Insurance Buyer's Guide.

ANY QUESTIONS -PLEASE CONTACT YOUR AGENT.

Date Prepared: 07/18/2012

AGENT: ASH BROKERAGE CORPORATION
 ADDRESS: 14725 WEATHERSIDE RUN
 FORT WAYNE, IN 46804-4133

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

This statement provides basic information about the cost and coverage of the insurance being solicited. This statement shall not be considered as an offer or as altering or modifying any Policy or rider that may be issued.

Prepared For: Mary Jones Age: 50 Sex: Female Policy: AD17000000

<u>COVERAGE PROVIDED BY YOUR POLICY</u>	<u>ANNUAL PREMIUM*</u>	<u>PAYABLE FOR</u>	<u>FACE AMOUNT/ RIDER BENEFIT</u>
Basic Insurance Plan:			
Modified Death Benefit Whole Life Insurance	\$842.25	71 YEARS	\$15,000.00
Riders:			
Common Carrier Accidental Death Benefit	--	--	\$15,000.00
Total:	\$842.25		

*Premiums for this policy are level during the payable period shown above.

DEATH BENEFIT AT BEGINNING OF POLICY YEAR

POLICY YEAR	1*	2*	3	4	5	10	20	Age 65
Modified Death Benefit Whole Life Insurance	842.25	1,786.73	15,000	15,000	15,000	15,000	15,000	15,000
Common Carrier ADB	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000

*For death occurring during the first two policy years, unless due to an accidental death, the death benefit will be limited to 100.00% of the premiums paid for this policy prior to the insured's death plus daily interest at an annual rate of 10.00% on each premium from the date we received the premium until the date of the insured's death. See the Death Benefit Section of your policy for details.

CASH VALUE AT END OF POLICY YEAR

POLICY YEAR	1	2	3	4	5	10	20	Age 65
Modified Death Benefit Whole Life Insurance	--	--	--	--	101.94	1,383.70	3,496.04	2,525.21

Loan Interest Rate: 8.00% per year, payable in arrears.

COST INDICES
SURRENDER COST INDEX

POLICY YEAR	<u>10 YEAR</u>	<u>20 YEAR</u>
Modified Death Benefit Whole Life Insurance	3.42	2.88

NET PAYMENT COST INDEX

POLICY YEAR	<u>10 YEAR</u>	<u>20 YEAR</u>
Modified Death Benefit Whole Life Insurance	4.61	4.61

An explanation of the intended use of the Cost Indices is included in the Life Insurance Buyer's Guide.

ANY QUESTIONS -PLEASE CONTACT YOUR AGENT.

Date Prepared: 07/18/2012

AGENT: ASH BROKERAGE CORPORATION
 ADDRESS: 14725 WEATHERSIDE RUN
 FORT WAYNE, IN 46804-4133

Language Variation from 1316-10/12 LB Whole Life Insurance Policy to
1316-10/12 GB Graded Death Benefit Whole Life Insurance Policy and
1316-10/12 MB Graded Death Benefit Whole Life Insurance Policy

Policy	Page	Provision	Description of Change
1316-10/12 GB 1316-10/12 MB	Front Cover		<p><u>THIS POLICY HAS A LIMITED GRADED DEATH BENEFIT - PLEASE READ YOUR POLICY CAREFULLY</u></p> <p>The Death Benefit Proceeds are payable on the Insured's death. <u>Limited benefit for non-Accidental Death in the first two policy years.</u> Premiums are payable by you until Attained Age 121. Your policy is nonparticipating and is not eligible for dividends. Your policy may not be exchanged for another insurance policy. The policy risk class may not be exchanged. There is no maturity date.</p>
1316-10/12 GB	3	Schedule	<p>Face Amount \$[35,000.00]<u>20,000.00</u>]*</p> <p>Modal Premium \$[4422.05]<u>1256.60</u> annually]</p> <p>Total First Year Annual Premium \$[4422.05]<u>1256.60</u> annually]</p> <p>WHOLE LIFE INSURANCE POLICY \$[35,000.00]<u>20,000.00</u>]* Lifetime [71] \$[1075.85]<u>1256.60</u> [ACCIDENTAL DEATH BENEFIT RIDER] \$[35,000.00] [20] [20] \$[46.20] [COMMON CARRIER ACCIDENTAL DEATH BENEFIT RIDER] \$[35,000.00]<u>20,000.00</u>] Lifetime -- \$[0.00] TOTAL FIRST YEAR ANNUAL PREMIUM \$[4422.05]<u>1256.60</u>]</p> <p><u>*FOR DEATH OCCURRING DURING THE FIRST TWO POLICY YEARS, UNLESS DUE TO AN ACCIDENTAL DEATH, THE DEATH BENEFIT WILL BE LIMITED AS FOLLOWS: [30.00]% OF THE FACE AMOUNT FOR THE 1ST POLICY YEAR AND [70.00]% OF THE FACE AMOUNT FOR THE 2ND POLICY YEAR. IN THE EVENT OF THE ACCIDENTAL DEATH OF THE INSURED AT ANY TIME WHILE THIS POLICY IS IN FORCE, THE DEATH BENEFIT WILL EQUAL THE FACE AMOUNT. SEE THE DEATH BENEFIT SECTION FOR DETAILS.</u></p>
1316-10/12 MB	3	Schedule	<p>Face Amount \$[35,000.00]<u>15,000.00</u>]*</p> <p>Modal Premium \$[4422.05]<u>1185.45</u> annually]</p> <p>Total First Year Annual Premium \$[4422.05]<u>1185.45</u> annually]</p> <p>WHOLE LIFE INSURANCE POLICY \$[35,000.00]<u>15,000.00</u>]* Lifetime [71] \$[1075.85]<u>1185.45</u> [ACCIDENTAL DEATH BENEFIT RIDER] \$[35,000.00] [20] [20] \$[46.20] [COMMON CARRIER ACCIDENTAL DEATH BENEFIT RIDER] \$[35,000.00]<u>15,000.00</u>] Lifetime -- \$[0.00] TOTAL FIRST YEAR ANNUAL PREMIUM \$[4422.05]<u>1185.45</u>]</p>

Policy	Page	Provision	Description of Change
			<p><u>*FOR DEATH OCCURRING DURING THE FIRST TWO POLICY YEARS, UNLESS DUE TO AN ACCIDENTAL DEATH, THE DEATH BENEFIT WILL BE LIMITED AS FOLLOWS: 100.00% OF THE PREMIUMS PAID FOR THIS POLICY PRIOR TO THE INSURED'S DEATH PLUS DAILY INTEREST AT AN ANNUAL RATE OF [10.00]% ON EACH PREMIUM FROM THE DATE WE RECEIVED THE PREMIUM UNTIL THE DATE OF THE INSURED'S DEATH. IN THE EVENT OF THE ACCIDENTAL DEATH OF THE INSURED AT ANY TIME WHILE THIS POLICY IS IN FORCE, THE DEATH BENEFIT WILL EQUAL THE FACE AMOUNT. SEE THE DEATH BENEFIT SECTION FOR DETAILS.</u></p>
1316-10/12 GB 1316-10/12 MB	4	Terms to Understand	<p><u>Accidental Death: Accidental Death means death resulting, directly and independently of disease or bodily or mental illness or infirmity or any other cause, from an accidental injury. See the Accidental Death section for details.</u></p>
1316-10/12 GB 1316-10/12 MB	6	Death Benefit	<p><u>The Death Benefit is the amount of death benefit coverage provided under your policy. The Death Benefit during the first two policy years, unless due to an Accidental Death, will be limited as shown in your Schedule. In the event of the Accidental Death of the Insured during the first two policy years, the Death Benefit will equal the Face Amount. The Death Benefit after the first two policy years is equal to the Face Amount.</u></p>
1316-10/12 MB	6	Payment of Death Benefit Proceeds	<p><u>During the first two policy years, Death Benefit Proceeds equals:</u></p> <ul style="list-style-type: none"> a. <u>The Death Benefit; plus</u> b. <u>Any added benefit provided by rider; minus</u> c. <u>Any outstanding loan and accrued loan interest.</u> <p><u>After the first two policy years, Death Benefit Proceeds equals:</u></p> <ul style="list-style-type: none"> a. <u>The Death Benefit; plus</u> b. <u>Any added benefit provided by rider; plus</u> c. <u>A pro rata portion of any premium paid beyond the month of the Insured's death; minus</u> d. <u>Any unpaid premium then due; minus</u> e. <u>Any outstanding loan and accrued loan interest.</u>
1316-10/12 GB 1316-10/12 MB	7	Accidental Death	<p><u>Accidental Death</u></p> <p><u>Accidental Death means death resulting, directly and independently of disease or bodily or mental illness or infirmity or any other cause, from an accidental injury. There must be a bruise or wound that can be seen on the outside of the body, except in the case of drowning or internal injuries revealed by autopsy. We reserve the right, at our expense, to request an autopsy unless prohibited by law. Death must occur within 180 days following the date of this injury.</u></p> <p><u>Accidental Death does not include death that is caused or contributed to by any of the following:</u></p> <ul style="list-style-type: none"> a. <u>Disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity;</u> b. <u>Suicide or intentionally self-inflicted injury, whether the Insured was sane or insane;</u> c. <u>Committing or attempting to commit a felony;</u>

