

VOYA LIFE STRATEGIC DISTRIBUTION CHANNEL APPLICATION FOR APPOINTMENT AND CONTRACT



ReliaStar Life Insurance Company, Minneapolis, MN
 ReliaStar Life Insurance Company of New York, Woodbury, NY
 Security Life of Denver Insurance Company, Denver, CO
 Voya Insurance and Annuity Company, Des Moines, IA
 Members of the Voya family of companies
 (the "Company")
 Customer Service: PO Box 9190, Des Moines, IA 50306-9190
 Phone: 877-882-5050; Fax: 877-788-5122

NEW BUSINESS

Policy Number (if applicable) _____ Application Signed Date _____

Client Name _____ Client SSN (Last 4 digits ONLY) _____

A. APPLICANT INFORMATION (Provide former address if you have lived at your current address fewer than 2 years.)

Applicant/Producer Name (First) _____ (Last) _____ (M.I.) _____

Professional Designations _____

Email _____

Birth Date _____ SSN _____ Gender: Male Female

Residence Address _____ City _____ State _____ ZIP _____

Producer Phone (_____) _____ How long have you lived at your current residence? Years _____ Months _____

Former Residence Address _____ City _____ State _____ ZIP _____

Business Phone (_____) _____ Business Fax (_____) _____

Business Street Address _____ City _____ State _____ ZIP _____

CORPORATE CONTRACT ONLY: Complete this section **only** if you are the signing officer of the corporation and are contracting both you and your corporation, with your individual commissions being paid to your corporation. Do **not** complete this section if you are an agent having your commissions paid to a corporation and are not the signing officer. By signing this contract as a signing officer of your company, you agree to have your commissions paid to the TIN.

Agency Name _____ TIN _____

B. QUESTIONNAIRE (Please respond to all questions for you personally and any organization over which you have exercised control. If you answer "Yes" to any questions, you must attach an explanation with all relevant information and supporting documents.)

1. Are you currently or have you ever been a registered representative with FINRA (formerly NASD)? Yes No
 If "Yes," provide CRD number, even if not currently registered. _____
2. Have you ever had an insurance and/or securities license or registration under another name? Yes No
 If "Yes," please provide that name. _____
3. Have you ever been discharged or permitted to resign from your employment appointment because you were accused of fraud or wrongful taking of property, violating investment-related or insurance-related statutes, regulations, rules or industry standards of conduct, or violating company rules? Yes No
4. Within the past 10 years, have you ever initiated bankruptcy proceedings or declared bankruptcy? Yes No
5. Do you have any knowledge of an indebtedness to an insurance carrier or financial organization that involves yourself or an organization you have been associated with, or do you have any unsatisfied liens or judgements? Yes No
6. Within the past 10 years, has any insurance carrier canceled your contract or appointment for any reason other than lack of production? Yes No
7. Within the past 10 years, have you ever had a complaint filed against you that resulted in a fine, penalty, censure, cease and desist order, consent order or disciplinary action? Yes No
8. With the exception of routine traffic violations, have you ever been convicted of or pled guilty or nolo contendere (no contest) to a misdemeanor or felony? Yes No
9. Are you involved in any pending or current litigation, investigations, complaints, or E & O claims or has any E & O carrier denied, paid claims on, or canceled your coverage? Yes No
10. Have you ever been named as a defendant or codefendant in a lawsuit, or have you ever sued or been sued by an insurance company? Yes No
11. Has a bonding company ever denied, paid out on, or revoked a surety or fidelity bond for you, or is there any reason you cannot secure a bond? Yes No
12. Have you ever been charged with or convicted of or pled guilty or nolo contendere (no contest) to violating state insurance department, federal or state securities, or investment-related regulations or statutes, or have you ever had your insurance license or securities registration suspended, revoked, investigated, audited or had a license denied? Yes No

C. ERRORS & OMISSIONS INFORMATION (Errors & Omissions certificate not required if this section is completed.)

Provide E&O Coverage Carrier (required) _____ Policy # (required) _____

D. TYPE OF CONTRACTING SETUP

Agreement Type:

