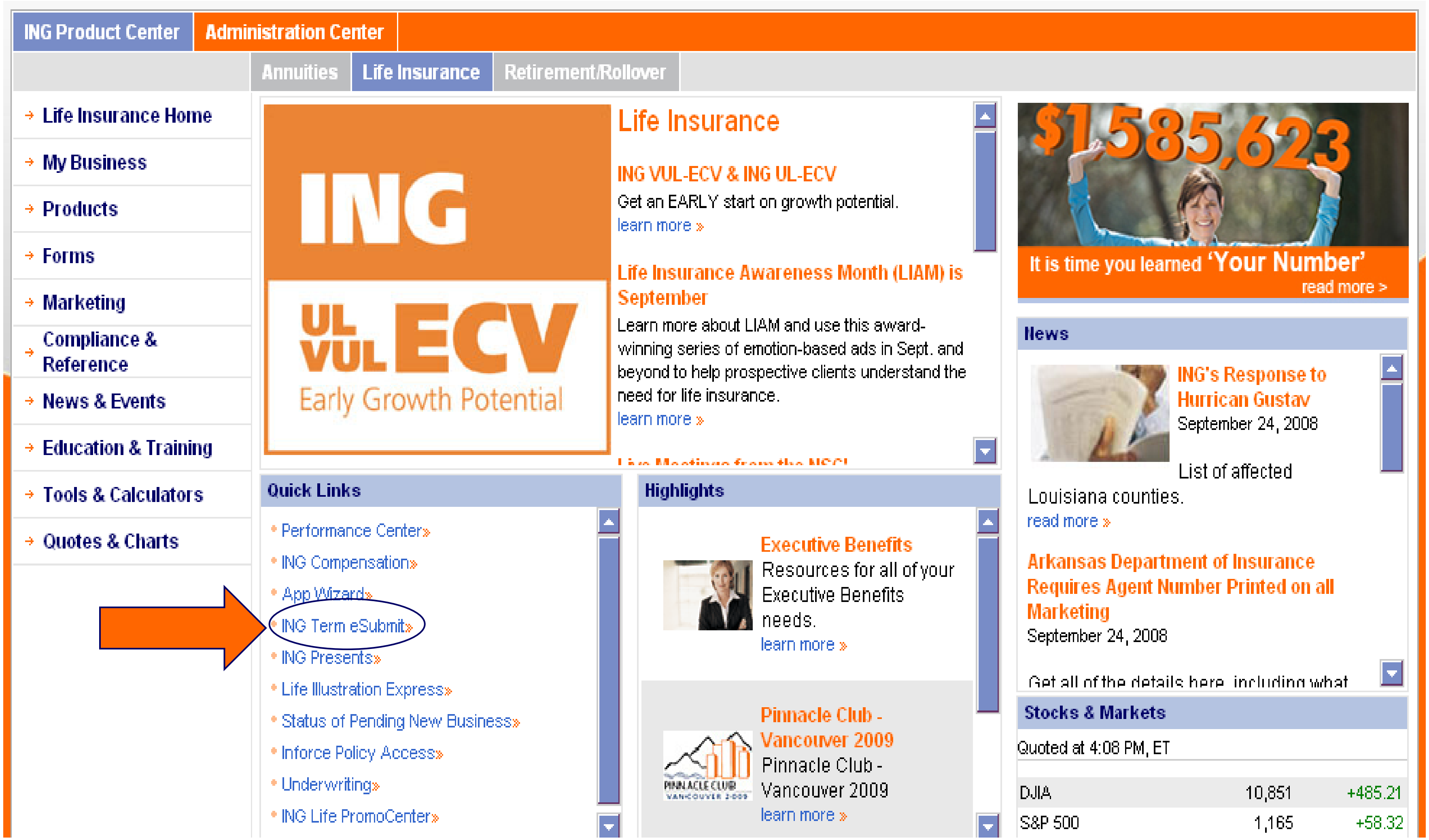
Term eSubmit Process

INSURANCE - BANKING - ASSET MANAGEMENT

Where do I find Term e-Submit?

On the ING for Professionals Site…



ING

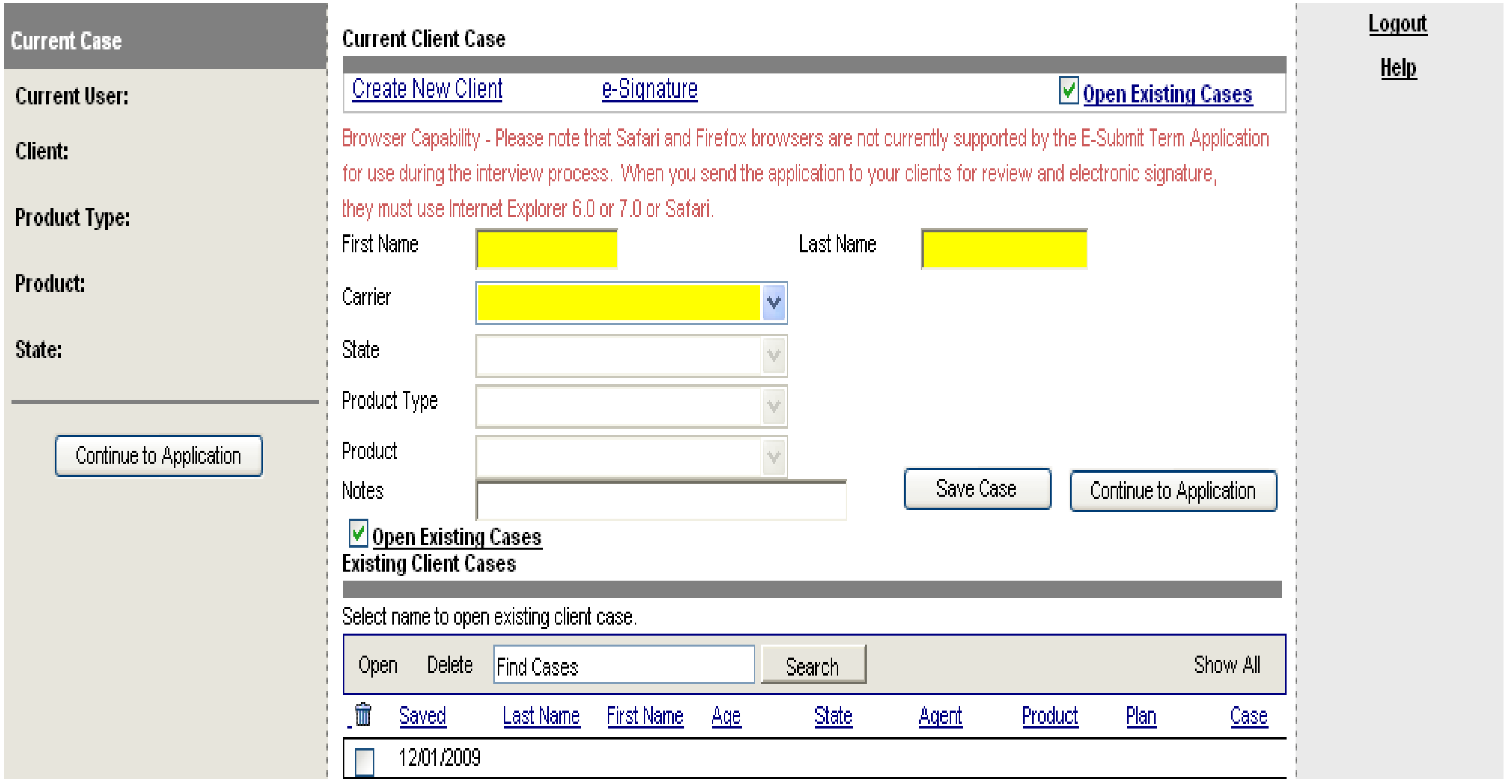
How do I access Term e-Submit?

One log-in ID and Password gives you access to ING Pro and Term eSubmit.

First screen of Term eSubmit: Client Screen

Note: Turn off all pop-up blockers or you will not be able to access the iGO e-App site.

Once all pop-up blockers are disabled, the first screen you will see is the Client screen.



•All yellow fields are <u>required</u>. The application will not be In-Good-Order if you do not answer all required fields.

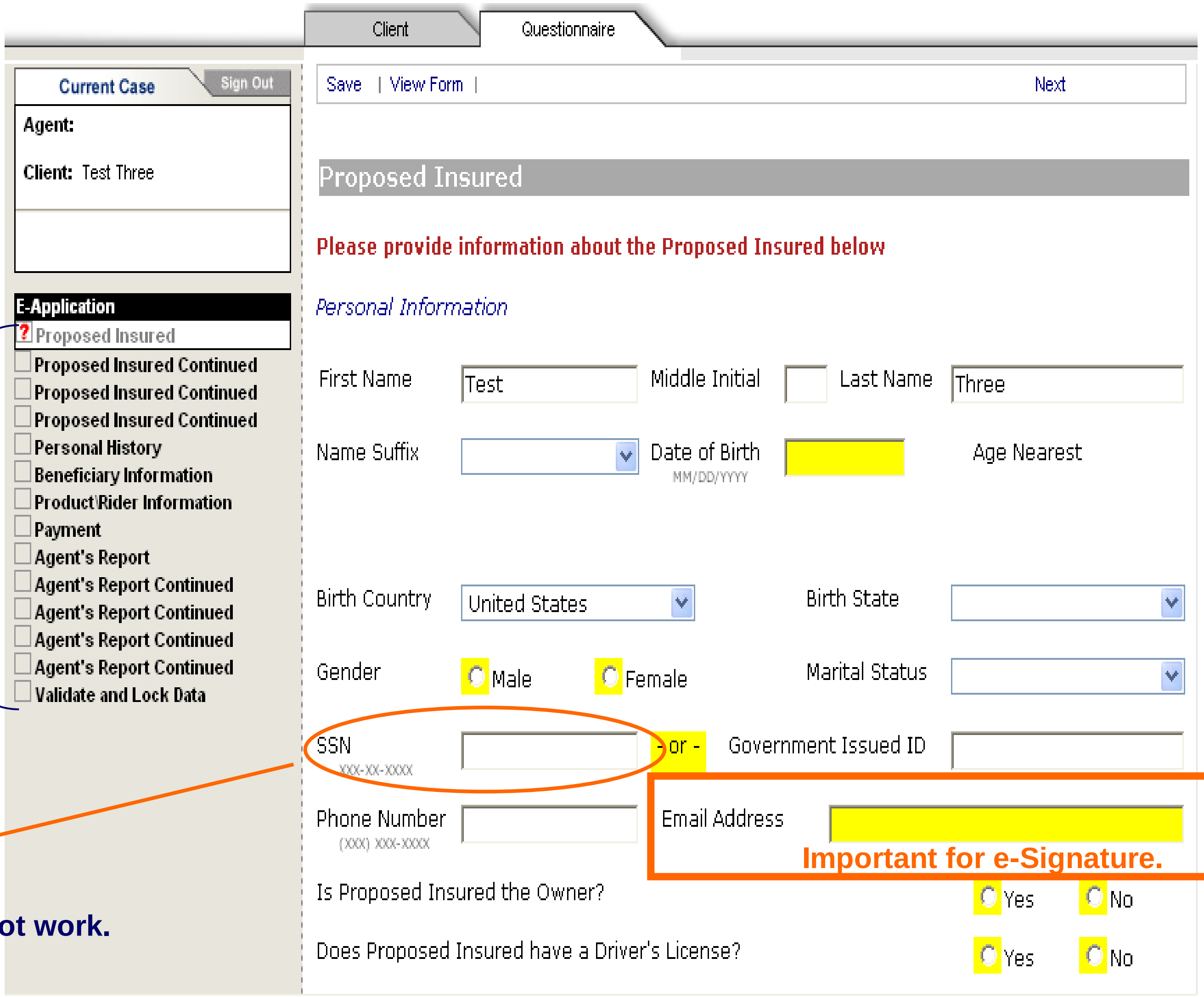
•If required fields are not answered, you will not be allowed to utilize the e-Signature and e-Submit functionality.

•*Capture the clients required information and click on **"Continue to Application"***

Questionnaire Tab – Proposed Insured Screen

= Not in Good Order

= In Good Order

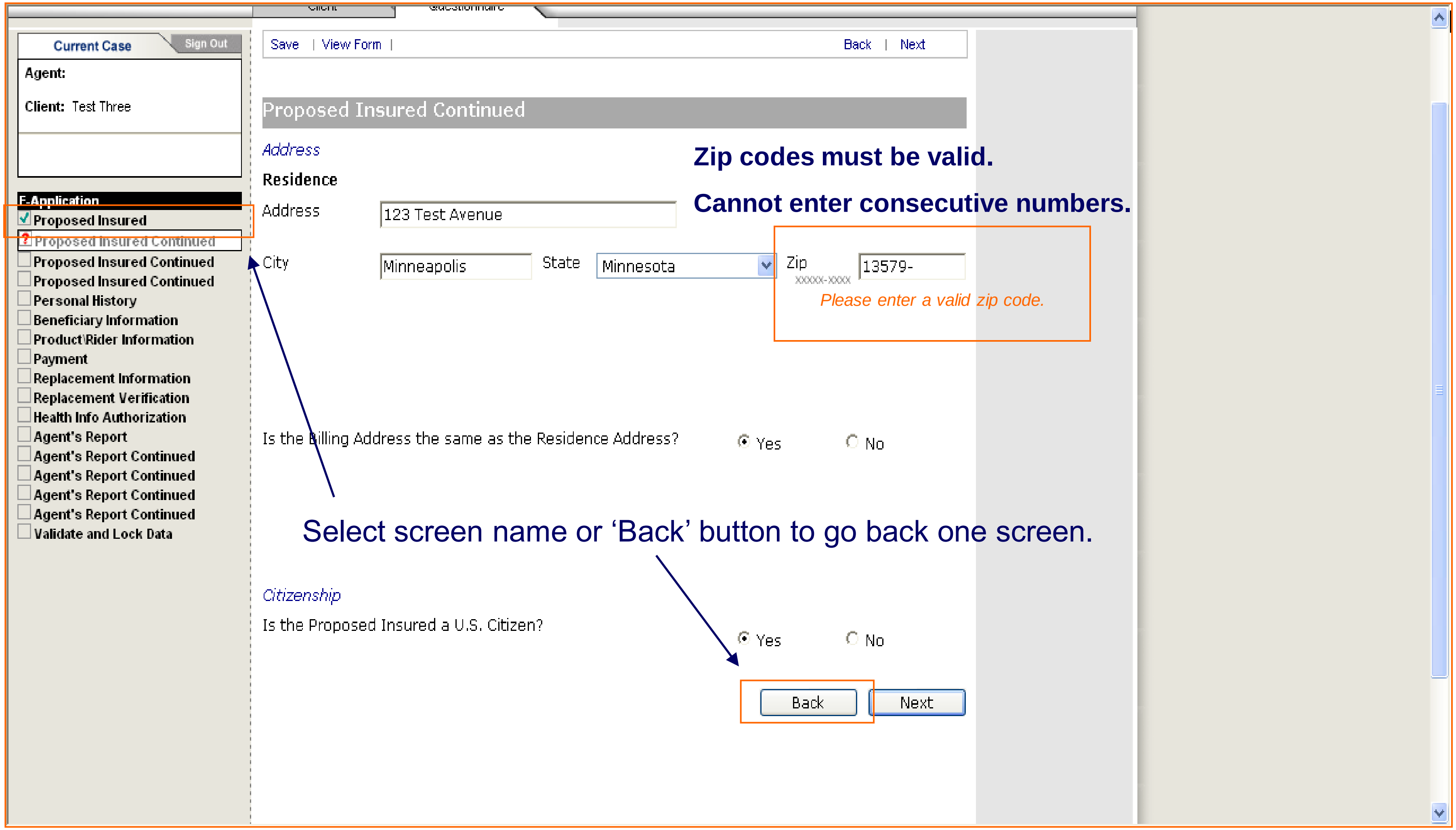


Must enter a valid SSN.