Policy	Page	Provision	Description of Change
			<p><u>d. Travel in or descent from any type of aircraft where the Insured acted in a capacity other than as a passenger, including, without limitation:</u></p> <p><u>1 Acting as a pilot or a crew member;</u></p> <p><u>2. Giving or receiving aviation training; or</u></p> <p><u>3 Having any duties on the aircraft whether or not they were related to operating it.</u></p> <p><u>e. Voluntary intake or use of:</u></p> <p><u>1. Any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or</u></p> <p><u>2. Poison, gas or fumes, unless a direct result of an occupational accident.</u></p>
<p>1316-10/12 GB 1316-10/12 MB</p>	<p>Back Cover</p>		<p>The Death Benefit Proceeds are payable on the Insured's death.</p> <p><u>Limited benefit for non-Accidental Death in the first two policy years.</u></p> <p>Premiums are payable by you until Attained Age 121.</p> <p>Your policy is nonparticipating and is not eligible for dividends.</p> <p>Your policy may not be exchanged for another insurance policy.</p> <p>The policy risk class may not be exchanged.</p> <p>There is no maturity date.</p>

Voice Script Description

As explained in our cover letter, we will be using a vendor to facilitate the tele-application process and capture voice consent and signature. I am attaching the template draft script(s) that will be used in all states. Part I of the application will be completed using either a tele-application process or in a printed format. In addition, agents/applicants' copies of all required disclosure forms (such as replacement forms) will be done in paper; however, agents/applicants can complete ReliaStar Life Insurance Company's copies of any required disclosures using either the tele-application process or a printed format. Part II of the application will be completed using the tele-application process and only if Part I was completed in a printed format. Also enclosed please find the draft scripts for the Company's reflexive questions.

PART I



Questionnaire Ref. ID:	428	Time Printed:	9/24/2012 4:06 PM EST
Questionnaire Name:	ING UltimAssure Voice-Complete Application V0001		
Form Name	Created On	Approved On	
ING UltimaAssure Voice Complete App V0001	8/16/2012 1:31:24 PM		
ING MODEL GENERIC REPLACEMENT PI	9/21/2012 1:41:17 PM		
ING MODEL GENERIC REPLACEMENT OWNER	9/12/2012 4:07:24 PM		
ING GENERIC OSV	9/12/2012 4:29:11 PM		
ING MILITARY PERSONNEL FINANCIAL SERVICES DISCLOSURE	9/12/2012 4:31:37 PM		
End of Application Process	9/21/2012 4:58:32 PM		

Questions

Asked of	Question Number	Question
	1.1	Please spell your last name followed by your first name.
	1.2	What phone number are you calling from?
	1.3	Just to confirm we will be completing [Product.Name] on today's call.
	1.4	Please advise in which city and state the application is being taken.
	1.5	City:
	1.6	State:
	1.7	Will the proposed insured also be the policy owner?
	1.8	Is the proposed insured available today to complete this application?
	1.9	Please confirm the payor is the owner.
	1.10	If approved, the policy will be mailed directly to the owner.
	1.11	Before we begin, I would like you to know that this call is being recorded. We will record your answers to all questions and you will sign the application using your voice. Please answer all questions truthfully. As we continue this application, I will refer to ReliaStar Life Insurance Company as "ReliaStar" or "the Company". Please confirm that you agree to complete this application via the telephone utilizing the voice signature process.
	1.12	Today's Date is:
	1.13	Have you provided the proposed insured /owner with the Important Notices disclosures and have you completed and provided copies of all applicable solicitation documents to the applicant(s) prior to this call?
	1.14	Which of the solicitation forms were completed prior to this call:
	1.15	Would you like to send these forms to ReliaStar or complete ReliaStar's copy during this call?
	2.1	Are you licensed to sell life insurance in [SelectedJurisdiction.Name]?
	2.2	What is your ReliaStar Agent License and Contracting Number?
	2.3	What is your email address?

Questionnaire Ref. ID: 428

2.4	What is your work phone number?
2.5	Will you be the only agent credited on this application?
2.6	What is the name of the other agent involved?
2.7	Agent Number:
2.8	Percentage Credit:
3.1	Will there be a rebate of any kind, such as a rebate of premium, to the proposed insured or proposed policy owner?
3.2	Please provide the following client information:
3.3	Gender:
3.4	Salutation:
3.5	Spell first name:
3.6	Middle Initial:
3.7	Spell last name:
3.8	Date of Birth:
3.9	Are they a citizen of the US or a permanent resident visa holder?
3.10	Social Security Number:
3.11	
3.12	Government issued ID number:
3.13	Driver's License Number:
3.14	State of Issue:
3.15	Thank you. May I now speak with [Salutation] [Client.LastName]?
4.1	Hello, are you the proposed insured [FirstName] [MiddleInitial] [LastName]?
4.2	Before we begin, I would like you to know that this call is being recorded. You will be applying for life insurance through a telephone application process. It is your choice to buy or not buy the policy over the telephone. We will record your answers to all questions and you will sign the application using your voice. If you are approved, your policy will include a paper copy of this application with the answers you provided by telephone. You may also apply by having your agent complete a paper application, but you will need to complete the health questions over the phone. Please answer all questions truthfully. We will also ask for your acknowledgement of all statements made during this application and announce when you should respond. As we continue with this application, I will refer to ReliaStar Life Insurance Company as "ReliaStar" or the "Company."
4.3	Please confirm that you agree to complete this application via the telephone utilizing the voice signature process.
4.4	Please confirm that you have received and read the important notices disclosure.
4.5	Please confirm or provide the following information about yourself:
4.6	Your first name is:
4.7	Middle Initial:
4.8	Last Name:
4.9	Gender:
4.10	Your date of birth is:
4.11	When asked if you are a citizen of the US or a permanent resident visa holder your agent said you answered:
4.12	Social Security Number:
4.13	
4.14	Government issued ID number:

