



ING HomeGuard Select Term


Fully Underwritten Term Life Insurance issued by ReliaStar Life Insurance Company
Product Guide/Rate Card

Life



For Agent Use Only. Not for Public Distribution.

Your future. Made easier.SM



Your clients can now protect one of their most valuable assets - the ownership of their home - should a breadwinner die, become disabled or become critically ill.

Introducing term life insurance protection that is full of the bells and whistles your clients demand with optional features that your clients may need.

- Choice of a 15, 20 or 30 year term period.
- Premium Guarantees of either 10 years for all terms or an optional Extended Premium Guarantee that extends the premium guarantee for the entire initial term period.
- Fully Underwritten.
- Two Rate Bands.
- Optional Return of Premium Rider allowing clients to get 100% of their premiums back if they outlive the coverage period*.
- Optional Critical Illness and Accident Only Disability Income Riders can provide money for mortgage payments if your clients cannot work due to injury or illness.

* Less any benefits paid under additional riders attached to the policy and any reinstatement interest paid.

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Product Features

ING HomeGuard Select Term, fully underwritten term life insurance issued by ReliaStar Life Insurance Company, provides level death benefit protection for a period of 15, 20 or 30 years with premiums projected to remain level during the initial term period. ING HomeGuard Select Term also offers an array of optional features that your clients can choose from to best meet their needs.

Riders*

- Return of Premium Rider
- Accident Only Disability Income Rider
- Critical Illness Rider
- Waiver of Premium Rider – Disability
- Children’s Term Rider
- Accelerated Death Benefit Rider

*Riders may be at an additional cost and may vary by state.

Premium Guarantees

- Level premiums are guaranteed for:

Term	Years
15	10
20	10
30	10

- Optional Extended Premium Guarantee (EPG) Rider extends the premium guarantee for the entire initial term period, at an additional cost.

Guarantees are based on the financial strength and claims paying ability of ReliaStar Life Insurance Company, who is solely responsible for obligations under its own policies.

Issue Ages (Age Last Birthday)

- Minimum Issue Age: 18
- Maximum Issue Age: (May vary by state)

Without Return of Premium Rider

Term	Non-EPG*	EPG
15	70	60
20	70	55
30	65	45

*EPG = Extended Premium Guarantee

Issue ages differ with the inclusion of the Return of Premium Rider. See Rider section for details.

Minimum Face Amount

- \$150,000 for issue ages 18-44;
- \$100,000 for issue ages 45+

Maximum Face Amount

\$2 million

Premium Bands

- \$100,000-\$249,999
- \$250,000 +

Policy Fee

- \$60 - fully commissionable

Modal Factors

For modes other than annual, multiply the annual premium by the appropriate factor:

- Semiannual: .53
- Quarterly: .27
- Monthly: .09

Renewable

- After the initial term period, coverage may be continued at annually increasing premium rates to age 95.

Conversion

- The policy may be exchanged for a select permanent policy issued by an ING company no later than the earlier of the policy anniversary when the insured is age 70 or 10 years. No evidence of insurability is required and the rate class will be the most comparable at the time of conversion.

Riders

(May not be available in all states and are subject to certain conditions and limitations)

Accelerated Death Benefit Rider

This rider is included, where approved, at no additional premium for eligible policies. It allows prepayment of a portion of the death benefit if the insured is terminally ill (life expectancy of 12 months or less). The owner can request payment of up to 25 percent of the eligible death benefit not to exceed \$250,000.

- Issue ages: 18-70 (or the maximum issue age of the base policy if lower)
- This rider is available at issue only
- An administrative expense charge will be assessed when an accelerated benefit payment is made under this rider
- On policies with a Return of Premium Rider, the Accelerated Death Benefit Rider premium rates are increased by the ROP multiplier

Return of Premium Rider

This rider provides for a return of the total premiums paid by the client at the end of the initial term period.

- Issue ages (Age Last Birthday):
- Minimum issue age: 18
- Maximum issue age (may vary by state):

Without Extended Premium Guarantee option

Male				
	No Tobacco		Tobacco	
Plan	Preferred	Standard	Preferred	Standard
15 YR	65	65	60	60
20 YR	65	65	60	60
30 YR	60	60	55	55

Female				
	No Tobacco		Tobacco	
Plan	Preferred	Standard	Preferred	Standard
15 YR	70	70	65	65
20 YR	70	70	65	65
30 YR	65	65	60	60

With Extended Premium Guarantee option

Male				
	No Tobacco		Tobacco	
Plan	Preferred	Standard	Preferred	Standard
15 YR	60	60	60	60
20 YR	55	55	55	55
30 YR	45	45	45	45

Female				
	No Tobacco		Tobacco	
Plan	Preferred	Standard	Preferred	Standard
15 YR	60	60	60	60
20 YR	55	55	55	55
30 YR	45	45	45	45

- The amount paid at the end of the initial term period will be:
 1. Cumulative modal base policy premiums paid including any flat extra premium, plus
 2. Cumulative modal rider premiums paid including any flat extra premium, less
 3. Any benefits paid under any rider attached to the policy, less
 4. Any reinstatement interest paid
- If the policy is terminated, a percentage will be applied to the amount defined above to determine the Return of Premium benefit. This percentage will vary with each policy.
- This rider is available at issue only.

Critical Illness Rider

This rider allows for payment of an accelerated death benefit in the event of a covered illness.

- This rider is available at issue only.
- Issue Ages: 18-60 (or the maximum issue age of the base policy if lower)
- Covered illnesses include life-threatening cancer, heart attack, stroke, paralysis (of two or more limbs), renal failure, major organ transplant, blindness and loss of two or more limbs. Detailed definitions are contained in the rider form.
- Diagnosis must occur at least 90 days after policy issue (60 days for life-threatening cancer). If the covered illness is the result of an accident, the benefit will be covered as of the date of the accident.
- No benefit is payable if the illness results from attempted suicide, intentional self-inflicted injury, misuse of alcohol or drugs, or involvement in illegal activity.
- The benefit cannot exceed the lesser of:
 - 100% of the death benefit;
 - amount owner selects at issue; or
 - \$250,000
- Minimum benefit amount: \$5,000
- Only one payment may ever be made for this rider; once payment is made, the rider terminates.
- On policies with a Return of Premium Rider, the Critical Illness Rider premium rates are increased by the ROP multiplier.

Accident Only Disability Income Rider

This rider provides benefits for disabilities resulting only from an accident. Disability is defined as the inability to perform the essential duties of any occupation for which the insured may qualify based on past training, education or experience. Also, the insured will be considered disabled as long as he or she suffers the loss of sight in both eyes, the total loss of use of both hands or both feet, or the total loss of use of one hand or one foot.

- This rider is available at issue only.
- Issue ages: 18-55 (or the maximum issue age of the base policy if lower).
- Rider expires at age 60.
- For a list of conditions that typically result in a decline, refer to the Underwriting section.
- For a list of occupations that typically result in a decline, refer to the Underwriting section.
- On policies with a Return of Premium Rider, the Accident Only Disability Income Rider premium rates are increased by the ROP multiplier.

Benefits:

- Issue limit is the lesser of:
 1. \$3,000 monthly benefit
 2. 66 2/3% of earned income
 3. 1.0% of the life insurance amount
- Elimination period – 3 months
- Maximum Benefit Period – 2 years
- Minimum Monthly Benefit Amount: \$50.00

Waiver of Premium Rider – Disability

This rider waives premiums if the insured is totally disabled for longer than six months.

- Issue ages: 18-55 (or the maximum issue age of the base policy if lower)
- This rider is available at issue only.
- This rider terminates at age 60.
- The rider waives premiums due after the six-month elimination period, and refunds premiums paid during the first six months of total disability.
- On policies with a Return of Premium rider, the Waiver of Premium rider premium rates are increased by the ROP multiplier.

Children's Term Rider

This rider provides level term insurance on each insured child to age 25.

- Issue ages for child: 15 days through 18 years
- Issue age for the base policy insured: 18-60 (or the maximum issue age of the base policy if lower)
- This rider is available at issue only
- This rider terminates at the base policy insured's age 65
- Each unit provides \$1,000 of death benefit for each insured child
 - Minimum: 5 units
 - Maximum: 10 units
- Conversion to selected permanent plans is available without evidence of insurability. The face amount of the converted plan may not be less than the minimum face amount for the permanent plan, and can not exceed 5 times the amount of the rider.

- For each Insured Child the insurance coverage under this rider may be converted to a new policy without evidence of insurability provided no premiums are due under either the policy or this rider. This conversion feature is available for each insured child:
 - At the earlier of the insured's death or the insured's age 65; or
 - When the insured child attains age 25
- On policies with a Return of Premium rider, the Children's Term Rider premium rates are increased by the ROP multiplier.

New Business Submissions

Complete Life Application.

- Obtain insured and/or owner signatures on Life Application (and HIV Consent form).
- Obtain replacement forms in states where required.
- Leave disclosure section(s) with the insured and/or owner.
- Contact approved paramedical provider for blood, HOS, exam, etc., underwriting requirements.
- For Electronic Funds Transfer payment, submit a voided check or deposit slip.
- Mail completed application, HIV consent form and initial payment to:
ING Service Center
PO Box 5053
Minot, ND 58702
- The completed application can also be faxed to 866-689-9066. If completed application is faxed, there is no need to mail the application.
- For faxed applications, mail initial premium and a copy of the first page of the completed application to the above address.

Sample Application

RESET FORM
Life

APPLICATION FOR TERM INSURANCE

ReliaStar Life Insurance Company, Minneapolis, MN
 A member of the ING family of companies
 (the "Company")

A. PRODUCT INFORMATION

1. Product Name ING HomeGuard Select Term

2. Issue Type: Fully-Underwritten Simplified Issue

3. Initial Term Period: 15 Year 20 Year 30 Year Face Amount (Not including riders) \$ 200,000.00

4. Does the Proposed Insured elect the Extended Premium Guarantee? Yes No
When selected, the premium guarantee period will last for the duration of the initial term period. If not selected, the fully-underwritten premium guarantee period will last for 10 years and the simplified issue premium guarantee period will last for 5 years on the 15 and 20 year periods and 15 years on the 30 year period.

COMPLETE FOR SIMPLIFIED ISSUE ONLY.

5. Amount of Financed/Refinanced Mortgage \$ _____

6. Co-Mortgagee Name (if any) _____ Mortgage Start Date _____

7. Financial Institution Name _____

8. Financial Institution Address _____ City _____ State _____ ZIP _____

By my signature in Section U on this application, I understand that the life policy applied for is available to homeowners who have secured a mortgage in the last 13 months. I hereby represent that all the above statements and answers are complete and true.

B. RIDER INFORMATION

(Not all riders are approved in all states.)

<p>OPTIONAL RIDER BENEFITS (IF APPROVED IN YOUR STATE.)</p> <p><input checked="" type="checkbox"/> Return of Premium Rider</p> <p><input type="checkbox"/> Accident Only Disability Income Rider <small>(Please list the benefit amount here.)</small> \$ _____</p> <p><input type="checkbox"/> Critical Illness Rider <small>(Please list the benefit amount here.)</small> \$ _____</p> <p><input checked="" type="checkbox"/> Waiver of Premium Rider - Disability</p> <p><input type="checkbox"/> Children's Term Insurance Rider <small>(Complete Children's Term Insurance Rider Application.)</small></p> <p><input type="checkbox"/> Other Insured Rider <small>(Only available with fully underwritten policies. Please list the benefit amount here.)</small> \$ _____</p> <p><input type="checkbox"/> Other \$ _____</p>	<p>AUTOMATIC RIDER BENEFITS (IF APPROVED IN YOUR STATE.)</p> <p><input type="checkbox"/> Accelerated Benefit Rider <small>(Only available with fully underwritten policies.)</small></p> <p><input type="checkbox"/> Accidental Death Benefit Rider <small>Only available with simplified issue policies. 50% of the policy face amount is automatically provided. You may increase this percentage up to 100% of the policy face amount, for an additional cost here: _____ %</small></p> <p><input type="checkbox"/> Other _____ <small>(Other riders may be automatically available in your state.)</small></p>
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C. PROPOSED INSURED INFORMATION

1. First Name John MI _____ Last Name Doe

2. Residence Address: 567 High Street West Town PA 00000
(PO Boxes are not permitted, other than APO/FPO) City State ZIP

3. Date of Birth 04/01/1967 Sex: M F Birth State and Country PA, USA

4. SSN/Government Issued ID# 444-44-4444 Driver's License Number/State PA - 1234567

5. Daytime Phone (610) 425-1111 Evening Phone (610) 678-1234

6. Best Time to Call Evenings E-mail jdoe@netmail.net

7. Is the Proposed Insured a U.S. citizen? If "No," complete the Foreign Travel and Residence Questionnaire. Yes No

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Select product, amount and whether Extended Premium Guarantee will be purchased.