- **Consecutive numbers will not work.**

*•Capture the proposed insured's required information and click on **"Next"***

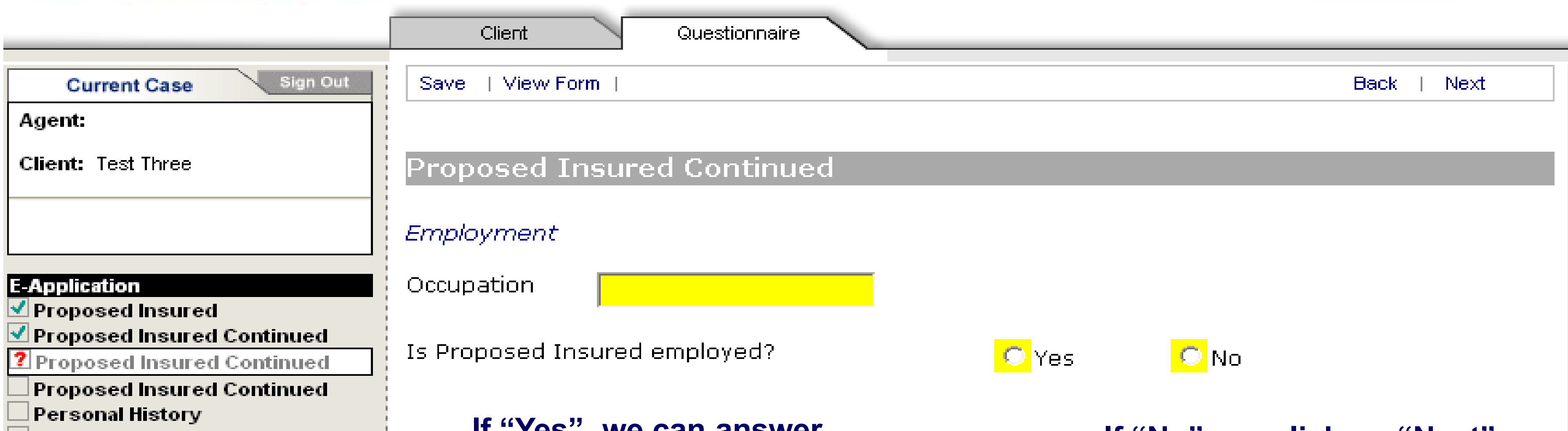
Questionnaire Tab – Proposed Insured Screen Continued: Address



•*Capture the proposed insured's required information and click on **"Next"***

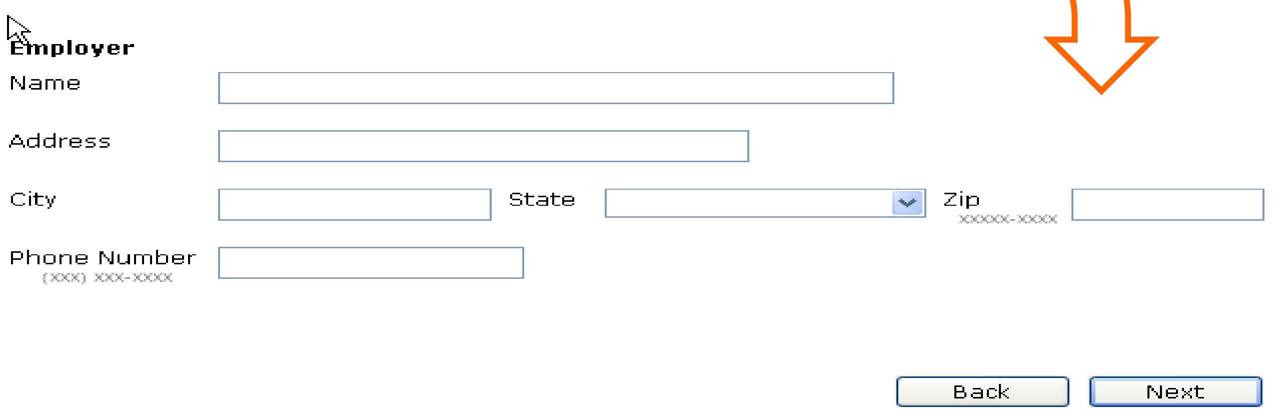
ING

Questionnaire Tab – Proposed Insured Screen Continued: Employment



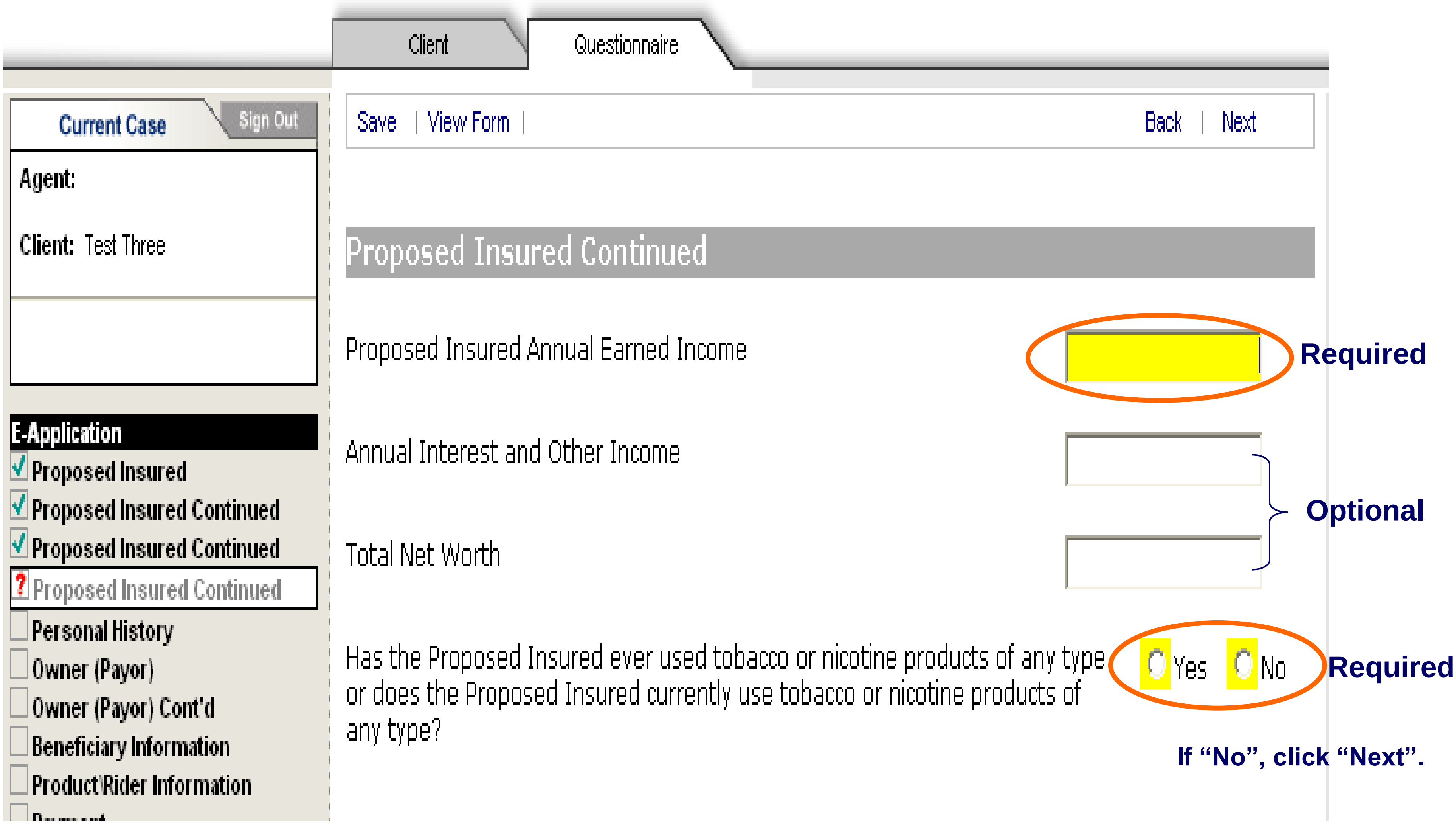
If "Yes", we can answer additional questions or click "Next".

If "No", we click on "Next".



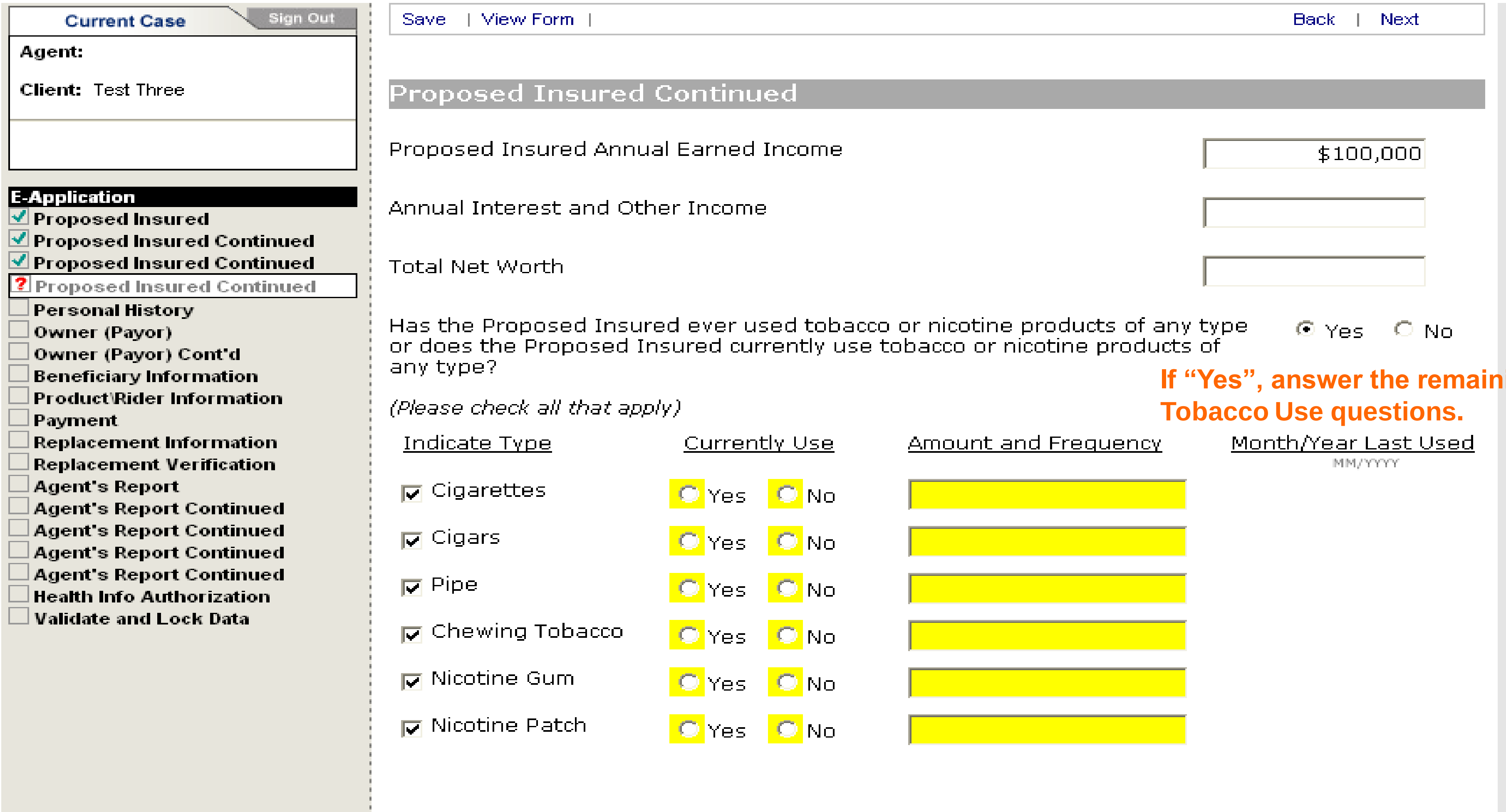
•*Capture the proposed insured's required information and click on **"Next"***

Questionnaire Tab – Proposed Insured Screen Continued: Income & Tobacco



*•Capture the proposed insured's required information and click on **"Next"***

Questionnaire Tab – Proposed Insured Screen Continued: Tobacco, cont.



