

FIXED ANNUITIES AGENT CONTRACT TRANSMITTAL

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

**ING FIXED ANNUITIES AGENT TRANSFER POLICY**

An agent must be contracted six months with the current hierarchy and had no production within the past six months, prior to submitting a request to transfer. Production is defined as any new business submitted to ING USA Annuity and Life Insurance Company (the "Company") and/or any override commissions generated by new business. In the event that a transfer request is received which does not meet both criteria, the Company will send written notification of the agent's intention to transfer, to the agent and to both the current and prospective hierarchies. The agent will be transferred six months after the agent's last production or six months after the agent has been contracted with the current hierarchy (if the agent has had no production), with no further action required by the agent or new hierarchy.

REQUEST

- Transfer/Change in Commission Level *(Complete Sections 1 and 3 below.)*
 Change to Personal Information *(Complete Sections 2 and 3 below.)*

1. COMMISSION INFORMATION

Agent's Name *(Please print)* _____

Commission Level _____ Corporate Name *(if different than Agent's)* _____
(e.g. MGA II, LA)

Please list agent or agency to which this entity will directly report for commission purposes.

Hierarchy Name _____ Hierarchy Contract Number _____

2. PERSONAL INFORMATION

Agent's Name _____ Social Security Number _____
(Please print)

Residence Address _____ Apt/Suite # _____
(Street / P.O. Box)

Residence City, State, ZIP _____ Residence Phone _____

Business Address _____ Suite # _____
(Street / P.O. Box)

Business City, State, ZIP _____ Business Phone _____

E-mail Address _____ Fax _____

3. AUTHORIZATION/ACKNOWLEDGEMENT

I am requesting that ING USA Annuity and Life Insurance Company accept this request to transfer my current reporting status, in accordance with their transfer policies, and/or change my commission level, to what is listed above.

By signing below, I acknowledge all information above as accurate to the best of my knowledge.

Agent's Signature _____ Date _____