

DEATH CLAIM

- 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 Mailing Address: 20 Washington Ave. So, Minneapolis, MN 55401

The Group Policyholder Information, Employee Information, Claim Information and Employer Certification sections must be completed by the employer. The Beneficiary statement must be signed by the beneficiary if the amount payable to the beneficiary is \$5,000 or more. Forward the claim form, a certified death certificate, a copy of the Insured's enrollment documentation, and any beneficiary changes to the above address.

CLAIM CHECKLIST

- Is the Employer 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

Group Policyholder _____
 Group Policy Number _____ Account Number _____

EMPLOYEE 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

Employment Start Date _____

Date Last Actively at Work Prior to Death (*also include for dependent claims*) _____

Job Title _____

Salary \$ _____ per: hour week month year Last Salary Change Date _____

Employment Status: Full Time Part Time Average hours per week _____ Labor Status: Union Non Union

Status of employee at death: Active Retired Disability Waiver of Premium FMLA (*include FMLA documentation*)

Reason for Stopping Work _____

Have premiums been paid to the date of death? Yes No If "No," to what date have premiums been paid? _____

CLAIM INFORMATION

Basic Life \$ _____ Accidental Death \$ _____ Effective Date _____

Supplemental Life \$ _____ Supplemental Accidental Death \$ _____ Effective Date _____

Optional Life \$ _____ Effective Date _____

Other \$ _____ Effective 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 on page 1).

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

EMPLOYER CERTIFICATION

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

Employer Name _____

Employer 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 (as defined in instructions for IRS form W-9 and 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 Payment.** 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.
- 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.)

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 (in bold above) required to avoid backup withholding.

 Beneficiary Signature _____ Date _____

FRAUD WARNINGS

Delaware, Idaho, Louisiana, Maine, Minnesota, New Mexico, Ohio, Oklahoma, 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

ING's Personal Transition Account

The ING Personal Transition Account (the "Account") may be established as full payment to you of the death benefit or proceeds ("Proceeds") payable to you as a beneficiary of an insurance policy or contract (the "Insurance Product"). Once the Account is established, you will be the owner of the Account and you will receive a "draftbook" as full payment to you as beneficiary of the Proceeds of the "Insurance Product".

This Supplemental Contract (the "Contract") shall be effective as of the date the Account is established and sets forth your legal rights as the owner of the "Account", a part of ING's Financial Lifeline program. 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.

Other Options Offered by ING

The Insurance Product may provide other settlement or payment options with different benefits, features, guarantees or paying higher guaranteed or current 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 the Account has been established, you may not elect any other settlement or payment option under the Insurance Product. In addition, please refer to the included Claimant Statement or Death Claim form for all the settlement options available to you.

YOU SHOULD CONTACT THE INSURANCE COMPANY USING THE TOLL-FREE TELEPHONE NUMBER IDENTIFIED ON THE CLAIMANT STATEMENT OR DEATH CLAIM FORM FOR ADDITIONAL INFORMATION ON THE CURRENT AND GUARANTEED INTEREST RATE OFFERED UNDER THE SETTLEMENT OR PAYMENT OPTIONS OF YOUR INSURANCE PRODUCT.

Protection for ING's Personal Transition Account

The Account is not guaranteed by the Federal Deposit Insurance Corporation (FDIC), but may be guaranteed by the state's Insurance Guaranty Association applicable to the Insurance Product. The Account is backed by the financial stability and claims paying ability of the Insurance Company that established the Account. 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.

Your Ownership 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 Interest Rate. 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 at any time to withdraw the full balance of the Account including interest. There is no limit on the number of drafts you can write against the Account. You may also establish electronic funds transfers (ACH) from your Account.

To withdraw or expend 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 whether it will accept a draft as a method of payment.

