



FIXED ANNUITIES APPLICATION FOR AGENT APPOINTMENT

ING USA Annuity and Life Insurance Company
A member of the ING family of companies
909 Locust Street, Des Moines, IA 50309-2899
Phone: 800-369-5305



AGENT INFORMATION

Agent Name \_\_\_\_\_ SSN \_\_\_\_\_
Agent Birth Date \_\_\_\_\_ Agent Home Telephone # \_\_\_\_\_
Agent Home Street Address \_\_\_\_\_ Apt./Suite # \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
Email Address (Required for electronic notification upon completion.) \_\_\_\_\_
Business Telephone # \_\_\_\_\_ Business Fax Number \_\_\_\_\_
Business Mailing Address \_\_\_\_\_ Suite # \_\_\_\_\_
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.

Agency Name \_\_\_\_\_ TIN \_\_\_\_\_
Are you currently a registered representative with the NASD? \_\_\_\_\_ Yes No
Please provide C.R.D. Number \_\_\_\_\_
Have you ever had an insurance and/or securities license or registration under another name? \_\_\_\_\_ Yes No
If yes, please provide that name \_\_\_\_\_
Do you have Errors & Omissions (E&O) coverage? \_\_\_\_\_ Yes No
E & O Coverage Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

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

- 1. 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?
2. Within the past 10 years, have you ever initiated bankruptcy proceedings or declared bankruptcy?
3. 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?
4. Within the past 10 years, has any insurance carrier canceled your contract or appointment for any reason other than lack of production?
5. 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?
6. With the exception of routine traffic violations, have you ever been convicted of or pled guilty or nolo contendere (no contest) in a court to a misdemeanor or felony?
7. 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?
8. 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?
9. 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?
10. Have you ever been found guilty or nolo contendere (no contest) of violating state insurance department, federal or state securities or investment related regulation or statute, or have you ever had your insurance license or securities registration suspended, revoked, investigated, audited or had a license denied?

**ACKNOWLEDGEMENTS**

I hereby certify that my answers to the questions contained in this application are true and correct. I acknowledge that ING USA Annuity and Life Insurance Company (hereinafter called the "Company," "we," or "us," as the case may be, has informed me of the Company's practice 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 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 ING affiliate companies and to third parties where the third parties' legal interests and/or obligations are involved. I also authorize the Company to distribute any financial, business, legal, tax or work performance history regarding me that it receives from third parties, from any ING affiliate companies or which is generated by the Company or from the ING affiliate companies' data source that is not part of the investigative report, to all ING affiliate companies or to third parties including but not limited to agents or agencies that assume my debt balance responsibilities.

I certify that I have reviewed this application and acknowledge that this application will form a part of my agent contract with the Company. I further 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 contract, all in the sole discretion of the Company. The undersigned Person (hereinafter called "Agent," "You," or "Yourself"), in consideration of your undertaking to sell the Company's products for the consideration as stated in the Agent's Licensing Contract (the "Contract") and Commission Schedules(s) attached hereto and made a part hereof, mutually agree to the terms of said Contract.

I hereby certify that I have read, understand and agree to be bound by the Agent's Licensing Contract ("ALC") attached to the original Application for Agent's Appointment. I represent and warrant that I have not altered, modified or otherwise changed the terms of the ALC in any fashion. I acknowledge the ALC will form a part of my agent contract if this application is accepted by the Company.

**Under penalty of perjury, I certify that:**

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and...
2. I am not subject to backup withholding because: (a) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (b) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. citizen (including U.S. resident alien)

**INSTRUCTIONS:** You must strike out the language certifying that you are not subject to backup withholding due to underreporting if the IRS has notified you that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return and you have not received notice from the IRS advising that backup withholding has terminated.

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

**I also certify 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.**

Signature of Applicant/Agent \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY THE AGENT'S IMMEDIATE HIERARCHY PRIOR TO SUBMISSION.**

Hierarchy Name Douglas B. Mitchell

Agent's Commission Level \_\_\_\_\_ Hierarchy Contract # \_\_\_\_\_



ING USA Annuity and Life Insurance Company  
Service Office: P.O. Box 1593, Des Moines, IA 50306-1593

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## DIRECT DEPOSIT AUTHORIZATION

I hereby authorize ING USA Annuity and Life Insurance Company, hereinafter called COMPANY, to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my checking \_\_\_ savings \_\_\_ account (select one) indicated below at the depository named below.

Depository Name \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Transit/ABA# \_\_\_\_\_ Account# \_\_\_\_\_

This authority is to remain in full effect until COMPANY has received written notification from me of its termination in such time and manner as to afford COMPANY reasonable opportunity to act on it.

Print Name \_\_\_\_\_ SS# \_\_\_\_\_

Sign Name \_\_\_\_\_ Date \_\_\_\_\_

|                             |                    |
|-----------------------------|--------------------|
| <b>FOR COMPANY USE ONLY</b> |                    |
| Date Received _____         | Processed By _____ |

**ATTACH VOIDED CHECK HERE ▼**