If "Yes", answer the remaining Tobacco Use questions.

•*Capture the proposed insured's required information and click on* ***"Next"***

ING

Questionnaire Tab – Personal History

Proposed Insured Personal History

Has the Proposed Insured ever declared bankruptcy? Yes No

If "Yes", must enter date Discharged and details

Is the Proposed Insured, or do they intend to become a member of the armed forces, including the Reserves or National Guard? Yes No

"Yes" triggers Military Questionnaire

In the next 5 years does the Proposed Insured intend to travel or reside outside the US or Canada (other than a two week or less vacation to Western Europe or the Caribbean)? Yes No

"Yes" triggers Foreign Travel Questionnaire

Does the Proposed Insured anticipate flying a plane (other than a commercial pilot), racing motor boats, automobiles, motorcycles, or participating in sky-diving, hang-gliding or other hazardous activities. Yes No

"Yes" triggers Agent to choose activities.

Activities trigger questionnaires on left navigation bar.

Please check all that apply to complete the appropriate questionnaire(s):

- Aviation
- Powerboat/Motorboat
- Motorsports
- Scuba Diving
- Avocation and Professional Sports
- Ballooning

Except for traffic violations, has the proposed insured been the subject of or convicted in a criminal proceeding? Yes No

If "Yes", must enter an explanation.

Has the Proposed Insured 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

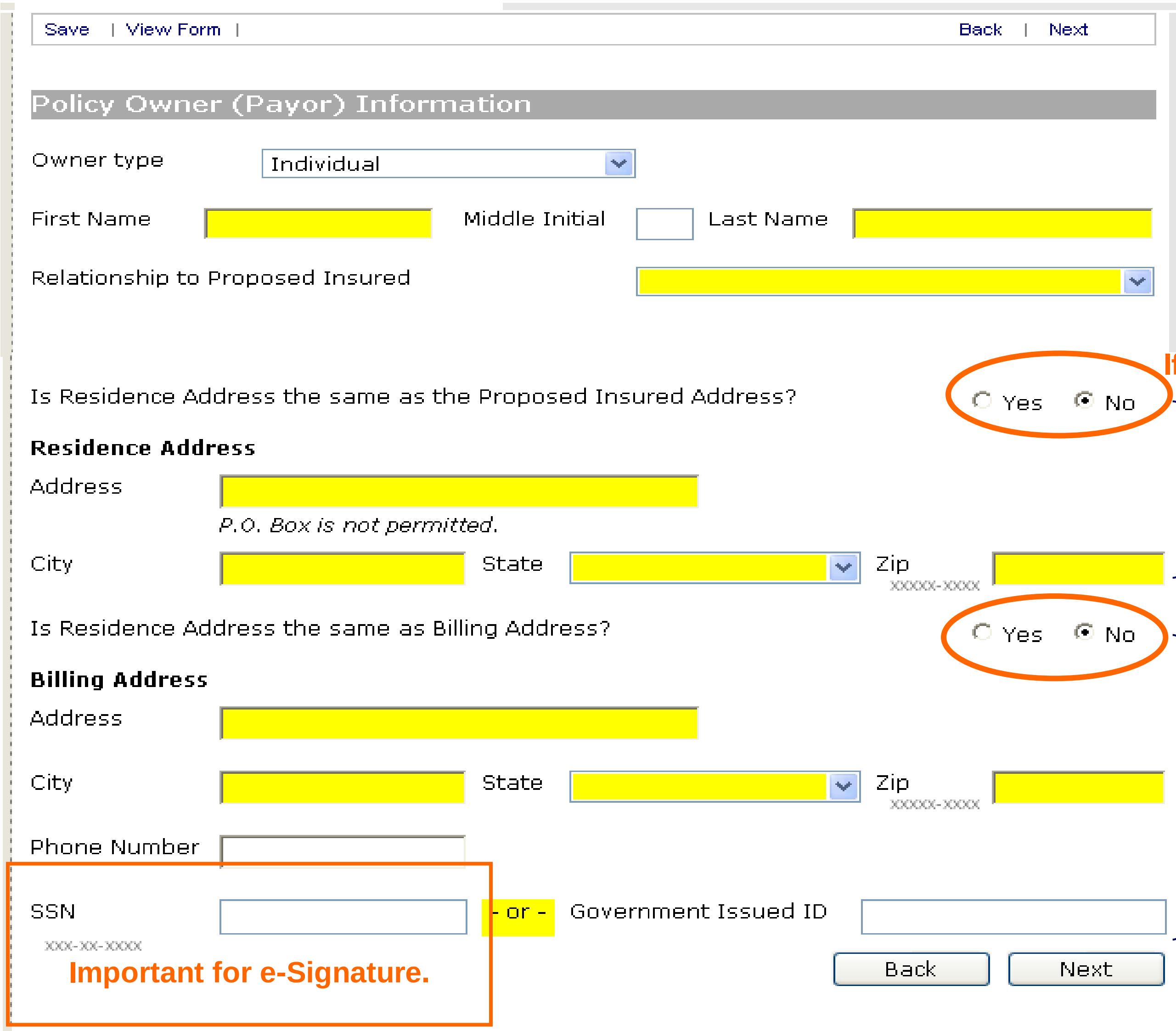
If "Yes", must enter an explanation.

Back Next

•*Capture the proposed insured's required information and click on **"Next"***

ING

Questionnaire Tab – Owner (Payor)



If "Yes", proceed to Billing Address.

If "No", fill in required information.

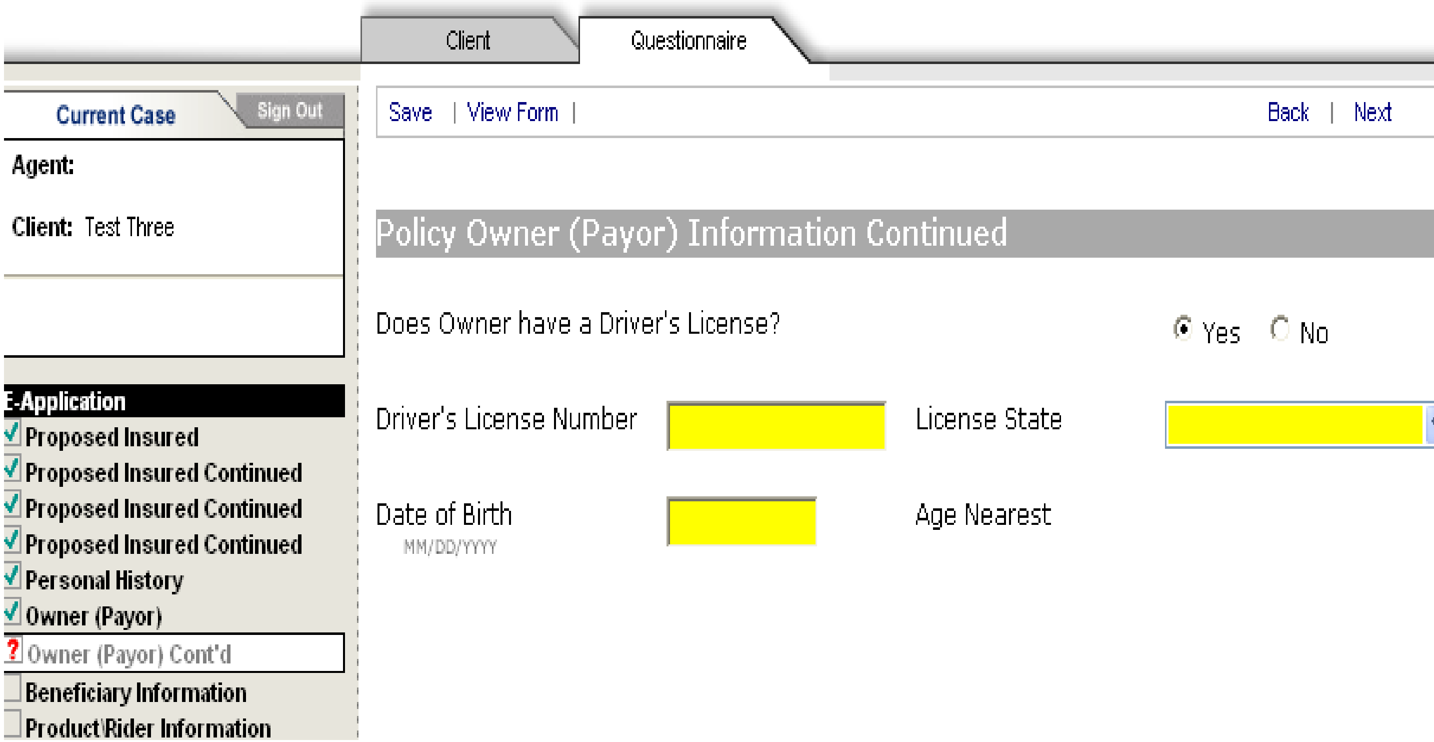
If "Yes", click on "Next".

If "No", fill in required information.

Then click "Next".

Important for e-Signature.

Questionnaire Tab – Owner (Payor) Continued



If "Yes", fill in required information.

If "No", enter Date of Birth, then click "Next".

Questionnaire Tab – Beneficiary Information

Client | Questionnaire

Current Case Sign Out

Agent:

Client: Test Three

E-Application
- ✓ Proposed Insured
- ✓ Proposed Insured Continued
- ✓ Proposed Insured Continued
- ✓ Proposed Insured Continued
- ✓ Personal History
- ✓ Owner (Payor)
- ✓ Owner (Payor) Cont'd
- ? Beneficiary Information
- Product\Rider Information
- Payment
- Replacement Information

Save | View Form | Back | Next

Beneficiary Information

Please enter Primary Beneficiary(ies), up to a maximum of 10, by clicking on grid. Total percentage of Primary Beneficiaries' shares must equal 100%. If no percentages are entered, beneficiaries' shares will be distributed equally.

Primary Beneficiary Name	Relationship	% Share
Click here to add...		

Please enter at least one Primary Beneficiary

Can enter a maximum of 10 Primary Beneficiaries.

Details for 2^{nd} – 10^{th} beneficiaries listed will appear on Overflow page of pdf file.

Enter Primary Beneficiary's Information

Type

Relationship to Proposed Insured

Percentage %

Total percentage of Primary Beneficiaries' shares must equal 100%. If no percentages are entered, beneficiaries' shares will be distributed equally.

Save | Delete | Cancel

Total Percentage must equal 100% for all Primary Beneficiaries

ING

Questionnaire Tab – Beneficiary Information

Would you like to designate a Contingent Beneficiary(ies)? ◉ Yes ○ No

Please enter Contingent Beneficiary(ies), up to a maximum of 10, by clicking on grid. Total percentage of Contingent Beneficiaries' shares must equal 100%. If no percentages are entered, beneficiaries' shares will be distributed equally.

Contingent Beneficiary Name	Relationship	% Share
Click here to add...		

Please enter at least one Contingent Beneficiary

Back Next

If "Yes", you are allowed to add up to 10 Contingent Beneficiaries.

Details for 2nd – 10th beneficiaries listed will appear on Overflow page of pdf file.

If "No", Click on "Next".

Questionnaire Tab – Product/Rider Information

Current Case | Sign Out

Agent:

Client: Test Three

E-Application
- ☑ Proposed Insured
- ☑ Proposed Insured Continued
- ☑ Proposed Insured Continued
- ☑ Proposed Insured Continued
- ☑ Personal History
- ☑ Owner (Payor)
- ☑ Owner (Payor) Cont'd
- ☑ Beneficiary Information
- ? Product\Rider Information
- ☐ Payment
- ☐ Replacement Information
- ☐ Replacement Verification
- ☐ Health Info Authorization
- ☐ Agent's Report
- ☐ Agent's Report Continued
- ☐ Agent's Report Continued
- ☐ Agent's Report Continued
- ☐ Agent's Report Continued
- ☐ Validate and Lock Data

Save | View Form | Back | Next

Product\Rider Information

Initial Term Period: 20

Face Amount: $50,000

Minimum Face Amount is $100,000.00

Health Class Quoted

- ☐ Waiver of Premium Rider
- ☐ Children's Insurance Rider
- ☐ Accidental Death Benefit Rider
- ☑ Accelerated Benefit Rider
- ☑ Return of Premium - Enhanced Version

Per product guidelines.

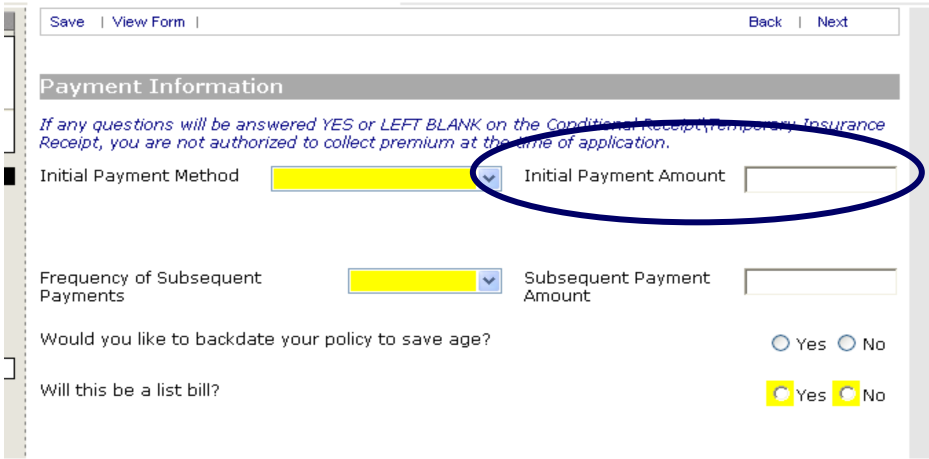
Choose the riders to add to the application,

Initial Term Periods and Riders may vary depending on Proposed Insured's issue age (age nearest) or state availability.

