

DEATH CLAIM FOR ASSOCIATION PLANS

ReliaStar Life Insurance Company, Minneapolis, MN
 ReliaStar Life Insurance Company of New York, Woodbury, NY
A member of the ING family of companies
 ("the Company")



ING Life Claims: PO Box 1548, Minneapolis, MN 55440, Toll-Free: 888-238-4840
 ING Life Claims Overnight Address: 20 Washington Avenue So, Minneapolis MN 55401

Complete form and sign the Administrator Certification. The Beneficiary Statement must be signed by the beneficiary if the amount payable to the beneficiary is \$5,000 or more. Forward completed claim form, a certified death certificate, application(s) or group enrollment documentation, and any beneficiary changes to the above address.

CLAIM CHECKLIST

- Is the Administrator Certification complete and signed?
- Has each beneficiary signed a Beneficiary Statement?
- Is the beneficiary designation and enrollment documentation attached?
- Is the death certificate a certified copy that shows manner and cause of death?

GROUP POLICYHOLDER INFORMATION

Plan Name _____

Group Policy Number _____ Account Number _____

MEMBER INFORMATION

Insured Name _____

Birth Date _____ SSN _____

Other names the Insured may have been known by (*maiden name, hyphenated, nickname, derivative of first or middle name, or alias*)

Address _____

City _____ State _____ ZIP _____

Marital Status: Married Domestic Partner/Civil Union Never Married Divorced Widow(er) Gender: Male Female

CLAIM INFORMATION

Amount Of Claim:

Certificate Number _____ Amount \$ _____

Effective Date _____ Premium Paid to Date _____

Certificate Number _____ Amount \$ _____

Effective Date _____ Premium Paid to Date _____

Certificate Number _____ Amount \$ _____

Effective Date _____ Premium Paid to Date _____

Date of Death _____ Cause of Death _____

If death was caused by injuries, explain (*Attach newspaper clipping, if available*) _____

Insured Name _____ SSN _____ Group Policy Number _____

CLAIM INFORMATION *(Continued)*

If claim is for insurance on a dependent, give the following information concerning dependent *(list life amount above)*:

Relationship to the Insured: Spouse Domestic Partner/Civil Union Child Date This Dependent Insured _____

Name *(please print)* _____

Birth Date _____ SSN _____

Address _____

City _____ State _____ ZIP _____

Marital Status: Married Domestic Partner/Civil Union Never Married Divorced Gender: Male Female

ADMINISTRATOR CERTIFICATION

The above statements as to the insured are correct as reported on the administrator's records. An ING Personal Transition Account Supplemental Contract as identified on the Company web site, <http://www.ing-usa.com/us/professionals/employeebenefits/formslibrary/deathclaims/index.htm>, has been provided to each beneficiary. *(See page 3 for Fraud Warnings.)*

Administrator Name _____

Administrator Address _____

City _____ State _____ ZIP _____

 Authorized Signature _____ Date _____

Title _____ Phone (_____) _____ E-mail _____

BENEFICIARY STATEMENT *(Name, Address, Birth Date and Social Security Number of the beneficiary are required. If there is more than one beneficiary, please complete additional Beneficiary Statements and attach to this form. See page 3 for fraud warnings.)*

Beneficiary Name _____ Relationship _____

Birth Date _____ SSN _____

Phone (_____) _____ E-mail _____

Address _____

City _____ State _____ ZIP _____

BENEFICIARY TAX RESIDENCY INFORMATION

Under penalties of perjury, I certify that:

1. The number on this form is my correct taxpayer identification number; and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (including resident alien, partnership, corporation, estate or domestic trust).
 - If you are subject to back-up withholding, you must strike through statement number 2.

If you are not a US citizen or other US person please check the box below to indicate your status as a Non-Resident Alien.

Non-Resident Alien (must submit an original IRS form W-8BEN or other applicable form W-8)

As a Non-resident Alien, your taxable income is subject to 30% US federal tax withholding unless tax treaty provisions can be applied. If you are eligible to claim tax treaty benefits, your IRS form W-8 must include a US taxpayer identification number in Part I and all applicable fields in Part II must be completed. A US taxpayer identification number may be applied for by submitting a Form W-7 to the Internal Revenue Service (IRS). IRS forms W-8 and W-7 are available on their web site at www.irs.gov or by contacting them at 800-829-1040.

BENEFICIARY STATEMENT (Continued)

PREFERRED PAYMENT METHOD

Your policy provides settlement options as alternatives to receipt of a lump sum payment. Information about alternatives is provided below. Please refer to your policy or call our Claims Department at 888-238-4840 for specific information on all settlement options available to you.