Questionnaire Ref. ID: 428

4.15	Your driver's license number is:
4.16	State of issue is:
4.17	Please provide your Birth State:
4.18	Birth Country:
4.19	Daytime phone:
4.20	Email address:
4.21	Residence address:
4.22	City:
4.23	State:
4.24	Zip:
4.25	Are you the policy owner, or is there a separate owner?
4.26	Have you used tobacco or any nicotine products in the past 12 months?
5.1	After I cover the following Authorizations, I will ask if you agree with everything read to you. A "YES" answer will indicate that you agree and you will be signing with your answer.
5.2	You authorize any health care provider and the Medical Information Bureau Inc. (MIB, Inc.) to disclose your entire medical record and any other protected health information including the diagnosis or treatment of HIV infection, sexually transmitted diseases, mental illness, alcohol, drugs, and tobacco to the Company or its reinsurers and its producers, employees, and representatives. You also authorize the Company, or its reinsurers to make a brief report of your personal health information to MIB, Inc. Health care providers include any health plan, physician, medical practitioner, health care professional, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager, medical facility, or other health care provider, organization, institution or person.
5.3	The Company will use this information to determine eligibility for insurance and/or benefits. Your authorization will be valid for 24 months from the date of signature on this application. You can revoke this authorization at any time by written notice to the Company. If you revoke or refuse to sign this authorization, the Company may not be able to process your application or act upon a claim submitted to the Company if a policy is issued. Information disclosed by your authorization may be re-disclosed and no longer covered by federal rules governing privacy and confidentiality. If you refuse to sign this authorization, your health care providers may not refuse to provide treatment or payment for health care services.
5.4	You authorize the Company and its affiliates, or its reinsurers, to collect medical information and consumer reports about you to determine your eligibility for insurance and/or benefits. You authorize any consumer reporting agency or related organization to release to the Company or its authorized representatives all requested information about you.
5.5	You have the right to receive a copy of these authorizations, and a photocopy will be as valid as the original.
5.6	If you agree with all of these statements, please say yes.
6.1	(INTERVIEWER: CLICK "NEXT")
7.1	I now need to ask you some medical questions. After these questions, I will ask you to affirm that your responses are complete and true.
7.2	What is your height?
7.3	What is your weight?
7.4	Are you currently or have you been in the past 30 days: confined to a hospital, a psychiatric, nursing, or correctional facility, or receiving home health care or receiving or been advised to receive hospice care, or confined to a wheelchair?
7.5	Which applies to you?
7.6	Do you currently require assistance with activities of daily living such as taking medications, moving about, bathing, dressing, eating, or toileting?
7.7	Which applies to you?
7.8	Within the past 12 months:
7.9	Have you been advised to have a diagnostic test, surgery, home health care or hospitalization which

Questionnaire Ref. ID: 428

	has not yet been started, completed, or for which results are not known?
7.10	Which applies to you?
7.11	Have you used or been advised to use oxygen equipment to assist in breathing (excluding CPAP or nebulizer) or had or been advised to have dialysis?
7.12	Which applies to you?
7.13	In the past 2 years have you had more than 1 conviction for reckless driving or for driving under the influence of alcohol or drugs (DUI or DWI)?
7.14	Which applies to you?
7.15	In the last 10 years:
7.16	Been diagnosed with Acquired Immune Deficiency Syndrome (AIDS) or tested positive for Human Immunodeficiency Virus (HIV)?
7.17	Which applies to you?
7.18	Received or been advised to receive an organ or tissue transplant?
7.19	Which applies to you?
7.20	Been diagnosed with Alzheimer's disease, dementia, Amyotrophic Lateral Sclerosis (ALS), or a terminal illness?
7.21	Which applies to you?
7.22	(*Terminal illness is defined as any illness diagnosed that would reasonably be expected to cause death within 12 months.)
8.1	Within the past 12 months, have you been recommended by a licensed medical professional to have treatment for, been medically diagnosed, treated, or taken prescription drugs for alcohol, drug, or substance abuse or addiction?
8.2	Which applies to you?
8.3	Within the past 2 years, have you:
8.4	Had heart or circulatory surgery, or had or been diagnosed as having a heart attack, congestive heart failure, cardiomyopathy, stroke, transient ischemic attack (TIA), or aneurysm?
8.5	Which applies to you?
8.6	Been diagnosed with or had treatment for insulin shock or diabetic coma, or had an amputation due to complications of any disease?
8.7	Which applies to you?
8.8	Within the past 3 years, have you been diagnosed with or had treatment for any cancer (excluding basal cell or squamous cell skin cancer) or for a brain tumor?
8.9	Which applies to you?
9.1	Within the past 2 years have you been diagnosed with, prescribed medication for, or had or been advised to have treatment for:
9.2	Parkinson's disease, Systemic Lupus (SLE), or sickle cell disease?
9.3	Which applies to you?
9.4	Cirrhosis of the liver, chronic hepatitis or other liver disorder, kidney failure, or other chronic kidney disease?
9.5	Which applies to you?
9.6	Chronic obstructive pulmonary disease (COPD), black lung disease, tuberculosis, or emphysema?
9.7	Which applies to you?
9.8	Depression or attempted suicide?
9.9	Which applies to you?
9.10	Do you affirm that the statements in this application about your medical history are complete and true to the best of your knowledge and belief.? A "YES" answer will indicate that you agree and you will be signing this medical questions section with your answer.
9.11	(INTERVIEWER: Try to get clarification –Go back and correct answer to question)

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10.1	Thank you. May I speak with the proposed owner?
10.2	Are you the proposed owner?
10.3	Before we begin, I would like you to know that this call is being recorded. You will be applying for life insurance through a telephone application process. It is your choice to buy or not buy the policy over the telephone. We will record your answers to all questions and you will sign the application using your voice. Please answer all questions truthfully. We will also ask for your acknowledgement of all statements made during this application and announce when you should respond. As we continue with this application, I will refer to ReliaStar Life Insurance Company as "ReliaStar" or the "Company."
10.4	Do you wish to conduct this application over the phone as I have explained?
10.5	Unfortunately, we will not be able to continue with the application. May I speak with the agent?
10.6	(INTERVIEWER: Have agent resolve the issue by either continuing the paperless process, paper app or discontinuing the application process.)
10.7	Great! Let's begin.
10.8	Your First Name:
10.9	Your Middle Initial:
10.10	Your Last Name:
10.11	Relationship to the insured:
10.12	Daytime phone:
10.13	Email:
10.14	Residence address:
10.15	City:
10.16	State:
10.17	Zip:
10.18	Social Security Number:
10.19	
10.20	Government issued ID number:
10.21	Birth Date:
10.22	Are you a US citizen or permanent resident visa holder?
11.1	Who will be the primary beneficiary?
11.2	First, middle and last name:
11.3	Relationship to proposed insured:
11.4	Their birthdate:
11.5	SSN:
11.6	(INTERVIEWER: If SSN is not available, stress importance of providing it to customer service at 1-877-882-5050 to ensure plans are met)
11.7	Percentage:
11.8	(INTERVIEWER: Total percentage of all primary beneficiaries' shares must equal 100%; Total percentage of all contingent beneficiaries' shares must equal 100%. NOTE-Whole percentages must be used.)
11.9	Are there any additional beneficiaries?
11.10	First, middle and last name:
11.11	Relationship to proposed insured:
11.12	Their birthdate:
11.13	SSN:

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11.14	Percentage:
11.15	Is this beneficiary primary or contingent?
11.16	Are there any additional beneficiaries?
11.17	First, middle and last name
11.18	Relationship to proposed insured:
11.19	Their birthdate:
11.20	SSN:
11.21	Percentage:
11.22	Is this beneficiary primary or contingent?
11.23	Are there any additional beneficiaries?
11.24	First, middle and last name:
11.25	Relationship to proposed insured:
11.26	Their birthdate:
11.27	SSN:
11.28	Percentage:
11.29	Is this beneficiary primary or contingent?
11.30	Are there any additional beneficiaries?
11.31	First, middle and last name
11.32	Relationship to proposed insured:
11.33	Their birthdate:
11.34	SSN:
11.35	Percentage:
11.36	Is this beneficiary primary or contingent?
11.37	Are there any additional beneficiaries?
11.38	First, middle and last name:
11.39	Relationship to proposed insured:
11.40	Their birthdate:
11.41	SSN:
11.42	Percentage:
11.43	Is this beneficiary primary or contingent?
11.44	Thank you. May I please speak with the proposed insured?
12.1	Who will be the primary beneficiary?
12.2	First, middle and last name:
12.3	Relationship to proposed insured:
12.4	Their birthdate:
12.5	SSN:
12.6	(INTERVIEWER: If SSN is not available, stress importance of providing it to customer service at 1-877-882-5050 to ensure plans are met)
12.7	Percentage:
12.8	(INTERVIEWER: Total percentage of all primary beneficiaries' shares must equal 100%; Total percentage of all contingent beneficiaries' shares must equal 100%. NOTE-Whole percentages must be used.)