ING

Questionnaire Tab – Payment Information

Choose Payment Methods – Initial and Subsequent



Save | View Form | Back | Next

Payment Information

If any questions will be answered YES or LEFT BLANK on the Conditional Receipt\Temporary Insurance Receipt, you are not authorized to collect premium at the time of application.

Initial Payment Method

Initial Payment Amount

Frequency of Subsequent Payments

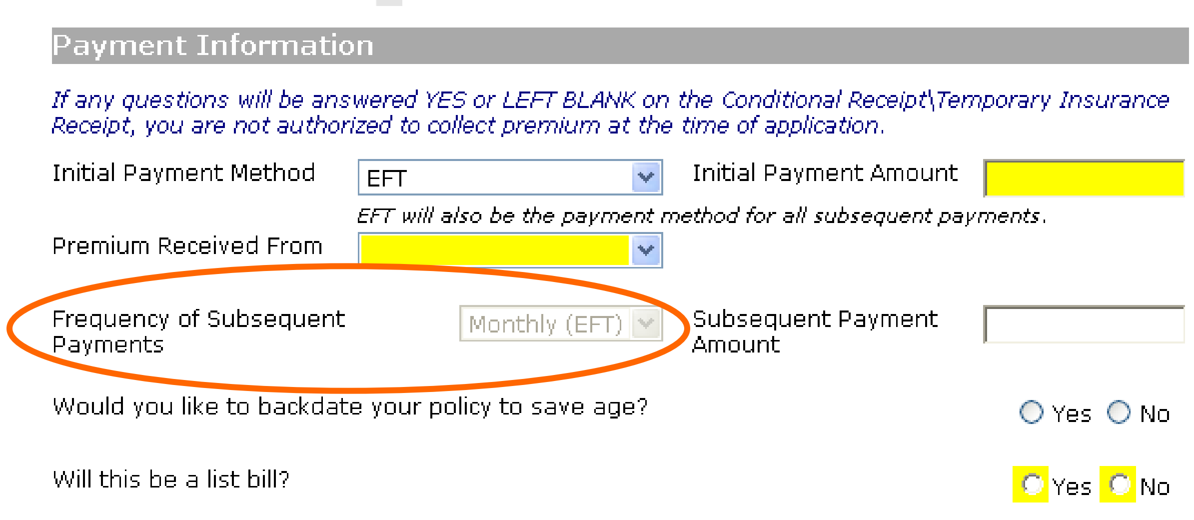
Subsequent Payment Amount

Would you like to backdate your policy to save age? Yes No

Will this be a list bill? Yes No

****Only allowed to enter whole numbers at this time.**

Note: Voided check/deposit slip is not required for e-submitted cases.



Payment Information

If any questions will be answered YES or LEFT BLANK on the Conditional Receipt\Temporary Insurance Receipt, you are not authorized to collect premium at the time of application.

Initial Payment Method: EFT

Initial Payment Amount

EFT will also be the payment method for all subsequent payments.

Premium Received From

Frequency of Subsequent Payments: Monthly (EFT)

Subsequent Payment Amount

Would you like to backdate your policy to save age? Yes No

Will this be a list bill? Yes No

If EFT is chosen for the initial Payment, Subsequent payments default to EFT.

Please also make note of request for EFT draft for initial premium in the 'Remarks' section of the Agent Report Page.

ING

Questionnaire Tab – Payment Information Continued

Payment Information

If any questions will be answered YES or LEFT BLANK on the Conditional Receipt\Temporary Insurance Receipt, you are not authorized to collect premium at the time of application.

Initial Payment Method: Credit Card

Initial Payment Amount

Premium Received From

Frequency of Subsequent Payments

Subsequent Payment Amount

Would you like to backdate your policy to save age? Yes No

Will this be a list bill? Yes No

Credit Card Payment Authorization

Is the Cardholder the same as the Policy Owner? Yes No

Full Name *(Enter as it appears on card)*

Credit Card Type

Billing Zip Code
XXXXX

Account Number

Expiration Date
MM/YYYY

Payment Amount

Please enter initial payment amount.

Back Next

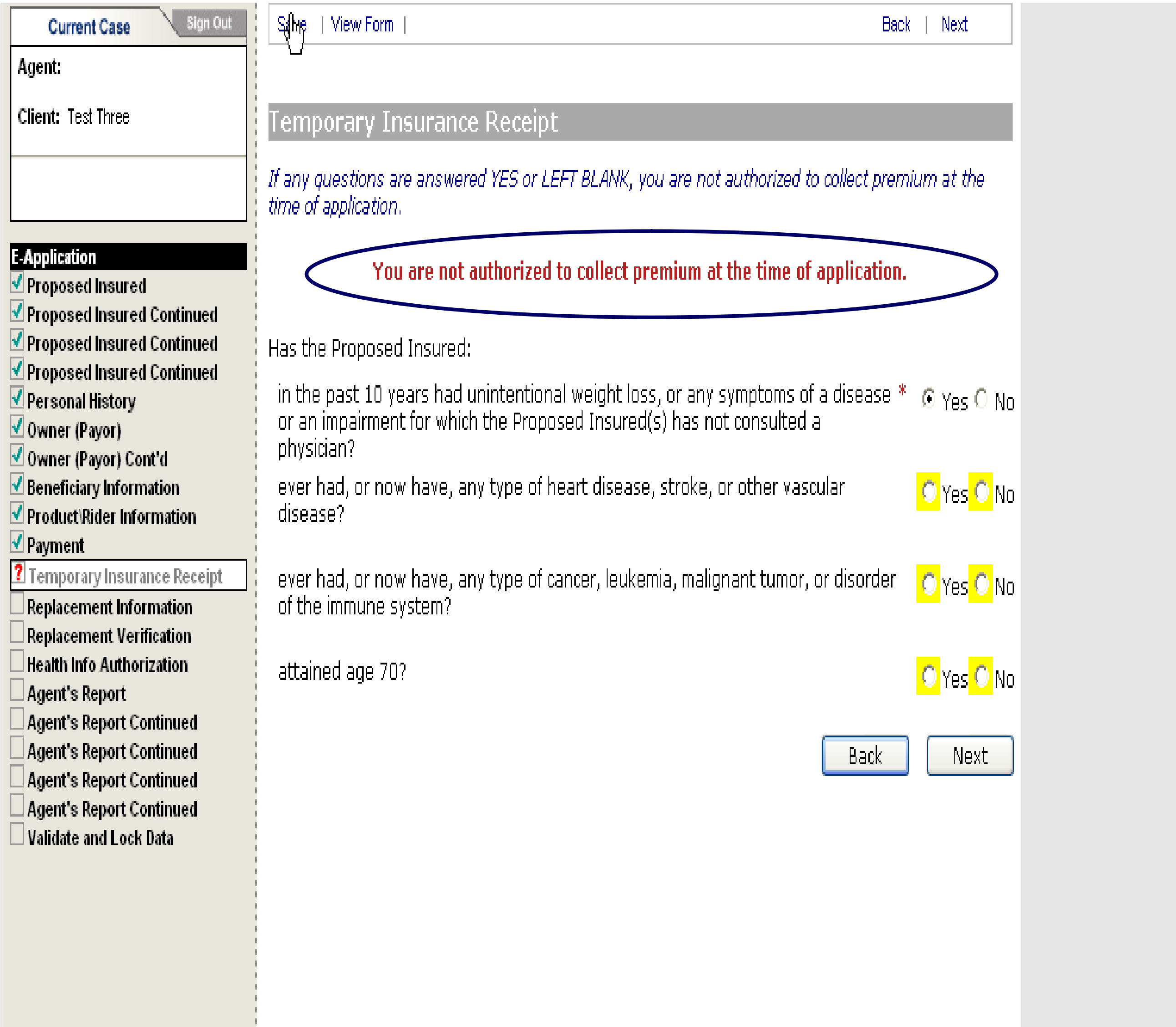
Credit card payment method is not provided as an option if not allowed in the state the application was taken.

If 'Check with App' is selected, it is assumed that the payment will be submitted immediately under separate cover.

If Credit Card is chosen, additional information is required.

ING

Temporary Insurance Receipt Tab

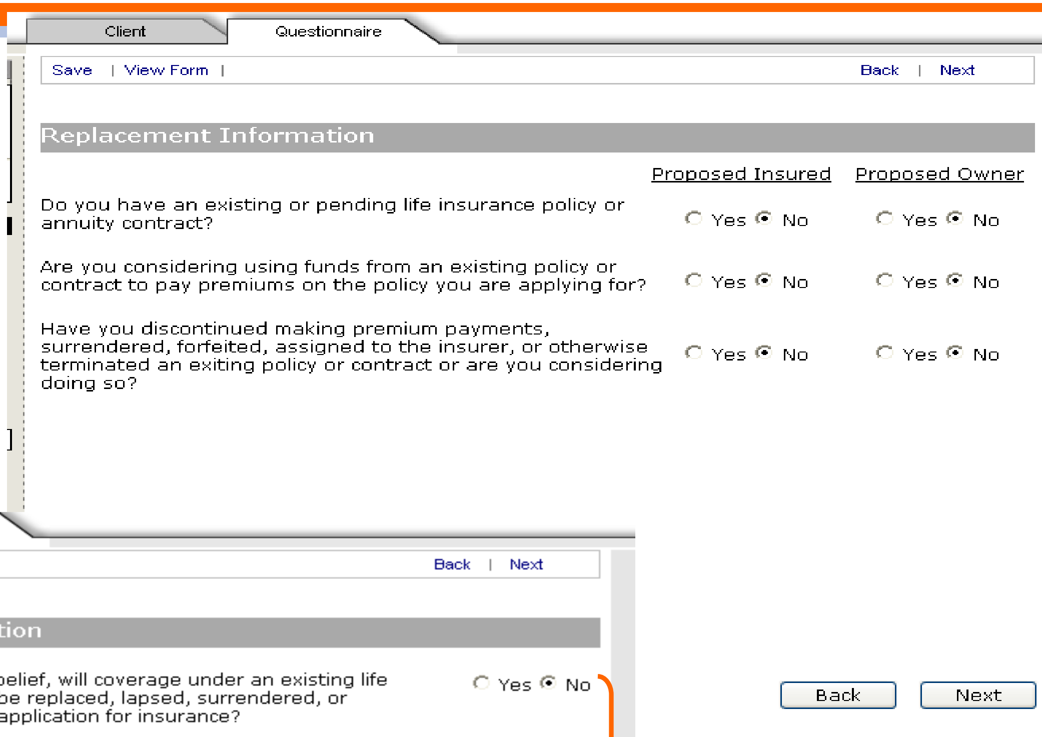


If any of these questions are answered "Yes", you are not authorized to collect premium at the time of application.

If answered "No", the Temporary Insurance Receipt will be included in the completed application packet.

Click on "Next".

Questionnaire Tab – Replacement Information & Agent Replacement Verification



Client | Questionnaire

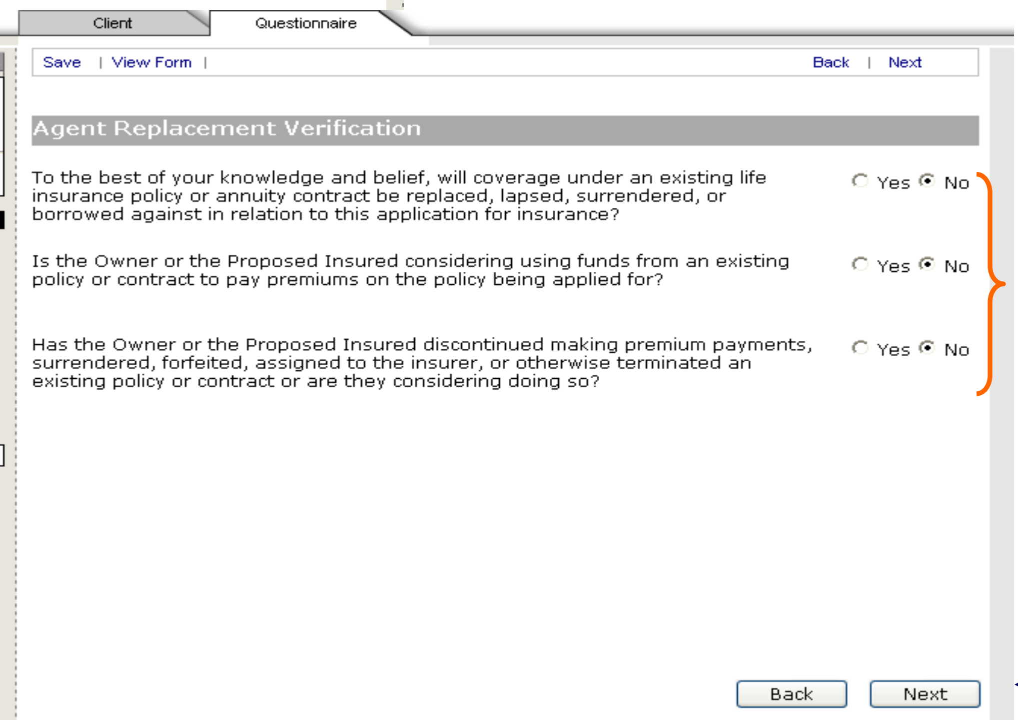
Save | View Form | Back | Next

Replacement Information

	Proposed Insured	Proposed Owner
Do you have an existing or pending life insurance policy or annuity contract?	Yes ● No	Yes ● No
Are you considering using funds from an existing policy or contract to pay premiums on the policy you are applying for?	Yes ● No	Yes ● No
Have you discontinued making premium payments, surrendered, forfeited, assigned to the insurer, or otherwise terminated an exiting policy or contract or are you considering doing so?	Yes ● No	Yes ● No

Back Next

If any of these questions are "Yes", additional questions will populate and trigger the required replacement forms.



