
State: Arkansas
TOI/Sub-TOI: L04I Individual Life - Term/L04I.500 Other
Product Name: 165284 Term App
Project Name/Number: 165284 Term App/165284 Term App

Filing Company: ReliaStar Life Insurance Company

Filing at a Glance

Company: ReliaStar Life Insurance Company
Product Name: 165284 Term App
State: Arkansas
TOI: L04I Individual Life - Term
Sub-TOI: L04I.500 Other
Filing Type: Form
Date Submitted: 12/07/2012
SERFF Tr Num: INGD-128662292
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 165284 TERM APP

Implementation: On Approval
Date Requested:
Author(s): Wendy Paquin, Terry Stumpf, Jackie Williams, Tonya Gallatin
Reviewer(s): Linda Bird (primary)
Disposition Date: 12/12/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
TOI/Sub-TOI: L04I Individual Life - Term/L04I.500 Other
Product Name: 165284 Term App
Project Name/Number: 165284 Term App/165284 Term App

Filing Company: ReliaStar Life Insurance Company

General Information

Project Name: 165284 Term App
Project Number: 165284 Term App
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 Number: 165284 Individual Term Life Insurance Application

Attention Policy Form Approval Division:

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

This filing was submitted simultaneously to Minnesota, the state of domicile for ReliaStar Life Insurance Company.

The form will be available both in a printed and electronic format. The electronic format application presented to the customer for signature will appear on screen as a pdf of the filed application form containing all information completed by the customer, in appearance identical to the printed version.

The information bracketed in the form is subject to change.

165284 Individual Term Life Insurance Application – This form will be used by licensed agents in the solicitation to the general public of our term life insurance products.

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

1314-12/09 – Term Life Insurance Policy to Age 95 – 11/24/2009
1315-02/10 – Indeterminate Premium Term Life Insurance Policy to Age 95 - 01/04/2010
153808 – Individual Life Insurance Application Part II - Medical Declarations – 06/08/2009
153795 – Individual Life Insurance Application Part II - Medical Examination – 6/08/2009

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153796 – Children's Insurance Rider Application – 6/08/2009
 153813 – Amendment to Application – 6/08/2009
 153849 – Additional Statement to Application – 6/08/2009
 153836 – Supplement to Individual Life Insurance Application - Alcohol Usage Questionnaire – 6/08/2009
 153837 – Supplement to Individual Life Insurance Application - Aviation Questionnaire – 6/08/2009
 153838 – Supplement to Individual Life Insurance Application - Drug Usage Questionnaire – 6/08/2009
 153839 – Supplement to Individual Life Insurance Application - Foreign Travel or Residence Questionnaire – 6/08/2009
 153840 – Supplement to Individual Life Insurance Application - Military Questionnaire – 6/08/2009
 153841 – Supplement to Individual Life Insurance Application - Motor Sports Questionnaire – 6/08/2009
 153842 – Supplement to Individual Life Insurance Application - Scuba Diving Questionnaire – 6/08/2009
 153843 – Supplement to Individual Life Insurance Application - Tobacco/Nicotine Use Questionnaire – 6/08/2009
 153844 – Supplement to Individual Life Insurance Application - Avocations and Professional Sports Questionnaire – 6/08/2009

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

To the best of our knowledge, the form complies with the laws and regulations of your state.

Sincerely,

Wendy Paquin, FLMI, CLU
 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:	\$125.00
Retaliatory?	Yes
Fee Explanation:	\$125 per filing (retaliatory)

State: Arkansas

Filing Company: ReliaStar Life Insurance Company

TOI/Sub-TOI: L04I Individual Life - Term/L04I.500 Other

Product Name: 165284 Term App

Project Name/Number: 165284 Term App/165284 Term App

Per Company: No

Company	Amount	Date Processed	Transaction #
ReliaStar Life Insurance Company	\$125.00	12/07/2012	65533843

State: Arkansas Filing Company: ReliaStar Life Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.500 Other
Product Name: 165284 Term App
Project Name/Number: 165284 Term App/165284 Term App

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/12/2012	12/12/2012

SERFF Tracking #:

INGD-128662292

State Tracking #:**Company Tracking #:**

165284 TERM APP

State:

Arkansas

Filing Company:

ReliaStar Life Insurance Company

TOI/Sub-TOI:

L04I Individual Life - Term/L04I.500 Other

Product Name:

165284 Term App

Project Name/Number:

165284 Term App/165284 Term App

Disposition

Disposition Date: 12/12/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Individual Term Life Insurance Application		Yes

State: Arkansas
TOI/Sub-TOI: L041 Individual Life - Term/L041.500 Other
Product Name: 165284 Term App
Project Name/Number: 165284 Term App/165284 Term App

Filing Company: ReliaStar Life Insurance Company

Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Individual Term Life Insurance Application	165284	AEF	Initial		50.400	165284_12052012_StateFiling.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

INDIVIDUAL TERM LIFE INSURANCE APPLICATION

ReliaStar Life Insurance Company

[20 Washington Avenue South, Minneapolis, MN 55401]
 [A member of the ING family of companies]
 (the "Company")

This application may not be used if the policy to be purchased is or may be used for the benefit of a third party (a "stranger") that lacks an insurable interest in the insured. A person generally has an insurable interest in the life of an insured where the person has a continued interest in the survival of the insured. The Company does not issue policies for stranger-owned / stranger originated life insurance transactions ("STOLI") and shall seek to void any such policy. You agree that the Company will retain any premiums paid as special damages and may seek recovery of costs and/or additional damages. Material misrepresentation regarding the facts presented to the Company for underwriting the application or attempts to defraud the Company may result in additional legal action. Please see Section P of the application.

A. PRODUCT INFORMATION *(This application is for use with term products only.)*

1. Product Requested _____ 2. Face Amount \$ _____

3. Initial Term Period *(Term period options vary by product.):*

10 Year 15 Year 20 Year 25 Year 30 Year Other _____

B. RIDER INFORMATION *(Check appropriate box and enter amounts. Automatic riders are not listed below. NOT ALL RIDERS ARE AVAILABLE WITH ALL PRODUCTS OR IN ALL STATES.)*

Accidental Death Benefit Rider *(Specify amount.)* \$ _____ Waiver of Premium Rider
Note: This rider is not the automatic Accelerated Benefit Rider (ABR). Other _____
 Children's Insurance Rider Other _____
(Complete Children's Insurance Rider Application.) Other _____

C. PROPOSED INSURED INFORMATION

1. First Name _____ MI _____ Last Name _____
 2. Birth Date _____ Birth State / Country _____ Gender: Male Female
 3. E-mail _____ SSN or Government Issued ID Number _____
 4. Daytime Phone (_____) _____ Evening Phone (_____) _____ Best Time to Call _____
 5. Residence Address *(PO Boxes are not permitted.)* _____
 City _____ State _____ ZIP _____
 6. Are you a U.S. Citizen? Yes No *(If "No," complete the Foreign Travel and Residence Questionnaire.)*
 7. Occupation / Duties _____
 8. Employer _____ Employer Phone (_____) _____
 9. Employer Address _____ City _____ State _____ ZIP _____
 10. Do you currently or have you ever used tobacco or nicotine products in any form? *(e.g., cigarettes, cigars, pipes, chewing tobacco, nicotine gum, or nicotine patches)* Yes No
 If "Yes," indicate Type _____ Amount & Frequency _____ Month/Year Last Used _____
 11. Driver's License Number _____ 12. Driver's License State _____
(If you do not have a driver's license, then provide government photo ID number, issuer and expiration date.)
 13. Name on Driver's License *(if different than above)* _____

D. OWNER *(Questions 1-7 are required when the Proposed Owner is different than the Proposed Insured. Also complete 8-9 if the owner is a corporation, or 10-13 if the owner is a trust.)*

1. Full Name of Owner *(30 character limit)* _____
 2. Owner Relationship to Proposed Primary Insured _____ 3. E-mail _____
 4. Owner Birth Date _____ Owner Phone (_____) _____ Owner SSN _____
 5. Owner Address *(PO Boxes are not permitted.)* _____
 City _____ State _____ ZIP _____
 6. Billing Address _____ City _____ State _____ ZIP _____

D. OWNER (Continued)

7. Type of Government Issued ID (Driver's License / Passport) _____ Document Number _____
Issuing State or Country _____ Issuance Date _____ Expiration Date _____

If the owner is a corporation, complete questions 8-9.