The Company is hereby authorized and directed to pay the proceeds of this policy/contract as follows:

- Lump Sum Payment¹**
- Proceeds Held At Interest.** The proceeds are retained by the Company. Interest at the declared rate to be credited annually. You may withdraw from the principal (\$100 minimum) as often as you please until the proceeds and interest are exhausted.
- Fixed Period.** You choose the time period. You choose the frequency of payment. We pay to you the principal and interest for the period you elect.
 - I elect installments to be continued for: 5 Years 10 Years
 - I elect such installments to be payable: Monthly Quarterly Semiannually Annually
- Fixed Amount.** You choose the amount. You choose the frequency of payments. We pay to you the principal and interest until all proceeds are exhausted.
 - I elect to receive \$ _____
 - I elect such installments to be payable: Monthly Quarterly Semiannually Annually
- Life Income.** You choose the time period. You choose the frequency of payments. We issue payments of principal and interest, based on your age, during your lifetime.
 - I elect such installments to be payable: Monthly Quarterly Semiannually Annually
 - Installments for _____ years certain and life.
 - I am enclosing proof of my date of birth. (Required only when the Life Income option is selected.)

¹ ADDITIONAL INFORMATION REGARDING THE LUMP SUM PAYMENT METHOD

If you choose to receive your proceeds in a lump sum, and the amount of your cash distribution is \$5,000 or more, an "ING Personal Transition Account" will be opened in your name, giving you immediate access to all of your funds. Further details about this account are provided in the attached Personal Transition Account Supplemental Contract.

I am making claim for the life insurance proceeds as (Beneficiary, Spouse, Executor, Trustee, etc.) _____

If as trustee, give date the trust was created _____

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

 Beneficiary Signature _____ Date _____

FRAUD WARNINGS

Delaware, Idaho, Louisiana, Maine, Minnesota, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, Tennessee, Texas, Washington, West Virginia: Any person who, knowingly with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and civil penalties, and denial of insurance benefits.

Arizona: For your protection Arizona Law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California: For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico: Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.



ING Personal Transition Account Supplemental Contract

The ING Financial Lifeline Program is a Personal Transition Account that provides you, the beneficiary or owner of a life insurance or annuity policy, the opportunity to have the proceeds deposited into an account that will earn a guaranteed minimum interest rate. If you elect to receive the lump sum payment option and the amount is \$5,000 or more, it will be paid to you through an ING Personal Transition Account unless you elect another payment method. Accountholders will receive the proceeds in the form of a draftbook which can make the process of transferring assets to a beneficiary or taking a partial withdrawal more convenient. The accountholder has immediate access to their proceeds and there is no limit on the number of drafts one can write from the account. Additionally, the accountholder may choose to draw on the entire proceeds immediately by writing a draft for the full account balance.

The Supplemental Contract below outlines your legal rights as the owner of an ING Personal Transition Account should you elect to receive a lump sum payment. See Section 1, below. Please retain a copy of the Supplemental Contract for your records. In addition, please refer to the included Claimant Statement for all the settlement options available to you.

ING Personal Transition Account Supplemental Contract

This Supplemental Contract (the "Contract") sets forth the legal rights of the owner of an ING Personal Transition Account (the "Account") established under ING's Financial Lifeline program and the obligations of one of the ING family of companies with respect to the Account. For purposes of this Contract, "Insurance Company" shall mean any of the following ING family of insurance companies, as named in the applicable Insurance Product: ING Life Insurance and Annuity Company, Midwestern United Life Insurance Company, ING USA Annuity and Life Insurance Company, ReliaStar Life Insurance Company, ReliaStar Life Insurance Company of New York, Security Life of Denver Insurance Company. "Insurance Product" shall mean a life insurance policy or annuity contract issued by an Insurance Company. This Contract shall be effective from the day the Account is established.

Your rights under this Contract:

1. General Terms and Conditions. The Account is established if the death benefits payable to you as a beneficiary of an Insurance Product is greater than \$5,000 and a lump sum or single payment settlement or payment option is elected, unless

you have elected for the payments not to be paid into the Account. Once the Account has been established, you may not elect any other settlement or payment option under the Insurance Product. The Account is established and maintained by the Insurance Company with custodial and administrative services provided by Bank of New York Mellon on behalf of the Insurance Company.

The Insurance Product may provide other settlement or payment options with different benefits, features, guarantees or paying higher interest rates than the Account. You should carefully review all settlement or payment options under the Insurance Product. We encourage you to consult your financial professional or tax advisor before choosing your settlement option.

Once an Account is established you will receive a "draftbook". The delivery to you of the "draftbook" constitutes full payment to you of any amounts which you may have been entitled to as beneficiary of the Insurance Product with respect to which the Account has been established. You are the



owner of this Account as the payee of the insurance proceeds under the Insurance Product issued by the Insurance Company. As the owner of the Account, you may write drafts against the Account, transfer funds and exercise all rights related to the Account as set forth in this Contract. You may write one draft to access the full amount of the Account, including interest, at any time. The ownership of the Account may not be changed. Assignment of the Account is not permitted. The Account is backed by the financial stability of the Insurance Company that issued the Insurance Product to which the Account relates.

The Account is not guaranteed by the Federal Deposit Insurance Corporation (FDIC), but may be guaranteed by your state's Insurance guaranty association. You should contact the National Organization Of Life And Health Insurance Guaranty Associations (www.nolhga.com) to learn more about the coverage limitations of the Account.