Client | Questionnaire

Save | View Form | Back | Next

Agent Replacement Verification

To the best of your knowledge and belief, will coverage under an existing life insurance policy or annuity contract be replaced, lapsed, surrendered, or borrowed against in relation to this application for insurance?	Yes ● No
Is the Owner or the Proposed Insured considering using funds from an existing policy or contract to pay premiums on the policy being applied for?	Yes ● No
Has the Owner or the Proposed Insured discontinued making premium payments, surrendered, forfeited, assigned to the insurer, or otherwise terminated an existing policy or contract or are they considering doing so?	Yes ● No

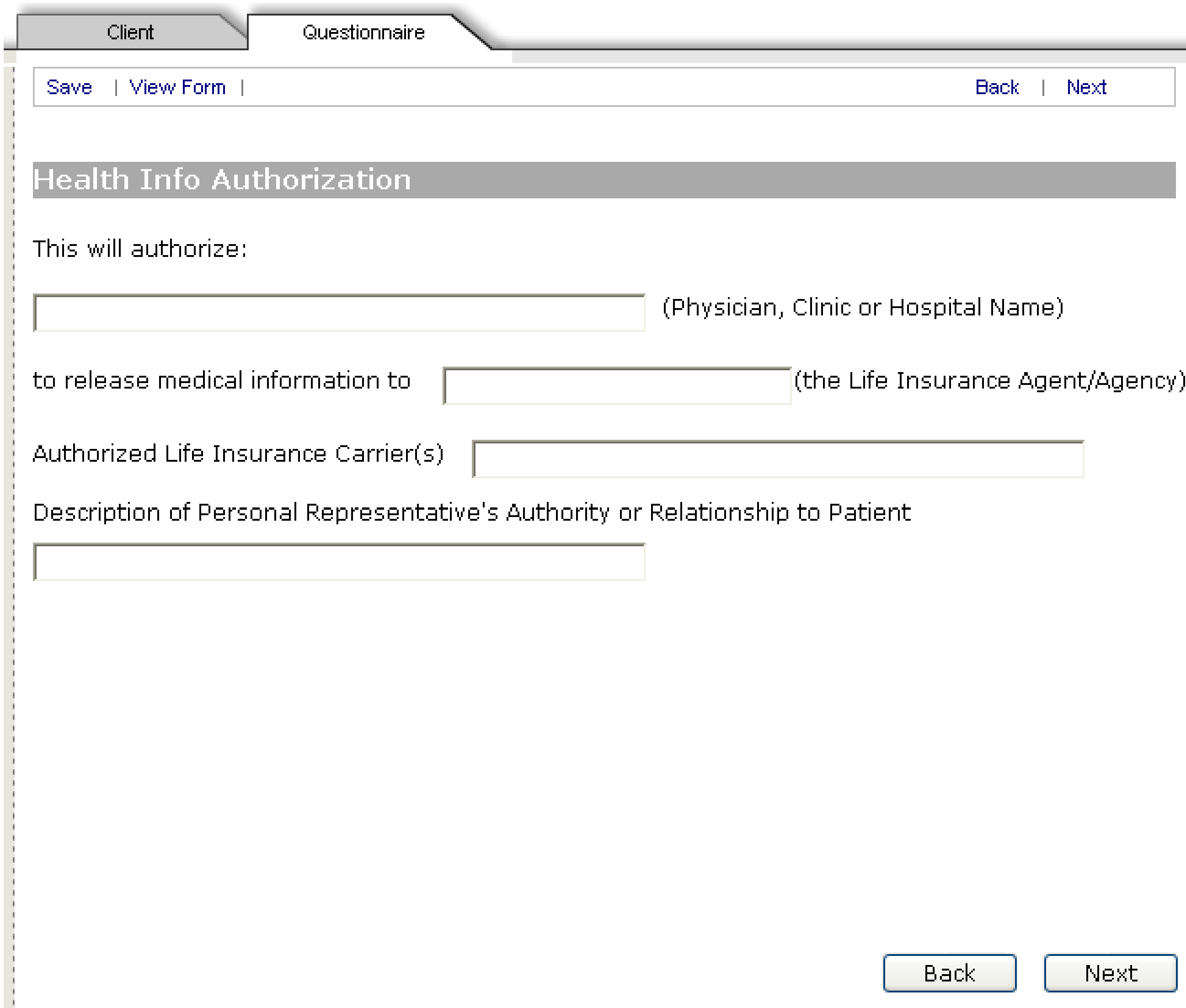
Back Next

If any of these questions are answered "Yes", the required replacement forms are triggered.

Click "Next"

ING

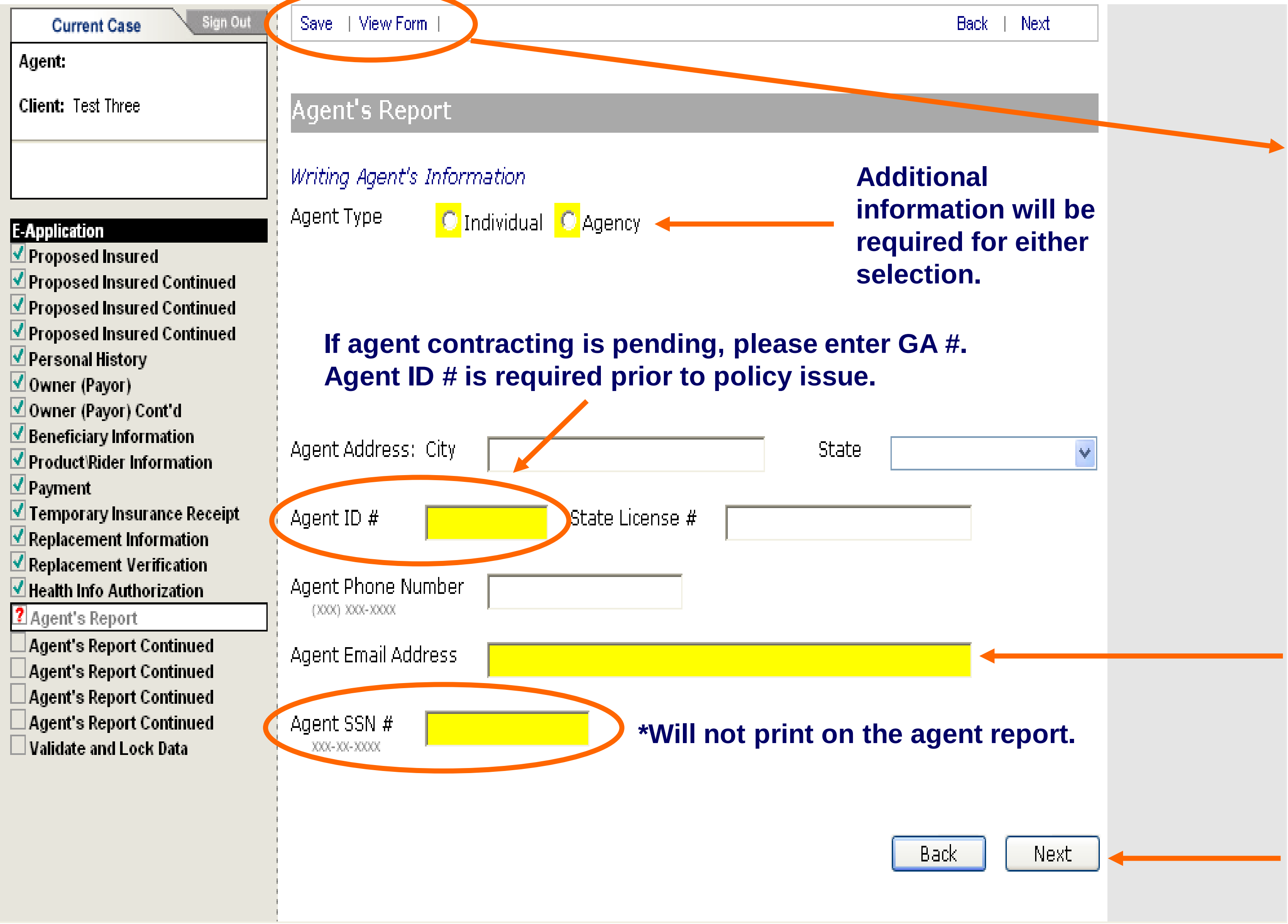
Questionnaire Tab – Health Info Authorization



ING does not require any of these fields to be filled out.

Note: This page concludes the client portion of the application. All remaining pages are specific to agent information and the submission of the case.

Questionnaire Tab – Agent Report



At any time, you can save the application and come back to it, and/or view/download the pdf forms.

Additional information will be required for either selection.

If agent contracting is pending, please enter GA #. Agent ID # is required prior to policy issue.

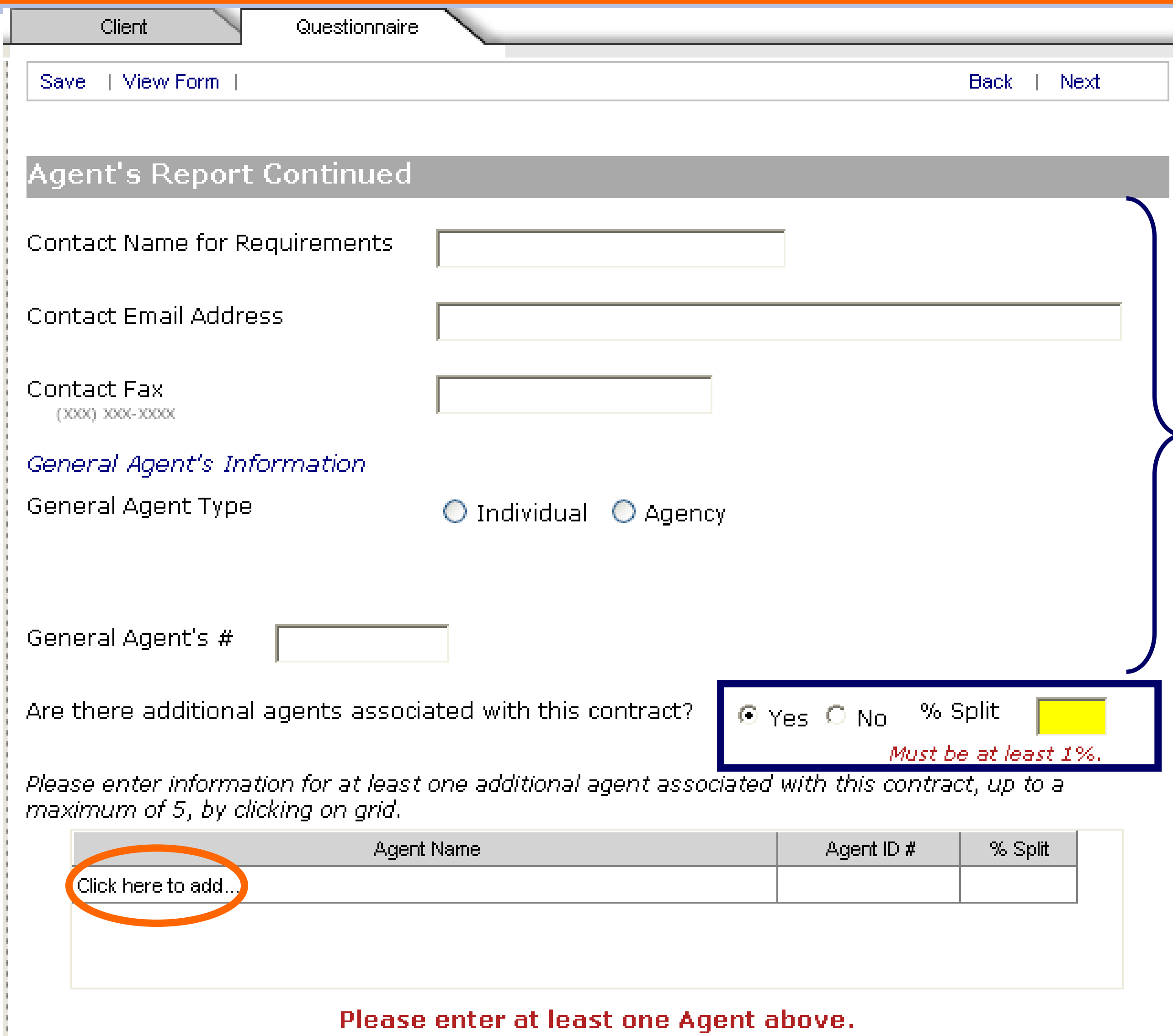
Important for e-Signature.

***Will not print on the agent report.**

Click “Next”.

ING

Questionnaire Tab – Agent Report



Although these are not required fields, it is highly recommended that you enter your preferred method of contact information.

No = Default to 100%

Yes = Enter additional agents

Note: Additional agent information will populate on Overflow page of pdf forms.

Questionnaire Tab – Agent Report Continued

Save | View Form | Back | Next

Agent's Report Continued

Compliance Information

Have you delivered the Consumer Privacy Notice to the Proposed Insured(s) or Proposed Owner? ○ Yes ○ No

Included in pdf file electronically delivered to the client for e-submitted cases.

Did you obtain the Proposed Insured's Medical Declarations, in person and record them in the presence of the Proposed Insured? (If "No" , explain in Remarks why and arrange for an exam.) ○ Yes ○ No

Did you meet personally with the Proposed Owner and review their Government issued ID? ○ Yes ○ No

If "No", you are required to explain.

If Premium was accepted, was the Conditional Receipt completed and delivered to the Proposed Insured or Proposed Owner? ○ Yes ○ No

All Sales materials used during the sales process were approved by the Company. The following are the approved sales materials used in my sales presentation:

What ING sales materials did you use?

Copies of all sales materials were left with the applicant no later then the time of application. *(Electronically presented sales materials will be provided to the policyowner no later than at the time of the policy delivery.)*

☐ Our Company requires that all replacement sales are made in accordance with the Company's corporate policy. If this particular sale is NOT in accordance with the Company's corporate replacement policy, please check here and fax explanations to: Shared Services: 866-308-7743.