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12.9	Are there any additional beneficiaries?
12.10	First, middle and last name:
12.11	Relationship to proposed insured:
12.12	Their birthdate:
12.13	SSN:
12.14	Percentage:
12.15	Is this beneficiary primary or contingent?
12.16	Are there any additional beneficiaries?
12.17	First, middle and last name
12.18	Relationship to proposed insured:
12.19	Their birthdate:
12.20	SSN:
12.21	Percentage:
12.22	Is this beneficiary primary or contingent?
12.23	Are there any additional beneficiaries?
12.24	First, middle and last name:
12.25	Relationship to proposed insured:
12.26	Their birthdate:
12.27	SSN:
12.28	Percentage:
12.29	Is this beneficiary primary or contingent?
12.30	Are there any additional beneficiaries?
12.31	First, middle and last name
12.32	Relationship to proposed insured:
12.33	Their birthdate:
12.34	SSN:
12.35	Percentage:
12.36	Is this beneficiary primary or contingent?
12.37	Are there any additional beneficiaries?
12.38	First, middle and last name:
12.39	Relationship to proposed insured:
12.40	Their birthdate:
12.41	SSN:
12.42	Percentage:
12.43	Is this beneficiary primary or contingent?
13.1	Do you affirm that the statements in this application that were discussed and about your medical history are complete and true to the best of your knowledge and belief.?
13.2	Thank you, please hold while we wait to see if we have any additional questions. This step should take approximately 1-2 minutes to complete.
14.1	Thank you. May I speak with your agent?
14.2	Are you aware of any additional information that may affect this insured's eligibility for this policy?
14.3	Please provide details:

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14.4	*ATTENTION UNDERWRITER*-PLEASE NOTE INFORMATION IN DETAILS BOX ABOVE
15.1	[Agent.Salutation] [Agent.LastName]
15.2	The following pertains to the data results of the case:
15.3	(INTERVIEWER: Was the decision level, graded, or modified?)
16.1	[Agent.Salutation] [Agent.LastName] Do you want to continue with the application process?
16.2	What face amount is being applied for?
16.3	Modal Premium?
16.4	What is the initial and recurring premium?
16.5	Does the applicant wish to add the Accidental Death Benefit Rider?
16.6	Does the applicant wish to add the Automatic Premium Loan?
16.7	Please place the policy owner back on the phone.
17.1	I am happy to inform you that an underwriting approval for a [EligibilityLevel] death benefit policy has been made for [FaceAmount] with a [PremFrequency] premium amount of [PREMIUMAMT].
17.2	Please confirm that you are applying for this amount of coverage.
17.3	(INTERVIEWER: Reconfirm incorrect information with agent and revise)
17.4	Your answer to the question "Do you wish to add the Accidental Death Benefit Rider" was:
17.5	Your answer to the question "Do you wish to add the Automatic Premium loan feature" was:
17.6	Is this information correct?
17.7	(Interviewer: Please clarify with client and agent and make necessary changes.)
18.1	What is the name(s) on the account from which we will be drafting premiums?
18.2	Bank Name:
18.3	Account Type:
18.4	Account Number:
18.5	Routing number:
18.6	Would you like to request a specific draft date for initial and recurring payments (the 1st through the 28th)?
18.7	Specific Date:
18.8	Coverage will not begin until this date. "Initial and recurring premium withdrawals will be consistent with your policy issue date.
18.9	Initial and recurring premium withdrawals will be consistent with your policy issue date.
18.10	After I cover the authorization for Electronic Funds Transfer, I will ask if you agree with it. A "YES" answer will indicate that you agree and you are signing it with your answer.
18.11	By signing this application, you authorize the Company to withdraw funds from your checking or savings account, as indicated in this application, to pay premiums on the life insurance policy being applied for. This authorization will remain in effect until the Company receives a written request or phone call from you to terminate this authorization.
18.12	If you agree with all of these statements and authorize ReliaStar to withdraw funds from your account to pay your premiums, please say yes.
18.13	I'm sorry, but we were unable to validate the payment information based on the information you provided. Would you like to provide information for a different account or terminate the application?
18.14	Bank Name:
18.15	Account Type:
18.16	Account Number:
18.17	Routing number:
18.18	Thank you. We will draft the first premium from your checking account as you specified.

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19.1	Do you currently have life insurance or annuity contracts inforce or applied for?
19.2	Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?
19.3	Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?
19.4	(INTERVIEWER: Were either of the above questions: using funds or discontinuing payments, answered yes?
19.5	Insured or Annuitant's name:
19.6	Company or Insurer Name:
19.7	Contract or Policy Number:
19.8	Face Amount:
19.9	Do you currently have any additional life insurance or annuity contracts inforce or applied for?
19.10	Insured or Annuitant's name:
19.11	Company or Insurer Name:
19.12	Contract or Policy Number:
19.13	Face Amount:
19.14	Do you currently have any additional life insurance or annuity contracts inforce or applied for?
19.15	Insured or Annuitant's name:
19.16	Company or Insurer Name:
19.17	Contract or Policy Number:
19.18	Face Amount:
19.19	Thank you. May I please speak with the proposed insured?
20.1	Do you currently have life insurance or annuity contracts inforce or applied for?
20.2	Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?
20.3	Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?
20.4	(INTERVIEWER: Were either of the above questions: using funds or discontinuing payments, answered yes?
20.5	Insured or Annuitant's name:
20.6	Company or Insurer Name:
20.7	Contract or Policy Number:
20.8	Face Amount:
20.9	Do you currently have any additional life insurance or annuity contracts inforce or applied for?
20.10	Insured or Annuitant's name:
20.11	Company or Insurer Name:
20.12	Contract or Policy Number:
20.13	Face Amount:
20.14	Do you currently have any additional life insurance or annuity contracts inforce or applied for?
20.15	Insured or Annuitant's name:
20.16	Company or Insurer Name:
20.17	Contract or Policy Number:
20.18	Face Amount:
20.19	Thank you. May I speak with your agent?

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21.1	We now need to complete the Company's copy of the Important Notice: Replacement of Life Insurance or Annuities Form# 127792, which I will refer to as the Replacement Notice.
21.2	The following questions refer to the copy of the replacement form provided to the proposed insured [Client.FirstName] [Client.LastName]'s copy of the replacement form.
21.3	Did you read this notice aloud to the applicant or did the applicant not wish to have this notice read aloud by you?
21.4	When the proposed insured was asked if consideration was being given to using funds from their existing policies or contracts to pay premiums due on the new policy or contract, the answer was:
21.5	When the proposed insured was asked if they were considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating their existing policy or contract, they answered:
21.6	Insured or Annuitant's name:
21.7	Company or Insurer Name:
21.8	Contract or Policy Number:
21.9	Will policy number [POLICYNO1] be replaced or used as a source of financing?
21.10	Why is the existing policy being replaced?
21.11	When asked if there were any additional life insurance or annuity contracts inforce or applied for, the answer was:
21.12	Insured or Annuitant's name:
21.13	Company or Insurer Name:
21.14	Contract or Policy Number:
21.15	Will policy number [POLICYNO2] be replaced or used as a source of financing?
21.16	Why is the existing policy being replaced?
21.17	When asked if there were any additional life insurance or annuity contracts inforce or applied for, the answer was:
21.18	Insured or Annuitant's name:
21.19	Company or Insurer Name:
21.20	Contract or Policy Number:
21.21	Will policy number [POLICYNO3] be replaced or used as a source of financing?
21.22	Why is the existing policy being replaced?
21.23	Do you certify that your responses are to the best of your knowledge accurate? A "yes" answer means you agree and are voice signing the Replacement Notice.
21.24	(INTERVIEWER: Instruct the Agent to submit the form to the Company.)
21.25	Thank you. May I please speak with the proposed insured?
22.1	We now need to complete the Company's copy of the Important Notice: Replacement of Life Insurance or Annuities Form# 127792, which I will refer to as the Replacement Notice. Please refer to the completed paper copy provided by your agent.
22.2	Did your agent read this notice to you or did you not wish to have this notice read to you by your agent?
22.3	I will now confirm the information your Agent provided on your Replacement Notice:
22.4	When asked if you are considering using funds from this existing policies or contract to pay premiums due on the new policy or contract, your answer was:
22.5	When asked if you are considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating this existing policy or contract, you answered:
22.6	Insured or Annuitant's name:
22.7	Company or Insurer Name:
22.8	Contract or Policy Number:

