Please choose ING Affiliate Compan	ıy	
☐ Security Life of Denver Insurance Company		Southland Life Insurance Company

Full Legal Signature of OSJ

S-5268A-00



REQUEST FOR ING AFFILIATE APPOINTMENT – For use by Registered Representatives

Step 1: Enclose with this form: Copy of your current state license(s) (front and back), including variable authority, if applicable Copy of your current CRD, Letter of Certification from resident state, if requesting a non-resident appointment for WV	INSTRUCTIONS: ☐ Copy of your current E&O certificate, ☐ State-specific form, with agent's original signature, if requesting appointments in GA, MA,or non- resident WV Producer Group Affiliation		Mail or fax all documents c/o: Security Life of Denver Insurance Company Licensing Division 1290 Broadway, Denver, CO 80203 300-448-9839 Fax (303) 860-2566	
	PLEASE PRINT ALL PRODUCER DATA			
Name as it appears on your insurance license		SS Number:		
Broker/Dealer Affiliation				
3. Corporation Name (if applicable)				
4. Business Address				
5. Business Telephone		Fax Number		
6. Residence Address		***************************************		
7. Residence Telephone		Date of Birth		
,	please attach a written statement summarizing the c	********		
 Have you ever had a life insurance and/or securiti 				
 Have you ever had a me insurance and/or securit Have you ever been refused or had any insurance 				
the NASD, or any state or federal agency regulating		ve you been intou	by an insurance department,	
Have you ever filed for bankruptcy or do you have	_	debts? Yes	□ No	
12. Have you ever been convicted, pled guilty, or note	o contendere to a felony or misdemeanor other tha It in a civil suit alleging fraud in the sale of insurar	n a traffic violatio	n, or are you now under	
Sound Life Approintments Von No	APPOINTMENT REQUESTS	nnointmente 🗆	Ves No	
xed Life Appointments Yes No Variable Life Annuities/Appointments Yes No ease specify in which states the producer wishes to be appointed: Please specify in which states the producer wishes to be appointed:				
2 3 4 5	1 2 3	1 2 3 4 5 Series		
authorize all ING affiliated companies ("ING") to share work performance, including copies of licenses and ap business on behalf of ING until all required licenses ar	plications for purposes of appointment under this	agreement. I unde	erstand I am not to solicit	
authorize the broker/dealer named below to release to egal, tax, or work performance, including any informat	ING upon request any and all information in their			
NG may offset and/or recoup any debit balance which becomes obligated to pay to ING, with compensation e		debtedness which	producer is obligated or	
ndemnification statement for writing agents:				
'I agree to indemnify, defend and hold ING harmless fr n consequence of any fraudulent or negligent acts and	om any and all expenses, attorney fees, costs, cau I/or omissions by me regarding the sale of all ING	ses of actions and products."	d damages resulting from and	
Full Legal Name (Please Print)	Full Legal Signature of Producer	***************************************	Date	
	ER VERIFICATION/RECOMMENDATION/ACC	EPTANCE		
The undersigned representative of the Broker/Dealer ve and that a copy will be made available upon written req	uest. The Broker/Dealer further attests that the Regi	stered Representa	tive has maintained high	
standards of integrity and professionalism in the condu	ict of his dusiness, and will continue to do so wher	i conducting busin	ness on denail of ING Group.	