

ELECTRONIC FUNDS TRANSFER

- ReliaStar Life Insurance Company, Minneapolis, MN
- Security Life of Denver Insurance Company, Denver, CO

For Policyowner Service use only:

- ING USA Annuity and Life Insurance Company, Des Moines, IA
- Midwestern United Life Insurance Company, Fort Wayne, IN



Administrative Office:
 ING Service Center
 2000 21st Ave. NW
 Minot, ND 58703

Request and Authorization Agreement for Pre-Arranged Payments or Electronic Bank Debit Plan for Payment of Premiums: ReliaStar Life Insurance Company, Security Life of Denver Insurance Company, ING USA Annuity and Life Insurance Company, or Midwestern United Life Insurance Company (the "Company") is hereby requested and authorized to draw checks or initiate bank debits to be charged against the Account described in the Authorization below.
Important Notice for Term Insurance Premiums: Premiums paid more frequently than annually result in higher total premiums for the same coverage.

This agreement authorizes: A new monthly transfer A change in existing transfer amount A change in financial institution

Insured's Name (Please print)	Policy Number	Monthly Deduction

Bank Name _____

Bank Address _____

Account type: Checking Savings Name(s) on Account _____

Routing Number _____ Account Number _____

Tape voided check here. Forms submitted without a voided check will not be accepted. Deposit slips will only be accepted in lieu of voided checks for Savings Accounts.

Terms of the EFT Plan Each debit will be: (1) in an amount sufficient to pay a proper proportion of the annual premium at the Company's EFT premium rate; (2) notice of premium due and no further notice of premium will be given; (3) a receipt for the amount stated thereon if and when the Company receives actual payment. If a debit is not honored by the bank upon presentation for payment by the Company, such action by the bank will be notice of nonpayment of premium. The EFT Plan for premium payment may be terminated by the Policyowner or by the Bank Depositor/premium payor by written notice filed with the Company and may be terminated by the bank in which the Account is maintained. The Company also may terminate without notice if any debit is not honored upon presentation, otherwise upon 30 days written notice to the Policyowner. In the event the Plan is terminated for any cause, any unpaid premiums, and premiums which have due dates that occur on or after the date of termination, will be paid directly to the Company at the premium rate and on the premium due date which would have been applicable to each policy if it had not been placed under the EFT Plan for premium payment. If the Company is not paid within the time required by the policies, the said policies will lapse and have no further value, except as otherwise provided in said policies. The Company may, at its discretion from time to time, effect payments by use of prearranged payments (debit) or an electronic bank debit system. **It is agreed that:** This authorization will apply to any conversion, renewal or change made in said policies; the Company encourages the Policyowner to obtain overdraft protection from its bank to avoid any unhonored withdrawals and associated fees; the Company may increase the premium withdrawal amount sufficient to maintain insurance coverage. Such increase would occur 30 days after providing written notification of the increase.

Authorization Agreement for Prearranged Payments (debits) I (we) authorize the Company to make variable charges to my (our) checking or savings Account identified above, and authorize the financial institution named above to withdraw funds from (debit) such Account and pay to the Company's order accordingly. This authorization will remain in effect until the financial institution has received and has had reasonable time to act on a written request from me (us) to terminate this agreement. I have read and understand the above statement:

Signature of Bank Account Owner _____ Date _____

SSN/TIN _____ Phone Number _____