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22.9	Policy number [POLICYNO1] will be:
22.10	The existing policy is being replaced because:
22.11	When asked if there were any additional life insurance or annuity contracts inforce or applied for, the answer was:
22.12	Insured or Annuitant's name:
22.13	Company or Insurer Name:
22.14	Contract or Policy Number:
22.15	Policy number [POLICYNO2] will be:
22.16	The existing policy is being replaced because:
22.17	When asked if there were any additional life insurance or annuity contracts inforce or applied for, the answer was:
22.18	Insured or Annuitant's name:
22.19	Company or Insurer Name:
22.20	Contract or Policy Number:
22.21	Policy Number [POLICYNO3] will be:
22.22	The existing policy is being replaced because:
22.23	Do you certify that your responses are to the best of your knowledge accurate? A "yes" answer means you agree and are voice signing the Replacement Notice.
22.24	May I please speak with your agent?
22.25	(INTERVIEWER: Instruct the Agent to submit the form to the Company.)
22.26	Thank you.
23.1	We now need to complete the Company's copy of the Important Notice: Replacement of Life Insurance or Annuities Form# 127792, which I will refer to as the Replacement Notice.
23.2	The following questions refer to the copy of the replacement form provided to the owner [Owner.FirstName] [Owner.LastName]'s copy of the replacement form.
23.3	Did you read this notice aloud to the applicant or did the applicant not wish to have this notice read aloud by you?
23.4	When the policy owner was asked if consideration was being given to using funds from their existing policies or contracts to pay premiums due on the new policy or contract, the answer was:
23.5	When the policy owner was asked if they were considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating their existing policy or contract, they answered:
23.6	Insured or Annuitant's name:
23.7	Company or Insurer Name:
23.8	Contract or Policy Number:
23.9	Will policy number [POLICY1] be replaced or used as a source of financing?
23.10	Why is the existing policy being replaced?
23.11	When asked if there were any additional life insurance or annuity contracts inforce or applied for, the answer was:
23.12	Insured or Annuitant's name:
23.13	Company or Insurer Name:
23.14	Contract or Policy Number:
23.15	Will policy number [POLICY2] be replaced or used as a source of financing?
23.16	Why is the existing policy being replaced?
23.17	When asked if there were any additional life insurance or annuity contracts inforce or applied for, the answer was:

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23.18	Insured or Annuitant's name:
23.19	Company or Insurer Name:
23.20	Contract or Policy Number:
23.21	Will policy number [POLICY3] be replaced or used as a source of financing?
23.22	Why is the existing policy being replaced?
23.23	Do you certify that your responses are to the best of your knowledge accurate? A "yes" answer means you agree and are voice signing the Replacement Notice.
23.24	(INTERVIEWER: Instruct the Agent to submit the form to the Company.)
23.25	Thank you. May I please speak with the policy owner?
24.1	We now need to complete the Company's copy of the Important Notice: Replacement of Life Insurance or Annuities Form# 127792, which I will refer to as the Replacement Notice. Please refer to the completed paper copy provided by your agent.
24.2	Did your agent read this notice to you or did you not wish to have this notice read to you by your agent?
24.3	I will now confirm the information your Agent provided on your Replacement Notice:
24.4	When asked if you are considering using funds from this existing policies or contract to pay premiums due on the new policy or contract, the answer was:
24.5	When asked if you are considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating this existing policy or contract, you answered:
24.6	Insured or Annuitant's name:
24.7	Company or Insurer Name:
24.8	Contract or Policy Number:
24.9	Policy number [POLICY1] will be:
24.10	The existing policy is being replaced because:
24.11	When asked if there were any additional life insurance or annuity contracts inforce or applied for, the answer was:
24.12	Insured or Annuitant's name:
24.13	Company or Insurer Name:
24.14	Contract or Policy Number:
24.15	Policy number [POLICY2] will be:
24.16	The existing policy is being replaced because:
24.17	When asked if there were any additional life insurance or annuity contracts inforce or applied for, the answer was:
24.18	Insured or Annuitant's name:
24.19	Company or Insurer Name:
24.20	Contract or Policy Number:
24.21	Policy Number [POLICY3] will be:
24.22	The existing policy is being replaced because:
24.23	Do you certify that your responses are to the best of your knowledge accurate? A "yes" answer means you agree and are voice signing the Replacement Notice.
24.24	May I please speak with your agent?
24.25	(INTERVIEWER: Instruct the Agent to submit the form to the Company.)
24.26	Thank you.
25.1	Thank you. May I speak with your agent?
25.2	We now need to complete the company's copy of the Out of State Verification Form# 128248.

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	Please refer to your completed paper copy.
25.3	The application date is:
25.4	The application state is [SelectedJurisdiction.Name]
25.5	The owner/applicant's first name is:
25.6	Middle Initial:
25.7	Last Name:
25.8	The owner/applicant residence address is:
25.9	City:
25.10	State:
25.11	Zip:
25.12	In connection with this application, you acknowledge and affirm: All communications, solicitation and negotiation of the application occurred in the Application State. The application was signed by the owner/applicant and you in the Application State. The owner/applicant will take delivery of the policy issued as a result of the application in the Application State. ReliaStar will rely on this verification in issuing a policy under the application.
25.13	Do you acknowledge and affirm that the solicitation for this insurance and the signing of the application took place in the Application State and that the laws of the Application State will govern all legal rights and obligations under the policy applied for. If you are signing in a representative capacity, do you warrant that you have the authority to bind the entity on whose behalf this document is being executed. A 'yes' answer means that you agree and are voice signing the Out of State Verification Form.
25.14	Please state your name to apply your voice signature:
25.15	Today's date is:
25.16	May I speak to the owner/applicant?
25.17	(INTERVIEWER: Instruct the Agent to submit the form to the Company.)
26.1	We now need to complete the company's copy of the Out of State Verification Form# 128248. Please refer to the completed copy provided to you by your Agent.
26.2	Your agent indicated the following information is on your copy of the Out of State Verification:
26.3	The ReliaStar Life Insurance Company checkbox is selected.
26.4	The application date is:
26.5	The application state is [SelectedJurisdiction.Name]
26.6	The owner/applicant's first name is:
26.7	Middle Initial:
26.8	Last Name:
26.9	The owner/applicant residence address is:
26.10	City:
26.11	State:
26.12	Zip:
26.13	In connection with this application, do you acknowledge and affirm: All communications, solicitation and negotiation of the application occurred in the Application State. The application was signed by you and the Agent in the Application State. You will take delivery of the policy issued as a result of the application in the Application State. ReliaStar will rely on this verification in issuing a policy under the application.
26.14	Do you acknowledge and affirm that the solicitation for this insurance and the signing of the application took place in the Application State and that the laws of the Application State will govern all legal rights and obligations under the policy applied for. If you are signing in a representative capacity, you warrant that you have the authority to bind the entity on whose behalf this document is being executed. A 'yes' answer means that you agree and are voice signing the Out of State Verification Form.

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26.15	Please state your full name in order to confirm your signature by voice.
26.16	Today's date is:
26.17	May I please speak with your agent?
26.18	(INTERVIEWER: Instruct the Agent to submit the form to the Company.)
27.1	Thank you. May I speak with your agent?
27.2	We now need to complete the company's copy of the Military Personnel Financial Services Disclosure Regarding Insurance Products form#145942, which I will refer to as Military Disclosure. Please refer to your completed paper copy.
27.3	Please confirm that the ReliaStar Life Insurance Company checkbox is selected.
27.4	What is the policy type applied for?
27.5	What is the first year cost?
27.6	What is the death benefit applied for?
27.7	Have you read the Military Disclosure and received a copy of it? A 'yes' answer means that you agree and are voice signing the Military Disclosure Form.
27.8	Please state your name to apply your voice signature:
27.9	Today's date is:
27.10	(INTERVIEWER: Instruct the Agent to submit the form to the Company.)
27.11	May I speak to the owner/applicant?
28.1	We now need to complete the company's copy of the Military Personnel Financial Services Disclosure Regarding Insurance Products form#145942, which I will refer to as Military Disclosure. Please refer to the completed copy provided to you by your Agent.
28.2	Your agent indicated the following information is on your copy of the Military Disclosure:
28.3	The death benefit applied for is:
28.4	The policy type applied for is:
28.5	The first year cost is:
28.6	Have you received a copy of the Military Disclosure and read it? A 'yes' answer means that you agree and are voice signing the Military Disclosure.
28.7	Please state your full name in order to confirm your signature by voice.
28.8	Today's date is:
28.9	Thank you. May I please speak with your agent?
28.10	(INTERVIEWER: Instruct the Agent to submit the form to the Company.)
29.1	After I cover the following Representations and Acknowledgments, I will ask if you agree with everything read to you.
29.2	You represent that you have answered all questions truthfully to the best of your knowledge and belief. You represent that you have not engaged in any prohibited conduct described in the Company's Important Notices disclosure provided to you with this application. You certify that your Social Security Number/tax identification number is correct and that you are not subject to back-up withholding. You agree to inform the Company if there is a material change in the health of the Proposed Insured prior to a policy being delivered.
29.3	You acknowledge that no insurance coverage will be provided by the Company until the application is complete, the first premium is received by the Company while the Proposed Insured is alive and all representations you have made remain true and all obligations on your part have been met as of the date a policy is delivered to and accepted by you. You acknowledge receipt of the Company's Important Notices disclosure."
29.4	You understand and agree that any person who knowingly provides false, incomplete or misleading information to an insurance company may be subject to penalties under state law.
29.5	If you agree with all of these statements, please say yes.
29.6	Thank you, [Client.Salutation] [LastName]. I will need to finalize your application with your agent before we process it. If approved, a policy should be mailed to you, if you are the owner; or the

