

## NEW BUSINESS TRANSMITTAL CHECKLIST

**A. UNDERWRITING INFORMATION**

Type of application submitted:  Formal Application  Informal/Trial Application  Term Conversion Application

Application submitted to:  ReliaStar Life Insurance Company: PO Box 5075, Minot, ND 58702-5075  
 ReliaStar Life Insurance Company of New York: PO Box 5075, Minot, ND 58702-5075  
 Security Life of Denver Insurance Company: PO Box 5065, Minot, ND 58702-5065

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

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

**B. APPLICANT INFORMATION**

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Policy Number (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) \_\_\_\_\_

ReliaStar Life Insurance Company of New York (Fixed Products) \_\_\_\_\_

ReliaStar Life Insurance Company of New York (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 (\_\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**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) \_\_\_\_\_

ReliaStar Life Insurance Company of New York (Fixed Products) \_\_\_\_\_

ReliaStar Life Insurance Company of New York (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 (\_\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

**E. VERIFICATION**

The application for life insurance must be completed and accompanied by all required state specific forms. Refer to the Forms Wizard tool on the ING for Professionals website, via www.inglifeinsurance.com, for the forms required by state.

- 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:

- |   |   |
|---|---|
| <input type="checkbox"/> Application for Life Insurance   | <input type="checkbox"/> Children’s Term Insurance Rider Application  |
| <input type="checkbox"/> Disclosure Statement(s)  | <input type="checkbox"/> Regulation-60 paperwork (NY ONLY)            |
| <input type="checkbox"/> Replacement Notice(s)  | <input type="checkbox"/> Original 1035 Exchange/Service Request       |
| <input type="checkbox"/> Living Benefit/Accelerated Benefit Rider Disclosure                          | <input type="checkbox"/> Check in the amount of \$ _____              |
| <input type="checkbox"/> HIV Consent  | <input type="checkbox"/> Additional Application/Alternate Application |
| <input type="checkbox"/> Comparative Information Notice<br>(Provide if requested in AR or FL)         | Product _____   |
| <input type="checkbox"/> Out-of-State Verification<br>(Required based on signed state/resident state) | 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. Temporary Insurance Receipt . . . . .  Attached  To Follow
- 10. MIB Authorization (*must be signed*) . . . . .  Attached  To Follow