- Managing Director (Order #142034)
 General Agent (Order #142035)
 Producer (Order #142036)
 Servicing Agreement (Order #136376)

Commission Type:

- Strategic Distribution - Weighted Annual Premium (WAP) (Complete section E)
 AND / OR
 Strategic Distribution - Net Annual Commissions (NAC) (Complete section F)

E. CONTRACTING SETUP FOR STRATEGIC - WAP

Part 1 - Life Contract (Check Requested Company Appointments and Indicate Commission Schedule Level Codes¹)

- ReliaStar Life Insurance Company
 ReliaStar Life Insurance Company of New York
 Security Life of Denver Insurance Company

General Account

ReliaStar Life Insurance Company

ReliaStar Life Insurance Company of New York
(Requires New York License)

Security Life Of Denver Insurance Company

General Account	Level Code ¹
Target Compensation	<input type="text"/> <input type="text"/>
Excess Renewals	<input type="text"/> <input type="text"/>
Term Target Compensation	<input type="text"/> <input type="text"/>
Term Renewal	<input type="text"/> <input type="text"/>

General Account	Level Code ¹
Target Compensation	<input type="text"/> <input type="text"/>
Excess Renewals	<input type="text"/> <input type="text"/>
Term Target Compensation	<input type="text"/> <input type="text"/>
Term Renewal	<input type="text"/> <input type="text"/>

General Account	Level Code ¹
Target Compensation	<input type="text"/> <input type="text"/>
Excess	<input type="text"/> <input type="text"/>
Renewals Years 2 - 10	<input type="text"/> <input type="text"/>
Renewals Years 11+	<input type="text"/> <input type="text"/>
Trails	<input type="text"/> <input type="text"/>

Variable Account (For Voya Financial Advisors)

ReliaStar Life Insurance Company

ReliaStar Life Insurance Company of New York
(Requires New York License)

Security Life Of Denver Insurance Company

Servicing Only

Servicing Only

Variable	Level Code ¹
Target Compensation	<input type="text"/> <input type="text"/>
Excess	<input type="text"/> <input type="text"/>
Renewals	<input type="text"/> <input type="text"/>
Trails	<input type="text"/> <input type="text"/>

¹ Enter the 2 digit Level Code from the appropriate Commission Grid (i.e., "07").

Producer's Next Immediate Upline

Name _____ Agent Number or SSN _____

Managing Director Codes

ReliaStar Life: General Account (7 digit code) _____

ReliaStar Life of New York: General Account (7 digit code) _____

Security Life of Denver: General Account (6 digit code) _____ Variable (6 digit code) _____

Assign Commissions? Yes No If "Yes," complete the Assignment of Commissions form (Provide form - Order #128051)

Direct Deposit / EFT? Yes No If "Yes," complete the Authorization Agreement for Direct Deposit form (Order #133854)

Part 2 - Annuity Contract

Annuity Type? Fixed Annuities Variable Annuities - NAC Variable Annuities - WAP

Requested Company Appointments? Voya Insurance and Annuity Company ReliaStar Life Insurance Company of New York

Immediate Upline Name _____

Agent Number _____ Agent Commission Level _____

F. CONTRACTING SETUP FOR STRATEGIC PRODUCER - NAC (ReliaStar of New York products unavailable with this contract.)

Agreement Type: Non-Financed Financed (PIP) Provide forms - (Order #142092 & Order #130582) Closely Affiliated Agent (CAP)

Annualize Commissions? Yes No if "Yes," complete Annualization Agreement form (Order #131417)

Commission Level _____ NAC General Agent Code (required) _____

Assign Commissions? Yes No If "Yes," complete Assignment of Commissions form (Order #158864)

Direct Deposit/EFT? Yes No If "Yes," complete the Authorization Agreement for Direct Deposit form (Order #133854)

G. BROKER-DEALER INFORMATION (for Variable Appointment only)

New Variable Appointment Broker-Dealer Change

Broker-Dealer signature is required unless the Voya Life Broker-Dealer Selling Agreement includes a background amendment.