2. Operation of the Account. Upon the establishment of the Account, you will be provided with an Account confirmation setting forth your Account number, opening balance and the current "credited" interest rate. Your Account earns a guaranteed minimum interest rate. The Insurance Company guarantees that the Account balance will earn at least 1.5% annually from the date the Account is established. Interest is compounded daily and credited to the Account once a month. Interest is paid from the date of the Account's establishment to the day of any draft withdrawal or transfer. Subject to the 1.5% guaranteed minimum interest rate, the rate of interest credited to your Account is subject to change up to twice per year. The current interest rate payable is based on factors including, but not limited to, current and anticipated market conditions, net cash flow, portfolio yields and the current competitive rate environment. The Insurance Company will send you a 1099-INT form each January reporting the amount of taxable interest earned on the Account. Deposits to this account are not permitted. The Account is funded solely from the proceeds of or payment from an Insurance Company policy or contract. To access funds from the Account, you may use a draft from

the draftbook initially sent to you in the same manner as you would use a check from a personal checking account. You may pay bills by writing a draft or you may withdraw cash by writing a draft payable to yourself. Your drafts may be used as a method of payment for the purchase of goods or services with merchants that accept drafts as a method of payment. Prior to making any purchase you should verify with the merchant as to whether it accepts a draft as a method of payment. Each draft must be for a minimum of \$250.00. You may also establish electronic funds transfers (ACH) from your Account. If at any time after the Account is established, the available balance falls below \$1,500.00, the Account will be closed and a check for the remaining Account balance and accrued interest will be sent to you. The Insurance Company does not allow the Account to be used to pay bills over the phone or make wire transfers to other accounts or vendors. The Insurance Company does not issue cashier's checks. Each month that you have activity in the Account other than credited interest, you will receive statements showing your Account's activities, including current Account balance, withdrawals and interest credited. If you do not have activity in your Account, you will receive a statement quarterly. Statements will be delivered via postal mail unless you elect to suppress the paper copies and receive them electronically through our secured site dedicated to Personal Transition Accountholders. Cancelled drafts are kept on file. In the event you need a cancelled draft, please contact the Insurance Company customer service center as shown in Section 5 and a copy of the actual draft will be forwarded. The Account will be charged a fee as provided below. You may close your Account at any time. There may be delays in processing transactions if a draft is completed improperly or if any other requested transaction is not in good order as determined by the Insurance Company. The Insurance Company will maintain your Account and will periodically request that you confirm your intent to continue the Account. If you do not affirmatively confirm your intent to keep the Account active and if there is no financial activity with the Account (excluding credited interest) or other customer initiated activity for a period of 18 months, the Insurance Company will close the Account. In such event, if the Insurance Company is unable to locate

you, the Insurance Company is required by law to pay any remaining funds over to the state government in which the Account was established.

3. Fees. The Account will be assessed the following fees: \$15 for each stop payment; \$5 per copy of draft; \$10 for drafts returned for insufficient funds; \$10 per statement and 1099-INT copies. The processing bank will return drafts for the following reasons: insufficient funds, altered drafts, missing payee information, signatures that do not match the accountholder's signature on file. Research costs are applied on an hourly basis. All fees are subject to change.

4. Beneficiary Designation/Death of Owner. Upon notification of your death, the balance of the Account will be paid to your named beneficiary or to your estate and the Account will be closed. You may name a beneficiary of the Account by completing the Beneficiary Designation Form. You may change your beneficiary designation at any time by notifying us in writing. If you need a Beneficiary Designation Form, please contact our customer service team at 800-625-7440. If you do not name a beneficiary upon your death, the balance of the Account will be paid to your estate and the Account will be closed.

5. Account Services/Contact Information. You will have access to the Account on our website: **www.ing-usa.com/us/financiallifeline.com**.

You may also contact our customer service center by telephone at 800-625-7440. Or write to us at:

ING's Financial Lifeline Program
P.O. Box 535405
Pittsburgh, PA 15253-5405

In order to send Account information to you, please be sure that we have your correct mailing information. You should notify the customer service center promptly of any address changes.

6. Additional Disclosures/Conflicts of Interest.

The Insurance Company reserves the right to terminate this program, or make changes to its terms and conditions (other than to the minimum interest rate guarantee). The Insurance Company will notify you of any changes. The interest rate guarantee on the Account is based upon the claims paying ability of the Insurance Company. The Insurance Company looks to its general account investments as a source of earnings. The Account benefits the Insurance Company by facilitating the retention of assets in the Insurance Company's general accounts, and the Insurance Company seeks to earn a profit from the Account. The time period over which the Insurance Company may benefit from amounts payable under the Account are within the Account owner's control. You may choose to withdraw the full balance of the Account immediately or maintain all or a portion of the funds in the Account.

7. For further information, please contact your state Department Of Insurance.



Secretary, ING Insurance Americas

