

REQUEST FOR SALARY REDUCTION AGREEMENT AND CONTRIBUTION ALLOCATION

ReliaStar Life Insurance Company
c/o: ING Service Center
P.O. Box 5050, Minot, ND 58702-5050
Home Office: Minneapolis, MN



INSTRUCTIONS: If the agreed upon plan(s) selected below is/are not subject to the provisions of the Employee Retirement Income Security Act (ERISA), then the Employee acknowledges and agrees that the Employer has no responsibility or obligation under this Agreement except payment of the below mentioned contributions, and hereby releases the Employer from any and all other liability.

Employee Name and Address _____ SSN/TIN _____

Employer Name and Address _____

New Change in Allocation Stop

SALARY REDUCTION AGREEMENT – 403(b) AND 457

This Agreement is intended to meet the requirements of, and qualify under, Section 403(b) and/or 457 of the Internal Revenue Code of 1986, as amended, and of the plan adopted by Employer. It is hereby agreed by Employer and Employee that the employment agreement between Employer and Employee be amended in the following manner, and that this amendment be incorporated therein and made a part thereof as if set out therein in full, as of the date of this amendment.

The terms of this Agreement are as follows: (1) This Agreement is a legal and binding contract and is irrevocable with respect to amounts earned while it is in effect, and applies only to amounts earned while it is in effect; (2) It shall automatically apply to the employment agreement between Employer and Employee for each succeeding year unless amended or terminated by a written notice to Employer; (3) It is terminable at any time for amounts not earned; (4) A termination request remains in effect until a new Agreement is submitted; (5) It replaces any previous Agreement and therefore includes all applicable contribution choices; (6) Employee irrevocably releases all rights, present and/or future, to receive payment of said sum/total earned from Employer while this Agreement is in effect.

The maximum amount of salary reduction may not exceed the limits of IRC 401(a)(30), 402(g)(1), 403(b)(1)(E), 415(c), and other applicable IRC provisions.

I authorize Employer to reduce each regular payroll check by a total of \$ _____, beginning with the paycheck dated _____, and to remit such amount to ReliaStar Life Insurance Company, to be invested into a 403(b)/457 account, divided among the Allocations as indicated on page two.

Such reductions shall be amended to \$ _____ per regular pay period, beginning with the paycheck dated _____.

Such reductions shall be amended to \$ _____ per regular pay period, beginning with the paycheck dated _____.

In Witness Whereof, this amendment has been executed by and on behalf of the parties hereto this _____ day of _____, 20 ____.

PLAN INFORMATION: Please fill out one Contribution Allocation for each Tax Qualification category.

Check one	Source of Funds	Check one	Tax Qualification of Contributions
<input type="checkbox"/>	A. Employee Voluntary Contributions: Pre-tax contributions make through salary reduction on a voluntary basis	<input type="checkbox"/>	403(b) "TSA": Tax-Sheltered Annuity
<input type="checkbox"/>	D. Employer Contributions: Assets contributed by your employer to your account on your behalf	<input type="checkbox"/>	457 Deferred Comp: Tax-Deferred Annuity
<input type="checkbox"/>	B. Employee Matching Contributions: Pre-tax contributions you make through salary reduction to qualify for your employer's matching contribution	<input type="checkbox"/>	Traditional IRA: Individual Retirement Account
<input type="checkbox"/>	C. Employee Post-tax Contribution: Money that has already been taxed	<input type="checkbox"/>	Roth IRA: Individual Retirement Account
<input type="checkbox"/>	P. MSRD (Texas only): Texas Medical Surgical Research and Development Program	<input type="checkbox"/>	SEP: Simplified Employee Pension Plan
<input type="checkbox"/>	X. ORP (Texas only): Texas Optional Retirement Plan	<input type="checkbox"/>	401(k): Pre-Tax Salary Deferral
		<input type="checkbox"/>	Nonqualified: Money that has already been taxed
		<input type="checkbox"/>	Other: Please Explain

INVESTMENT SELECTION

*A minimum of 10% per investment (all percentages must be whole numbers).

If you have accounts that require a specific premium amount to avoid lapse (such as life or health insurance) please list them below in the order you wish them to be paid. ReliaStar Life Insurance Company will always pay these fixed amounts before your percent allocation selection(s).

****If a ReliaStar Life Insurance Company contract, select the appropriate investment code. Write it in the "Investment Code" column.**

ADNL01 - RL Fixed Annuity

ADNL02 - RL Variable Annuity

ADNL03 - RL Equity Indexed Annuity

ADNL04 - RL Life Insurance Policy

Contribution Allocations

**Investment Code or product provider	Account Number: If an account number has not been assigned please enter "NEW" in the space	*Percentage: In whole numbers or Fixed Dollar Amounts

Employee Signature _____ Date _____

Representative Signature _____ Date _____

Employer Signature (If Required by Employer) _____ Date _____