Broker-Dealer Name _____ C.R.D. Number _____

Broker-Dealer Verification/Recommendation: Broker-Dealer verifies that a background investigation has been conducted on the Applicant, who is a registered representative of Broker-Dealer, and that a copy will be made available upon request. Broker-Dealer recommends that the Applicant be appointed with each Company checked below and attests that it has policies and procedures, to supervise the activities of its registered representatives, that are reasonably designed to achieve compliance with applicable securities laws and regulations.

 Broker-Dealer Officer Signature **(Required for Life Variable Appointment.)** _____ Date _____

Broker-Dealer Officer Name (Please print.) _____

H. PRODUCER ANTI-MONEY LAUNDERING (AML) TRAINING REQUIREMENT

The Financial Crimes Enforcement Network (FinCEN), a bureau of the U.S. Department of Treasury, enacted regulations surrounding the anti-money laundering (AML) programs for insurance companies, which took effect May 2, 2006. The Company requires that all producers selling or servicing specified products complete AML training and certify with Voya at the time of contracting. In addition, under these regulations, Voya requires that all agents selling specified products recertify their AML training biennially based on the date the last certification was completed.

Producers meeting the following are recognized as having completed their required AML obligations without further documentation:

- Currently have an active variable annuity or variable life contract with Voya.
- Currently affiliated (commissions paying to) with a wirehouse when soliciting/servicing life insurance policies offered by Voya
- Currently affiliated with a broker-dealer or bank, or with an agency of a broker-dealer or bank, whose Voya selling agreement covers all associated agents under a blanket AML certification. Please check with your broker-dealer or bank compliance office. You may also call Voya at 877-882-5050 to speak with a Voya Licensing Representative.
- Completed the AML course using LIMRA as the training service (aml.limra.com)

If you have not met one of the above qualifications, you will be required to certify your AML training completion by:

- Submitting an AML training certificate of completion sponsored by an ACLI or FINRA recognized organization.
- Submitting an AML training certificate of completion sponsored by a Voya approved training organization (list available by calling your Voya Licensing Representative).
- Completing the AML course using LIMRA as the training service (aml.limra.com).
- Completing the Voya AML Training Certificate of Completion (Order #137305).

Failure to certify your AML training may lead to delays in new business issuance. Failure to re-certify your AML training may lead to delays in new business issuance beyond the AML training expiration date. **Note:** Term Life policy issuance, with the exception of term products with Return of Premium product features, will not encounter delays due to AML training certification requirements.

I. ACKNOWLEDGEMENTS, CONDITIONS AND AGREEMENTS

I hereby certify that my answers to the questions contained in this application are true and correct. I acknowledge that ReliaStar Life Insurance Company, ReliaStar Life Insurance Company of New York, Security Life of Denver Insurance Company or Voya Insurance and Annuity Company (*hereinafter called the "Company"*) have informed me of the Company's practices to conduct routine investigative reports on agents for licensing purposes, initial and renewal state appointments, and at any time the Company, at its discretion, deems it necessary to conduct background investigations. I expressly authorize the Company to conduct these investigations and authorize all persons and entities (*including past and present employers*) to provide the Company all requested information.

I also expressly authorize the Company, for the purpose of facilitating the licensing and appointment process, to share information gathered as a result of these investigations with my agency and/or broker-dealer (*including any third parties authorized by my agency and/or broker-dealer*). I release from liability all persons and entities which supply said information to the Company and agree to hold the Company harmless from any liability for conducting this investigation. I authorize the Company to use these investigative reports and to provide these reports and any other pertinent information to all Voya affiliate companies and to third parties where the third parties' legal interests and/or obligations are involved.

I authorize the Company to share any financial, business, legal, tax or work performance history regarding me that it receives from third parties, from any Voya affiliate companies or which is generated by the Company or from the Voya affiliate companies' data source that is not part of the investigative report, with all other Voya affiliate companies.

I also authorize the Company to share my debt balance information with agents, agencies or other third parties that assume my debt balance responsibilities, as well as debt collection agencies and debt reporting services.

I certify that I have reviewed this application and I understand that if any information provided in this application is found to be incorrect or incomplete, it will be grounds for rejecting this application or for termination of my appointment, all in the sole discretion of the company.

