

ING-ReliaStar ANNUITY Contracting Instructions

ING-ReliaStar ANNUITY is JUST IN TIME carrier. The carrier will process an appointment upon receipt first piece of business.

Some of these forms will be used for some situations and not for others. Please follow the instructions below that pertain to your situation, and remember, “Required” means that the forms must be submitted for your contract to be processed.

Individual Contract – a contract in which commissions get paid directly to an agent.

- Fill out and sign Application for Appointment (Form # #140232 11/15/2009). (Required)
- Fill out and sign Fixed Annuity Sales Agreement (Form #141763 08/20/2007). (Required)
- Direct Deposit (Form #133854 02/01/2010) and copy of void check. (Optional)
- Fill out and sign W-9. (Required ONLY for New York agents)
- Send in a copy of individual license – for all states submitting business.
- E&O coverage required for one million. (Required)

Corporate Contract- a contract in which all commissions get paid to the company and the company distributes commissions within.

- Fill out and sign Application for Appointment and complete Section 3 CORPORATION APPOINTMENT INFORMATION (Form # #140232 11/15/2009). (Required)
- Fill out and sign Fixed Annuity Sales Agreement (Form #141763 08/20/2007). (Required)
- Direct Deposit (Form #133854 02/01/2010) and copy of void check. (Optional)
- Fill out and sign W-9. (Required ONLY for New York agents)
- Send in a copy of individual license – for all states submitting business.
- E&O coverage required for one million. (Required)

Please forward all necessary forms to:

**THE RECRUITING ENTITY WHO SUPPLIED
YOU WITH THESE DOCUMENTS**

APPLICATION FOR APPOINTMENT FOR INDEPENDENT TSA ONLY

ReliaStar Life Insurance Company
A member of the ING family of companies
909 Locust St, Des Moines, IA 50309-2899
Phone: 877-882-5050 Fax: 877-788-5122 E-mail: RSLicensing@us.ing.com



1. TYPE OF REQUEST

- Individual (Select type.): Direct Pay (Attach form 141763.) Licensed Only (Attach form 141762.) Variable
Corporation (Attach 141762 & 141763.)

2. INDIVIDUAL PRODUCER APPOINTMENT INFORMATION

Published? Yes No

Producer/Principal Name (First) (Last) (M.I.)
Professional Designations Date of Birth Male Female
Residence Phone SSN
Producer Residence Street Address
City State ZIP
Business Phone Business Fax
Business Street Address
City State ZIP
E-mail Address

3. CORPORATION APPOINTMENT INFORMATION (Complete this section only if you are the signing officer of the corporation and are appointing both you and your corporation.)

Name of Corporation TIN

4. QUESTIONNAIRE (Please respond to all questions for you personally and any organization over which you have exercised control. If you answer "Yes" to questions 3 through 16, you must attach an explanation with all relevant information and supporting documents.)

- 1. Are you currently a registered representative with the FINRA? Yes No
If "Yes," please provide C.R.D. Number.
2. Have you ever had an insurance and/or securities license or registration under another name? Yes No
If "Yes," please provide that name.
3. Have you ever been discharged or permitted to resign from your employment because you were accused of: a) violating investment-related or insurance-related statutes, regulations, rules, or industry standards of conduct? b) fraud or the wrongful taking of property? c) violating company rules? Yes No
4. Within the past 10 years, have you ever initiated bankruptcy proceedings or declared bankruptcy? Yes No
5. Do you have any unsatisfied judgements or liens? Yes No
6. Do you have any knowledge of indebtedness to an insurance carrier or financial organization that involves yourself or an organization that you have been associated with? Yes No
7. Within the past 10 years, has any insurance carrier canceled your contract or appointment for any reason other than lack of production? Yes No
8. Have you ever had your insurance license or securities registration suspended, revoked, investigated, audited or had a license denied? Yes No
9. Within the past 10 years have you ever had a complaint filed against you that resulted in a fine, penalty, cease or desist order, censure or consent order, or disciplinary action? Yes No
10. 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) a misdemeanor? b) a felony? Yes No
11. Are you involved in any pending or current litigation, investigations or complaints, or E&O claims? Yes No
12. Within the past 10 years, has any E&O carrier denied, paid claims, or canceled your coverage? Yes No
13. Have you ever sued or been sued by an insurance company? Yes No
14. Have you ever been named as a defendant or co-defendant in a lawsuit? Yes No
15. 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? Yes No
16. Have you ever been found guilty or nolo contendere (no contest) in violating state insurance department, federal or state securities or investment related regulation or statute? Yes No

5. PRODUCER ANTI-MONEY LAUNDERING (AML) TRAINING REQUIREMENT

The Financial Crimes Enforcement Network (FinCEN), a bureau of the U.S. Department of Treasury, enacted regulations surrounding the anti-money laundering (AML) programs for insurance companies, which took effect May 2, 2006. The Company requires that all producers selling or servicing specified products complete AML training and certify with ING at the time of contracting. In addition, under these regulations, ING requires that all agents selling specified products recertify their AML training biennially based on the date the last certification was completed.

