



# How to Submit New Business to ING

It's easy as one, two, three! Just **COMPLETE, SIGN, SEND!**



1. Complete the Life Investors Application Cover Sheet.



2. Attach ALL COMPLETED pages of application with required signatures and supplemental information.



3. Must FAX or MAIL (please do not send to BOTH) applications to the following:

Life Investors Ultima Products  
Application Cover Sheet

Attention: **New Business** Fax # 800-535-1325

Please send an application cover sheet with each application.  
(Applications can be scanned and e-mailed to us by using the e-mail documents link on agentnetinfo.com)

Date: \_\_\_\_\_ Number of pages: \_\_\_\_\_  
(including cover sheet)

Agent Name: \_\_\_\_\_ Agent Number: \_\_\_\_\_  
Agent Phone #: \_\_\_\_\_ Agent Fax #: \_\_\_\_\_

Proposed Insured Information:

Name: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_  
Best time of day (evening to call): \_\_\_\_\_  
(Indicate if you wish to be contacted at work.)

Are there any special language needs? \_\_\_\_\_

Other comments/special instructions: \_\_\_\_\_

---

APPLICATION COMPLETION TIPS

- Submit a complete and accurate application with necessary supplemental forms.
- Please send the original copy of this fax. We reserve the right to request the original if we are unable to read the fax.
- Use black ink. **LEGIBLY PRINT** in English.
- Make a copy of the application. Any changes to written answers must be initialed by applicant/proposed insured. Please provide on a separate piece of paper signed by Insured/Owner.
- **MEDICAL INFORMATION** - Full details must be provided. If additional space is required, please provide on a separate piece of paper signed by Insured/Owner.
- Submit a copy of check with application. However, we will require the original cash or check on order to place a case and pay commission.
- Mail original 1035 form of application within 8 working days of the fax.
- **AVAILABILITY FOR MEDICAL REQUIREMENTS** - Includes on Agent's report all requirements ordered.
- Distribution or Illustration Certification required in NAIC States for Universal Life.
- If you wish to mail the original application, please indicate that you have previously faxed the application.

## ING New Business FAX



**(866) 596-5294**

## ING New Business MAIL (postal/overnight address)



**AMZ Financial Insurance Services**  
Attn: Dawn McGowan  
4944 Windplay Drive, Ste. 115  
El Dorado Hills, CA 95762

## LIFE INVESTORS SUPPORT STAFF – IOWA OFFICE (866) 204-7712

Contact **Sheila Kellow** - ext. 103 ([Sheila@amzwebcenter.com](mailto:Sheila@amzwebcenter.com)), **Michelle Hoopes** - ext. 105 ([MichelleHoopes@amzwebcenter.com](mailto:MichelleHoopes@amzwebcenter.com)) for any of the following:

- Marketing Materials
- SPANISH Forms and Marketing Materials
- Illustration Support
- Underwriting Questions
- Pending Business
- Product Information
- Recruiting Information
- Sales & Advance Market Information

## LIFE INVESTORS SUPPORT STAFF – CALIFORNIA OFFICE (866) 279-5677

Contact **Dawn McGowan** - New Business Manager - ext. 118 ([dawn@amzwebcenter.com](mailto:dawn@amzwebcenter.com)) for any of the following:

- New Business

Contact **Kathy Vice** - California Administration Manager - ext. 101 ([kathy@amzwebcenter.com](mailto:kathy@amzwebcenter.com)) for any of the following:

- Contracting/Licensing Information & Forms

## LIFE INVESTORS MARKETING MATERIALS AND SUPPLIES

Go to <http://www.agentnetinfo.com> (Valid User ID and Password Required)

# NEW BUSINESS TRANSMITTAL CHECKLIST



## A. UNDERWRITING INFORMATION

Type of application submitted:  Formal Application  Informal/Trial Application  Express Application  
 Application submitted to:  ReliaStar Life Insurance Company: P.O. Box 5075, Minot, ND 58702-5065  
 Security Life of Denver Insurance Company: P.O. Box 5065, Minot, ND 58702-5065