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	owner of the policy in the next few days. The issued policy will include a completed application with all of the responses that were provided with this application."
29.7	On behalf of ReliaStar, we would like to thank you for applying for an ING UltimAssure Whole Life insurance policy.
29.8	May I speak with your agent?
30.1	Now I will read several acknowledgements which authorize us to proceed with your application. I will ask you if you agree with everything read to you. A "YES" answer will indicate that you agree and you will be signing this application with your answer.
30.2	You represent that you have answered all questions truthfully to the best of your knowledge and belief. You represent that you have not engaged in any prohibited conduct described in the Company's Important Notices disclosure provided to you with this application. You certify that your Social Security Number/tax identification number is correct and that you are not subject to back-up withholding. You agree to inform the Company if there is a material change in the health of the Proposed Insured prior to a policy being delivered.
30.3	You acknowledge that no insurance coverage will be provided by the Company until the application is complete, the first premium is received by the Company while the Proposed Insured is alive and all representations you have made remain true and all obligations on your part have been met as of the date a policy is delivered to and accepted by you. You acknowledge receipt of the Company's Important Notices disclosure."
30.4	You understand and agree that any person who knowingly provides false, incomplete or misleading information to an insurance company may be subject to penalties under state law.
30.5	If you agree with all of these statements, please say yes.
30.6	Thank you. May I speak with your agent?
31.1	After I cover the following acknowledgments, I will ask you if you agree with everything read to you. A "YES" answer will indicate that you agree and wish to sign this application with your answer.
31.2	By your signature on the application, you certify that:
31.3	Except as provided in the answers to the in force replacement questions, the proposed insured(s)/owner(s) do not own any existing life insurance or annuity contracts and no other replacement of insurance or annuity is involved in this transaction.
31.4	Copies of all sales material were left with the applicant no later than the time of application. All Appendices and Disclosures have been delivered to the client. (Electronically presented sales materials must be provided to the Owner no later than at the time of the policy delivery.)
31.5	The answers you have provided are complete and true to the best of your knowledge and belief.
31.6	If you agree with these statements, please say yes.
31.7	Thank you, [Agent.Salutation] [Agent.LastName] We will now process your client's application, and a policy should be mailed to the policy owner in the next few days.
32.1	[Agent.Salutation] [Agent.LastName], this completes the application process. Please submit.

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PART II



Questionnaire Ref. ID:	424	Time Printed:	9/24/2012 3:11 PM EST
Questionnaire Name:	ING UltimAssure Voice-Medical Only V0001		
Form Name	Created On	Approved On	
ING UltimAssure Voice Medical Only V0001	7/25/2012 4:09:07 PM		

Questions

Asked of	Question Number	Question
	1.1	Please spell your last name followed by your first name.
	1.2	What phone number are you calling from?
	1.3	Just to confirm we will be completing [Product.Name] on today's call.
	1.4	Please advise in which city and state the application is being taken.
	1.5	City:
	1.6	State:
	1.7	Before we begin, I would like you to know that this call is being recorded. We will record your answers to all questions and you will sign the application using your voice. Please answer all questions truthfully. As we continue this application, I will refer to ReliaStar Life Insurance Company as "ReliaStar" or "the Company". Please confirm that you agree to complete this application via the telephone utilizing the voice signature process.
	1.8	Today's date is:
	1.9	Are you licensed to sell life insurance in [SelectedJurisdiction.Name]?
	1.10	What is your ReliaStar Agent License and Contracting Number?
	2.1	What face amount is being applied for?
	2.2	Will the proposed insured also be the policy owner?
	2.3	Is the proposed insured available today to complete this application?
	2.4	Is there a specific date we should use to begin coverage and begin drafting premiums?
	2.5	Specific Date
	2.6	Please provide the following client information:
	2.7	Gender:
	2.8	Salutation:
	2.9	Spell first name:
	2.10	Middle Initial:
	2.11	Spell last name:
	2.12	Date of Birth:
	2.13	Are they a citizen of the US or a permanent resident visa holder?
	2.14	Social Security Number:
	2.15	
	2.16	Government issued ID number:

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2.17	Driver's License Number:
2.18	State of Issue:
2.19	Thank you. May I now speak with [Salutation] [Client.LastName]?
3.1	Hello, are you the proposed insured [FirstName] [MiddleInitial] [LastName]?
3.2	Before we begin, I would like you to know that this call is being recorded. You will be applying for life insurance through a telephone application process. It is your choice to buy or not buy the policy over the telephone. We will record your answers to all questions and you will sign the application using your voice. If you are approved, your policy will include a paper copy of this application with the answers you provided by telephone. Please answer all questions truthfully. We will also ask for your acknowledgement of all statements made during this application and announce when you should respond. As we continue with this application, I will refer to ReliaStar Life Insurance Company as "ReliaStar" or the "Company."
3.3	Do you wish to conduct this application over the phone as I have explained?
3.4	Unfortunately, we will not be able to continue with the application. May I speak with your agent?
3.5	[Agent.Salutation] [Agent.LastName] the client does not wish to conduct this application over the phone as we have explained.
3.6	Great! Before we begin, have you completed with your agent, and signed, an Individual Whole Life Insurance Application and disclosures prior to this call?
4.1	Great! Let's begin. Please confirm the following:
4.2	Your first name is:
4.3	Middle Initial:
4.4	Last Name:
4.5	Gender:
4.6	Your date of birth is:
4.7	When asked if you are a citizen of the US or a permanent resident visa holder your agent said you answered:
4.8	Your Social security number is:
4.9	Your driver's license number is:
4.10	State of issue is:
4.11	Please provide your Birth State:
4.12	Birth Country:
4.13	Residence address:
4.14	City:
4.15	State:
4.16	Zip:
4.17	Please confirm that you are applying for [FaceAmount] coverage
4.18	Have you used tobacco or any nicotine products in the past 12 months?
5.1	After I cover the following Authorizations, I will ask if you agree with everything read to you. A "YES" answer will indicate that you agree and you will be signing with your answer.
5.2	You authorize any health care provider and the Medical Information Bureau Inc. (MIB, Inc.) to disclose your entire medical record and any other protected health information including the diagnosis or treatment of HIV infection, sexually transmitted diseases, mental illness, alcohol, drugs, and tobacco to the Company or its reinsurers and its producers, employees, and representatives. You also authorize the Company, or its reinsurers to make a brief report of your personal health information to MIB, Inc. Health care providers include any health plan, physician, medical practitioner, health care professional, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager, medical facility, or other health care provider, organization, institution or person.
5.3	The Company will use this information to determine eligibility for insurance and/or benefits. Your authorization will be valid for 24 months from the date of signature on this application. You can