Producers meeting the following are recognized as having completed their required AML obligations without further documentation:

- Currently have an active variable annuity or variable life contract with ING.
- Currently affiliated (commissions paying to) with a wirehouse when soliciting/servicing life insurance policies offered by ING
- Currently affiliated with a broker/dealer or bank, or with an agency of a broker/dealer or bank, whose ING selling agreement covers all associated agents under a blanket AML certification. Please check with your broker/dealer or bank compliance office. You may also call ING at 877-882-5050 (option 3,4) to speak with an ING Licensing Representative.
- Completed the AML course using LIMRA as the training service (aml.limra.com)

If you have not met one of the above qualifications, you will be required to certify your AML training completion by:

- Submitting an AML training certificate of completion sponsored by an ACLI or FINRA recognized organization.
- Submitting an AML training certificate of completion sponsored by an ING approved training organization (list available by calling your ING Licensing Representative).
- Completing the AML course using LIMRA as the training service (aml.limra.com).
- Completing the ING AML Training Certificate of Completion (Form #137305).

Failure to certify your AML training may lead to delays in new business issuance. Failure to re-certify your AML training may lead to delays in new business issuance beyond the AML training expiration date.

6. TAXPAYER CERTIFICATION

Under penalties of perjury, I certify that:

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

I am a non-resident alien and the Taxpayer Certification language included in this form does not apply to me.

7. ACKNOWLEDGEMENTS

I hereby certify that my answers to the questions contained in this application are true and correct. I acknowledge that ReliaStar Life Insurance Company (hereinafter called the "Company") 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 also expressly authorize the Company, for the purpose of facilitating the licensing and appointment process, to share information gathered as a result of these investigations with my agency and/or broker-dealer (including any third parties authorized by my agency and/or broker-dealer). 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 I 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 appointment, all in the sole discretion of the company.

7. ACKNOWLEDGEMENTS *(Continued)*

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, that I have received from the Company all disclosures required by the Fair Credit Reporting Act, and that I agree to read and abide by the ING Business Guidelines.

Print Producer/Corporate Principal Name
(Corporate/Agency Name if applicable.) _____

Producer/Corporate Principal Signature
(Corporate/Agency Name if applicable.) _____ Date _____

Corporate/Agency Contact Name _____ Phone _____

To Be Completed By The Agent's Immediate Hierarchy Prior To Submission

Hierarchy/Broker Dealer Name _____ Hierarchy Agent # _____

Agent Commission Level _____ Region Code _____

FIXED ANNUITY SALES AGREEMENT

ReliaStar Life Insurance Company
A member of the ING family of companies
 Service Office: 909 Locust St, Des Moines, IA 50309
 Phone: (877) 882-5050 Option 3,4 Fax: (877) 788-5122

**APPOINTMENT**

You are hereby appointed an Agent of ReliaStar Life Insurance Company ("the Company"), subject to the terms and conditions of this Agreement. You understand and agree that your relationship with the Company is that of an independent contractor.

RESPONSIBILITIES

You agree to:

- (a) Treat all monies received or collected by you for the Company as property held in trust, and remit such monies at once to the Company with a full and detailed statement.
- (b) Procure applications for Fixed Annuities.
- (c) Be governed strictly by all rules, regulations, and instructions contained in the Company rate books and manuals, together with all other regulations instituted from time to time, and observe and comply with the insurance laws and regulations of the state or states in which you operate.
- (d) Hold all rate books and supplies furnished you by the Company as property of the Company, and treat all books of account, card records, documents, vouchers, and papers connected with the business written with this Company as property of the Company and at any and all times subject to examination by it and return such property to the Company upon the termination of this Agreement.
- (e) Hold information including names of policyholders and information concerning policyholders or their policies (for example, current status report forms or lists showing policyholders), whether such materials were in existence before your appointment, or are created during your term as Agent, as confidential material and trade secrets of the Company, holding such information in trust for the Company.
- (f) Not issue any advertising, printed or electronic matter, typewritten circular, or other material pertaining to our annuity programs, or company without the written approval of our Compliance Department.