Prior to submission, case discussed with: \_\_\_\_\_

Product \_\_\_\_\_ Face Amount \$ \_\_\_\_\_

## B. APPLICANT INFORMATION

Date \_\_\_\_\_ Name of Applicant \_\_\_\_\_ Policy #, if applicable \_\_\_\_\_

## C. AGENT INFORMATION

Agent Name \_\_\_\_\_

Please indicate all Agent numbers associated with the following underwriting company and product line:

ReliaStar Life Insurance Company (Fixed Products) \_\_\_\_\_

ReliaStar Life Insurance Company (Variable Products) \_\_\_\_\_

Security Life of Denver Insurance Company (Fixed Products) \_\_\_\_\_

Security Life of Denver Insurance Company (Variable Products) \_\_\_\_\_

New Business Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

Policy Delivery Address \_\_\_\_\_

## D. GENERAL AGENT INFORMATION

General Agent Name \_\_\_\_\_

Please indicate all General Agent numbers associated with the following underwriting company and product line:

ReliaStar Life Insurance Company (Fixed Products) \_\_\_\_\_

ReliaStar Life Insurance Company (Variable Products) \_\_\_\_\_

Security Life of Denver Insurance Company (Fixed Products) \_\_\_\_\_

Security Life of Denver Insurance Company (Variable Products) \_\_\_\_\_

New Business Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

## E. VERIFICATION

The application for life insurance must be completed and accompanied by all required state-specific forms. Please refer to the ING website [www.ingvfc.com](http://www.ingvfc.com) for the correct form numbers.

1. Is the Agent's Report complete?.....  Yes  No  
 The writing agent/registered representative must be *licensed and appointed* in the state where the application was signed. The writing agent/registered representative must complete and sign the Agent's Report. The Independent General Agent (if applicable) must also sign and include his or her Agent number(s) on the Agent's Report.
2. Has the application been signed and dated? .....  Yes  No
3. Has the Consumer Privacy Notice and State Required Notice been given to the applicant? .....  Yes  No
4. Have all questions been fully answered? .....  Yes  No
5. Have all "Yes" answers been given full explanation and/or have the appropriate questionnaires been completed? .  Yes  No
6. Has a signed illustration, In Lieu of Illustration or Acknowledgement and Certification of No Illustration been submitted? .....  Yes  No
7. Was licensing/contracting paperwork submitted simultaneously with this application? .....  Yes  No

**F. STATE-SPECIFIC REQUIREMENTS**

The following state-specific requirements are enclosed:

- Application for Life Insurance
- Disclosure Statement(s)
- Replacement Notice(s)
- HIV Consent
- Comparative Information Notice (Must be included if the application is a replacement in FL or WV)
- Out-of-State Verification (Required based on signed state/resident state)

- Children's Term Insurance Rider Application
  - Regulation-60 paperwork (NY ONLY)
  - Original 1035 Exchange/Service Request
  - Check in the amount of \$ \_\_\_\_\_
  - Additional Application/Alternate Application
- Product \_\_\_\_\_
- Face Amount \$ \_\_\_\_\_

Variable Products ONLY: Has the proper Fund Allocation supplement been submitted?.....  Yes  No

Please specify the status of the following items:

- 1. Medical Examination..... Attached  To Follow
- 2. Blood Profile/Home Office Specimen (HOS)..... Attached  To Follow
- 3. Electrocardiogram (EKG)..... Attached  To Follow
- 4. Attending Physicians Statement (APS)..... Attached  To Follow
- 5. Inspection Report (IR)..... Attached  To Follow
- 6. Motor Vehicle Report (MVR)..... Attached  To Follow
- 7. Electronic Funds Transfer (EFT)..... Attached  To Follow
- 8. Questionnaires..... Attached  To Follow
- 9. Conditional Receipt/Temporary Insurance Agreement..... Attached  To Follow
- 10. MIB Authorization (must be signed)..... Attached  To Follow