	revoke this authorization at any time by written notice to the Company. If you revoke or refuse to sign this authorization, the Company may not be able to process your application or act upon a claim submitted to the Company if a policy is issued. Information disclosed by your authorization may be re-disclosed and no longer covered by federal rules governing privacy and confidentiality. If you refuse to sign this authorization, your health care providers may not refuse to provide treatment or payment for health care services.
5.4	You authorize the Company and its affiliates, or its reinsurers, to collect medical information and consumer reports about you to determine your eligibility for insurance and/or benefits. You authorize any consumer reporting agency or related organization to release to the Company or its authorized representatives all requested information about you.
5.5	You have the right to receive a copy of these authorizations, and a photocopy will be as valid as the original.
5.6	If you agree with all of these statements, please say yes.
6.1	(INTERVIEWER: CLICK "NEXT")
7.1	I now need to ask you some medical questions. After these questions, I will ask you to affirm that your responses are complete and true.
7.2	What is your height?
7.3	What is your weight?
7.4	Are you currently or have you been in the past 30 days: confined to a hospital, a psychiatric, nursing, or correctional facility, or receiving home health care or receiving or been advised to receive hospice care, or confined to a wheelchair?
7.5	Which applies to you?
7.6	Do you currently require assistance with activities of daily living such as taking medications, moving about, bathing, dressing, eating, or toileting?
7.7	Which applies to you?
7.8	Within the past 12 months:
7.9	Have you been advised to have a diagnostic test, surgery, home health care or hospitalization which has not yet been started, completed, or for which results are not known?
7.10	Which applies to you?
7.11	Have you used or been advised to use oxygen equipment to assist in breathing (excluding CPAP or nebulizer) or had or been advised to have dialysis?
7.12	Which applies to you?
7.13	In the past 2 years have you had more than 1 conviction for reckless driving or for driving under the influence of alcohol or drugs (DUI or DWI)?
7.14	Which applies to you?
7.15	In the last 10 years:
7.16	Been diagnosed with Acquired Immune Deficiency Syndrome (AIDS) or tested positive for Human Immunodeficiency Virus (HIV)?
7.17	Which applies to you?
7.18	Received or been advised to receive an organ or tissue transplant?
7.19	Which applies to you?
7.20	Been diagnosed with Alzheimer's disease, dementia, Amyotrophic Lateral Sclerosis (ALS), or a terminal illness?
7.21	Which applies to you?
7.22	(*Terminal illness is defined as any illness diagnosed that would reasonably be expected to cause death within 12 months.)
8.1	Within the past 12 months, have you been recommended by a licensed medical professional to have treatment for, been medically diagnosed, treated, or taken prescription drugs for alcohol, drug, or substance abuse or addiction?
8.2	Which applies to you?
8.3	Within the past 2 years, have you:

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8.4	Had heart or circulatory surgery, or had or been diagnosed as having a heart attack, congestive heart failure, cardiomyopathy, stroke, transient ischemic attack (TIA), or aneurysm?
8.5	Which applies to you?
8.6	Been diagnosed with or had treatment for insulin shock or diabetic coma, or had an amputation due to complications of any disease?
8.7	Which applies to you?
8.8	Within the past 3 years, have you been diagnosed with or had treatment for any cancer (excluding basal cell or squamous cell skin cancer) or for a brain tumor?
8.9	Which applies to you?
9.1	Within the past 2 years have you been diagnosed with, prescribed medication for, or had or been advised to have treatment for:
9.2	Parkinson's disease, Systemic Lupus (SLE), or sickle cell disease?
9.3	Which applies to you?
9.4	Cirrhosis of the liver, chronic hepatitis or other liver disorder, kidney failure, or other chronic kidney disease?
9.5	Which applies to you?
9.6	Chronic obstructive pulmonary disease (COPD), black lung disease, tuberculosis, or emphysema?
9.7	Which applies to you?
9.8	Depression or attempted suicide?
9.9	Which applies to you?
9.10	Do you affirm that the statements in this application about your medical history are complete and true to the best of your knowledge and belief? A "YES" answer will indicate that you agree and you will be signing this medical questions section with your answer.
9.11	(INTERVIEWER: Try to get clarification –Go back and correct answer to question)
10.1	Thank you. May I speak with your agent?
10.2	Hello [Agent.Salutation] [Agent.LastName]. Please provide the following information about the policy owner.
10.3	First Name:
10.4	Middle Initial:
10.5	Last Name:
10.6	Relationship to the insured:
10.7	Daytime phone:
10.8	Email:
10.9	Residence address:
10.10	City:
10.11	State:
10.12	Zip:
10.13	Social Security Number:
10.14	
10.15	Government issued ID number:
10.16	Birth Date:
10.17	Is the owner a US citizen or permanent resident visa holder?
11.1	Who will be the primary beneficiary?
11.2	First, middle and last name:
11.3	Relationship to proposed insured:

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11.4	Their birthdate:
11.5	SSN:
11.6	(INTERVIEWER: If SSN is not available, stress importance of providing it to customer service at 1-877-882-5050 to ensure plans are met)
11.7	Percentage:
11.8	(INTERVIEWER: Total percentage of all primary beneficiaries' shares must equal 100%; Total percentage of all contingent beneficiaries' shares must equal 100%. NOTE-Whole percentages must be used.)
11.9	Are there any additional beneficiaries?
11.10	First, middle and last name:
11.11	Relationship to proposed insured:
11.12	Their birthdate:
11.13	SSN:
11.14	Percentage:
11.15	Is this beneficiary primary or contingent?
11.16	Are there any additional beneficiaries?
11.17	First, middle and last name
11.18	Relationship to proposed insured:
11.19	Their birthdate:
11.20	SSN:
11.21	Percentage:
11.22	Is this beneficiary primary or contingent?
11.23	Are there any additional beneficiaries?
11.24	First, middle and last name:
11.25	Relationship to proposed insured:
11.26	Their birthdate:
11.27	SSN:
11.28	Percentage:
11.29	Is this beneficiary primary or contingent?
11.30	Are there any additional beneficiaries?
11.31	First, middle and last name
11.32	Relationship to proposed insured:
11.33	Their birthdate:
11.34	SSN:
11.35	Percentage:
11.36	Is this beneficiary primary or contingent?
11.37	Are there any additional beneficiaries?
11.38	First, middle and last name:
11.39	Relationship to proposed insured:
11.40	Their birthdate:
11.41	SSN:
11.42	Percentage:

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11.43	Is this beneficiary primary or contingent?
11.44	Thank you. May I please speak with the proposed insured?
12.1	Who will be the primary beneficiary?
12.2	First, middle and last name:
12.3	Relationship to proposed insured:
12.4	Their birthdate:
12.5	SSN:
12.6	(INTERVIEWER: If SSN is not available, stress importance of providing it to customer service at 1-877-882-5050 to ensure plans are met)
12.7	Percentage:
12.8	(INTERVIEWER: Total percentage of all primary beneficiaries' shares must equal 100%; Total percentage of all contingent beneficiaries' shares must equal 100%. NOTE-Whole percentages must be used.)
12.9	Are there any additional beneficiaries?
12.10	First, middle and last name:
12.11	Relationship to proposed insured:
12.12	Their birthdate:
12.13	SSN:
12.14	Percentage:
12.15	Is this beneficiary primary or contingent?
12.16	Are there any additional beneficiaries?
12.17	First, middle and last name
12.18	Relationship to proposed insured:
12.19	Their birthdate:
12.20	SSN:
12.21	Percentage:
12.22	Is this beneficiary primary or contingent?
12.23	Are there any additional beneficiaries?
12.24	First, middle and last name:
12.25	Relationship to proposed insured:
12.26	Their birthdate:
12.27	SSN:
12.28	Percentage:
12.29	Is this beneficiary primary or contingent?
12.30	Are there any additional beneficiaries?
12.31	First, middle and last name
12.32	Relationship to proposed insured:
12.33	Their birthdate:
12.34	SSN:
12.35	Percentage:
12.36	Is this beneficiary primary or contingent?
12.37	Are there any additional beneficiaries?