Supplemental rider section.

Personal and contact information for proposed insured.

C. PROPOSED INSURED INFORMATION (CONTINUED)

8. Is the Proposed Insured currently employed? (If "No," skip to question 12) Yes No

9. Occupation (include duties) Professor

10. Employer West Town University Employer Phone # (810) 987-8543

11. Employer Address 3700 West Town Road West Town PA 00000
 City State ZIP

12. Annual Earned Income 100,000.00 Annual Other Income 5,000.00 Total Net Worth 100,000.00

13. In the last 5 years, has the Proposed Insured used tobacco or nicotine products of any type? Yes No
 If "Yes," indicate type _____ Amount and Frequency _____ Month/Year Last Used _____

Complete remainder of section for proposed insured.

F. BENEFICIARY INFORMATION
 Total percentage of primary beneficiary share must equal 100%. Total percentage of contingent beneficiary share must equal 100%. Please use whole percents. If no percentages are listed, beneficiaries' shares will be distributed equally. Partial percentages are not allowed, so the beneficiary listed first will receive the largest whole percentage.

	Name (First, M, Last)	DOB	SSN	Relationship	%	Beneficiary Type
Proposed Insured	Jane Doe	01/01/1969	333-33-3333	Spouse	100	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent
	James Doe	01/02/1989	444-44-4444	Son	100	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Contingent
Proposed Other Insured						<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
						<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
						<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
						<input type="checkbox"/> Primary <input type="checkbox"/> Contingent

Complete all information for primary and secondary beneficiaries.

Leave Proposed Other Insured section blank.

Indicate how premiums will be paid.

G. PAYMENT INFORMATION

1. Initial Payment: Electronic Funds Transfer Credit Card Check COO
 The credit card option is only available for the initial payment. If you choose to pay by credit card or electronic funds transfer, you must complete the attached Credit Card Payment Authorization and Electronic Funds Transfer (EFT) form.

2. Frequency of Subsequent Payments: Annually Semi-Annually Quarterly Monthly

3. You may choose to backdate your policy up to a maximum of 6 months (depending on individual state requirements) to "save age," which means that we will calculate the premium based on a younger age. Backdating a policy may save you money by lowering your premium. If you choose to backdate your policy, you must pay the accumulated premium for the length of time that the policy is backdated. For instance, if you apply for a policy on August 1, and you backdate the policy to June 1, you will be responsible for premiums from June 1. This amount will be part of your initial premium payment. Please consult your agent to determine the availability of backdating in your state and whether it is appropriate for your circumstances.
 Would you like to backdate your policy? Yes No
Available with Electronic Funds Transfer only.

Answer questions about existing life insurance.

H. EXISTING INSURANCE AND REPLACEMENT INFORMATION (Applies to the Proposed Insured, Proposed Other Insured, and Owner)
 If you intend to replace existing coverage, tell your agent and answer the following questions. State law may require the agent to give you information that will help you compare the policy you are applying for with the policy you intend to replace. If you are undecided about keeping existing coverage, consider choosing "Yes" to help you get the information you need to make a decision. If you do replace existing coverage, the new policy may contain, among other things, new suicide exclusions and contestability periods.

	Proposed Insured		Proposed Other Insured		Proposed Owner	
	Yes	No	Yes	No	Yes	No
1. Do you have an existing or pending life insurance policy or annuity contract? (If "Yes," provide details on the next page. Complete state-required replacement form for NAIC model replacement regulation states ONLY.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you considering using funds from an existing policy or contract to pay premiums on the policy for which you are applying? (If "Yes," complete state-required replacement form.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. a. Have you discontinued making premium payments or surrendered, forfeited, assigned to the insurer, or otherwise terminated an existing policy or contract? (If "Yes," complete state-required replacement form and provide details on the next page.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are you considering doing so? (If "Yes," complete state-required replacement form.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For any "Yes" answer to questions 1-3 on the previous page, please record information in chart below. If you need additional space, please attach a separate piece of paper to the application.

Provide detailed information for all "Yes" answers to proposed insured's personal Medical Declarations.

Qum. #	Person	Condition/ Diagnosis	Dates/Duration of Condition/Treatment	Doctor Name	Address of Doctor
2d	John Doe	As part of annual physical exam	11/12/2006 Chest X-ray Normal results	Dr. Al Jones	654 New Street West Town, PA 00000 610-345-6789
2f	John Doe	Broken arm Fully healed	3/4/2005	Dr. Sam Smith	456 Maple Street West Town, PA 00000 610-123-4500

J. MEDICAL DECLARATIONS (Provide data on Proposed Insured and all Proposed Other Insureds.)

	Proposed Insured	Proposed Other Insured
Height	5'10"	
Weight	160	
Loss or gain in pounds during the last year	N/A	
Name, address and phone number of personal physician	Dr. Al Jones 654 New Street West Town, PA 00000 610-345-6789	
Date, reason for and results of last consultation	11/12/2006 Annual physical good health	

Answer all questions about the proposed insured, his or her doctor and family history.

	Proposed Insured		Proposed Other Insured	
	Yes	No	Yes	No
1. In the past 10 years, have you been treated for or been diagnosed by a member of the medical profession or by a health practitioner as having:				
a. Dizziness, fainting, seizures, convulsions, headaches, paralysis, a stroke, TIA, or a mental or nervous disorder, including anxiety or depression?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Shortness of breath, persistent hoarseness or cough, spitting of blood, asthma, emphysema, tuberculosis, or chronic respiratory disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chest pain, palpitations, high blood pressure, a heart murmur, a heart attack, or another disorder of the heart or blood vessels?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Jaundice, intestinal bleeding, an ulcer, hepatitis, colitis, or another disorder of the stomach, intestine, liver, pancreas, or gall bladder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sugar, albumin, blood or pus in urine, a sexually transmitted disease, nephritis, stone, or another disorder of the kidney, bladder, breasts, prostate, or reproductive organs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Diabetes, thyroid, or another endocrine disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Disorder of the skin or lymph glands, arthritis, or a disorder of the muscles, joints or bones?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Anemia or another disorder of the blood?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. A positive HIV test, AIDS (Acquired Immunodeficiency Syndrome), or another disease or disorder of the immune system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you:				
a. Experienced any symptoms for which you have not yet consulted a health care provider?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Had any operation(s) in the past 10 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. In the past 5 years been advised to have operation(s), treatments, or diagnostic tests not yet performed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Had an electrocardiogram, X-ray, or other diagnostic test in the past 5 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. In the past 10 years, been confined for observation, care, or treatment in a hospital or other health care facility?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. In the past 5 years, consulted any health care provider(s), not already identified, for any reason including routine physical examination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Ever had a tumor, pre-cancerous lesion or cancer?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you:				
a. Presently taking any medication(s), including non-prescription/over-the-counter medication or supplements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Proposed Insured			Proposed Other Insured		
	Age if Living	Age at Death	Present Health or Cause of Death	Age if Living	Age at Death	Present Health or Cause of Death
Father	67		Good	Father		
Mother	65		Good	Mother		
Brother(s)	36		Good	Brother(s)		
Sister(s)	42		Good	Sister(s)		

Provide details about yourself, your general agent and any other agent with whom you will share commissions.

K. AGENT INFORMATION (For questions about this application or requirements, contact the underwriting department.)

Each licensed agent will share equally unless otherwise indicated.

Agent Name (Please Print)	Agent ID #	% Split	General Agent Name	General Agent #
Bob Jones	11111	100	Brandywine Insurance	

Writing Agent Address _____ 567 Central Avenue _____ West Town _____ PA _____ 00000
 _____ City _____ State _____ ZIP _____

L. AGENT CERTIFICATION

1. How long have you known the Proposed Insured? 8 months
2. Are you related? Yes No How? _____
3. Have you scheduled an exam? (If "Yes," provide the licensed company name.) Yes, Portamedic

Complete and deliver the Temporary Insurance Receipt **only** if:

- Applicant provides a premium payment with the application.
- There are no "Yes" answers in the Representations section for the proposed insured.

M. TEMPORARY INSURANCE RECEIPT

Premium has been received from John Doe (the Proposed Owner) in the amount of \$ 69.66 in payment of the first full modal premium for an insurance policy applied for on the life (lives) of John Doe (the Proposed Insured/Proposed Other Insured), for whom an application (the "Application") signed and dated in Section U, has been made to ReliaStar Life Insurance Company (the "Company"). In this section the Proposed Insured and Proposed Other Insured(s) are collectively referred to as the "Proposed Insured."

This Temporary Insurance Receipt does not provide any coverage except as provided herein. If any of the below representations is answered YES or LEFT BLANK by the Proposed Insured, the agent is not authorized to accept a premium, and there will be NO COVERAGE under this Temporary Insurance Receipt. Premium may be paid by check or authorized withdrawal. Make all checks payable to the Company, not the agent.

REPRESENTATIONS (For each Proposed Insured)

- Has the Proposed Insured:
- a. in the past 10 years had unintentional weight loss, or any symptoms of a disease or an impairment for which the Proposed Insured(s) has not consulted a physician? Yes No
 - b. ever had, or now have, any type of heart disease, stroke, or other vascular disease? Yes No
 - c. ever had, or now have, any type of cancer, leukemia, malignant tumor, or disorder of the brain or immune system? Yes No
 - d. attained age 70? Yes No

TERMS AND CONDITIONS

Amount of Coverage: If a Proposed Insured dies while this coverage under this Temporary Insurance Receipt is in effect, the Company will pay to the beneficiary named in the Application the lesser of (a) the amount of death benefit, if any, which would be payable under the policy and any riders if issued as applied for under the Application or (b) \$1,000,000. This coverage is subject to any limits or exclusions which would be part of the issued coverage. If for any reason the Company is liable for any coverage as a result of any other pending applications or temporary insurance receipts on the life of a Proposed Insured, the Company's total liability shall not exceed \$1,000,000; and the \$1,000,000 will be prorated among the respective coverages. There is no premium waiver coverage or coverage for the death of any person other than the Proposed Insured.

General: All the above representations are true and complete to the best knowledge and belief of the Proposed Owner and each Proposed Insured. The Proposed Owner agrees that they are to be relied on for this coverage. No agent can waive or modify this coverage in any way. Premium(s) will be refunded if a policy is not delivered and no benefit is paid under this Temporary Insurance Receipt. If a policy is delivered, premium(s) will be applied to the first policy premium. Premiums are billed from the policy date. If the policy date is prior to the in force date, premiums will be due based on the policy date.

Coverage under this Temporary Insurance Receipt begins when the Application (including this page) is completed, a premium has been accepted, and the Application is signed.

Coverage under this Temporary Insurance Receipt ends automatically on the earliest of the following dates:

- Five days after a refund of premium is mailed to the Proposed Owner's address shown on the Application.
- Five days after a notice of termination is mailed to the Proposed Owner's address shown on the Application.
- Coverage starts under any policy resulting from the Application.
- A policy resulting from the Application is refused.
- 90 days after the date this form is signed.