LIMITATION OF AUTHORITY

You have no authority and agree not to:

- (a) Bind the Company by any promise or agreement or incur any debt, expense, or liability whatever in its name or account, contract for or publish any advertising matter or other statement, in the name of, or for, the Company except by and pursuant to specific written authority of the Company.
- (b) Pay or allow or offer to pay or allow, as an inducement to any person to insure, any rebate of premium or consideration or any inducement not specified in the policy.

COMPENSATION

You agree that:

- (a) Subject to the terms and conditions set forth, fees will be payable to you in accordance with the Fixed Annuity Compensation Schedule in effect on the effective date of the policies to which they relate, less fees earned by your agents under their compensation schedules.
- (b) The Company reserves the right to discontinue or withdraw any plan of annuity and to fix fees on plans not included in the Fixed Annuity Compensation Schedule which is now or may hereafter be issued by the Company.
- (c) Upon written notice, the Company may change its plan of compensation insofar as it relates to Annuities written after such notice.
- (d) The amount and time of payment of fees on replacements, changes, transfers, exchanges, renewals, and other special cases shall be governed by the Company rules and regulations.
- (e) If the Company, for any reason, refunds any premium or part of a premium on any policy, any fee paid to you on the amount refunded shall be repaid to the Company.
- (f) You will accept the Company's account with you as conclusive evidence of the state of the account unless objection in writing is received by the Company at its home office within 20 days of the Company's mailing of the account to you. A copy of said account will be furnished to you at least once each month.
- (g) You will service the policyholders where you are the active servicing agent. In the event of a full or partial surrender, any

requests which you cannot or do not conserve may be assigned by the Company to another sales representative. If such sales representative conserves the policy or reduces the amount of the withdrawal, no further compensation on the policy shall be paid to you. This paragraph shall apply both during the term of this Agreement and after its termination.

CHARGEBACK

You shall repay any amounts advanced to you. The Company shall not be limited to its right of offset but may at any time demand immediate repayment. If you have a debit balance with us due to advance on commissions and a policy is fully or partially surrendered or premium on that policy is reduced or stopped, we will chargeback against your account any commission for the unearned portion of that advance. If it becomes necessary to refund premiums to a policyholder or applicant, you agree to repay the company the amount equal to commissions earned on the refunded premiums. In addition, we will chargeback any commission paid on a policy in accordance with the terms of the Fixed Annuity Compensation Schedule attached to this agreement.

APPOINTMENT OF AGENTS

You are authorized:

To recommend the appointment of agents and when contracted by the Company, you shall be fully responsible to the Company for the debit balances of agents under your supervision, or any matter entrusted to them. The agents shall be deemed to be under your supervision so long as they continue to submit applications on which you receive a fee. The contract of such agents may be cancelled, revised, or amended by the Company only.

ASSIGNMENT

You may not assign this Agreement or the compensation accruing under it, or any interest therein, except with the prior written consent of the Company.

CORPORATION-PARTNERSHIP

- (a) If you are a legal entity, this Agreement shall automatically terminate upon the dissolution or disqualification of the legal entity to do business under the applicable state laws.
- (b) If you are a legal entity, the representative of the legal entity personally signing this Agreement guarantees the performance of all of its terms, conditions, and covenants, including personal responsibility and liability for repayment to the Company of any and all indebtedness owed the Company by the legal entity arising out of the terms of this Agreement or any agreement entered into coincidentally with or subsequent to this Agreement with respect to financing without the necessity of our first enforcing any default against the legal entity. In addition, you shall immediately notify the Company if any interest in the legal entity shall be sold, transferred, or assigned.

TERMINATION

You agree that this Agreement, together with any and all riders and supplements thereto, shall terminate:

- (a) Three days following election and written notice by either party.
- (b) Immediately "for cause" which shall include but not be limited to any act of dishonesty or fraud, or any attempt on your part to induce any agents of the Company to terminate their services, or to induce any policyholders to terminate any policy of the Company, or your failure to comply with any of the terms or conditions of this Agreement.
- (c) Upon your death.