Administration of your Account

The Account is established and maintained by the Insurance Company. The Insurance Company has engaged a bank to provide processing services including custodial and administrative services ("Processing Bank"). The current Processing Bank is The Bank of New York Mellon. The Insurance Company may change the bank serving as the Processing Bank at any time in its sole discretion and without notice to you.

Credited Interest/Guaranteed Minimum Rate of Interest

Your Account will be credited with interest earnings as described below. Interest on the Account balance is credited from the date of the Account's establishment to the day of any withdrawal, transfer or termination of the Account. The Insurance Company guarantees that the Account balance will be credited with interest at a rate at least equal to 0.50% annually from the date the Account is established. Interest may be credited above the guaranteed minimum interest rate at the current rate declared by the Insurance Company ("Current Interest Rate"). The Current Interest Rate credited to your Account is subject to change no more than twice in any twelve-month period and any decrease in the Current Interest Rate will not occur less than one year since the last change.

The Current Interest Rate is determined by the Insurance Company, in its sole discretion, 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 crediting of interest on the Account is subject to the financial stability and claims paying ability of the Insurance Company.

Account Fees

The Insurance Company will charge the following fees when additional services are requested: \$15 for each stop payment; \$5 per copy of draft; \$10 for drafts returned for insufficient funds; and \$10 per statement ("Account Fees"). The Insurance Company may change the fees for these services at any time at its discretion. The Processing Bank will return drafts for the following

reasons: insufficient funds, altered drafts, missing payee information and signatures that do not match your signature on file with the Insurance Company. Research costs are applied on an hourly basis. All fees are subject to change. Because the Insurance Company seeks to profit from the Account as described below, there are no fees (other than the Account Fees) directly assessed by the Insurance Company against the Account.

Restrictions on Your Account

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.

The ownership of the Account may not be changed. Assignment of the Account is not permitted.

Deposits to this Account are not permitted. The Account is funded solely from the Proceeds of an Insurance Company Insurance Product.

Account Statements

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 servicing Account owners. E-statements eliminate the chance of paperwork being lost, provide "real time" account activity and offer the convenience of having all your information at your fingertips whenever you like.

Cancelled Drafts

Cancelled drafts are kept on file. In the event you need a cancelled draft, please contact the Insurance Company customer service center.

Tax Reporting

The Insurance Company will send you a 1099-INT form each January reporting the amount of taxable interest earned on the Account.

Account Status/Closing Your Account

You may close your Account at any time. You may write one draft to access the full amount of the Account, including interest, 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.

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 will be sent to you for the remaining Account balance and accrued interest.

The Insurance Company 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 or 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, your Account will be closed and you will be sent a check for the remaining Account balance and accrued interest. If the Account is closed and the Insurance Company is unable to locate you, the Insurance Company may be required by law to pay any remaining funds over to the state government in which the Account was established.

If Something Happens to You

Upon notification of your death, the balance of the Account and accrued interest 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 and accrued interest will be paid to your estate and the Account will be closed.

Company Profit from the Account

The funds related to the Account are held by the Insurance Company in its general account which produces investment earnings for the Insurance Company. Since investment earnings may add to the profitability of the Insurance Company, the Account contributes to the earnings and profitability of the Insurance Company. The amount of such profit the Insurance Company may realize from your Account will vary depending upon a number of factors including the

time period over which funds remain in the Account. You may terminate or reduce your Account at any time by withdrawing all or a portion of the Account.

Amendment and Termination of This Contract and Your Account

The Insurance Company reserves the right in its discretion to terminate this Contract at any time or to make changes to its terms and conditions (other than to the guaranteed minimum interest rate and to the frequency with which the Current Interest Rate may be changed). In the event of a termination of the Contract, your Account will be closed and the remaining balance and accrued interest will be sent to you. The Insurance Company will notify you of changes to or termination of the Contract. Please retain a copy of the Supplemental Contract for your records.

Additional Questions

You will have access to the Account on our website: <http://ing.us/financiallifeline>

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.



Secretary, ING Insurance Americas

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