I also acknowledge by my signature below that I authorize the Company, now or in the future, to obtain a consumer and/or investigative consumer report on me, and that I have received from the Company all disclosures required by the Fair Credit Reporting Act.

I have received and read the Agreements, including specified Compensation Schedules, that are listed above and that are incorporated by reference into this Application. I understand and agree that by my signature, I am agreeing to all of the terms and conditions of the Agreements, including specified Compensation Schedules, that are listed above.

I agree to read and abide by the Company's Business Guidelines and other Company policies and procedures, as they may be amended from time to time, located at Voya.com or on the Producer/Distributor Web site (Voyaprofessionals.com).

US TAXPAYER CERTIFICATIONS

Under penalties of perjury, I certify that:

- 1. The Taxpayer Identification Number that appears on this form is correct,**
- 2. I am not subject to backup withholding due to failure to report interest and dividend income¹, and**
- 3. I am a U.S. person.**

¹If you are subject to back-up withholding, you must strike through statement number 2.

NON-RESIDENT ALIEN STATUS

If you are a Non-Resident Alien, please check the box below.

Under penalties of perjury, I certify that I am a Non-Resident Alien.

The amount paid to you will be subject to 30% withholding, unless you submit an IRS Form W-8, and are entitled to claim a reduced rate of withholding under the applicable US tax treaty.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Print Applicant/Producer Name _____ State _____
(Corporate/Agency Name if applicable)

The signing officer's signature, for corporate direct deposit request, must be the signature of the signing officer that Voya has on record.

 Applicant/Producer Signature _____ Date _____
(Corporate/Agency Officer if applicable)

Corporate/Agency Contact Name _____ Phone (_____) _____

I have reviewed the above application and I recommend this Applicant for appointment and contracting, as applicable, and designate Applicant's Compensation Schedules as indicated. I have provided the applicable form numbers prior to the Applicant's signing of this application. I understand that these form numbers may not be changed after the Applicant's signature is obtained.

Print General Agent Name _____ General Agent Code(s) _____
(if applicable) (if applicable)

 General Agent Signature _____ Date _____
(if applicable)

Print Managing Director (if applicable) _____

 Managing Director Signature _____ Date _____
(if applicable)

UNDERSTANDING YOUR LIFE & FIXED ANNUITY EDUCATION REQUIREMENTS

ReliaStar Life Insurance Company, Minneapolis, MN
ReliaStar Life Insurance Company of New York, Woodbury, NY
Security Life of Denver Insurance Company, Denver, CO
Voya Insurance and Annuity Company, Des Moines, IA
Members of the Voya family of companies
(the "Company")
Customer Service: PO Box 9190, Des Moines, IA 50306-9190
Phone: 877-882-5050; Fax: 877-788-5122



In an effort to make it easier for you to manage the educational requirements necessary to sell products offered by Security Life of Denver Insurance Company, ReliaStar Life Insurance Company, ReliaStar Life Insurance Company of New York and Voya Insurance and Annuity Company, please review the following guidelines.

ANTI-MONEY LAUNDERING (AML) TRAINING REQUIREMENTS

The Financial Crimes Enforcement Network (FinCEN), a bureau of the U.S. Department of Treasury, enacted regulations surrounding the anti-money laundering (AML) programs for insurance companies, which took effect May 2, 2006. The Voya life companies require that all producers selling or servicing "covered" products complete AML training and certify to completion of this training at the time of contracting. In addition, under these regulations, the Voya life companies require that all agents selling "covered" products recertify their AML training biennially, prior to the date the original training was completed.

Producers meeting the following are recognized as having completed their required AML obligations without further documentation:

- Currently have an active variable life contract with a Voya life company.
- Currently affiliated (commissions paying to) with a wire house when soliciting/servicing life insurance policies offered by the Voya life companies.
- Currently affiliated with a broker-dealer or bank, or with an agency of a broker-dealer or bank, whose Voya selling agreement covers all associated agents under a blanket AML certification. (Please check with your broker-dealer or bank compliance office. You may also call Voya at 877-882-5050 (Option 2) to speak with a Voya Licensing Representative.
- Completed the AML course using LIMRA as the training service (aml.limra.com).