Back | Next

Click "Next"

ING

Questionnaire Tab – Agent Report Continued

Agent's Report Continued

Will there be a rebate of any kind, such as a rebate of premium, to the Proposed Insured or Proposed Owner? ○ Yes ● No

Have there been any discussions in which the Proposed Owner has been solicited to directly or indirectly sell, assign, settle or otherwise transfer the proposed policy (or the rights to its death benefit), or an ownership or beneficial interest in an entity that will own the proposed policy, to a life settlement company or other third party? ○ Yes ● No

Will the proposed policy on the life of the Proposed Insured(s) replace a policy that has been sold, assigned, or settled to or with a settlement or viatical company or any other peron or entity? ○ Yes ○ No

If yes, please explain

Will the premiums, now or in the future, be financed? ○ Yes ○ No

If yes, provide lender information

If no, provide source of funds

Proposed Insured/Owner Information

How long have you known the Proposed Insured?

Are you related? ○ Yes ○ No

If yes, tell us how you are related.

Back Next

All questions are required.

Questionnaire Tab – Agent Report Continued

Current Case | Sign Out

Agent:

Client: Test Three

E-Application

- Proposed Insured
- Proposed Insured Continued
- Proposed Insured Continued
- Proposed Insured Continued
- Personal History
- Owner (Payor)
- Owner (Payor) Cont'd
- Beneficiary Information
- Product\Rider Information
- Payment
- Temporary Insurance Receipt
- Replacement Information
- Replacement Verification
- Health Info Authorization
- Agent's Report
- Agent's Report Continued
- Agent's Report Continued
- Agent's Report Continued
- Agent's Report Continued
- Validate and Lock Data

Save | View Form | Back | Next

Agent's Report Continued

How much insurance does the Proposed Insured's spouse own payable to the Proposed Insured or other dependents?

Is this application for a juvenile? Yes No

Please indicate the amount of life insurance in force on each parent or sibling.

Father $ Mother $ Sibling $

Please check the Underwriting requirements ordered:

- Blood Profile/HOS
- Inspection Report
- MD Exam
- Treadmill EKG
- EKG
- Paramedical Exam

Paramed Company

- APPS Phone: (800) 727-2999 Link: http://www.appsnational.com/
- ExamOne
- PortaMedic
- EMSI

Remarks

Use this area to request alternates/optionals, including the section of alternative commissions structures, where available.

Please draft initial premium via EFT.

Back | Next

If yes, you must provide parent and sibling in-force insurance information.

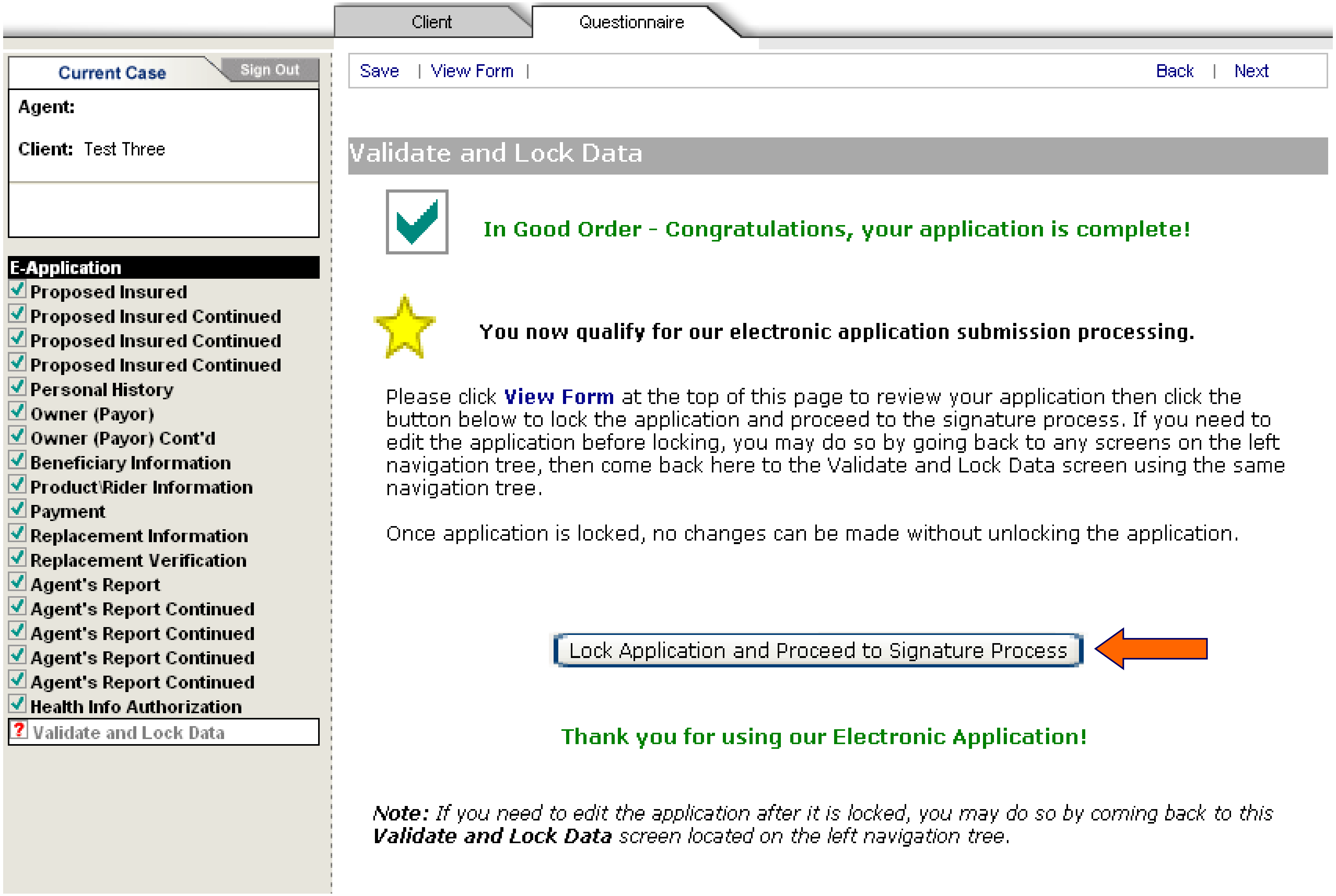
If you choose to order the paramedical exam, ING's preferred vendors will populate.

If you choose one of those vendors, the phone number and web-site information will populate.

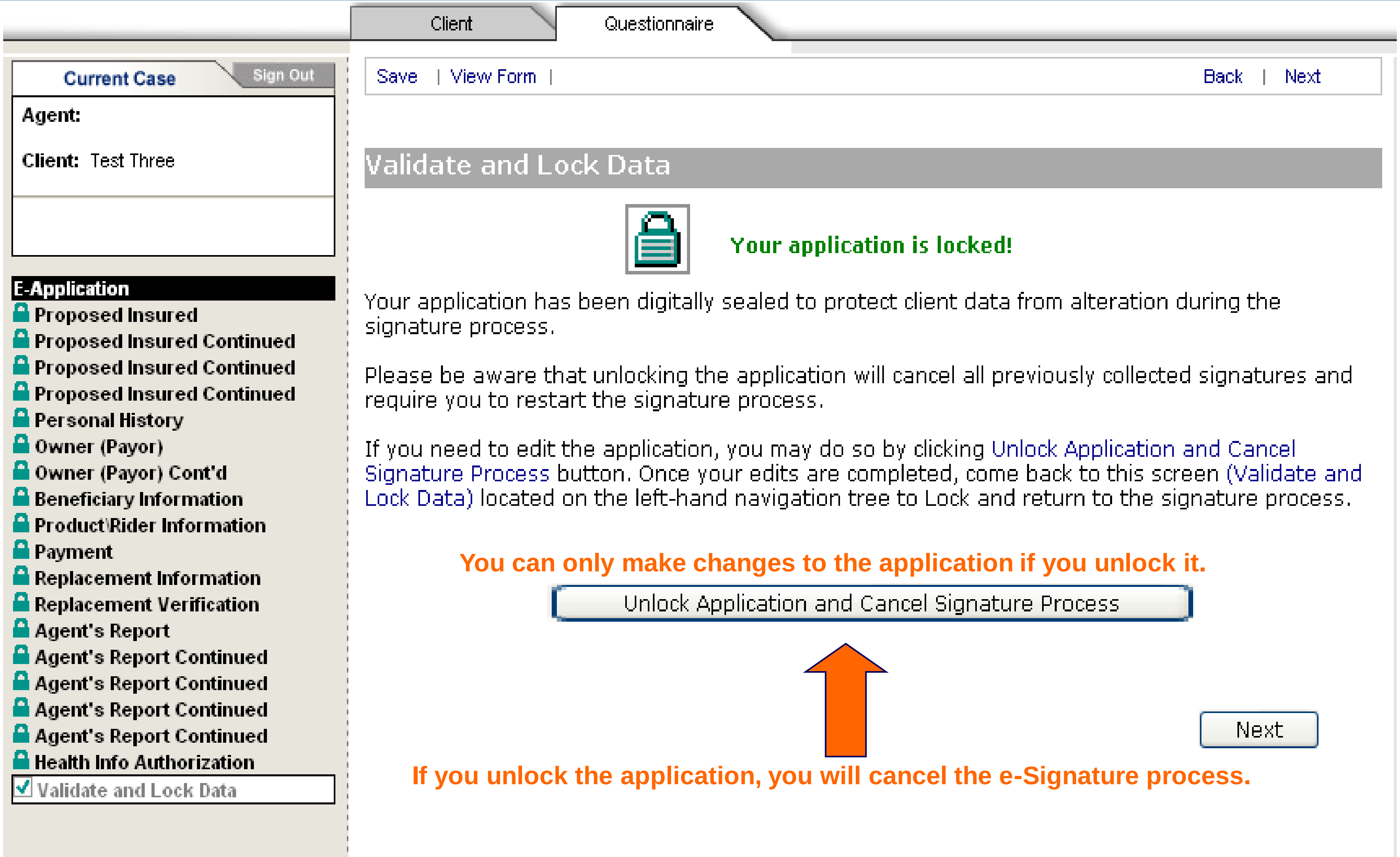
Note: Parameds are not automatically ordered through this tool at this time.

ING

Questionnaire Tab – Lock the Application & Proceed to the Signatures

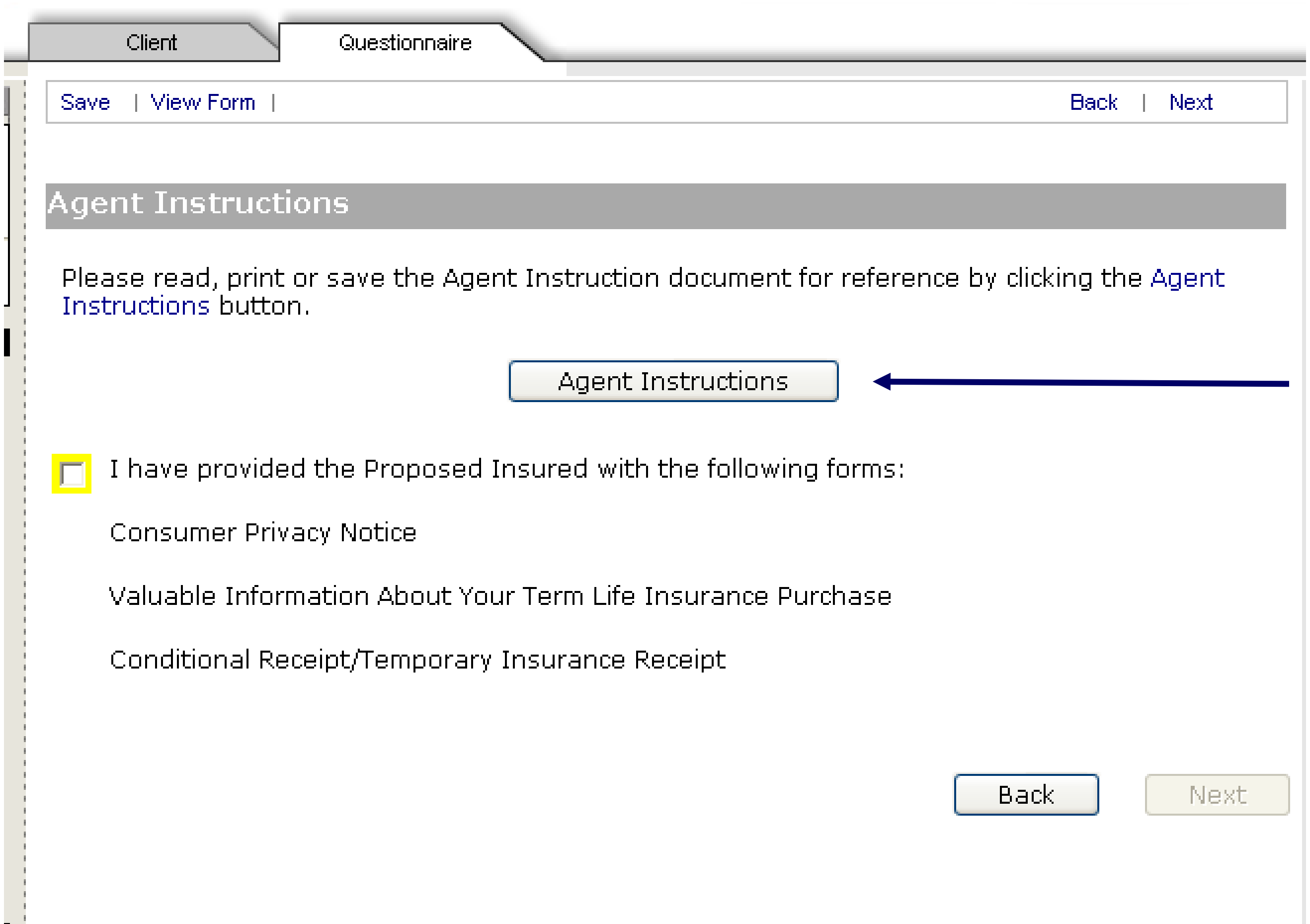


Questionnaire Tab – The Application is Locked



Only the agent has the ability to unlock and edit the application.