PAYMENTS AFTER TERMINATION

You agree that:

- (a) If you are an individual, payment of commissions does not cease on your death and payment will be made to your estate. If you are a legal entity, payment of commissions will cease upon your dissolution or disqualification, unless Company receives notice, pursuant to applicable law and in a form acceptable to Company, of your successor.
- (b) If this Agreement is terminated "for cause" it may, at the option of the Company, result in the loss of all fees or other compensation otherwise due under this Agreement.
- (c) If this Agreement is terminated by written notice, the Company will make payments due under this Agreement, unless such payments are terminated in accordance with this Agreement.
- (d) Upon termination of this Agreement, we may at our option, declare all sums you owe us to be immediately due and payable without protest, presentment, or demand, all of which you expressly waive. Upon termination of this Agreement, in addition to any other remedy available to us under this Agreement or as a matter of law, all commissions or other amounts due or accruing under this Agreement, or any other Agreement with you, may hereby be assigned to us to apply to the liquidation of your debt until repaid.
- (e) When this Agreement terminates, we will pay commission, excluding service fee, on any continued annuity premiums produced by you before termination of this Agreement. We will pay this commission for up to 20 years from the date of issue of the policy(ies). You are not entitled to payment of the commission beyond that which would have been payable if this Agreement had remained in force. Continued payment is subject to all terms of this Agreement, including the next paragraph (f).

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- (f) In addition to any other provisions of the Agreement, no commissions will be paid if, during the term of the Agreement or within the 36-month period immediately following termination of the Agreement, you or your assignee or beneficiary:
- (1) contacts or attempts to contact, directly or indirectly, any of our employees or representatives to represent anyone other than us in the sale and/or solicitation of annuity policies; or
 - (2) replaces or attempts to replace, directly or indirectly, any annuity policy issued by us; or
 - (3) acts dishonestly in connection with or related to our business.

At such time as payments under this Agreement shall be less than \$500 in any calendar year, payments hereunder shall terminate as of the end of such calendar year, and the Company shall be relieved of any further obligations under this Agreement.

DISPUTES

This Agreement is governed by the laws of the State of Minnesota. In any action or proceeding brought to enforce or otherwise arising out of or relating to this Agreement, you agree (1) to submit to the jurisdiction of any court sitting in Hennepin County, Washington; (2) to waive any objection you may have now or in the future to the laying of venue in any such action or proceeding in any such court; and (3) if you are not the prevailing party, to pay all of our expenses, including reasonable attorneys' fees, incurred by us to enforce our rights.

WAIVER OR MODIFICATION

- (a) Waivers.

Failure of the Company to insist upon strict compliance with any of the conditions of this Agreement or the rules of the Company shall not be construed as a waiver of any of the conditions or rules, but they shall continue to be in force and effect.

- (b) Modification.

This Agreement shall not be modified except by agreement in writing, executed on behalf of the Company by a duly authorized officer or duly authorized employee of the Company.

- (c) Entire Contract.

This Agreement supersedes all previous contracts, agreements, or oral understandings heretofore existing between you and the Company, but shall not affect any obligations of either party under any former agreement. This contract constitutes the entire agreement of the parties hereto. The following schedules which are attached to this Agreement are herein incorporated and made part of this Fixed Annuity Sales Agreement:

Fixed Annuity Compensation Schedule Level _____

Agent _____

Printed Name _____

Signature _____ Date Signed _____

If Corporation/Partnership

The undersigned is an officer, director, shareholder/owner or authorized representative of the legal entity. Said legal entity is in good standing and the undersigned has a personal financial interest in said legal entity. The undersigned has read this Agreement, particularly Corporations & Partnerships thereof, and understands and agrees to the terms of said provision.

Printed Name _____ Title _____:

Signature _____ Date Signed _____

Legal Entity Name _____

AUTHORIZATION AGREEMENT FOR COMPENSATION DIRECT DEPOSIT

Mail or Fax completed form to:

ING Service Center, 909 Locust Street, Des Moines, IA 50309

Fax: 877-788-5122



Note: Compensation information is available on ING for Professionals (www.ing.com/us/prologin).

A. BUSINESS UNITS *(All Companies will be set up for direct deposit unless otherwise specified.)*

Life - Including Strategic Distribution *(Contact Phone: 877-882-5050):*

ReliaStar Life Insurance Company (includes ReliaStar Life Insurance Company of New York)

Security Life of Denver Insurance Company

Security Life of Denver Insurance Company (formerly Southland Life Insurance Company)

ING Financial Solutions & Annuities *(Contact Phone: 800-369-5307):*

ING USA Annuity and Life Insurance Company (includes Fixed and Variable Annuities for RLNY)

ING Life Insurance and Annuity Company (ILIAC)

Retirement Services:

ReliaStar Life Insurance Company (Annuities/Education) *(Contact Phone: 877-882-5050)*

ING Life Insurance and Annuity Company (ILIAC) *(Contact Phone: 888-238-6297)*

Hereinafter called the "Company."