If you have not met one of the above qualifications, you will be required to certify your AML training completion by:

- Submitting an AML training certificate of completion sponsored by an ACLI or FINRA recognized organization.
- Submitting an AML training certificate of completion sponsored by a Voya approved training organization (list available by calling your Voya Licensing Representative).
- Completing the AML course using LIMRA as the training service (aml.limra.com).
- Completing the Voya AML Training Certificate of Completion (Form #137305).

Failure to certify your AML training may lead to delays in new business issuance. Failure to re-certify your AML training may lead to delays in new business issuance beyond the AML training expiration date. **Note: Term life insurance is not a covered product with the exception of term products with Return of Premium product features, and will not encounter delays due to AML training certification requirements.**

IOWA INDEXED PRODUCT TRAINING

Iowa Indexed Product Training

Effective March 1, 2008, the Voya life companies will no longer accept applications taken in Iowa for index life insurance products submitted by agents who have not confirmed completion of the Iowa Insurance Division (IID) index products training. To confirm the completion of index product training, fax the approved provider's certificate of completion to the Voya Life Licensing Team at 877-788-5122 (Option 2).

Agents must meet this index product training requirement prior to the solicitation of indexed products in Iowa.

Pearson VUE (www.pearsonvue.com) manages the continuing education (CE) requirements for the IID surrounding index product training. Please visit their website or contact them at 877-538-3420 to obtain a complete list of vendors approved to deliver this training.

A full explanation of this regulation can be found on the Iowa Insurance Division website (www.iid.state.ia.us) or by contacting the IID at 515-281-5705.

ARKANSAS INDEXED PRODUCT TRAINING

Effective March 1, 2008, the Voya life companies will no longer accept applications taken in Arkansas for index life insurance policies submitted by agents who have not completed index product training as mandated by the Arkansas Insurance Department (AID)

The Arkansas Insurance Department has approved the Voya Life Index Product Training as meeting their index product education requirements. Please contact the Voya Life Sales Desk at 866-464-7355 to receive instructions on completing this online training requirement. Agents must meet this index product training requirement prior to the solicitation of indexed products in Arkansas.

A full explanation of the Arkansas index product training regulation can be found on the Arkansas Insurance Department web site (www.insurance.arkansas.gov) or by contacting AID at 800-282-9134.

NAIC SUITABILITY IN ANNUITY TRANSACTIONS - 4-HOUR ANNUITY TRAINING

Producers soliciting individual annuity business in states **that have** adopted the 2010 NAIC Suitability in Annuity Transactions Model must fulfill that state's Annuity Training requirements prior to solicitation. Producers must complete a four-hour annuity training course approved by the Insurance Division of the state of policy solicitation. Alternatively, complete substantially similar training requirements of another state deemed to satisfy the training requirements of the state of solicitation.

Please note that agent's soliciting business in California must complete an eight (8) credit hours annuity training course approved by the California Department of Insurance and provided by an approved vendor offering an Annuity Products Course. Alternatively, complete substantially similar training requirements of another state's approved courses to satisfy the NAIC Suitability in Annuity Transactions training requirement. You will need to verify with your CE provider that the course has been approved for NAIC Suitability in Annuity Transactions training use and equals eight (8) credit hours or contact the California Department of Insurance related to any questions surrounding courses approved for NAIC training use. Ensure that the Company receives confirmation of training completion.

Voya annuity products solicited without first fulfilling the applicable Annuity Training requirements will be returned for contract re-solicitation.

NAIC SUITABILITY IN ANNUITY TRANSACTIONS - PRODUCT SPECIFIC TRAINING

Producers soliciting individual annuity business in all states must complete a Company provided Product-Specific Training prior to solicitation. Please click on the link below to access the Voya product training. Confirmation that you have completed this course will be sent to Voya Financial.

Course link: www.brainshark.com/voya/pst

Voya annuity products solicited without first fulfilling the applicable Annuity Training requirements will be returned for contract re-solicitation.