The Company may send a notice or return premium terminating this coverage any time before delivery of the policy.

There is no insurance coverage under this Temporary Insurance Receipt if:

- There is material misrepresentation in the answers to the representations above or to any question or statement in the Application.
- A Proposed Insured dies by suicide or intentional self-inflicted injury (This suicide clause does not apply in the State of Missouri.)
- The premium check or authorized withdrawal is not honored.

By signing in Section U on this Application, the Proposed Owner and each Proposed Insured agree to the terms and conditions of this Temporary Insurance Receipt.

Review with and instruct client to read the Terms and Conditions of the Temporary Insurance Receipt.

Give this form to the proposed insured.

Provide this form where the Critical Illness Rider is purchased.

Give these forms to the proposed insured.

If your client is replacing existing coverage, complete this form and provide the original with the application.

Provide a completed copy to the proposed insured and keep a copy for your records.

N. ACCELERATED BENEFIT RIDER DISCLOSURE

O. CRITICAL ILLNESS RIDER DISCLOSURE

R. VALUABLE INFORMATION ABOUT YOUR TERM LIFE INSURANCE PURCHASE

P. AUTHORIZATION FOR RELEASE OF HEALTH-RELATED INFORMATION

RESET FORM

**IMPORTANT NOTICE:
REPLACEMENT OF LIFE INSURANCE OR ANNUITIES**

ING 
(Refer to mailing address on application)

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy or an annuity contract involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract or meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form:

- Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? Yes No
- Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? Yes No

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

Insurer Name	Contract or Policy #	Insured or Annuitant	Replaced (R) or Financing (F)
1. Mutual Life	1111111	John Doe	Replaced
2.			
3.			

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. [If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer.] Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because Lower benefits for same cost and doesn't return premiums

I certify that the responses herein are, to the best of my knowledge, accurate:

Applicant Signature _____ SIGN HERE Date 04/01/2007

Producer's Signature _____ SIGN HERE Date 04/01/2007

I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)

(1st Copy - Service Office, 2nd Copy - Client, 3rd Copy - Producer)

110042 Order # 127792 (10/03)

U. AUTHORIZATION AND ACKNOWLEDGEMENT

Collection of Information

In order to evaluate your application for life insurance, we must collect information about you and any minor children who are to be insured. The type of information that we may collect includes, but is not limited to, the following examples: any medical information regarding the diagnosis, treatment and prognosis of any physical or mental condition; prescription drug records and related information; any non-medical information about you or your minor children who are to be insured.

We will not request information regarding tests performed to determine the presence of the Human Immunodeficiency Virus (HIV) antibody. The sources that we may contact for information include, but are not limited to, the following: physicians, medical practitioners, hospitals, clinics, medically related facilities, insurance or reinsurance companies, Medical Information Bureau, Inc. ("MIB"), any consumer reporting agencies, and any other organizations.

Federal Regulations - 42CFR Part 2

Your medical records, including any alcohol or drug abuse information, may be protected by Federal Regulations - 42CFR Part 2. If information is protected by federal or state law, you may revoke this authorization at any time by mailing a written request to us at our address listed on the Consumer Privacy Notice. A written request, however, will not apply to any information collected before the date that we receive your request.

Verification

By signing this form, you agree with the statements in this application and declare that all questions have been truthfully answered. We may seek to rescind the life insurance coverage if we determine that any question was not answered truthfully. This application consists of all pages of the ING Mortgage Term Application, appendices, and supplemental questionnaires. It will be the basis for any life insurance coverage issued. Coverage will only take effect once all of our requirements are met, unless otherwise stated in a Temporary Insurance Receipt which is Section M of this application. Your agent does not have the authority—unless permitted by law—to waive the answer to any question in the application, to pass on insurability, to make or alter any contract, or to waive any of our rights or requirements. No change in the amount, classification, age at issue, insurance plan, or benefits shown on this application will be effective unless both you and our company agree in writing.

Acknowledgement and Statements of Understanding

I understand that this authorization will be valid for 24 months from the date of signature on this application. I have the right to receive a copy of this authorization, and a photocopy will be as valid as the original. I understand that by signing this application, I am applying for life insurance coverage issued by the Company. If I have paid premium with this application, I have completed the Temporary Insurance Receipt, which is Section M of this application. I affirm that the representations made in Section M are true and complete to the best of my knowledge and belief and I acknowledge that I have received a copy of the Temporary Insurance Receipt (Section M) and understand its Terms and Conditions. I give my permission to the Company and other insurance companies, affiliated with the company to collect medical record information for the purposes described in this application. I authorize any organization, physician, or medical practitioner, hospital, clinic, or medically related facility to release to the Company or its authorized representatives all requested information about me and any minor children who are to be insured. I give my permission to the Company to collect consumer or investigative consumer reports about me. I give my permission to the Company to send any information obtained by MIB Group, Inc., reinsurers, the agent who solicited my application and his or her principals, employees or contractors who process transactions regarding insurance coverage for which I have applied. I acknowledge receipt of the following notices: Notice Regarding Consumer Reports, Notice Regarding MIB, Notice Regarding Information Practices. I certify, under penalty of perjury, that my Social Security/ tax identification number is shown and is correct and that I am not subject to tax on withholding.

→ Signed At (City/State) West Town, PA Date 04/01/2007

Proposed Insured Signature _____ **SIGN HERE** Date 04/01/2007

Proposed Other Insured Signature _____ **SIGN HERE** Date _____

Print Owner's Name (if other than the Proposed Insured) _____

Owner Signature (if other than the Proposed Insured) _____ **SIGN HERE** Date _____

By signing below, I acknowledge receipt and acceptance of the terms of the current ING Life Companies General Agent or Producer Agreement ("Agreement"), whichever is applicable, including but not limited to any compensation schedules. I agree to be bound by the terms and conditions of that Agreement, unless I am an employee/registered representative of a Broker/Dealer and do not hold an Agreement such that this language is inapplicable.

I understand that I may receive an additional copy of my Agreement and/or current compensation schedule, from the Company, by contacting Distributor Services at 877-842-5050.

I have completed Section K, "Agent Information," and Section L, "Agent Certification," and by my signature below, I affirm that the information contained therein is true and complete to the best of my knowledge.

Writing Agent Signature _____ **SIGN HERE**

Print Writing Agent Name Bob Jones E-mail Address bob.jones@tinsurance.com

SPLIT SALES ONLY

Agent Name (please print) _____

Agent Name (please print) _____

YOU MUST PROVIDE THE OWNER/PROPOSED INSURED WITH A COPY OF THIS APPLICATION.

You, the proposed insured and any agent splitting the sale must sign and date the application.

CREDIT CARD PAYMENT AUTHORIZATION AND ELECTRONIC FUNDS TRANSFER (EFT)

ReliaStar Life Insurance Company, Minneapolis, MN
ING Customer Service Center, P.O. Box 5053, Minot, ND 58702-5053



A. CREDIT CARD PAYMENT AUTHORIZATION

This service is not available in Alaska, California, Maryland, New Jersey, New York and North Carolina.

Request and Authorization for Credit Card Payment of Initial Premium: ReliaStar Life Insurance Company (the "Company") is hereby requested and authorized to initiate a credit card transaction to be charged against the account described in the Authorization below for the *initial payment only*. Subsequent premium payments will be made either by direct billing or monthly EFT.

B. ELECTRONIC FUNDS TRANSFER (EFT) (CONTINUED)

Please Note: 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
John Doe		\$69.66

Request Specific Draft Date _____

Bank Name First National Bank

Bank Address 123 Main Street - West Town, PA 00000

Account type: Checking Savings Name on Account John or Jane Doe

For checking accounts, please tape a voided check in the space below. For savings accounts, please tape a deposit slip. If you cannot provide these, you may write-in the bank routing number and account number in the appropriate fields.



Routing Number 1 0 1 0 1 0 1 0 1 Account Number 34567800

Account Owner Signature _____ **SIGN HERE** Date 04/01/2007

SSN/ITIN 444-44-4444 Phone Number (810) 425-1111

Complete appropriate sections of Credit Card/EFT form.

Underwriting Requirements

- No mortgage requirement
- Full application required
- Substandard available to Table 8

Underwriting Requirements Table

Risk Amount	Age of Applicant			
	18-40	41-50	51-60	61-70
\$100,000 - \$500,000	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR EKG
\$500,001 - \$1,000,000	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR EKG
\$1,000,001 - \$2,000,000	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR EKG	Paramed Blood/HOS MVR EKG	Paramed Blood/HOS MVR EKG

Blood/HOS = Blood Chemistry Profile & Urinalysis

EKG = Electrocardiogram

MVR = Motor Vehicle Report

Paramed = Paramedical Exam

Approved Underwriting Vendors

To provide the best service available, the following companies are subject to change.

Paramedical Facilities

- American Para Professional Systems, Inc. (APPS) (800) 727-2999
- Examination Management Services, Inc. (EMSI) (800) 530-0560
- Portamedic/Hooper Holmes (800) 443-1417

Underwriting Classes

- Sex distinct (Unisex in Montana)
- Preferred No Tobacco - No use of tobacco or nicotine products in any form within the past two years and meets underwriting criteria shown below.
- Standard No Tobacco – No use of tobacco or nicotine products in any form within the past year, does not qualify for Preferred No Tobacco and no ratable impairments
- Preferred Tobacco – A user of tobacco (less than two packs of cigarettes per day) or nicotine within the past two years that meets all the other criteria as a Preferred No Tobacco.
- Standard Tobacco – A tobacco user or nicotine user who does not qualify for Preferred Tobacco rates and does not have a ratable impairment.

Preferred No Tobacco Guidelines

- No use of tobacco or nicotine products in any form within the past 24 months
- No current or prior blood pressure reading in excess of 150/92 (Ages 0-60), 155/92 (Ages 61-70)
- Treated, well-controlled hypertensives with pre-treatment levels exceeding the above may be considered.
- Cholesterol maximum 250 + cholesterol/HDL ratio not greater than 6.5 OR cholesterol maximum 270 + cholesterol/HDL ratio not greater than 6.0
- No DWI/DUI or reckless driving in the past five years, and no more than 2 moving violations within the past 3 years
- Standard medical risk; No history in the past 30 years of cancer, other than basal cell skin cancer
- No more than one cardiovascular death in parents prior to age 60
- Aviation available with Aviation Exclusion Rider or flat extra premium
- No ratable hazardous avocation or occupation
- Height/Weight: See Maximum Build Qualifications chart

Maximum Build Qualifications

Height	Preferred		Standard*
	Male Weight	Female Weight	Male/Female Weight
4'-8"	146	142	172
4'-9"	151	147	178
4'-10"	156	152	185
4'-11"	162	157	191
5'-0"	167	162	198
5'-1"	173	168	204
5'-2"	178	174	211
5'-3"	184	179	218
5'-4"	189	184	225
5'-5"	195	190	232
5'-6"	201	196	239
5'-7"	207	201	246
5'-8"	212	207	254
5'-9"	218	212	261
5'-10"	224	218	269
5'-11"	230	223	277
6'-0"	236	229	284
6'-1"	242	235	292
6'-2"	249	241	300
6'-3"	256	247	309
6'-4"	262	254	317
6'-5"	269	260	325
6'-6"	276	266	334
6'-7"	283	273	342
6'-8"	N/A	N/A	351

* The Standard table is provided for estimation purposes only. Eligibility for the Standard underwriting class is not determined by height and weight alone.

Typical Conditions for Decline of Accident Only Disability Income Rider

The following list of conditions, although not comprehensive, typically results in a decline for the Accident Only Disability Income Rider. Other situations or conditions may also result in a decline.