I do not wish to have all my ING Company commissions paid by direct deposit. Please pay my commission by direct deposit for the following business units only. *(Please list business units)* _____

B. INSTRUCTIONS FOR DEPOSIT *(See sample below. Please note that for the Retirement Services Business Unit, ReliaStar Life Insurance Company ("ReliaStar") cannot support direct deposits spread across more than one account, nor can it support a direct deposit to a savings account. If the Two Accounts option is selected, only the first account will be utilized for ReliaStar/Retirement Services compensation. If a Savings account option is selected, ReliaStar/Retirement Services compensation will be paid by check.)*

One Account: Deposit 100% of my compensation into Account #1.

Two Accounts: Deposit _____ % of my compensation into Account #1. Balance will be deposited into Account #2.

Account #1 Checking Savings

Financial Institution Name _____ Transit/ABA Number _____

Account Owner Name *(Required)* _____ Account Number _____

Branch Address _____

Account #2 Checking Savings

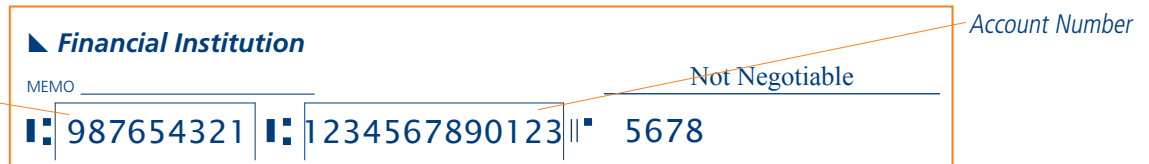
Financial Institution Name _____ Transit/ABA Number _____

Account Owner Name *(Required)* _____ Account Number _____

Branch Address _____

Sample Check

Routing Number (9 digits)



C. AUTHORIZATION

I hereby authorize the Company to initiate credit entries and, if necessary, adjustments for credit entries in error to the checking and/or savings account indicated on this form. This authority is to remain in full effect until the Company has received written notification from me of its termination. I understand that this authorization is subject to the terms of any agent or representative contract, commission agreement, or loan agreement that I may have now, or in the future, with the Company.

Signature _____ Date _____

Print Name _____ Phone (_____) _____

SSN/TIN *(Last 4 digits only)* or Agent/Agency Number _____

For corporate direct deposit request, the signature must be that of the signing officer on record with the Company.

Name of Corporation *(if applicable)* _____

FAIR CREDIT REPORTING ACT DISCLOSURE



ING America Insurance Holdings, Inc. and each of its subsidiaries (the "Company") disclose to you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for employment¹ as an independent contractor. It may be an "investigative consumer report" that includes information as to your character, general reputation, personal characteristics and mode of living.

I acknowledge that my signature on the agent appointment application serves as an acknowledgement that I have received this Disclosure in accordance with the requirements under the Fair Credit Reporting Act, as amended.

- **I authorize the Company, now and at any time while I am appointed and contracted to represent the Company for the sale and solicitation of the Company's products, to obtain a consumer report and/or investigative consumer report on me.**
- I authorize and request any consumer reporting agency to furnish any and all information in their possession regarding me in connection with employment¹ as an independent contractor. I authorize that a photocopy of this disclosure be accepted with the same authority as the original;
- I have the right to make a written request within a reasonable period of time to receive the additional, detailed information about the nature and scope of this investigation;
- I authorize the Company to share this information with the appropriate people in the Company, including but not limited to identified persons and those involved in the licensing and contracting process; and
- I understand I am not to solicit business on behalf of any Company until all required licenses and appointments have been obtained and all required contracts have been executed.
- **I have received "A Summary of Your Rights Under the Fair Credit Reporting Act."**

California, Minnesota and Oklahoma Applicants Only. Please check here to have a copy of your consumer report sent directly to you by the appropriate credit repository.

If you have checked this box to receive a copy of your credit report, you must return this form with your agent contracting paperwork and provide your name and social security number below.

Name _____ Social Security Number _____

¹Producers and agents are independent contractors, not employees. "Employment" is used in a non legal sense and includes qualification for certain programs available to independent contractors. Nothing in this form shall be construed to create an employer/employee relationship.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT



The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment — or to take another adverse action against you — must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security Number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 888-5-OPTOUT (888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS	CONTACT
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 877-382-4357
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 banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints 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 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 877-275-3342
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

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
				-			-		

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									
				-					

Part II Certification

Under penalties 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 am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.