8. Corporation Contact Name _____ TIN _____

9. Corporation Signing Officer Name / Title _____ State of Incorporation _____

If the owner is a trust, complete questions 10-13. Provide a copy of the full Trust document or complete the Trust Certification. (The Trust must be established prior to the application date.)

10. Trustee Contact Name _____ TIN _____ Trust Date _____

11. Purpose of the Trust _____ Type of Trust: Revocable Irrevocable

12. Trustee/Trustees Name (List all) _____ Situs State / State of Incorporation _____

13. Does the trustee (or each trustee if more than one) have sole authority to bind the Trust? Yes No (If "No," state the conditions under which one or more trustees may bind the trust. List the addresses of all trustees on a separate page, and obtain signatures from all trustees on the application.)

E. PAYOR (Complete only if the payor is to be other than the owner.)

1. Payor Name _____

2. Payor Address (PO Boxes are not permitted.) _____

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

Individual as a Beneficiary (Complete the table below.)

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

Trust or Business/Corporation as a Beneficiary (Complete the table below. If the beneficiary is a trust, provide a copy of the full Trust document or complete the Trust Certification.)

Trust or Business / Corporation Name	Trust Date	Situs State / State of Incorporation	%	Beneficiary Type
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent

G. PROPOSED INSURED PERSONAL HISTORY

- Are you, or have you entered into a written agreement to become, a member of the armed forces, including the Reserves, or on alert? (If "Yes," complete Military Questionnaire.) Yes No
- Do you intend to travel or reside outside the United States or Canada in the next two years? (If "Yes," complete Foreign Travel and Residence Questionnaire.) Yes No
- Have you in the last five years made or do you anticipate in the next two years making flights in an aircraft OTHER than as a passenger on a scheduled airline? (If "Yes," complete Aviation Questionnaire.) Yes No
- Do you participate in hang-gliding, soaring, sky-diving, ballooning, skin or scuba diving, mountain climbing, competitive skiing, or rodeos? (If "Yes," to scuba diving, complete Scuba Diving Questionnaire. For all other "Yes," complete Avocations and Professional Sports Questionnaire.) Yes No
- Do you race, test or stunt drive automobiles, motorcycles, motor boats, or jet powered vehicles, or do you use or race snowmobiles, dirt bikes or dune buggies? (If "Yes," complete Motor Sports Questionnaire.) Yes No

G. PROPOSED INSURED PERSONAL HISTORY (Continued)

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

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

Table with 2 columns: Question, Explanation

H. PAYMENT INFORMATION

- 1. Initial Payment: Check with Application1 Cash on Delivery Credit Card1, 2 EFT1, 2
2. Payment Amount \$
3. Frequency of Subsequent Payments: Annually Semi-Annually Quarterly Monthly3
Military Allotment4 (Active or retired military members must complete the Military Allotment form and return it to the military finance department.)
Civil Service Allotment4 (The Federal Civil Service Application Checklist, Bank Allotment Authority, and Employer 1199 for Direct Deposit forms must be completed.)

1 No temporary coverage shall take effect unless a valid Temporary Insurance Receipt is received and all of the conditions stated therein are satisfied.
2 To pay the initial premium by credit card or EFT, complete Appendix F.
3 For your convenience, monthly payments are available with electronic funds transfer; to draft monthly payments, complete Section B of Appendix F.
4 Two full monthly premium payments are required before the policy becomes active.

I. AUTOMATIC PREMIUM LOAN (APL) (Available with Endowment Benefit Products only.)

If you elect the APL Option, you direct the Company to pay premiums due but not paid by the end of the grace period by taking a loan against any available Loan Value. If the available Loan Value is not sufficient to pay the premium then due, the policy may terminate.

I elect the Automatic Premium Loan (APL) Option.

J. FUNDED ERISA INFORMATION (Complete if the policy will be owned by a "Funded ERISA Plan".)

Is the insurance for a tax-qualified, pension, profit sharing or defined contribution ERISA plan, or a VEBA or welfare benefit arrangement? Yes No

Plan Provider Name

- Tax-qualified plan (specify profit sharing, defined benefit, or defined contribution)
 Section 419/419A(f)(6) welfare benefit or VEBA plan Other (specify type and name of plan)

K. LIST BILL INFORMATION - EMPLOYER-SPONSORED PLANS ONLY (For a new List Bill plan, please contact the List Bill Department at 877-886-5050.)

