



Broker Data Sheet

ING Life Insurance and Annuity Company
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 Des Moines, IA 50306
 E-mail Address: worksitelicensing@us.ing.com
 Telephone: 1-888-238-6297
 Fax: 1-515-698-2037

The Broker Dealer or its Affiliated Insurance Agency(s) must be properly state insurance licensed and company appointed with ING Life Insurance and Annuity Company. Also, a current Background Investigation is required in some states for the company appointment.

Broker Information	Name (Last, First, Middle Initial)		Social Security No.	
	Business Address (Home Office)			
	Business Telephone No. ()	Fax No. ()	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Resident Address (No. & Street)		PO Box (optional)	
	City/Town		State	Zip Code
	Resident Telephone No. ()			
Questionnaire	Are you associated to a Broker Dealer or Firm? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If Yes, complete Broker Dealer/Firm Information section.			
	What products will you be selling? _____			
	In what states do you hold a state insurance license? _____			
	Are you working through one of ING's Corporate Market Field Offices? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If Yes, provide the name of the contact person that you have been working with: _____			
Do you have any pending business? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, indicate type of business: <input type="checkbox"/> Map Plus <input type="checkbox"/> Advisor Plus				
<input type="checkbox"/> Other _____				
Broker Dealer / Firm Information	Broker Dealer/Firm Name		Tax ID No.	
	Business Address (Home Office)			
	Business Telephone No. ()	Fax No. ()	List states in which Dealer/Firm is insurance licensed	
Affiliated Insurance Agency	Insurance Agency Name		Tax ID No.	
	Business Address (Home Office)			
	Business Telephone No. ()	Fax No. ()	List states in which Agency is insurance licensed	
Field Relationships	Distributor Type <input type="checkbox"/> Top Tier Producer <input type="checkbox"/> Marketing TPA <input type="checkbox"/> Other Independent			
	Field Management Direct Report Sales: _____ Service: _____ (Case Manager)			
Who Do We Contact With Questions?	Contact Name (First, Middle Initial, Last)		Telephone No. ()	Fax No. ()
	Approver Name (please print)		Date Request Submitted	
	Approver's Signature			



BACKGROUND INVESTIGATION - DUE DILIGENCE FORM

Please respond to all questions for you personally and any organization over which you have exercised management control. If you answer "YES" to any question other than #1 or #2, you must attach an explanation with all relevant information and supporting documents.

Name: _____

Social Security Number: _____

Date of Birth _____

Supervisors Name _____

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Are you currently bonded? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have Errors & Omissions (E&O) coverage?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been discharged or permitted to resign from your employment because you were accused of or found to have: | | |
| a) violated investment-related or insurance-related statutes, regulations, rules, or industry standards of conduct?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b) engaged in fraud or the wrongful taking of property? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) violated company rules? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever initiated bankruptcy proceedings or been declared bankrupt?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you owe any money to an insurance company?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are there any outstanding or pending judgments or liens against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever defaulted on a: | | |
| a) promissory note?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b) any other debt, including consumer or credit card debt? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has any insurance company canceled your contract or appointment for any reason other than lack of production?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever had your insurance license or securities registration suspended or revoked? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever had a complaint filed against you that resulted in: | | |
| a) a fine or penalty?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b) censure? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) cease and desist order? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) consent order?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e) other disciplinary action..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. With exception to routine traffic violations, have you ever been convicted of or pled guilty or nolo contendere (no contest) in a court to: | | |
| a) a misdemeanor? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) a felony? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are you involved in any pending or current litigation, investigations or E & O claims? ... | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has any E & O carrier denied, paid claims on, or canceled your coverage?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Has a bonding or surety company denied, paid out on, or revoked a bond for you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you changed resident states more than 3 times in the past 10 years?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you changed Broker-Dealers more than 3 times in the past 5 years?..... | <input type="checkbox"/> | <input type="checkbox"/> |

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BACKGROUND INVESTIGATION - DUE DILIGENCE FORM CONTINUED

Name _____

Social Security Number: _____

EMPLOYMENT AND PERSONAL HISTORY

ACCOUNT FOR ALL TIME FOR THE PAST TEN YEARS. Give all employment experience starting with your previous employer and working back ten years. Include full and part time work, self employment, military service, unemployment and full-time education.

Firm Name and Address	Supervisors Name	Supervisors Telephone Number	FROM DATE YEAR	TO DATE YEAR	Position Held
NAME					
CITY STATE					
NAME					
CITY STATE					
NAME					
CITY STATE					
NAME					
CITY STATE					
NAME					
CITY STATE					
NAME					
CITY STATE					

RESIDENTIAL HISTORY

Give All addresses for the past five years, starting with your current address.

STREET	CITY	STATE	ZIP	From		To	
				MONTH	YEAR	MONTH	YEAR

I certify that the information I have provided on this form, including attachments, is accurate and complete to the best of my knowledge. I understand that any false statement or misrepresentation of the information I have provided will be grounds for rejection of my request for insurance licensing or company appointment." In addition, I understand that consideration for insurance licensing and/or company appointment is contingent upon results of a background investigation.

SIGNATURE: _____

DATE: _____

FAIR CREDIT REPORTING ACT
CONSUMER DISCLOSURE AND GENERAL AUTHORIZATION

In connection with the application for an insurance license, company appointment, NASD registration and/or contracting for the sale and/or servicing of products issued by ING Life Insurance and Annuity Company ("ILIAC"), I understand that a consumer report or investigative consumer report, as those terms are defined in the Federal Fair Credit Reporting Act as amended ("FCRA"), may be obtained by ILIAC from a consumer reporting agency. A "consumer reporting agency" ("Agency") is an entity that assembles and evaluates information on individuals for the purpose of furnishing consumer reports to third parties. I understand that the Agency may not give out information about me to ILIAC without my written consent.

An investigative consumer report is a special type of consumer report in which information about my character, general reputation, personal characteristics, and/or mode of living is obtained through personal interviews. I understand that the report ILIAC obtains about me from the Agency may be an investigative consumer report and may include information obtained from contacting my referenced and former employers and confirming my education attainments, as well as reviewing my motor vehicle records, any criminal justice records for criminal convictions that relate to me, civil records for past judgements, decisions or settlements related to my integrity, and credit reports. In the event an investigation related to my integrity, and credit reports. In the event an investigative consumer report is obtained, I understand that I have the right, within a reasonable period of time after my receipt of *this Fair Credit Reporting Act Consumer Disclosure and General Authorization*, to ask ILIAC to make additional disclosures concerning the nature and scope of the investigation requested.

If information obtained from a consumer report or investigative consumer report is wholly or in part the basis for an adverse employment action against me by ILIAC, such as a decision not to hire me or to terminate my employment, I understand that ILIAC will give me the name, address and toll-free telephone number of the Agency that prepared the report for ILIAC, a copy of the report and a summary of my right under the FCRA.

I hereby authorize ILIAC now, or while I am appointed and contracted to represent ILIAC for the sale of its products, to obtain a consumer report or investigative consumer report on me, as applicable. This authorization does not include the release of medical information about me.

Applicant's Name (printed)

Date

Applicant's Signature

This authorization is valid for one year.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.**

If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6, Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks.)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings bank (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051