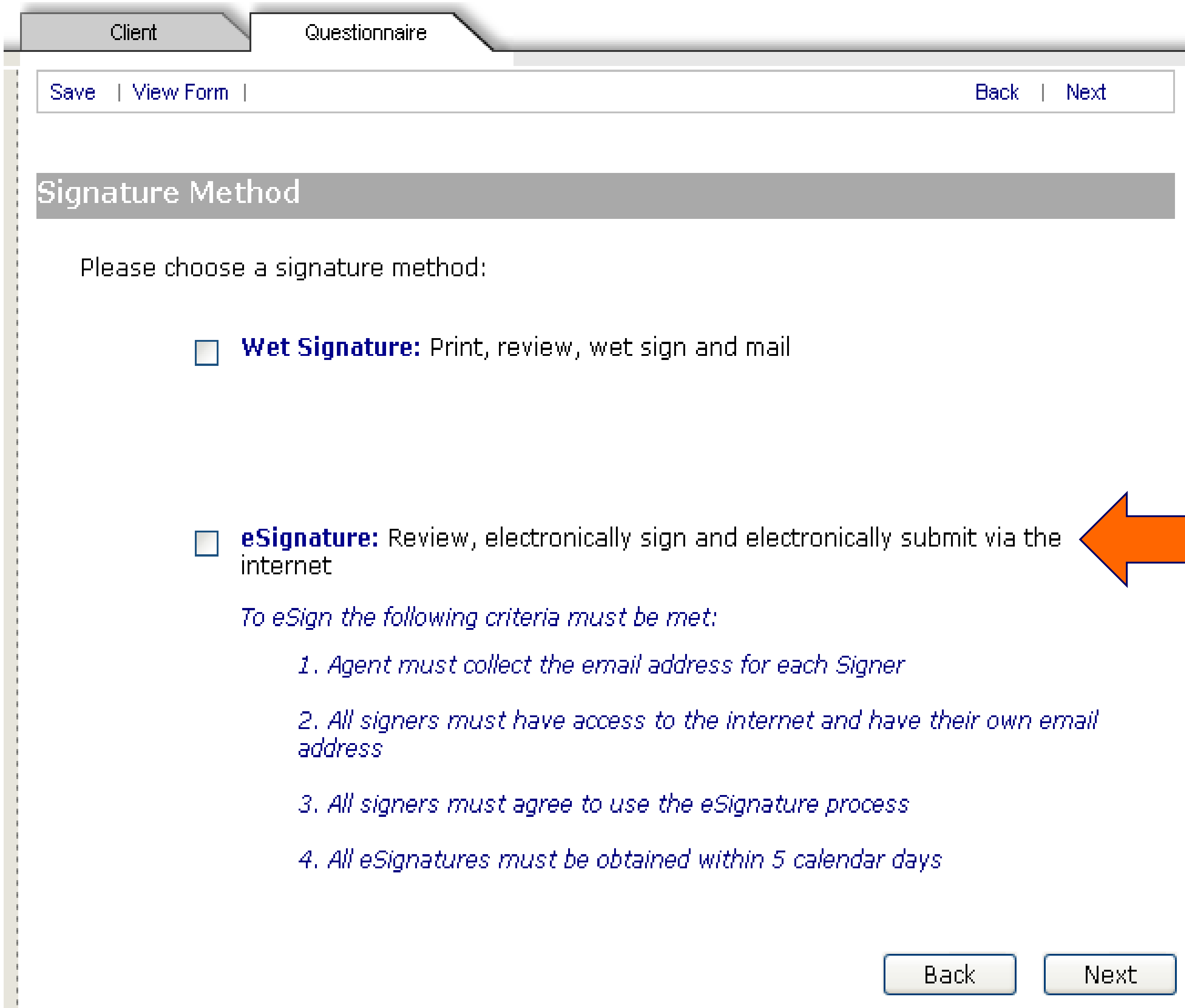
Questionnaire Tab – Agent Instructions



ING has provided a generic reminder sheet for our Agents.

Opening the document is required before you can proceed.

Questionnaire Tab – Signature Options


Client | Questionnaire

Save | View Form | Back | Next

Signature Method

Please choose a signature method:

☐ **Wet Signature:** Print, review, wet sign and mail

☐ **eSignature:** Review, electronically sign and electronically submit via the internet

To eSign the following criteria must be met:

1. Agent must collect the email address for each Signer

2. All signers must have access to the internet and have their own email address

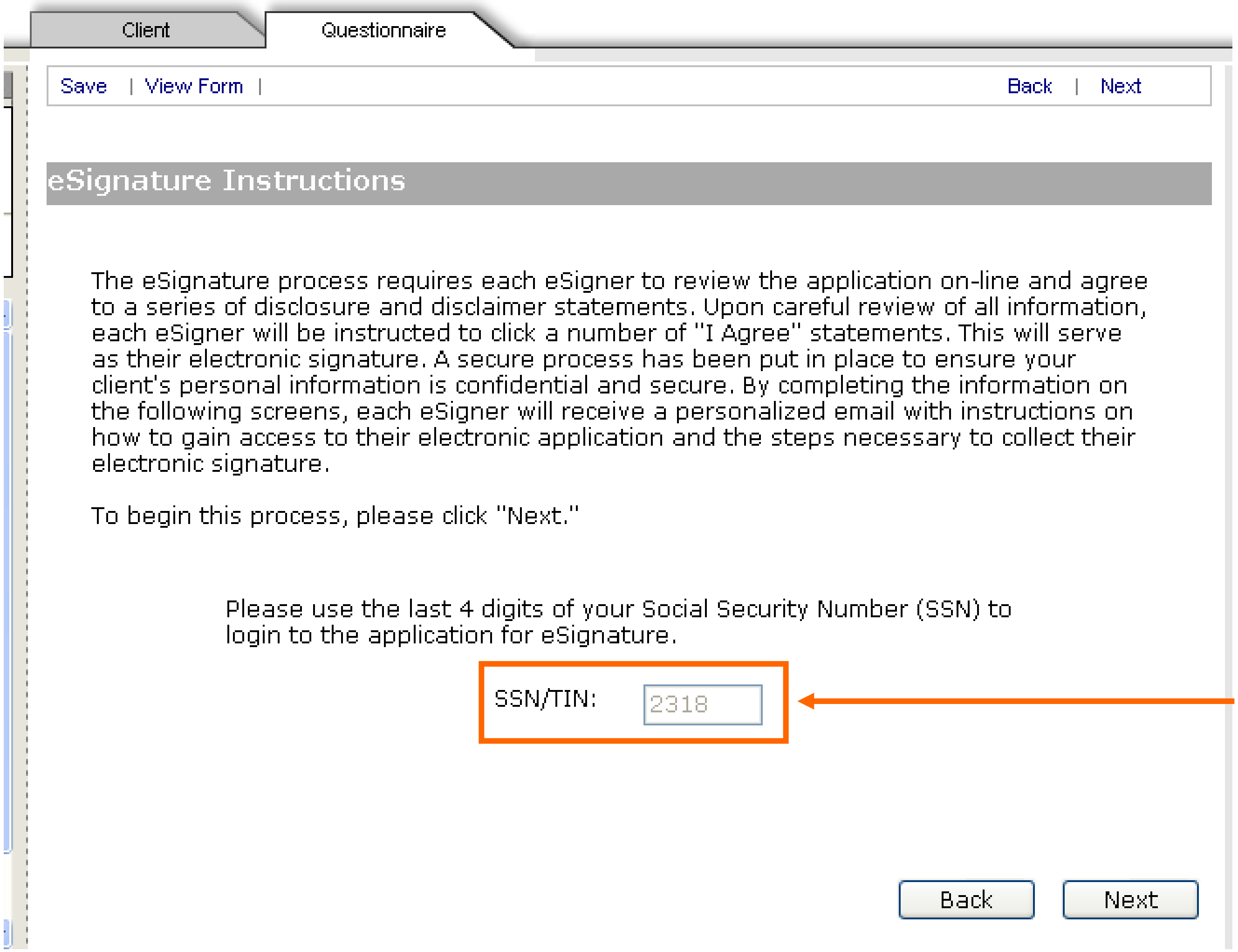
3. All signers must agree to use the eSignature process

4. All eSignatures must be obtained within 5 calendar days

Back | Next

eSignature is a secure, easier way to submit your application, and it reaches ING faster!

Questionnaire Tab – eSignature Instructions


Client | Questionnaire

Save | View Form | Back | Next

eSignature Instructions

The eSignature process requires each eSigner to review the application on-line and agree to a series of disclosure and disclaimer statements. Upon careful review of all information, each eSigner will be instructed to click a number of "I Agree" statements. This will serve as their electronic signature. A secure process has been put in place to ensure your client's personal information is confidential and secure. By completing the information on the following screens, each eSigner will receive a personalized email with instructions on how to gain access to their electronic application and the steps necessary to collect their electronic signature.

To begin this process, please click "Next."

Please use the last 4 digits of your Social Security Number (SSN) to login to the application for eSignature.

SSN/TIN: 2318

Back Next

This is the PIN number used by the Agent to access the application AFTER the proposed insured has signed and apply his/her signature electronically.

The agent is the last individual to apply their signature.

Questionnaire Tab – Proposed Insured's eSignature Email

Client | Questionnaire

Save | View Form | Back | Next

Proposed Insured's eSignature

By completing the information below, your client will receive a personalized email message instructing them how to gain access to their electronic application and the necessary steps that must be completed to collect their electronic signature.

Proposed Insured: Test Three

Application will be eSigned by: Test Three

Last 4 digits of eSigner's Social Security Number: 6789

Client's pin number to log in and apply their eSignature.

Email Message to Client for eSignature

To: Test Three

(Enter eSigner's name as it will appear on the application.)

E-mail Address: test.three@noemail.com

(Enter eSigner's Email)

From: Jon Doe

Agent's E-mail Address: jon.doe@noemail.com

E-mail Message:

> Thank you for applying for ING's term life insurance.
>
> To complete the application we need your electronic signature (eSignature). Please review your application by clicking on the link below. You will be asked to acknowledge your acceptance of the application and disclosures and consents prior to eSigning.
>
> Click here to be directed to your on-line application.
>
> If you have any questions, please contact me.

Generic email text

You may type a personalized e-mail message here to include with the above email before clicking "Send Message to Client."

Add your own personal message here.

Send Message to Client

Click here to send the email to the Client, then click "Next".

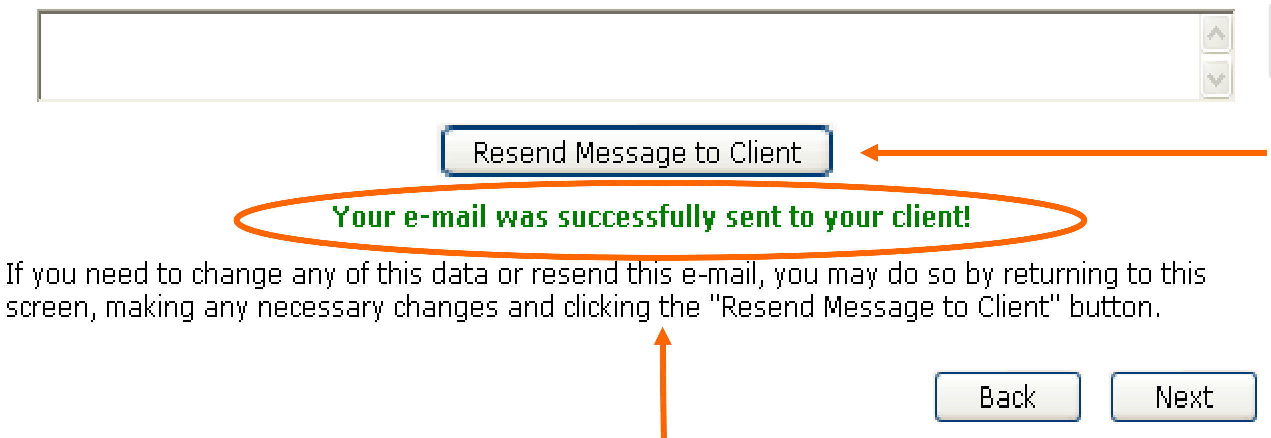
Back | Next

A page like this will produce for each person that needs to sign the application.

For example, the Proposed Insured, Proposed Owner, Proposed Payor, etc. if they are all different people, they will each receive an email from the agent to review the application packet and apply their signature.