- AIDS
- Abdominal aortic aneurysm present
- Abdominal aortic aneurysm surgically corrected in the last 6 months
- Active military with foreign orders or orders to 'hot spots'
- Active military in special operations
- Addison's disease
- Alcohol treatment in the last 2 years
- Amputation caused by disease
- Angioplasty/bypass, or MI/heart attack in the last 6 months
- Alzheimer's disease or dementia - severe
- Bankruptcy, Chapter 7, that has not been discharged for at least 1 year
- Bankruptcy, multiple filings
- Blood pressure exceeding 185/100
- Buerger's disease
- Cancer – End stage or recently diagnosed cancer
- Cerebral palsy
- Cirrhosis of liver
- Congestive heart failure
- COPD/Emphysema, severe (on oxygen or disabling)
- CVA (stroke) within 1 year
- Cystic fibrosis
- Diabetes if complications present (i.e. amputation, retinopathy, kidney or vascular disease, etc.)
- Down's syndrome
- Drug use (other than marijuana) in the last 2 years
- DUIs, two or more in last 5 years
- Felony conviction, major
- Gastric/Intestinal bypass within 1 year
- Grand mal seizures within 1 year of diagnosis
- Hepatomegaly
- Hemophilia
- HIV positive
- Hodgkin's disease
- Juvenile onset diabetes
- Kidney dialysis
- Leukemia
- Mental disorder requiring hospitalization or disability in last year
- Medical testing advised but not yet completed
- Military reserves (if alerted or mobilized to be sent overseas to a 'hot spot')
- MS (multiple sclerosis) (disabling or progressive)
- Muscular dystrophy
- Organ transplant (awaiting or recent recipient)
- Parole or probation (currently on)
- Performance enhancing drugs, current or recent use (steroids)

- Pregnant (current) with toxemia, eclampsia, pre-eclampsia
- Pulmonary sarcoidosis
- Quadriplegia – within last two years.
- Retardation - severe
- Suicide attempt in the last year
- Suicide attempts (more than one) if the last one was within the last 2 years
- Surgery (major) advised but not yet completed
- Tuberculosis - recent
- Valve replacement within 6 months (no term coverage less than age 50)

List of Hazardous Occupations (Accident Only Disability Income Rider)

The following occupations typically result in a decline for the Accident Only Disability Income Rider. The list is not comprehensive, and other occupations may also result in a decline.

Abrasive Industry

Abrasives – Laborer

Acid Manufacturing

General – Acid handler, skilled worker, laborer

Agriculture/Ranching

Seasonal labor on farm, ranch or orchard

Fish farm, hatchery unskilled labor

Sheep farm workers (non-management)

Horse or mule breaker or trainer (non-jockey)

Animal Care

Zoo attendant, breeder, feeder, groomer, trainer

Automobile

Auto rental or leasing, non-executive/non-supervisory

Parking/storage attendant, auto repossession agent

Aviation

Astronaut

Commercial aviation or private airline/helicopter (paid employee) – Pilot, crew member, flight attendant, flying instructor, crop duster

Military aviation

Private, small airport – air traffic controller

Building Services

Other – Non-executive/non-supervisory

Building Cleaning – Acid cleaner (non-sandblasting), sandblaster

Building Mover/Wrecker – Laborer, demolition specialist, other

Elevator – Construction

Window Washer – Structure more than two stories

Chemical and Biological Weaponry

Other – Worker

Construction

Job site – Blaster, explosives handler

Bridge, dam, tunnel, high rise on a project of more than two stories

Laborer

Pile driver – Laborer

Road, street, highway – Airhammer, jackhammer, flagman, construction laborer, asphalt layer, blaster, explosive handler

Structural steel/sheet metal – Installer (more than two stories), foreman (supervising only), inspector, painter, erector, rigger, rivet catcher and heater, riveter, welder, rod setter, rod carrier

Painter – High-rise project of more than two stories

Roofer

Driver

Long haul truck driver – More than 200 miles

Taxi cab driver

Panel, straight truck, step-van -

United Parcel Service (UPS) Driver

Racing - Automobile, bicycle, motorboat, motorcycle driver

Electrical Industry

Powerline construction/maintenance (overhead lines) – Pole climbing, repairing, other, structural iron tower erector, other

Powerline construction/maintenance (Conduit/Tunnel) – Cable splicer, lineman, transformer, tunnel worker, troubleshooter, other

Entertainment Industry

Circus/Carnival – Trapeze artist, aerialist, animal trainer, laborer, roustabout

Entertainer – Musician, composer, singer, touring group, vocalist, actor, actress, entertainer, stuntman, pyrotechnics worker

Video arcade proprietor/supervisor

Civic center/arena – Concession worker (stand or crowd)

Riding school – Stablehand

Movie theater – Non-office/non-supervisory

Explosives and Munitions

Truck drivers

Salvage workers

Factory, Manufacturing, Machine Shop

Unskilled laborer

Grinder/buffer/polisher (metal) – Casting chipper, filer, grinder

Smokestacks – Worker

Funeral Industry

Monument industry – Engraver, worker

Gambling Industry

Casino, riverboat, off-track betting parlor – Owner, bartender

Parimutuel, horse track, dog track – Owner, bartender, animal handler, jockey

Gas Industry

General – Airhammer operator, laborer

Acetylene gas manufacturer – Laborer, rackman, trucker

Coal gas manufacturer (retort, water, by-product) – Ashman, burner, charger, charging/discharging machine operator, hand, clinkerman, coal heaver, fireman, furnaceman, laborer, reverseman, screenman, stoker, tar chaser

Compressed and liquefied gas – Laborer, rackman, trucker

Government Services

Armed services/armed forces – All personnel (all branches)

Customs – Inspector

Elected official – Political officeholder

Fire fighter/fire department - Municipal, state, federal employee, fire/smoke jumper, fire marshal

Fish/game warden

Forest ranger/forester

Harbormaster

Health officer – Field duty

Police/Law Enforcement – Officer, inspector, chief, deputy, detective, riot police, bomb disposal, bomb squad, SWAT team, undercover, motorcycle, border patrol, immigration officer, probation, sheriff, truant officer, parole officer, prison or jail warden, federal marshal, federal agent

Installation (Repair/Service)

Antenna – Erector, maintenance

Fire escape/balcony – Installer

Landscape, Lawn/Garden, Nursery, Horticulture

Non-executive/non-supervisory worker

Limousine, Bus, Cab Service

Driver – Non-executive/non-supervisory worker

Liquor Industry

Manufacturing – Laborer

Distribution/wholesale – Delivery, warehouse worker

Regulation – Public officer (non-office personnel)

Lumber Industry (Logging)

Camp crew (blasting) – Blaster, boommen, boomstick borer, explosive handler, high climber

Camp crew (river) – Raftsman, rigger, river driver, topman, steeplejack

Camp Crew (timber) – Timber cutter, logger, equipment operator, loader, laborer

Other – Pacific Coast states and provinces laborer

Lumber Industry (Mills)

Laborer, loader, yardman

Lumber Industry (Saw)

Handling – Boomman, landing man, pondman, slipman, carriage rider, sawyer, other skilled worker, loader, piler, other laborer

Lumber Industry (Yard)

In Yard – Loader, piler, truck driver

Lumber Industry (Wood Preserving Plant)

Plant worker – Bundler, loader, piler

Marine Industry

Aquanautic – Laborer (depths greater than 100ft)

Cruiseline, regular passenger line streamer, cargo, freighter, tanker – Boatswain, carpenter, cook, electrician, steward, waiter, other crewmember, offshore oil worker

Dry dock – Detailer, other skilled worker

Dock worker – Guard, watchman, longshoreman, stevedore, other worker

Land (in harbor) – Lightship service crewman, wrecking, salvage officer, crew driver

Ocean-going ship, tug, barge, charter, fishing, tour vessel – Dockhand, fisherman, sailor

Medical, Dental, Health Care

Chiropractor

Medical intern or resident

Nursing – Private duty, prison, penitentiary, reformatory

Orderly – Orderly, aide, attendant

Social service (psychological) – Welfare worker

Metal Industry

General – Casting burner and filer, chipper

Lead burner

Ornamental iron worker – Erector

Sandblaster – Other

Welding and cutting - Bottom maker, cinderman, laborer, ladle cleaner mold yardman, sampler, scrap piler, stocker, stove cleaner, top flier, trestle man, yardman, casting burner, cleaner, chipper, filer, scratcher and shaker, tumbling barrel operator, cottrell treater, arsenic recovery worker, bag house operator

Other skilled worker – Radium and uranium, brass, bronze, copper, lead, manganese, zinc

Slabbing, Tin and Terne Plate, Tube and Wire Mills – Bundler, Car Loader, Laborer, Warehouseman

Mining Industry (Ore Dressing and Concentrating, Quarry)

Aluminum, iron, steel, other metals – Worker (blast furnace, open hearth, soaking pit, department of rolling mills)

Hydraulic and placer workings – Worker

Magnesium industry – Laborer (above departments/magnesium powder maker)

Underground mine (superintendent, assayer, chemist, manager, metallurgist, engineer, surveyor) – Underground more than one day per week

Underground mine (other) – Other worker

Open pit, gravel pit, strip mine, quarry, clay pit, sand pit, surface operation – Laborer, crusher, grinder, dinkey engineer, driller, tip rider, dumpman, pitman, stripper, trackman, explosion handler, blaster

Motion Picture, TV, Stage, Radio

Production – Boom operator

Newspaper Industry

Correspondent – Journalist, reporter, photographer (freelance), foreign correspondent

Oil, Natural Gas, Sulfur Wells, Industry

Foreign or offshore oil worker

Drilling/production (onshore) – Casing puller, derrickman, floorman, well cleaner, well worker, puller, derrick, rig and tank builder, fire department, fire fighter, shooter, handling explosives, other

Geophysical survey (seismograph) – Handling explosives

Gasoline/oil processing – Boiler, car, drum and still cleaner, laborer, rigger, yardman, fire department

Other (Uncategorized Occupations)

Artist or author – Freelance, self-employed, working from home

Cartographer – Flying

Collection agency – Other

Employment agency – Temporary assignee, temporary employee

Flagpole worker

Furrier

Jeweler – Gem cutter, polisher

Model – Fashion

Usher

Packing, Slaughterhouse, Stockyard

General – Hide cellar worker, laborer, worker (live animal), driver, head holder, killer, knocker, laborer, sheckler, stickman, yardman, other

Personal, Professional Services

Child care provider – Other (working from home)

Engineer – Bridge/dam

Guide – Hunting, fishing, sports, recreation

Housecleaning/maid service

Income tax service – Non-executive/non-supervisory

Photographer/cameraman – Freelance, aerial photography, war, stunt

Shoeshine parlor - Attendant, shoeshiner, other

Public Transportation System

Crewmember

Engineer

Other – Track walker, laborer, porter, trucker, bus driver

Railroad (Diesel, Electric, Steam)

Section hand, track walker, wrecking, work train and gang laborer

Roundhouse, repair track and shop – Ash pitman, boiler washer, coal heaver, fire builder and knocker, flue cleaner, laborer, sandhouse man, tank washer

Train – Brakeman (yard), conductor (yard)

Yard – Brakeman, flagman, conductor, switch cleaner and oiler, laborer, switch tender (non-tower)

Railway, Electric (Elevated, Interurban, Subway, Surface)

Maintenance (Surface) – Power and trolley line repairman, switch cleaner and oiler

Maintenance (Elevated/Subway) – Power line repairman, rail grinder and welder, track repairman, track walker

Restaurant, Food Service Industry

Catering service - Worker

Food sales (not fast food) – Bartender, busboy, dishwasher, kitchen assistant, table attendant

Fast food, cafeteria, diner – Cook, cafeteria worker, dishwasher, kitchen assistant, table attendant

Liquor sales (less than 50% of business) – Non-owner/non-manager/non-supervisory

Liquor sales (more than 50% of business) – Bartender (regular shift)

Retail Sales, Wholesale

Liquor Sales (retail package store) – Non-manager/non-supervisory

Video store – Adult merchandiser

Rubber Industry

Natural rubber processing and articles manufacture – Laborer

Synthetic rubber production (distiller) – Laborer

Sales (Salesperson)

Security sales (commodity, futures, options, (no floor trading)) – Less than three years experience

Day trader, investor on own account, capitalist

Floor trader

Used appliances, goods

Sales and Service

Fire extinguisher (refill/service) – Non-supervisory

Pool sales (service) – Non-sales

Security alarm system – Non-supervisory/non-office

Vending machine industry – Non-supervisory/non-office

Sanitation, Disposal Services

Hazardous waste disposal – Handler, asbestos worker

Other – Laborer

Septic, sewer, cesspool – Laborer

School/Education

Student (non-medical) – Industrial, vocational, trade school, elementary, secondary, business, college, college senior, post-graduate

Science/Research

Geologist – Below ground, other

Sports

Athlete – Professional

Bull fighter

Instructor – Diving, SCUBA, sky diving

Mountaineering

Rodeo participant

Skiing – Instructor, rescue patrol

Team athletics – Owner, manager

Tournament professional

Telecommunications

Tower – Service, installation

Trucking/Transportation

Moving – Furniture mover (local), driver, packer, crater, munitions handler, helper

Utilities

Nuclear, power plant – Exposure to radiation or radiation monitoring duties, researchers

Water company, water treatment, waterworks – Laborer, airhammer operator, jackhammer operator

How to Calculate ING HomeGuard Select Term Premiums

Without Return of Premium Rider

1. Multiply units of policy and rider coverage from rate tables by number of units.
2. Add total premiums for each form of coverage.
3. Add \$60 policy fee for annual premiums.
4. Multiply annual premiums by Modal factors (.53 semi-annual, .27 quarterly, .09 monthly) for other premium modes.

