

PROOF OF DEATH CLAIMANT'S STATEMENT



- ReliaStar Life Insurance Company, Minneapolis, MN
- ReliaStar Life Insurance Company of New York, Woodbury, NY
- Security Life of Denver Insurance Company, Denver, CO
- Midwestern United Life Insurance Company, Fort Wayne, IN
- ING USA Annuity and Life Insurance Company, Des Moines, IA

A member of the ING family of companies
("the Company")

ING Life Claims Mailing Address: PO Box 1548, Minneapolis, MN 55440

ING Life Claims Overnight Address: 20 Washington Avenue So, Minneapolis MN 55401

Toll-Free: 888-238-4840

Please complete and return this form with all applicable signatures to the Company along with the original or certified copy of the death certificate. If the death certificate does not list a cause of death, the processing of the death claim may be delayed. This statement must be completed by the person(s) to whom the contract is payable and must be signed exactly as the beneficiary's name is listed on the contract. If the beneficiary's name has changed, documentation of the name change must be furnished. A SEPARATE STATEMENT MUST BE COMPLETED BY EACH BENEFICIARY.

GOOD ORDER

For the Company to process your paperwork in a timely manner, it needs to be received in good order with all necessary signatures. Good order is receipt of all required documents at the Life Claims mailing address noted above that have been accurately and entirely completed. Forms and any other requested information not received in good order, as determined by the Company, may be returned to you for completion and processed upon re-submission in good order. Every question must be answered completely. The Company reserves the right to require or to obtain further proof or information should it be deemed necessary.

I understand that the furnishing of forms by the Company:

- **does not** constitute an admission that there is any insurance in force.
- **does not** obligate the Company to pay any proceeds.
- **does not** waive any of the Company's defenses or rights in any claim which may be asserted.

DECEASED INFORMATION *(In order for a claim to be processed, all items in this section must be completed in full.)*

Insured First Name _____ MI _____ Last Name _____

Name of Deceased Person _____

Is the Deceased: the Insured Spouse of Insured Child of Insured Other _____

Other names the Insured may have been known by (maiden name, nickname, derivative of first or middle name, or alias) _____

Marital Status: Married Never Married Divorced Widow(er) Gender: Male Female

Birth Date _____ Birth Place _____

SSN _____ Death Date _____

Place where death occurred _____ Cause of Death _____

Did death occur as a result of accidental bodily injury? Yes No

Residence Address at time of death _____

List all Insured's policies with the Company _____

Your Relationship to the Deceased: Spouse Executor Trustee Corporate Officer Other _____

Preferred Payment Method: Lump Sum Other *(please indicate)* _____

The obligation of the insurer to pay the total policy or contract proceeds is satisfied by depositing the total proceeds in a retained asset account.

TAX RESIDENCY INFORMATION (Check one of the three boxes below.)

U.S. Citizen

U.S. Resident Alien

Non-Resident Alien. Non-resident aliens must indicate your non-U.S. country of tax residency _____.
If you do not have a U.S. Social Security Number, you must apply for and receive an Individual Taxpayer Identification Number from the Internal Revenue Service (IRS) or a U.S. Embassy by using IRS Form W-7 (Application for IRS Individual Taxpayer Identification Number) which is available on the IRS web site: www.irs.gov or by contacting the IRS at 800-829-1040. Since you are not a U.S. person, your withdrawal is subject to 30% withholding provisions for non-resident aliens unless tax treaty provisions can be applied. If you want to invoke a tax treaty, you must complete, sign and date, and return to us the IRS Original Form W-8BEN, "Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding".

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.

BENEFICIARY INFORMATION (If Beneficiary is an Individual, complete A. If Beneficiary is a Trust/Estate/Entity, complete B.)

A. Individual (Proof of guardianship of estate required for minor beneficiaries.)

Beneficiary Name _____ Birth Date _____

Current Mailing Address (Street/PO Box) _____

City/Town _____ State _____ ZIP _____

Daytime Phone (_____) _____ Beneficiary Relationship _____

Beneficiary SSN **(Required)** _____

 Beneficiary Signature _____ Date _____

B. Trust/Estate/Entity (Additional documentation required as described in the Instructions section.)

I am claiming benefits for _____

Name of Trust, Entity or Estate _____ Daytime Phone (_____) _____

Executor/Trustee or Corporate Officer Name _____

Current Mailing Address (Street/PO Box) _____

City/Town _____ State _____ ZIP _____

Trust/Estate/Entity Tax Identification Number **(Required)** _____

Authorized Signer Name (please print) _____ Title _____

 Signature _____ Date _____

STATE FRAUD WARNINGS

Alaska, Delaware, Idaho, Indiana, Louisiana, Maine, Minnesota, New Mexico, Ohio, Oklahoma, Oregon, Tennessee, Texas, Virginia, Washington, West Virginia: Any person who, knowingly with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and civil penalties, and denial of insurance benefits.

Arizona: For your protection Arizona Law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California: For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico: Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

REQUIREMENTS PER TYPE OF BENEFICIARY

If the beneficiary is:	The following is required:
A corporation	This form must be completed and signed by an authorized officer of the corporation with official title indicated and Letter of Authority furnished.
A minor or an adult under legal guardianship or conservatorship	This form must be completed and signed by the court-appointed guardian or conservator of the beneficiary's estate. A certified copy of the court document confirming the appointment must be provided. Faxes are not acceptable. If a bond was required by the court, provide proof that the bond was issued and paid.
The estate of the deceased	This form must be completed and signed by the executor or administrator of the estate. Also, submit letters of testamentary or a small estate affidavit. If the estate is not being probated and you are submitting a small estate affidavit, it must name the specific contract and the entity to pay. Note: A Last Will and Testament will not be accepted as proof of authority of executorship.
A trust	This form and the Trust Verification Form must be completed and signed by the authorized individual(s) of the trust.
A named beneficiary/beneficiaries and any such beneficiary has died	A copy of the death certificate issued by the appropriate state agency must be furnished.
The surviving children	Each child is required to complete a Proof of Death form. An Affidavit of Surviving Children is also required.