ING

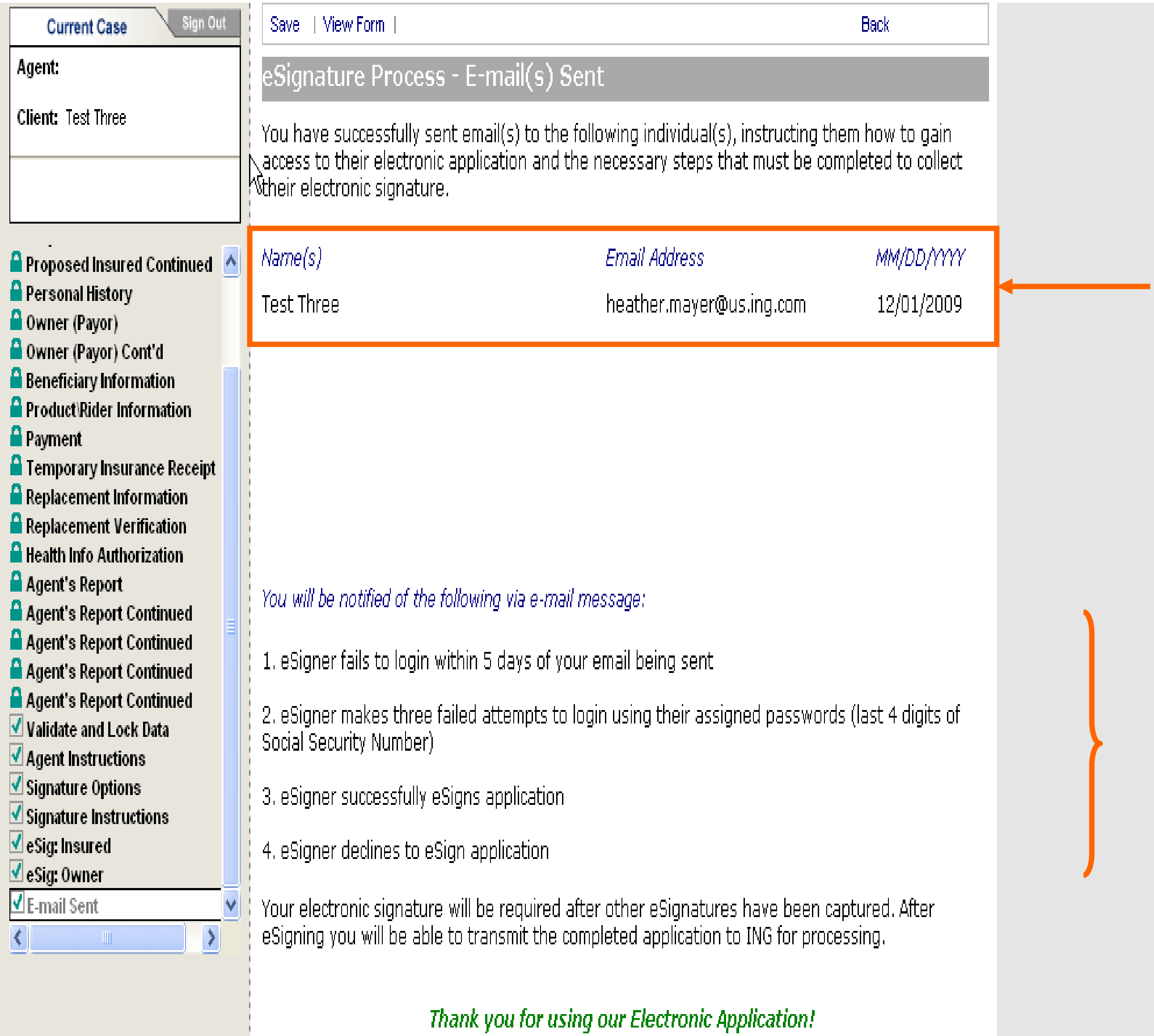
Questionnaire Tab – Proposed Insured's eSignature Email



If your client did not get the email, you can resend the message to your client.

After the email has been sent to the Proposed Insured, a confirmation message appears on the Email page.

Questionnaire Tab – Proposed Insured's eSignature Email



List of emails sent to obtain e-Signatures.

List of emails agent can expect to receive through the e-Signature process.

Customer Receives Email & Logs In

Date: Today

John Smith	Complete your ING Term Application	Tue 11/04/2008 7:34...	7 KB

Customer receives their email from you, the Agent.

Thank you for applying for an ING term life insurance policy.

To complete the application we need your electronic signature. Please review your application and all other forms by clicking on the link below. You will be asked to acknowledge your acceptance of the application, disclosures and consents prior to signing.

Please click here to be directed to your on-line application.

Customer clicks on the link to log into the tool.

If you have any questions, please contact me.

DO NOT REPLY TO THIS MESSAGE.

Last 4 Digits SSN/TIN

Customer enters the last 4 digits of their SSN or Government issued ID to sign in.

Sign In

ING

eSignature: Terms of Use & Electronic Signature Disclosure

ING

Welcome - Terms of Use and Electronic Signature Disclosure

Welcome, Test Three!

To begin the eSignature process, please read the **Terms of Use** and **Electronic Signature Disclosure** by clicking on each of the buttons below. You may print and retain a copy of these documents for future reference.

After reading both documents, please check the box indicating you have read them and then select either "I Agree" or "I Decline."

Terms of Use | I have read the **Terms of Use**

The Customer must open and read the Terms of Use before they can check the box and continue.

Once the Customer checks the Terms of Use box, they choose to Decline or Agree to proceeding with e-Signature process.

*** Make sure to tell the Customer to turn off pop up blockers.**

Electronic Signature Disclosure

You are applying for an insurance product using electronic processes which include the use of electronic signatures. By using this web site and electronically signing the application, you agree to the use of electronic transactions and agree that your electronic signature will be legally binding and enforceable and the legal equivalent of your handwritten signature. As with your handwritten signature, it must be applied personally by you - in other words, not by your spouse, secretary, business associate, agent, etc.

By applying your electronic signature, you are attesting that the answers/information you have provided herein are accurate to the best of your knowledge.

I Decline | I Agree

If the Customer agrees, they will proceed to the next page.

eSignature: Application Review

Application Review

Please review your application and all other forms in their entirety for accuracy, understanding and agreement. This application contains multiple pages and forms.

If you need to change or update any information or if you have questions, please contact your agent.

After reviewing your application and reading each of the pages that are to be eSigned, please check the box indicating you have read it and then select either "I Agree" or "I Decline."

Review Your Application

☐ I have reviewed the application and read each of the pages that are to be eSigned

Customer must click on the 'Review Your Application' button.

I Decline   I Agree

Customer has another opportunity to Decline or Agree to proceeding with the e-Signature process.

Once the Customer has reviewed their application, they click the "I have reviewed the application and read each of the pages that are to be eSigned" box and proceed.

eSignature: Apply eSignature

The Customer "checks" all four boxes.

Apply eSignature

☐ I, Test Three, hereby agree that:

☐ A. I have read the statements and answers given in this application and affirm that they are true and complete to the best of my knowledge and belief. I understand that the Company may seek to rescind or cancel the insurance coverage if there is any material misrepresentation.

☐ B. This application consists of Part I, appendices and supplemental questionnaires, and will be the basis for any coverage issued on this application. Any coverage issues on this application will take effect only upon satisfaction of all the Company's requirements, except as otherwise provided in the Conditional Receipt, if issued, with the same date as this application. Except where permitted expressly by statute or regulation, no agent or medical examiner has the authority to waive the answer to any question in the application, to pass on insurability, to make or alter an contract or waive any of the Company's rights or requirements. No change in the amount, classification, age at any issue, plan of insurance or benefits on this application shall be effective unless agreed to in writing by the Proposed Insured and Owner.

☐ C. I certify, under penalty of perjury, that my Social Security/Tax Identification Number(s) is (are) shown and is(are) correct and that I am not subject to back-up withholding.

Please enter the city and state where you are signing the application.

Signed at State: ND

Signed at City: ____

Customer enters the city that the application is being signed at.

The Customer has a final opportunity to Decline or Apply their eSignature and Submit to Agent.

[Decline eSignature Process] [Apply eSignature and Submit to Agent]

Customer eSignature Complete

ING

Application Review And eSignature Are Complete

Thank you!

Your application review and eSignature process are now complete and your eSignature has been applied to the document(s) that you reviewed. An email has been sent to your agent advising him/her that you have completed the eSignature process.

After closing this screen, you will not be able to access this site again to view your application. Please take a moment to print and/or save a copy of the eSigned application for your records by clicking on the button below.

View eSigned application

The Customer can view/download the e-Signed application.

If you have any questions or need another copy of the eSigned application, please contact your agent.

Thank you again for using our Electronic Application!

Close iGO Forms

Customer closes iGo Forms once complete.

Agent Receives Email & Logs In

Date: Today

ING - eSignature ... Test Three has completed e-Signature. Please use the link to Sign an... Tue 11/04/2008 8:11... 7 KB

Agent receives an email stating Customer has completed the application, and now the Agent's signature is needed.

All eSignatures, except for yours, have now been completed on the ING Life Insurance Application for Test Three. You now need to review, eSign, and electronically submit the application to ING.

Please click here to be directed to your on-line application and enter the 4 digit SSN or PIN code you created to login.

Agent clicks on the link to log into the tool.

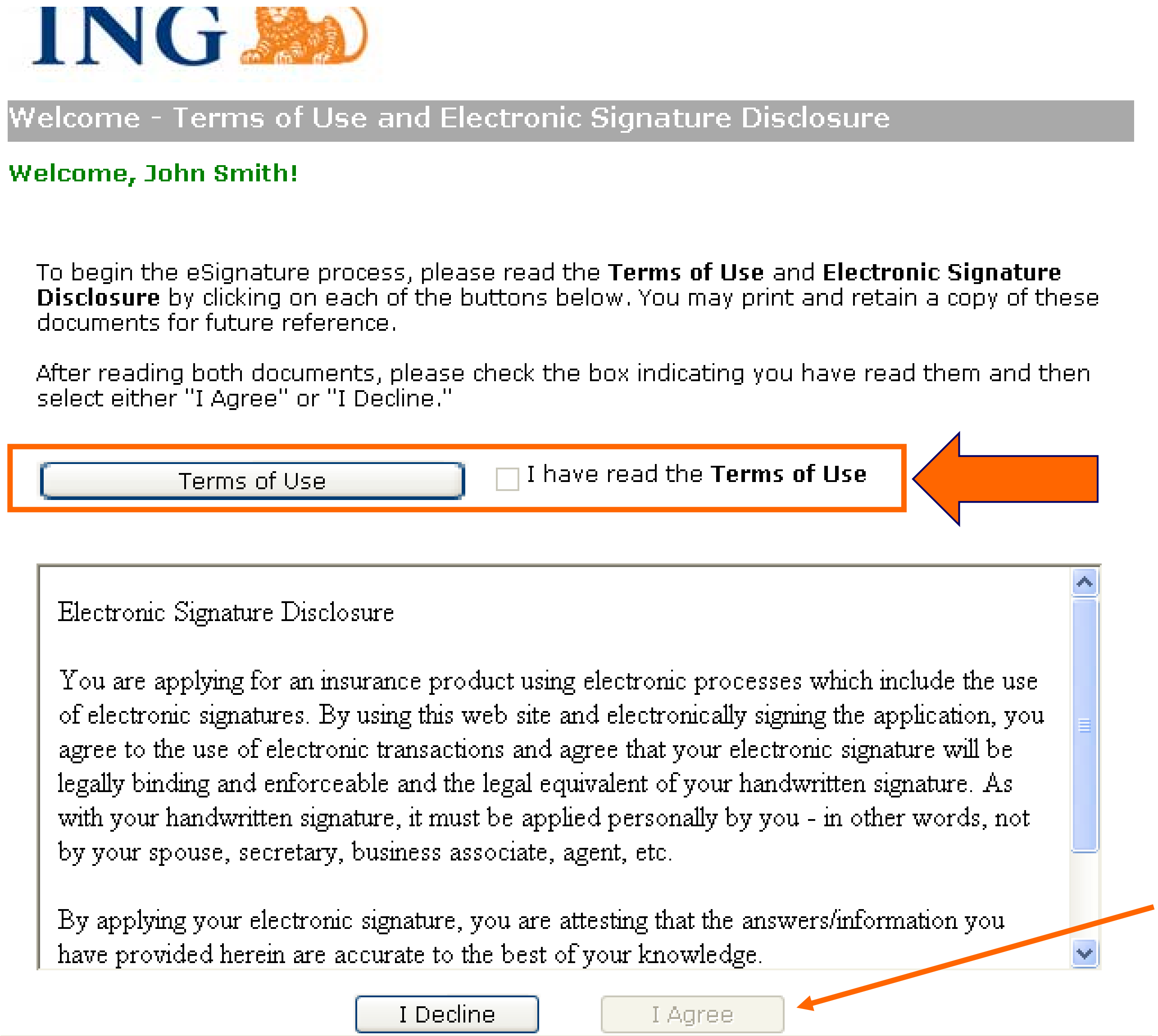
Please do not reply to this email.

Last 4 Digits SSN/TIN

Agent enters the last 4 digits of their SSN to sign in.

Sign In

eSignature: Terms of Use & Electronic Signature Disclosure



The Agent must open and read the Terms of Use before the box can be checked.

Once the Agent checks the Terms of Use box, they choose to Decline or Agree to proceeding with the e-Signature process.

If the Agent agrees, they will proceed to the next page.

eSignature: Application Review

ING

Application Review

All the necessary eSignatures have been successfully applied.

After reviewing your application and reading each of the pages that are to be eSigned, please check the box indicating you have read it and then select either "I Agree" or "I Decline."

Review Application

☐ I have reviewed the application and read each of the pages that are to be eSigned

The Agent must click on the 'Review Your Application' button and verify all signatures applied to the application.

I Decline   I Agree

The Agent has another opportunity to Decline or Agree to proceeding with the e-Signature process.

Once the Agent has reviewed the application, they click the "I have reviewed the application and read each of the pages that are to be eSigned" box and proceed.

eSignature: Apply eSignature

The Agent "checks" both boxes.

ING

Apply eSignature

☐ I, John Smith, hereby agree that:

☐ By signing below, I acknowledge my receipt and acceptance of the terms of the current ING Life Companies General Agent or Producer Agreement ("Agreement"), whichever is applicable, including but not limited to any compensation schedules. I agree to be bound by the terms and conditions of that Agreement, unless I am an employee/registered representative of a Broker/Dealer and do not hold an Agreement such that this language is inapplicable.

I understand that I may receive an additional copy of my Agreement and/or current compensation schedule, from the Company, by contacting Distributor Services at 877-882-5050.

Decline eSignature Process

Apply eSignature

The Agent has a final opportunity to Decline or Apply their eSignature.

Agent eSignature Complete & Submit to ING

ING

Application Review And eSignature Are Complete

Thank you!

Your application review and eSignature process are now complete and your eSignature has been applied to the application.

After closing this screen, you will not be able to access this site again to view your application. Please take a moment to print and/or save a copy of the eSigned application for your records by clicking on the button below.

[View eSigned application]

The Agent can view the eSigned Application.

It is highly recommended that the Agent download the file for future reference.

The last step is to click the button below to submit your application to ING.

[Submit to ING]

Thank you again for using our Electronic Application!

Critical Step:

The Agent clicks "Submits to ING".

AD10800203

Life

TERM APPLICATION

ReliaStar Life Insurance Company, Minneapolis, MN

A. PRODUCT INFORMATION

1. Initial Term Period: ☐ 10 Year ☐ 15 Year ☐ 20 Year ☒ 30 Year ☐ Other ____________

After the application is submitted to ING, the Policy Number is 'stamped' onto the application.