- 1. Is the insurance employer-sponsored? Yes No List Bill / File Code Number (if plan already exists)
2. Employer Plan Name (if plan already exists) 3. Phone ()
4. Address City State ZIP

L. POLICY BACKDATING INFORMATION

You may choose to backdate your policy up to six months (depending on state requirements). Backdating your policy may benefit you if you will become a year older within six months of the date your policy is issued. If you backdate your policy we will calculate the premium for your policy based on your "backdated" age. This could save you money in the future by allowing you to receive a lower premium. You would be required to pay the accumulated premium for the length of time that the policy is backdated. For instance, if you apply for a policy on August 1 and backdate the policy to June 1, you will be responsible for premium from June 1. This amount will be part of your initial premium payment only. Please consult your agent to determine the availability of backdating in your state and whether it is appropriate for your circumstances.

Would you like to backdate your policy? Yes (If "Yes," review the policy backdating notice below.)

POLICY BACKDATING NOTICE: As a policyholder, you have elected to backdate your policy, which enables you to gain benefits of lower age for the purposes of calculating cost of insurance charges on your policy.

If you choose to pay your premiums by automatic bank draft, your account will be drafted for each month that your policy is backdated unless this amount was already included in the initial premium payment. You are encouraged to obtain overdraft protection from your bank to avoid any unhonored withdrawals and associated fees.

By my signature below, I acknowledge that on backdated policies, the accrued cost of insurance charges deducted from the initial premium results in the values within the policy being lower than those illustrated. I also understand that if I choose to pay premiums by automatic bank draft, my bank account will be drafted to "catch up" my policy premiums for each month that my policy is backdated.

M. FINANCIAL DETAILS (Questions 2-6 should be completed by the Proposed Insured and Proposed Owner, if different.)

1. Do you (the Proposed Owner) believe this proposed life insurance policy will meet your future financial needs and objectives? . . . Yes No

Annual figures should be from the last tax year. Total figures should be as of the application date.	Proposed Insured	Proposed Owner
2. Annual Earned Income (salary, commissions, bonuses, etc.)	\$	\$
3. Annual Interest and Other Income (interest, dividends, pension & rental income, annuity and social security payments, etc.)	\$	\$
4. Total Assets (cash, securities, real estate, cars & personal property, 401K Plans / Pensions Funds, business ownership interests, etc.)	\$	\$
5. Total Liabilities (outstanding debts: mortgages and loans)	\$	\$
6. Total Net Worth (Total Assets minus Total Liabilities)	\$	\$

7. Has the Proposed Insured / Proposed Owner or any company owned by either ever declared bankruptcy? (If "Yes," complete below.) . . . Yes No
 a. Bankruptcy filed by _____ b. Chapter Type _____ c. Date Discharged _____

For personal insurance, complete questions 8-11.

8. How much life insurance is in force on the Proposed Insured's spouse / domestic partner that is payable to the Proposed Insured or other dependents? \$ _____
9. What is the annual income of the Proposed Insured's spouse or domestic partner? \$ _____
10. If this application is for a juvenile, indicate the amount of life insurance in force on each parent or sibling.
 Father \$ _____ Mother \$ _____ Sibling \$ _____
11. Purpose of Personal Insurance: Estate Liquidity Family Protection Tax Planning Retirement Planning
 Cash Accumulation Other _____

For business insurance, complete questions 12-15.

12. Purpose of Business Insurance: Buy/Sell Key Person Other _____
13. Total Business Assets \$ _____ Total Business Liabilities \$ _____ Total Business Net Worth \$ _____
14. Business Net Profit After Taxes for Past Two Years: Last Year \$ _____ Previous Year \$ _____

15. Business Owner Name (Executives excluding Proposed Insured)	Title	Amount of Business Coverage in force	Percentage of Ownership	Active in Business?
		\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No

N. 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 owner of the existing policy is required to terminate the existing policy with a separate written request to the insurance provider.)