With Return of Premium Rider

1. Multiply units of policy and rider coverage by Return of Premium multiplier from rate table.
2. Add total premiums for each form of coverage.
3. Add \$60 policy fee for annual premiums.
4. Multiply annual premiums by Modal factors (.53 semi-annual, .27 quarterly, .09 monthly) for other premium modes.

Sample Monthly Premium Calculation

Insured: **Male Age 40, Preferred Non-Tobacco**
Base Policy: \$200,000, 30-Year Term with Extended Premium Guarantee
Additional Benefits: Waiver of Premium, Return of Premium Rider

Coverage	Base/1,000		ROP Multiplier		ROP Rate/1,000		Units		Premium
Base rate w/EPG	\$ 2.34	x	1.29	=	3.02	x	200	=	\$604.00
Waiver of Premium	\$.43	x	1.29	=	.55	x	200	=	\$110.00
<hr/>									
Sum of Annual Coverage Costs									\$714.00
Add Policy Fee									+ 60.00
<hr/>									
Annual Premium									\$774.00
Times Monthly Modal Factor									x .09
<hr/>									
Total monthly policy premium									\$69.66

ING HomeGuard Select Term - 15 Year, Male Premium Rates

Rates are per 1,000 face amount. (Effective March 2007) Policy Fee: \$60 commissionable

Issue Age	Band 1 \$100,000 - \$249,999				Band 2 \$250,000+			
	PNT	SNT	PT	ST	PNT	SNT	PT	ST
18	0.76	0.90	1.37	1.90	0.74	0.88	1.34	1.86
19	0.76	0.90	1.37	1.90	0.74	0.88	1.34	1.86
20	0.76	0.90	1.37	1.90	0.74	0.88	1.34	1.86
21	0.76	0.90	1.37	1.90	0.74	0.88	1.34	1.86
22	0.76	0.90	1.37	1.90	0.74	0.88	1.34	1.86
23	0.76	0.90	1.37	1.90	0.74	0.88	1.34	1.86
24	0.76	0.90	1.37	1.90	0.74	0.88	1.34	1.86
25	0.76	0.90	1.37	1.90	0.74	0.88	1.34	1.86
26	0.76	0.90	1.38	1.93	0.74	0.88	1.35	1.89
27	0.76	0.90	1.39	1.96	0.74	0.88	1.36	1.92
28	0.76	0.90	1.40	1.99	0.74	0.88	1.37	1.95
29	0.76	0.90	1.41	2.02	0.74	0.88	1.38	1.98
30	0.76	0.90	1.41	2.06	0.74	0.88	1.38	2.02
31	0.76	0.90	1.44	2.10	0.74	0.88	1.41	2.06
32	0.76	0.90	1.47	2.14	0.74	0.88	1.44	2.10
33	0.76	0.90	1.50	2.18	0.74	0.88	1.47	2.14
34	0.76	0.90	1.53	2.22	0.74	0.88	1.50	2.18
35	0.76	0.90	1.54	2.26	0.74	0.88	1.51	2.21
36	0.81	0.96	1.64	2.42	0.79	0.94	1.61	2.37
37	0.86	1.02	1.74	2.59	0.84	1.00	1.71	2.54
38	0.91	1.09	1.85	2.77	0.89	1.07	1.81	2.71
39	0.97	1.16	1.97	2.96	0.95	1.14	1.93	2.90
40	1.03	1.23	2.10	3.16	1.01	1.21	2.06	3.10
41	1.13	1.38	2.35	3.51	1.11	1.35	2.30	3.44
42	1.24	1.55	2.63	3.90	1.22	1.52	2.58	3.82
43	1.36	1.74	2.94	4.34	1.33	1.71	2.88	4.25
44	1.49	1.95	3.29	4.83	1.46	1.91	3.22	4.73
45	1.65	2.17	3.68	5.37	1.62	2.13	3.61	5.26
46	1.80	2.35	4.00	5.80	1.76	2.30	3.92	5.68
47	1.97	2.54	4.35	6.26	1.93	2.49	4.26	6.13
48	2.15	2.75	4.73	6.76	2.11	2.70	4.64	6.62
49	2.35	2.97	5.14	7.30	2.30	2.91	5.04	7.15
50	2.58	3.21	5.60	7.86	2.53	3.15	5.49	7.70
51	2.83	3.51	6.09	8.55	2.77	3.44	5.97	8.38
52	3.10	3.83	6.62	9.31	3.04	3.75	6.49	9.12
53	3.40	4.18	7.20	10.13	3.33	4.10	7.06	9.93
54	3.73	4.57	7.83	11.02	3.66	4.48	7.67	10.80
55	4.08	4.99	8.53	12.00	4.00	4.89	8.36	11.76
56	4.55	5.59	9.41	13.12	4.46	5.48	9.22	12.86
57	5.07	6.26	10.38	14.34	4.97	6.13	10.17	14.05
58	5.65	7.01	11.45	15.68	5.54	6.87	11.22	15.37
59	6.30	7.85	12.63	17.14	6.17	7.69	12.38	16.80
60	7.03	8.79	13.92	18.75	6.89	8.61	13.64	18.38
61	7.79	9.82	15.28	20.62	7.63	9.62	14.97	20.21
62	8.64	10.97	16.77	22.68	8.47	10.75	16.43	22.23
63	9.58	12.25	18.41	24.95	9.39	12.01	18.04	24.45
64	10.62	13.68	20.21	27.44	10.41	13.41	19.81	26.89
65	11.77	15.27	22.17	30.19	11.53	14.96	21.73	29.59
66	12.84	16.89	24.25	33.35	12.65	16.64	23.89	32.85
67	14.01	18.68	26.52	36.84	13.80	18.40	26.12	36.29
68	15.29	20.66	29.01	40.69	15.06	20.35	28.57	40.08
69	16.68	22.86	31.73	44.95	16.43	22.52	31.25	44.28
70	18.20	25.30	34.70	49.65	17.93	24.92	34.18	48.91

Issue Ages May Vary By State

Initial rates guaranteed for 10 years

Rates for policy years 16+ are available on illustration software.

For policies issued in Montana, use Male Premium Rates

Modal Factors for All Classes: Semiannual .53; Quarterly .27; Monthly .09

Underwriting Classes: PNT=Preferred No Tobacco; SNT=Standard No Tobacco; PT=Preferred Tobacco; ST=Standard Tobacco

ING HomeGuard Select Term - 15 Year, Female Premium Rates

Rates are per 1,000 face amount. (Effective March 2007) Policy Fee: \$60 commissionable

Issue Age	Band 1 \$100,000 - \$249,999				Band 2 \$250,000+			
	PNT	SNT	PT	ST	PNT	SNT	PT	ST
18	0.62	0.78	1.03	1.56	0.61	0.76	1.01	1.53
19	0.62	0.78	1.03	1.56	0.61	0.76	1.01	1.53
20	0.62	0.78	1.03	1.56	0.61	0.76	1.01	1.53
21	0.62	0.78	1.03	1.56	0.61	0.76	1.01	1.53
22	0.62	0.78	1.03	1.56	0.61	0.76	1.01	1.53
23	0.62	0.78	1.03	1.56	0.61	0.76	1.01	1.53
24	0.62	0.78	1.03	1.56	0.61	0.76	1.01	1.53
25	0.62	0.78	1.03	1.56	0.61	0.76	1.01	1.53
26	0.62	0.78	1.04	1.56	0.61	0.76	1.02	1.53
27	0.62	0.78	1.05	1.56	0.61	0.76	1.03	1.53
28	0.62	0.78	1.06	1.56	0.61	0.76	1.04	1.53
29	0.62	0.78	1.07	1.56	0.61	0.76	1.05	1.53
30	0.62	0.78	1.07	1.56	0.61	0.76	1.05	1.53
31	0.62	0.78	1.09	1.59	0.61	0.76	1.07	1.56
32	0.62	0.78	1.11	1.62	0.61	0.76	1.09	1.59
33	0.62	0.78	1.13	1.65	0.61	0.76	1.11	1.62
34	0.62	0.78	1.15	1.68	0.61	0.76	1.13	1.65
35	0.62	0.80	1.19	1.72	0.61	0.78	1.17	1.69
36	0.65	0.84	1.26	1.84	0.64	0.82	1.23	1.80
37	0.69	0.88	1.34	1.97	0.68	0.86	1.31	1.93
38	0.73	0.92	1.42	2.11	0.72	0.90	1.39	2.07
39	0.77	0.96	1.50	2.26	0.75	0.94	1.47	2.21
40	0.81	1.00	1.59	2.42	0.79	0.98	1.56	2.37
41	0.88	1.09	1.77	2.64	0.86	1.07	1.73	2.59
42	0.96	1.19	1.97	2.88	0.94	1.17	1.93	2.82
43	1.05	1.30	2.19	3.15	1.03	1.27	2.15	3.09
44	1.15	1.42	2.44	3.44	1.13	1.39	2.39	3.37
45	1.25	1.56	2.73	3.76	1.23	1.53	2.68	3.68
46	1.34	1.66	2.92	4.03	1.31	1.63	2.86	3.95
47	1.44	1.77	3.12	4.32	1.41	1.73	3.06	4.23
48	1.54	1.88	3.33	4.63	1.51	1.84	3.26	4.54
49	1.65	2.00	3.56	4.97	1.62	1.96	3.49	4.87
50	1.77	2.12	3.79	5.34	1.73	2.08	3.71	5.23
51	1.91	2.28	4.04	5.75	1.87	2.23	3.96	5.64
52	2.06	2.45	4.31	6.19	2.02	2.40	4.22	6.07
53	2.22	2.64	4.60	6.66	2.18	2.59	4.51	6.53
54	2.39	2.84	4.91	7.17	2.34	2.78	4.81	7.03
55	2.57	3.06	5.24	7.71	2.52	3.00	5.14	7.56
56	2.84	3.37	5.73	8.33	2.78	3.30	5.62	8.16
57	3.14	3.71	6.26	9.00	3.08	3.64	6.13	8.82
58	3.47	4.09	6.84	9.73	3.40	4.01	6.70	9.54
59	3.84	4.50	7.48	10.51	3.76	4.41	7.33	10.30
60	4.24	4.96	8.17	11.36	4.16	4.86	8.01	11.13
61	4.68	5.56	8.94	12.30	4.59	5.45	8.76	12.05
62	5.16	6.23	9.78	13.32	5.06	6.11	9.58	13.05
63	5.69	6.98	10.70	14.42	5.58	6.84	10.49	14.13
64	6.28	7.82	11.71	15.61	6.15	7.66	11.48	15.30
65	6.93	8.74	12.83	16.90	6.79	8.57	12.57	16.56
66	7.49	9.56	14.02	18.28	7.38	9.42	13.81	18.01
67	8.09	10.46	15.32	19.77	7.97	10.30	15.09	19.47
68	8.74	11.44	16.74	21.38	8.61	11.27	16.49	21.06
69	9.44	12.52	18.29	23.12	9.30	12.33	18.02	22.77
70	10.20	13.70	20.00	25.00	10.05	13.49	19.70	24.63

Issue Ages May Vary By State

Initial rates guaranteed for 10 years

Rates for policy years 16+ are available on illustration software.

