

## ASSIGNMENT OF COMMISSION GENERAL ACCOUNT

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



### ASSIGNMENT REQUESTED FOR THE FOLLOWING COMPANIES

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

### ASSIGNEE INFORMATION *(Agent/Corporation to receive commissions. Assignee must be licensed and appointed if required by state regulation (i.e. Virginia)).*

Assignee Agent Number \_\_\_\_\_ SSN/TIN \_\_\_\_\_

Assignee Street Address \_\_\_\_\_

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

### ASSIGNMENT

For **VALUE RECEIVED**, I hereby assign and transfer to:

Assignee Name \_\_\_\_\_

all my right, title and interest in and to commissions payable by the Company indicated above as specified in commission agreements in effect with respect to any and all policies sold under the assignor agent number listed below, and I hereby authorize said Company to pay such commissions to the Assignee unless and until the this Assignment is released by Assignee. I understand that the Company will report income paid under this Assignment to Assignee for tax purposes.

 Assignor Signature \_\_\_\_\_ Date \_\_\_\_\_

### ASSIGNOR INFORMATION *(Agent/Corporation assigning commissions)*

Assignor Name \_\_\_\_\_

Assignor Agent Number \_\_\_\_\_ SSN/TIN \_\_\_\_\_

### ADDITIONAL INFORMATION

Assignor General Agent/Managing Director Name \_\_\_\_\_

Assignor General Agent/Managing Director Number \_\_\_\_\_

Assignee Signing Officer Name \_\_\_\_\_ Signing Officer SSN \_\_\_\_\_

**THE COMPANY DOES NOT ASSUME RESPONSIBILITY FOR THE VALIDITY OR SUFFICIENCY OF THIS ASSIGNMENT.**