1. Do you currently have life insurance or annuity contracts in force or applied for? (If "Yes," provide details below. Complete state required replacement form for Model Replacement Regulation States ONLY.) . . . Yes No

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

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
			\$
			\$
			\$

O. MEDICAL TRANSFER STATEMENT (Completed by the proposed insured when submitting medical examinations from another insurance company.)

1. Insurance Company Name _____ 2. Examination Date _____
3. To the best of your knowledge and belief, are the statements in the above examination true and complete today? Yes No
4. Have you consulted a medical doctor or other practitioner since the examination indicated in question 2 above? Yes No
 (If "Yes," please provide details below.) _____

P.[ING'S] POLICY ON STRANGER-OWNED OR STRANGER-ORIGINATED LIFE INSURANCE (STOLI) (This section applies to the Proposed Owner and the Proposed Insured, if different.)

The Company, along with other [ING Life Companies] does not issue policies designed to obtain life insurance for the benefit of a third party (a "stranger") that has no insurable interest in the insured. A person generally has an insurable interest in the life of an insured where the person has a continued interest in the survival of the insured. The Company shall seek to void any STOLI policy issued.

The Company considers the following arrangements to be fraudulent and does not sell life insurance in the following circumstances:

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

The activities described above are considered "prohibited conduct".

To the best of your knowledge and belief, have you engaged in any Prohibited Conduct described in this Section P in connection with this application for insurance? Yes No

Q. ACKNOWLEDGEMENTS, CERTIFICATIONS, AUTHORIZATIONS AND REPRESENTATIONS

Acknowledgements and Agreement: By signing this application, I acknowledge and agree that:

1. **Application:** I have read this application and I agree with the statements in this application.
2. **Rescission for False Statements:** The Company may seek to rescind the life insurance coverage if it determines that any question was not answered truthfully including without limitation, financial, employment and medical information.
3. **Information Limited to Application.** The application will be the basis for any life insurance coverage issued and no information will be considered to have been given by me to the Company or authorized by me unless it is stated herein.
4. **Company's Liability for Insurance Coverage.** Unless otherwise stated in a valid Temporary Insurance Receipt, the Company will have no liability until all requirements are met, a policy is delivered to and accepted by me, there is no material change in the health of the Proposed Insured between the time of application and the time of delivery of the policy, and the first premium is received by the Company while the Proposed Insured is alive.
5. **Temporary Insurance.** If I have paid premium by check with this application, I have completed the Temporary Insurance Receipt, which is Appendix A of this application.
6. **No Waiver by Producer.** The producer does not have the authority to waive the answer to any question in the application, to accept risk or pass on insurability, to make or alter any contract, or to waive any of the Company's rights or requirements.
7. **Application Changes.** No change in the amount, classification, age at issue, insurance plan, or benefits shown on this application will be effective unless both the Company and I agree in writing.
8. **Delivery Requirements.** If a policy is underwritten and issued as a result of this application, all required documents pertaining to the delivery of the policy must be completed and returned to the issuing company within 60 days of receipt. Otherwise, the policy will not be in force.
9. **Signature.** By signing this application, I am applying for life insurance coverage issued by the Company.
10. **Receipt of Disclosure and Forms.** I received the following disclosures and notices: Accelerated Benefit Rider Disclosure, Notice Regarding Consumer Reports, Notice Regarding MIB, Inc., and Notice Regarding Collection of Information and Information Practices.
11. **Governing Law.** The Policy shall be governed in all respects, including validity, interpretation and effect, without regard to principles of conflicts of law, by the laws of the state in which it is delivered, which shall be deemed to be the state in which this Application is executed as shown below.
12. **Jurisdiction.** Any dispute, claim, demand, controversy, action or proceeding, however characterized, relating to, arising under, in connection with, or incident to the Policy or sale of the Policy ("Action or Proceeding") shall be filed and heard in the state or federal courts located in the state in which the Policy is delivered. The state and federal courts located in the state in which the Policy is delivered shall have jurisdiction over the parties to the Action or Proceeding.

Q. ACKNOWLEDGEMENTS, CERTIFICATIONS, AUTHORIZATIONS AND REPRESENTATIONS (Continued)

Certification. By signing this application, I certify, under penalty of perjury, that my Social Security Number / Tax Identification Number is shown and is correct and that I am not subject to back-up withholding.