AUTHORIZATION AGREEMENT FOR COMPENSATION DIRECT DEPOSIT

Mail or Fax completed form to Customer Service:
Mail: PO Box 1593, Des Moines, IA 50305-15933
Fax: 877-788-5122
Customer Service: 909 Locust Street, Des Moines, IA 50309-2899



Note: Compensation information is available on Voya for Professionals (www.voyaprofessionals.com).

A. BUSINESS UNITS (All Companies will be set up for direct deposit unless otherwise specified.)

Life: Including Strategic Distribution (Contact Phone: 877-882-5050):

- ReliaStar Life Insurance Company (includes ReliaStar Life Insurance Company of New York)
- Security Life of Denver Insurance Company
- Security Life of Denver Insurance Company (formerly Southland Life Insurance Company)

Annuities: (Contact Phone: 800-369-5305 or VoyaDS@Voya.com):

- Voya Insurance and Annuity Company (includes Fixed and Variable Annuities for RLNY)
- Voya Retirement Insurance and Annuity Company (VRIAC)

Retirement Services:

- ReliaStar Life Insurance Company (Annuities/Education) (Contact Phone: 877-882-5050)
- Voya Retirement Insurance and Annuity Company (VRIAC) (Contact Phone: 888-238-6297)

Hereinafter called the "Company."

I do not wish to have all Company commissions paid by direct deposit. Please pay commission by direct deposit for the following business units only.
(List business units) _____

B. INSTRUCTIONS FOR DEPOSIT (See sample below. Please note that for the Retirement Services Business Unit, ReliaStar Life Insurance Company ("ReliaStar") cannot support direct deposits spread across more than one account, nor can it support a direct deposit to a savings account. If the Two Accounts option is selected, only the first account will be utilized for ReliaStar/Retirement Services compensation. If a Savings account option is selected, ReliaStar/Retirement Services compensation will be paid by check.)

- One Account:** Deposit 100% of my compensation into Account #1.
 Two Accounts: Deposit _____ % of my compensation into Account #1. Balance will be deposited into Account #2.

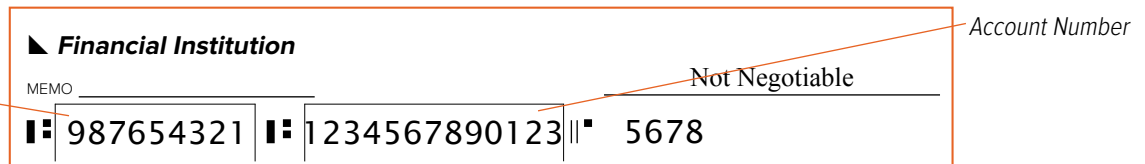
Account #1 Checking Savings
Financial Institution Name _____ Bank Routing Number¹ | | | | | | | | | |
Account Owner Name¹ _____ Account Number¹ _____
Branch Address _____

Account #2 Checking Savings
Financial Institution Name _____ Bank Routing Number¹ | | | | | | | | | |
Account Owner Name¹ _____ Account Number¹ _____
Branch Address _____

¹Your request will be incomplete without this information.

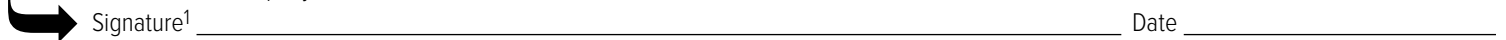
Sample Check

Routing Number (9 digits)



C. AUTHORIZATION

I hereby authorize the Company to initiate credit entries and, if necessary, adjustments for credit entries in error to the checking and/or savings account indicated on this form. This authority is to remain in full effect until the Company has received written notification from me of its termination. I understand that this authorization is subject to the terms of any agent or representative contract, commission agreement, or loan agreement that I may have now, or in the future, with the Company.

 Signature¹ _____ Date _____
Print Name¹ _____ Phone (_____) _____

SSN/TIN (Last 4 digits only) or Agent/Agency Number _____

¹Your request will be incomplete without this information.

For corporate direct deposit request, the signature must be that of the signing officer on record with the Company.

Name of Corporation (if applicable) _____