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12.38	First, middle and last name:
12.39	Relationship to proposed insured:
12.40	Their birthdate:
12.41	SSN:
12.42	Percentage:
12.43	Is this beneficiary primary or contingent?
13.1	Do you affirm that the statements in this application that were discussed and about your medical history are complete and true to the best of your knowledge and belief.?
13.2	Thank you, please hold while we wait to see if we have any additional questions. This step should take approximately 1-2 minutes to complete.
14.1	Thank you. May I speak with your agent?
14.2	Are you aware of any additional information that may affect this insured's eligibility for this policy?
14.3	Please provide details:
14.4	*ATTENTION UNDERWRITER*-PLEASE NOTE INFORMATION IN DETAILS BOX ABOVE
15.1	[Agent.Salutation] [Agent.LastName]
15.2	The following pertains to the data results of the case:
15.3	(INTERVIEWER: Was the decision level, graded, or modified?)
16.1	[Agent.Salutation] [Agent.LastName] Do you want to continue with the application process?
16.2	What face amount is being applied for?
16.3	Modal Premium?
16.4	What is the initial and recurring premium?
16.5	Does the applicant wish to add the Accidental Death Benefit Rider?
16.6	Does the applicant wish to add the Automatic Premium Loan?
17.1	We will now process your client's application. Please note that a policy will not be issued and coverage will not begin until you submit the completed application paperwork to ReliaStar and the initial premium is paid.

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REFLEXIVE QUESTIONS

Reflexive Question if MIB Code Hit is Received

We need to ask a question(s) again because we believe that some significant information may be missing from the interview.

<Ask applicable medical question again.>

Response to Insured Inquiry: If the Insured asks the reason for additional questioning, state “We received information from MIB that you authorized that was not revealed in the application, and we want to be sure that it doesn’t apply to another person with the same name.”

Reflexive Questions for RX Database Hits

The Pharmacy Benefit Manager, or PBM, has indicated that you have filled a prescription for <RX name > or <Brand Name> within the past two years. Was this medication prescribed for <applicable medical conditions>?

REPLACEMENT

[VOICE SCRIPT FOR REPLACEMENTS – ARKANSAS]

[Questions to ask agent]

We now need to complete the Company's copy of the Important Notice: Replacement of Life Insurance or Annuities Form# 154425, which I will refer to as the Replacement Notice.

1. Did you read this notice aloud to the applicant or did the applicant not wish to have this notice read aloud by you?
2. Is [applicant name] considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating their existing policy or contract?
3. Is [applicant name] considering using funds from their existing policies or contracts to pay premiums due on the new policy or contract?
4. <If Yes to 2 or 3 above> What are the insurer name, contract or policy number, insured or annuitant name? <repeat for multiple policies>
5. <If Yes to 2 or 3 above> will [policy number] be replaced or used as a source of financing?
6. <If Yes to 2 or 3 above> Why is the existing policy (ies) being replaced?
7. Do you certify that your responses are to the best of your knowledge accurate? A "yes" answer means you agree and are voice signing the Replacement Notice.
 - a. <If no> Instruct agent to submit the Replacement Notice to the Company.
 - b. <If yes> <capture agent/producer printed name, signature (voice) and date>
8. Did you provide [applicant name] with a completed copy of page three of the Replacement Notice "Life Insurance and Annuities Replacement Memorandum" which I will refer to as Page 3?
 - a. <if no> instruct agent to complete now (and wait) or submit the completed Replacement Notice to the Company
 - b. <if yes> continue
9. Please provide the following information from the first chart on Page 3
 - a. For the Existing Contract/Policy
 - i. Owner/Annuitant(s)
 - ii. Insurer
 - iii. Contract Number
 - iv. Product Type
 1. [the product type must be one of the following: Deferred Fixed Annuity, Deferred Variable Annuity, Deferred Indexed Fixed Annuity, Immediate Annuity, Indexed Life Insurance, Variable Life Insurance, Whole Life Insurance, Universal Life insurance, Term Life Insurance and Endowment]
 - v. Product Name
 - b. For the Proposed Contract/Policy
 - i. Owner
 - ii. Insurer
 - iii. Contract Number
 - iv. Product Type
 - v. Product Name
10. Please provide me with the information you have on the second chart for the Existing Contract/Policy.
 - a. If the field is left blank say 'not applicable'. <Capture the information from the Agent, and then confirm with the Agent that the fields left blank are truly not applicable.>
11. Please provide me with the information you have on the second chart for the Replacement Contract/Policy.
 - a. If the field is left blank say 'not applicable'. <Capture the information from the Agent, and then confirm with the Agent that the fields left blank are truly not applicable.>
12. Do you certify that the provisions provided on Page 3, and any other significant provisions, of the existing policy or contract and the proposed policy or contract were discussed with the applicant(s)? A "yes" answer means you agree and are voice signing Page 3 of the Replacement Notice.
 - a. <If no> Instruct agent to submit the Replacement Notice to the Company.
 - b. <If yes> <capture agent/producer signature (voice) and date> ask to speak to [applicant]

[Questions to ask insured/owner]

We now need to complete the Company's copy of the Important Notice: Replacement of Life Insurance or Annuities Form# 154425, which I will refer to as the Replacement Notice. Please refer to the completed paper copy provided by your agent.

1. Did your agent read this notice to you or did you not wish to have this notice read to you by your agent?
 - a. <if agent read leave space at end of form blank>
 - b. <if agent did not read aloud, place applicant's initials on form>

2. I will now confirm that the information we have on the Replacement Notice matches the information provided on your copy:
 - a. You <are or are not> considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract.
 - b. You <are or are not> you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract.
 - c. <Only applicable if Replacement is involved> The insurer name is <_>, contract or policy number is <_>, insured or annuitant name is <_>. <repeat for multiple policies>
 - d. < Only applicable if Replacement is involved > [policy number] <will be replaced or used as a source of financing>.
 - e. The existing policy (ies) are being replaced because <_>.
 - f. Do you certify that your responses are to the best of your knowledge accurate? A "yes" answer means you agree and are voice signing the Replacement Notice.
 - i. <If no> Ask to speak to agent and instruct agent to submit the Replacement Notice to the Company.
 - ii. <If yes> Thank you. <capture applicant printed name, signature (voice), and date>

3. Your Agent indicated he/she has provided you with a completed copy of page three of the Replacement Notice "Life Insurance and Annuities Replacement Memorandum" which I will refer to as Page 3.
 - a. <if no> ask to speak to agent and instruct agent to complete now (and wait) or submit the completed Replacement Notice to the Company
 - b. <if yes> continue

4. For the first chart on Page 3, your agent provided:
 - a. For the Existing Contract/Policy
 - i. Owner/Annuitant(s)
 - ii. Insurer
 - iii. Contract Number
 - iv. Product Type
 - v. Product Name
 - vi. Is this information correct?
 1. <if no> ask to speak to agent and confirm the information provided on the form
 - b. For the Proposed Contract/Policy
 - i. Owner
 - ii. Insurer
 - iii. Contract Number
 - iv. Product Type [will always be Whole Life]
 - v. Product Name [will always be ING UltimAssure Whole Life]
 - vi. Is this information correct?
 1. <if no> ask to speak to agent and confirm the information provided on the form

5. For the second chart on Page 3, your agent provided:
 - a. For the Existing Contract/Policy is there:
 - i. Current Proposed Premium / Annual Consideration
 - ii. Current Contract Value
 - iii. Current Surrender Value
 - iv. Death Benefit Amount

- v. Current Interest Rate & Guarantee Period
 - vi. Guaranteed Minimum Accumulation/Interest Rate
 - vii. Surrender Charge Period in Years/ Charge Percentage Per Year/Years Remaining
 - viii. Are free withdrawals available? If yes, what percentage? List options.
 - ix. Other significant policy or contract provisions
- b. For the Replacement Contract/Policy is there:
- i. Current Proposed Premium / Annual Consideration
 - ii. Current Contract Value
 - iii. Current Surrender Value
 - iv. Death Benefit Amount
 - v. Current Interest Rate & Guarantee Period
 - vi. Guaranteed Minimum Accumulation/Interest Rate
 - vii. Surrender Charge Period in Years/ Charge Percentage Per Year/Years Remaining
 - viii. Are free withdrawals available? If yes, what percentage? List options.
 - ix. Other significant policy or contract provisions
6. Do you certify that you have received a completed copy of Page 3? A “yes” answer means you agree and are voice signing Page 3 of the Replacement Notice.
- a. <If no> ask to speak to agent and instruct agent to submit the Replacement Notice to the Company.
 - b. <If yes> <capture applicant signature (voice) and date>

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