Authorizations: By signing this application, I make the following authorizations:

- 1. Collection of Medical Record Information or Investigative Reports.** I authorize the Company and other insurance companies affiliated with the Company to collect medical record information and consumer or investigative consumer reports about me for the purposes described in this application.
- 2. Release of Records.** I authorize any organization or medically related facility to release to the Company or its authorized representatives all requested information about me and any minor children who are to be insured. I give my permission to the Company to send any information obtained to MIB, Inc., reinsurers, the producer who solicited my application and his or her principals, employees or contractors who process transactions regarding insurance coverage for which I have applied. I understand that this authorization will be valid for 24 months from the date of signature on this application. I have the right to receive a copy of this authorization, and a photocopy will be as valid as the original.
- 3. Investigative Consumer Reports.** If an investigative consumer report is prepared, I request to be interviewed. Yes
Daytime phone number: (_____)_____
Contact me between the hours of _____ a.m./p.m. and _____ a.m./p.m.

Representations. By signing this application, I represent that:

1. All questions have been truthfully answered to the best of my knowledge and belief.
2. The policy is not STOLI and I have not engaged in any prohibited conduct as described in Section P above.
3. The Owner has an insurable interest in the life of the Proposed Insured.
4. I agree to inform the Company of any known material change in health of the Proposed Insured prior to delivery of the Policy.

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

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

➔ Proposed Insured Signature (If age 15 or older) _____ Date _____

➔ Proposed Owner / Trustee Signature¹ (If other than the Proposed Insured) _____ Date _____

Proposed Owner / Trustee Name (Please print.) _____

➔ Parent or Guardian Signature _____ Date _____
(If the Proposed Insured is a minor)

¹ All owners' signatures are required.

R. AGENT'S REPRESENTATIONS, ACKNOWLEDGEMENT AND AUTHORIZATION

I represent that the policy applied for is not STOLI as described in Section P, "[ING'S] Policy on Stranger- Owned or Stranger-Originated Life Insurance (STOLI)." I represent that I am not aware that the applicant is applying for insurance coverage for a stranger as part of a STOLI arrangement and neither I nor the applicant are aware of any information that would notify the Company of the policy's use as STOLI. Neither I nor the applicant have provided any information to the Company contrary to the representations I have made and the applicant has made concerning the policy's use as STOLI. My signature also certifies 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. I understand and agree that any person who knowingly provides false, incomplete or misleading information to an insurance company for the purpose of defrauding or attempting to defraud the company commits a fraudulent insurance act, which is a crime, and may be subject to criminal and civil penalties and denial of insurance benefits. Penalties may include imprisonment and/or fines.

To the best of my knowledge and belief, all answers provided by the Owner and Proposed Insured in the above application are true, correct and complete.

➔ Writing Agent Signature _____ Date _____

Writing Agent Name (Please print.) _____ Writing Agent Number _____

ALL COMPLETED MATERIALS MUST BE SENT TO THE [ING CUSTOMER SERVICE CENTER]

SERFF Tracking #:

INGD-128662292

State Tracking #:

Company Tracking #:

165284 TERM APP

State:

Arkansas

Filing Company:

ReliaStar Life Insurance Company

TOI/Sub-TOI:

L04I Individual Life - Term/L04I.500 Other

Product Name:

165284 Term App

Project Name/Number:

165284 Term App/165284 Term App

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):	165284 Flesch Readability Certification.pdf AR Certification Reg 19.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):	165284 Term Application SOV.pdf		

**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

165284

50.4

Signed



Terry Stumpf
Assistant Secretary

Date:

September 24, 2012

**ARKANSAS
CERTIFICATION**

Re: 165284 Individual Term Life Insurance Application

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 and all applicable requirements of the Arkansas Insurance Department.

RELIASTAR LIFE INSURANCE COMPANY

By: 

Terry Stumpf, Assistant Secretary

Date: September 24, 2012

ReliaStar Life Insurance Company

Statement of Variability
for

165284 Individual Term Life Insurance Application

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

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.
A member of the ING Family of Companies, ING's, ING Life Companies, ING Customer Service Center	Shown in brackets because this item may change for future issues. In the event of such a change, the new name will be referenced in this field.