For policies issued in Montana, use Male Premium Rates

Modal Factors for All Classes: Semiannual .53; Quarterly .27; Monthly .09

Underwriting Classes: PNT=Preferred No Tobacco; SNT=Standard No Tobacco;

PT=Preferred Tobacco; ST=Standard Tobacco

ING HomeGuard Select Term - 20 Year, Male Premium Rates

Rates are per 1,000 face amount. (Effective March 2007) Policy Fee: \$60 commissionable

Issue Age	Band 1 \$100,000 - \$249,999				Band 2 \$250,000+			
	PNT	SNT	PT	ST	PNT	SNT	PT	ST
18	0.84	1.05	1.68	2.10	0.82	1.03	1.65	2.06
19	0.84	1.05	1.68	2.10	0.82	1.03	1.65	2.06
20	0.84	1.05	1.68	2.10	0.82	1.03	1.65	2.06
21	0.84	1.05	1.68	2.10	0.82	1.03	1.65	2.06
22	0.84	1.05	1.68	2.10	0.82	1.03	1.65	2.06
23	0.84	1.05	1.68	2.10	0.82	1.03	1.65	2.06
24	0.84	1.05	1.68	2.10	0.82	1.03	1.65	2.06
25	0.84	1.05	1.68	2.10	0.82	1.03	1.65	2.06
26	0.84	1.07	1.69	2.11	0.82	1.05	1.66	2.07
27	0.84	1.09	1.70	2.12	0.82	1.07	1.67	2.08
28	0.84	1.11	1.71	2.13	0.82	1.09	1.68	2.09
29	0.84	1.13	1.72	2.13	0.82	1.11	1.69	2.09
30	0.85	1.15	1.73	2.13	0.83	1.13	1.70	2.09
31	0.85	1.17	1.78	2.24	0.83	1.15	1.74	2.20
32	0.85	1.20	1.83	2.36	0.83	1.18	1.79	2.31
33	0.85	1.23	1.88	2.48	0.83	1.21	1.84	2.43
34	0.85	1.26	1.93	2.61	0.83	1.23	1.89	2.56
35	0.87	1.28	1.99	2.74	0.85	1.25	1.95	2.69
36	0.92	1.35	2.14	2.95	0.90	1.32	2.10	2.89
37	0.98	1.42	2.30	3.18	0.96	1.39	2.25	3.12
38	1.04	1.49	2.48	3.43	1.02	1.46	2.43	3.36
39	1.10	1.57	2.67	3.70	1.08	1.54	2.62	3.63
40	1.17	1.65	2.88	3.98	1.15	1.62	2.82	3.90
41	1.27	1.82	3.14	4.36	1.24	1.78	3.08	4.27
42	1.38	2.01	3.42	4.77	1.35	1.97	3.35	4.67
43	1.50	2.22	3.73	5.22	1.47	2.18	3.66	5.12
44	1.63	2.45	4.06	5.71	1.60	2.40	3.98	5.60
45	1.77	2.70	4.42	6.26	1.73	2.65	4.33	6.13
46	1.98	2.94	4.77	6.80	1.94	2.88	4.67	6.66
47	2.21	3.20	5.15	7.39	2.17	3.14	5.05	7.24
48	2.47	3.48	5.56	8.03	2.42	3.41	5.45	7.87
49	2.76	3.79	6.00	8.72	2.70	3.71	5.88	8.55
50	3.09	4.12	6.46	9.46	3.03	4.04	6.33	9.27
51	3.37	4.52	7.03	10.31	3.30	4.43	6.89	10.10
52	3.68	4.96	7.65	11.24	3.61	4.86	7.50	11.02
53	4.02	5.44	8.33	12.25	3.94	5.33	8.16	12.01
54	4.39	5.96	9.07	13.35	4.30	5.84	8.89	13.08
55	4.79	6.53	9.87	14.56	4.69	6.40	9.67	14.27
56	5.26	7.04	10.84	15.87	5.15	6.90	10.62	15.55
57	5.78	7.58	11.90	17.30	5.66	7.43	11.66	16.95
58	6.35	8.17	13.07	18.86	6.22	8.01	12.81	18.48
59	6.98	8.80	14.35	20.56	6.84	8.62	14.06	20.15
60	7.66	9.48	15.76	22.40	7.51	9.29	15.44	21.95
61	8.51	10.75	17.28	24.45	8.38	10.59	17.02	24.08
62	9.45	12.19	18.95	26.69	9.31	12.01	18.67	26.29
63	10.50	13.83	20.78	29.13	10.34	13.62	20.47	28.69
64	11.66	15.69	22.79	31.79	11.49	15.45	22.45	31.31
65	12.95	17.80	25.00	34.70	12.76	17.53	24.63	34.18
66	14.21	19.98	28.42	38.35	14.00	19.68	27.99	37.77
67	15.59	22.42	32.31	42.38	15.36	22.08	31.83	41.74
68	17.11	25.16	36.74	46.84	16.85	24.78	36.19	46.14
69	18.77	28.24	41.77	51.76	18.49	27.82	41.14	50.98
70	20.60	31.70	47.50	57.20	20.29	31.22	46.79	56.34

Issue Ages May Vary By State

Initial rates guaranteed for 10 years

Rates for policy years 21+ are available on illustration software.

For policies issued in Montana, use Male Premium Rates

Modal Factors for All Classes: Semiannual .53; Quarterly .27; Monthly .09

Underwriting Classes: PNT=Preferred No Tobacco; SNT=Standard No Tobacco; PT=Preferred Tobacco; ST=Standard Tobacco

ING HomeGuard Select Term - 20 Year, Female Premium Rates

Rates are per 1,000 face amount. (Effective March 2007) Policy Fee: \$60 commissionable

Issue Age	Band 1 \$100,000 - \$249,999				Band 2 \$250,000+			
	PNT	SNT	PT	ST	PNT	SNT	PT	ST
18	0.68	0.88	1.27	1.85	0.67	0.86	1.24	1.81
19	0.68	0.88	1.27	1.85	0.67	0.86	1.24	1.81
20	0.68	0.88	1.27	1.85	0.67	0.86	1.24	1.81
21	0.68	0.88	1.27	1.85	0.67	0.86	1.24	1.81
22	0.68	0.88	1.27	1.85	0.67	0.86	1.24	1.81
23	0.68	0.88	1.27	1.85	0.67	0.86	1.24	1.81
24	0.68	0.88	1.27	1.85	0.67	0.86	1.24	1.81
25	0.68	0.88	1.27	1.85	0.67	0.86	1.24	1.81
26	0.68	0.88	1.28	1.86	0.67	0.86	1.25	1.82
27	0.68	0.88	1.29	1.87	0.67	0.86	1.26	1.83
28	0.68	0.88	1.30	1.88	0.67	0.86	1.27	1.84
29	0.68	0.88	1.30	1.88	0.67	0.86	1.27	1.84
30	0.68	0.90	1.30	1.88	0.67	0.88	1.27	1.84
31	0.68	0.91	1.33	1.95	0.67	0.89	1.30	1.91
32	0.68	0.92	1.36	2.02	0.67	0.90	1.33	1.98
33	0.68	0.93	1.39	2.10	0.67	0.91	1.36	2.06
34	0.68	0.94	1.42	2.18	0.67	0.92	1.39	2.14
35	0.70	0.95	1.47	2.27	0.69	0.93	1.44	2.22
36	0.74	0.99	1.55	2.38	0.73	0.97	1.52	2.33
37	0.78	1.03	1.64	2.50	0.76	1.01	1.61	2.45
38	0.82	1.07	1.73	2.63	0.80	1.05	1.70	2.58
39	0.86	1.12	1.83	2.76	0.84	1.10	1.79	2.70
40	0.90	1.17	1.94	2.90	0.88	1.15	1.90	2.84
41	0.98	1.28	2.13	3.13	0.96	1.25	2.09	3.07
42	1.07	1.40	2.33	3.38	1.05	1.37	2.28	3.31
43	1.17	1.53	2.55	3.65	1.15	1.50	2.50	3.58
44	1.28	1.67	2.79	3.94	1.25	1.64	2.73	3.86
45	1.39	1.83	3.06	4.26	1.36	1.79	3.00	4.17
46	1.50	1.97	3.33	4.62	1.47	1.93	3.26	4.53
47	1.62	2.12	3.62	5.01	1.59	2.08	3.55	4.91
48	1.75	2.28	3.94	5.43	1.72	2.23	3.86	5.32
49	1.89	2.46	4.29	5.89	1.85	2.41	4.20	5.77
50	2.06	2.65	4.66	6.39	2.02	2.60	4.57	6.26
51	2.24	2.88	5.02	6.90	2.20	2.82	4.92	6.76
52	2.44	3.13	5.41	7.45	2.39	3.07	5.30	7.30
53	2.66	3.41	5.83	8.05	2.61	3.34	5.71	7.89
54	2.90	3.71	6.29	8.70	2.84	3.64	6.16	8.53
55	3.15	4.05	6.79	9.40	3.09	3.97	6.65	9.21
56	3.44	4.36	7.27	10.12	3.37	4.27	7.12	9.92
57	3.75	4.70	7.79	10.89	3.68	4.61	7.63	10.67
58	4.09	5.06	8.35	11.72	4.01	4.96	8.18	11.49
59	4.46	5.45	8.95	12.62	4.37	5.34	8.77	12.37
60	4.86	5.87	9.58	13.59	4.76	5.75	9.39	13.32
61	5.38	6.62	10.47	14.79	5.30	6.52	10.31	14.57
62	5.95	7.46	11.44	16.10	5.86	7.35	11.27	15.86
63	6.58	8.41	12.50	17.53	6.48	8.28	12.31	17.27
64	7.28	9.48	13.66	19.08	7.17	9.34	13.46	18.79
65	8.05	10.70	14.95	20.77	7.93	10.54	14.73	20.46
66	8.98	11.90	17.00	23.66	8.85	11.72	16.75	23.31
67	10.02	13.23	19.33	26.95	9.87	13.03	19.04	26.55
68	11.18	14.71	21.98	30.70	11.01	14.49	21.65	30.24
69	12.47	16.36	24.99	34.97	12.28	16.11	24.62	34.45
70	13.90	18.20	28.40	39.85	13.69	17.93	27.97	39.25

Issue Ages May Vary By State

Initial rates guaranteed for 10 years

Rates for policy years 21+ are available on illustration software.

For policies issued in Montana, use Male Premium Rates

Modal Factors for All Classes: Semiannual .53; Quarterly .27; Monthly .09

Underwriting Classes: PNT=Preferred No Tobacco; SNT=Standard No Tobacco; PT=Preferred Tobacco; ST=Standard Tobacco

ING HomeGuard Select Term - 30 Year, Male Premium Rates

Rates are per 1,000 face amount. (Effective March 2007) Policy Fee: \$60 commissionable

Issue Age	Band 1 \$100,000 - \$249,999				Band 2 \$250,000+			
	PNT	SNT	PT	ST	PNT	SNT	PT	ST
18	0.94	1.21	2.06	2.60	0.92	1.19	2.02	2.55
19	0.94	1.21	2.06	2.60	0.92	1.19	2.02	2.55
20	0.94	1.21	2.06	2.60	0.92	1.19	2.02	2.55
21	0.94	1.21	2.06	2.60	0.92	1.19	2.02	2.55
22	0.94	1.21	2.06	2.60	0.92	1.19	2.02	2.55
23	0.94	1.21	2.06	2.60	0.92	1.19	2.02	2.55
24	0.94	1.21	2.06	2.60	0.92	1.19	2.02	2.55
25	0.94	1.21	2.06	2.60	0.92	1.19	2.02	2.55
26	0.94	1.21	2.06	2.60	0.92	1.19	2.02	2.55
27	0.94	1.21	2.06	2.60	0.92	1.19	2.02	2.55
28	0.94	1.21	2.06	2.60	0.92	1.19	2.02	2.55
29	0.94	1.21	2.06	2.60	0.92	1.19	2.02	2.55
30	0.94	1.21	2.06	2.60	0.92	1.19	2.02	2.55
31	0.96	1.24	2.15	2.73	0.94	1.22	2.11	2.68
32	0.98	1.27	2.24	2.87	0.96	1.24	2.20	2.81
33	1.00	1.30	2.33	3.01	0.98	1.27	2.28	2.95
34	1.02	1.33	2.43	3.16	1.00	1.30	2.38	3.10
35	1.05	1.36	2.53	3.31	1.03	1.33	2.48	3.24
36	1.12	1.48	2.76	3.62	1.10	1.45	2.70	3.55
37	1.19	1.61	3.01	3.96	1.17	1.58	2.95	3.88
38	1.27	1.75	3.28	4.33	1.24	1.72	3.21	4.24
39	1.35	1.91	3.57	4.73	1.32	1.87	3.50	4.64
40	1.43	2.09	3.88	5.17	1.40	2.05	3.80	5.07
41	1.60	2.29	4.21	5.61	1.57	2.24	4.13	5.50
42	1.79	2.51	4.57	6.08	1.75	2.46	4.48	5.96
43	2.01	2.75	4.96	6.59	1.97	2.70	4.86	6.46
44	2.25	3.01	5.39	7.15	2.21	2.95	5.28	7.01
45	2.53	3.31	5.86	7.76	2.48	3.24	5.74	7.60
46	2.73	3.66	6.36	8.51	2.68	3.59	6.23	8.34
47	2.95	4.05	6.90	9.34	2.89	3.97	6.76	9.15
48	3.18	4.48	7.48	10.25	3.12	4.39	7.33	10.05
49	3.43	4.95	8.11	11.24	3.36	4.85	7.95	11.02
50	3.70	5.47	8.80	12.33	3.63	5.36	8.62	12.08
51	4.27	6.13	9.66	13.37	4.18	6.01	9.47	13.10
52	4.93	6.87	10.61	14.50	4.83	6.73	10.40	14.21
53	5.69	7.70	11.65	15.73	5.58	7.55	11.42	15.42
54	6.57	8.63	12.79	17.06	6.44	8.46	12.53	16.72
55	7.57	9.67	14.05	18.50	7.42	9.48	13.77	18.13
56	8.33	10.60	15.64	20.06	8.16	10.39	15.33	19.66
57	9.17	11.61	17.41	21.76	8.99	11.38	17.06	21.32
58	10.10	12.72	19.38	23.60	9.90	12.47	18.99	23.13
59	11.12	13.94	21.57	25.60	10.90	13.66	21.14	25.09
60	12.24	15.27	24.00	27.76	12.00	14.96	23.52	27.20
61	13.53	17.13	25.84	29.90	13.33	16.87	25.45	29.45
62	14.96	19.22	27.82	32.21	14.74	18.93	27.40	31.73
63	16.54	21.56	29.95	34.69	16.29	21.24	29.50	34.17
64	18.28	24.19	32.24	37.37	18.01	23.83	31.76	36.81
65	20.20	27.15	34.70	40.25	19.90	26.74	34.18	39.65

Issue Ages May Vary By State

Initial rates guaranteed for 10 years

Rates for policy years 31+ are available on illustration software.

For policies issued in Montana, use Male Premium Rates

Modal Factors for All Classes: Semiannual .53; Quarterly .27; Monthly .09

Underwriting Classes: PNT=Preferred No Tobacco; SNT=Standard No Tobacco; PT=Preferred Tobacco; ST=Standard Tobacco

ING HomeGuard Select Term - 30 Year, Female Premium Rates

Rates are per 1,000 face amount. (Effective March 2007) Policy Fee: \$60 commissionable

Issue Age	Band 1 \$100,000 - \$249,999				Band 2 \$250,000+			
	PNT	SNT	PT	ST	PNT	SNT	PT	ST
18	0.76	0.98	1.46	2.10	0.74	0.96	1.43	2.06
19	0.76	0.98	1.46	2.10	0.74	0.96	1.43	2.06
20	0.76	0.98	1.46	2.10	0.74	0.96	1.43	2.06
21	0.76	0.98	1.46	2.10	0.74	0.96	1.43	2.06
22	0.76	0.98	1.46	2.10	0.74	0.96	1.43	2.06
23	0.76	0.98	1.46	2.10	0.74	0.96	1.43	2.06
24	0.76	0.98	1.46	2.10	0.74	0.96	1.43	2.06
25	0.76	0.98	1.46	2.10	0.74	0.96	1.43	2.06
26	0.76	0.98	1.46	2.10	0.74	0.96	1.43	2.06
27	0.76	0.98	1.46	2.10	0.74	0.96	1.43	2.06
28	0.76	0.98	1.46	2.10	0.74	0.96	1.43	2.06
29	0.76	0.98	1.46	2.10	0.74	0.96	1.43	2.06
30	0.76	0.98	1.46	2.10	0.74	0.96	1.43	2.06
31	0.77	0.99	1.54	2.17	0.75	0.97	1.51	2.13
32	0.78	1.00	1.62	2.25	0.76	0.98	1.59	2.21
33	0.79	1.01	1.70	2.33	0.77	0.99	1.67	2.28
34	0.79	1.02	1.79	2.41	0.77	1.00	1.75	2.36
35	0.79	1.05	1.88	2.50	0.77	1.03	1.84	2.45
36	0.84	1.15	2.06	2.72	0.82	1.13	2.02	2.67
37	0.89	1.26	2.26	2.96	0.87	1.23	2.21	2.90
38	0.95	1.38	2.47	3.22	0.93	1.35	2.42	3.16
39	1.01	1.51	2.70	3.51	0.99	1.48	2.65	3.44
40	1.08	1.64	2.96	3.83	1.06	1.61	2.90	3.75
41	1.18	1.76	3.13	4.12	1.16	1.72	3.07	4.04
42	1.29	1.89	3.31	4.44	1.26	1.85	3.24	4.35
43	1.41	2.03	3.50	4.78	1.38	1.99	3.43	4.68
44	1.54	2.18	3.70	5.15	1.51	2.14	3.63	5.05
45	1.66	2.33	3.90	5.55	1.63	2.28	3.82	5.44
46	1.81	2.53	4.22	5.92	1.77	2.48	4.14	5.80
47	1.97	2.74	4.56	6.31	1.93	2.69	4.47	6.18
48	2.15	2.97	4.93	6.73	2.11	2.91	4.83	6.60
49	2.34	3.22	5.33	7.17	2.29	3.16	5.22	7.03
50	2.56	3.50	5.77	7.64	2.51	3.43	5.65	7.49
51	2.83	3.88	6.20	8.20	2.77	3.80	6.08	8.04
52	3.13	4.31	6.66	8.81	3.07	4.22	6.53	8.63
53	3.46	4.78	7.16	9.46	3.39	4.68	7.02	9.27
54	3.82	5.30	7.69	10.16	3.74	5.19	7.54	9.96
55	4.21	5.89	8.26	10.91	4.13	5.77	8.09	10.69
56	4.82	6.77	9.46	12.18	4.72	6.63	9.27	11.94
57	5.52	7.78	10.83	13.60	5.41	7.62	10.61	13.33
58	6.32	8.94	12.40	15.18	6.19	8.76	12.15	14.88
59	7.23	10.28	14.20	16.95	7.09	10.07	13.92	16.61
60	8.27	11.82	16.27	18.93	8.10	11.58	15.94	18.55
61	9.40	13.12	18.08	20.71	9.26	12.92	17.81	20.40
62	10.69	14.57	20.10	22.66	10.53	14.35	19.80	22.32
63	12.15	16.18	22.34	24.80	11.97	15.94	22.00	24.43
64	13.81	17.97	24.83	27.14	13.60	17.70	24.46	26.73
65	15.70	19.95	27.60	29.70	15.46	19.65	27.19	29.25

Issue Ages May Vary By State

Initial rates guaranteed for 10 years

Rates for policy years 31+ are available on illustration software.

For policies issued in Montana, use Male Premium Rates

Modal Factors for All Classes: Semiannual .53; Quarterly .27; Monthly .09

Underwriting Classes: PNT=Preferred No Tobacco; SNT=Standard No Tobacco; PT=Preferred Tobacco; ST=Standard Tobacco

ING HomeGuard Select Term - Extended Premium Guarantee 15 Year, Male Premium Rates

Rates are per 1,000 face amount. (Effective March 2007)

Issue Age	Band 1 \$100,000 - \$249,999				Band 2 \$250,000+			
	PNT	SNT	PT	ST	PNT	SNT	PT	ST
18	0.79	0.96	1.39	2.05	0.77	0.94	1.36	2.01
19	0.79	0.96	1.39	2.05	0.77	0.94	1.36	2.01
20	0.79	0.96	1.39	2.05	0.77	0.94	1.36	2.01
21	0.79	0.96	1.39	2.05	0.77	0.94	1.36	2.01
22	0.79	0.96	1.39	2.05	0.77	0.94	1.36	2.01
23	0.79	0.96	1.39	2.05	0.77	0.94	1.36	2.01
24	0.79	0.96	1.39	2.05	0.77	0.94	1.36	2.01
25	0.79	0.96	1.39	2.05	0.77	0.94	1.36	2.01
26	0.79	0.96	1.41	2.08	0.77	0.94	1.38	2.04
27	0.79	0.96	1.43	2.11	0.77	0.94	1.40	2.07
28	0.79	0.96	1.45	2.14	0.77	0.94	1.42	2.10
29	0.79	0.96	1.47	2.17	0.77	0.94	1.44	2.13
30	0.79	0.96	1.50	2.22	0.77	0.94	1.47	2.18
31	0.81	0.97	1.53	2.27	0.79	0.95	1.50	2.22
32	0.83	0.98	1.56	2.32	0.81	0.96	1.53	2.27
33	0.85	0.99	1.59	2.37	0.83	0.97	1.56	2.32
34	0.87	1.00	1.62	2.43	0.85	0.98	1.59	2.38
35	0.90	1.00	1.67	2.49	0.88	0.98	1.64	2.44
36	0.96	1.07	1.79	2.67	0.94	1.05	1.75	2.62
37	1.02	1.15	1.92	2.86	1.00	1.13	1.88	2.80
38	1.08	1.24	2.06	3.06	1.06	1.22	2.02	3.00
39	1.15	1.33	2.21	3.28	1.13	1.30	2.17	3.21
40	1.22	1.43	2.38	3.51	1.20	1.40	2.33	3.44
41	1.34	1.57	2.67	3.90	1.31	1.54	2.62	3.82
42	1.47	1.73	3.00	4.33	1.44	1.70	2.94	4.24
43	1.61	1.90	3.37	4.81	1.58	1.86	3.30	4.71
44	1.77	2.09	3.78	5.34	1.73	2.05	3.70	5.23
45	1.95	2.31	4.24	5.91	1.91	2.26	4.16	5.79
46	2.13	2.52	4.64	6.48	2.09	2.47	4.55	6.35
47	2.33	2.75	5.08	7.10	2.28	2.70	4.98	6.96
48	2.55	3.00	5.56	7.78	2.50	2.94	5.45	7.62
49	2.79	3.27	6.08	8.53	2.73	3.20	5.96	8.36
50	3.06	3.58	6.65	9.35	3.00	3.51	6.52	9.16
51	3.33	3.92	7.23	10.17	3.26	3.84	7.09	9.97
52	3.63	4.30	7.86	11.06	3.56	4.21	7.70	10.84
53	3.96	4.71	8.55	12.03	3.88	4.62	8.38	11.79
54	4.31	5.16	9.30	13.08	4.22	5.06	9.11	12.82
55	4.70	5.66	10.13	14.21	4.61	5.55	9.93	13.93
56	5.25	6.39	11.14	15.31	5.15	6.26	10.92	15.00
57	5.87	7.21	12.25	16.50	5.75	7.07	12.01	16.17
58	6.56	8.14	13.47	17.78	6.43	7.98	13.20	17.42
59	7.33	9.18	14.81	19.16	7.18	9.00	14.51	18.78
60	8.21	10.35	16.26	20.63	8.05	10.14	15.93	20.22

IA* - Issue Age (Age Last Birthday)

Rates for policy years 16+ are available on illustration software.

Modal Factors for All Classes: Semiannual .53; Quarterly .27; Monthly .09

Underwriting Classes: PNT=Preferred No Tobacco; SNT=Standard No Tobacco; PT=Preferred Tobacco; ST=Standard Tobacco

ING HomeGuard Select Term - Extended Premium Guarantee 15 Year, Female Premium Rates

Rates are per 1,000 face amount. (Effective March 2007)

Issue Age	Band 1 \$100,000 - \$249,999				Band 2 \$250,000+			
	PNT	SNT	PT	ST	PNT	SNT	PT	ST
18	0.64	0.83	1.04	1.59	0.63	0.81	1.02	1.56
19	0.64	0.83	1.04	1.59	0.63	0.81	1.02	1.56
20	0.64	0.83	1.04	1.59	0.63	0.81	1.02	1.56
21	0.64	0.83	1.04	1.59	0.63	0.81	1.02	1.56
22	0.64	0.83	1.04	1.59	0.63	0.81	1.02	1.56
23	0.64	0.83	1.04	1.59	0.63	0.81	1.02	1.56
24	0.64	0.83	1.04	1.59	0.63	0.81	1.02	1.56
25	0.64	0.83	1.04	1.59	0.63	0.81	1.02	1.56
26	0.65	0.84	1.07	1.61	0.64	0.82	1.05	1.58
27	0.66	0.85	1.10	1.63	0.65	0.83	1.08	1.60
28	0.67	0.86	1.13	1.65	0.66	0.84	1.11	1.62
29	0.67	0.87	1.16	1.67	0.66	0.85	1.14	1.64
30	0.67	0.87	1.18	1.68	0.66	0.85	1.16	1.65
31	0.69	0.88	1.20	1.72	0.68	0.86	1.18	1.69
32	0.71	0.89	1.22	1.76	0.70	0.87	1.20	1.72
33	0.73	0.90	1.24	1.80	0.72	0.88	1.22	1.76
34	0.75	0.91	1.26	1.84	0.74	0.89	1.23	1.80
35	0.76	0.94	1.26	1.89	0.74	0.92	1.23	1.85
36	0.80	0.97	1.36	2.03	0.78	0.95	1.33	1.99
37	0.84	1.00	1.47	2.18	0.82	0.98	1.44	2.14
38	0.88	1.04	1.59	2.34	0.86	1.02	1.56	2.29
39	0.92	1.08	1.72	2.51	0.90	1.06	1.69	2.46
40	0.97	1.12	1.86	2.69	0.95	1.10	1.82	2.64
41	1.05	1.22	2.03	2.93	1.03	1.20	1.99	2.87
42	1.14	1.33	2.21	3.19	1.12	1.30	2.17	3.13
43	1.23	1.45	2.41	3.48	1.21	1.42	2.36	3.41
44	1.33	1.59	2.62	3.79	1.30	1.56	2.57	3.71
45	1.44	1.75	2.85	4.14	1.41	1.72	2.79	4.06
46	1.55	1.88	3.08	4.50	1.52	1.84	3.02	4.41
47	1.67	2.02	3.33	4.89	1.64	1.98	3.26	4.79
48	1.80	2.17	3.60	5.31	1.76	2.13	3.53	5.20
49	1.94	2.33	3.89	5.77	1.90	2.28	3.81	5.65
50	2.07	2.49	4.20	6.26	2.03	2.44	4.12	6.13
51	2.23	2.68	4.55	6.71	2.19	2.63	4.46	6.58
52	2.40	2.88	4.93	7.19	2.35	2.82	4.83	7.05
53	2.58	3.10	5.34	7.71	2.53	3.04	5.23	7.56
54	2.78	3.33	5.78	8.27	2.72	3.26	5.66	8.10
55	2.99	3.57	6.26	8.87	2.93	3.50	6.13	8.69
56	3.29	3.96	6.82	9.50	3.22	3.88	6.68	9.31
57	3.62	4.39	7.43	10.17	3.55	4.30	7.28	9.97
58	3.99	4.87	8.09	10.89	3.91	4.77	7.93	10.67
59	4.39	5.40	8.81	11.66	4.30	5.29	8.63	11.43
60	4.84	6.00	9.59	12.50	4.74	5.88	9.40	12.25

IA* - Issue Age (Age Last Birthday)

Rates for policy years 16+ are available on illustration software.

Modal Factors for All Classes: Semiannual .53; Quarterly .27; Monthly .09

Underwriting Classes: PNT=Preferred No Tobacco; SNT=Standard No Tobacco; PT=Preferred Tobacco; ST=Standard Tobacco

ING HomeGuard Select Term - Extended Premium Guarantee 20 Year, Male Premium Rates

Rates are per 1,000 face amount. (Effective March 2007)

Issue Age	Band 1 \$100,000 - \$249,999				Band 2 \$250,000+			
	PNT	SNT	PT	ST	PNT	SNT	PT	ST
18	0.88	1.12	1.85	2.31	0.86	1.10	1.81	2.26
19	0.88	1.12	1.85	2.31	0.86	1.10	1.81	2.26
20	0.88	1.12	1.85	2.31	0.86	1.10	1.81	2.26
21	0.88	1.12	1.85	2.31	0.86	1.10	1.81	2.26
22	0.88	1.12	1.85	2.31	0.86	1.10	1.81	2.26
23	0.88	1.12	1.85	2.31	0.86	1.10	1.81	2.26
24	0.88	1.12	1.85	2.31	0.86	1.10	1.81	2.26
25	0.88	1.12	1.85	2.31	0.86	1.10	1.81	2.26
26	0.88	1.13	1.85	2.35	0.86	1.11	1.81	2.30
27	0.88	1.14	1.85	2.39	0.86	1.12	1.81	2.34
28	0.88	1.15	1.85	2.43	0.86	1.13	1.81	2.38
29	0.88	1.16	1.85	2.47	0.86	1.14	1.81	2.42
30	0.90	1.17	1.87	2.52	0.88	1.15	1.83	2.47
31	0.91	1.20	1.95	2.62	0.89	1.18	1.91	2.57
32	0.92	1.23	2.04	2.72	0.90	1.21	2.00	2.67
33	0.93	1.26	2.13	2.83	0.91	1.23	2.09	2.77
34	0.94	1.29	2.22	2.94	0.92	1.26	2.18	2.88
35	0.96	1.33	2.32	3.06	0.94	1.30	2.27	3.00
36	1.02	1.41	2.50	3.39	1.00	1.38	2.45	3.32
37	1.09	1.50	2.69	3.75	1.07	1.47	2.64	3.68
38	1.16	1.59	2.90	4.15	1.14	1.56	2.84	4.07
39	1.24	1.69	3.12	4.59	1.22	1.66	3.06	4.50
40	1.32	1.79	3.35	5.08	1.29	1.75	3.28	4.98
41	1.43	2.00	3.66	5.50	1.40	1.96	3.59	5.39
42	1.55	2.23	3.99	5.95	1.52	2.19	3.91	5.83
43	1.68	2.49	4.36	6.44	1.65	2.44	4.27	6.31
44	1.82	2.78	4.76	6.97	1.78	2.72	4.66	6.83
45	1.97	3.11	5.19	7.54	1.93	3.05	5.09	7.39
46	2.24	3.42	5.62	8.18	2.20	3.35	5.51	8.02
47	2.54	3.77	6.08	8.88	2.49	3.69	5.96	8.70
48	2.88	4.15	6.58	9.64	2.82	4.07	6.45	9.45
49	3.27	4.57	7.12	10.46	3.20	4.48	6.98	10.25
50	3.72	5.03	7.72	11.35	3.65	4.93	7.57	11.12
51	4.12	5.56	8.38	12.47	4.04	5.45	8.21	12.22
52	4.56	6.14	9.09	13.70	4.47	6.02	8.91	13.43
53	5.05	6.79	9.86	15.06	4.95	6.65	9.66	14.76
54	5.59	7.50	10.70	16.55	5.48	7.35	10.49	16.22
55	6.18	8.29	11.61	18.19	6.06	8.12	11.38	17.83

IA* - Issue Age (Age Last Birthday)

Rates for policy years 21+ are available on illustration software.

Modal Factors for All Classes: Semiannual .53; Quarterly .27; Monthly .09

Underwriting Classes: PNT=Preferred No Tobacco; SNT=Standard No Tobacco; PT=Preferred Tobacco; ST=Standard Tobacco

ING HomeGuard Select Term - Extended Premium Guarantee 20 Year, Female Premium Rates

Rates are per 1,000 face amount. (Effective March 2007)

Issue Age	Band 1 \$100,000 - \$249,999				Band 2 \$250,000+			
	PNT	SNT	PT	ST	PNT	SNT	PT	ST
18	0.73	0.89	1.38	2.04	0.72	0.87	1.35	2.00
19	0.73	0.89	1.38	2.04	0.72	0.87	1.35	2.00
20	0.73	0.89	1.38	2.04	0.72	0.87	1.35	2.00
21	0.73	0.89	1.38	2.04	0.72	0.87	1.35	2.00
22	0.73	0.89	1.38	2.04	0.72	0.87	1.35	2.00
23	0.73	0.89	1.38	2.04	0.72	0.87	1.35	2.00
24	0.73	0.89	1.38	2.04	0.72	0.87	1.35	2.00
25	0.73	0.89	1.38	2.04	0.72	0.87	1.35	2.00
26	0.73	0.90	1.38	2.04	0.72	0.88	1.35	2.00
27	0.73	0.91	1.38	2.04	0.72	0.89	1.35	2.00
28	0.73	0.92	1.38	2.04	0.72	0.90	1.35	2.00
29	0.73	0.93	1.38	2.04	0.72	0.91	1.35	2.00
30	0.75	0.94	1.40	2.06	0.74	0.92	1.37	2.02
31	0.76	0.97	1.47	2.17	0.74	0.95	1.44	2.13
32	0.77	1.00	1.54	2.28	0.75	0.98	1.51	2.23
33	0.78	1.03	1.61	2.40	0.76	1.01	1.58	2.35
34	0.79	1.06	1.69	2.52	0.77	1.04	1.66	2.47
35	0.82	1.09	1.76	2.65	0.80	1.07	1.72	2.60
36	0.87	1.14	1.88	2.78	0.85	1.12	1.84	2.72
37	0.92	1.20	2.01	2.91	0.90	1.18	1.97	2.85
38	0.97	1.26	2.15	3.05	0.95	1.23	2.11	2.99
39	1.03	1.32	2.30	3.20	1.01	1.29	2.25	3.14
40	1.09	1.38	2.44	3.35	1.07	1.35	2.39	3.28
41	1.18	1.51	2.65	3.65	1.16	1.48	2.60	3.58
42	1.28	1.66	2.88	3.98	1.25	1.63	2.82	3.90
43	1.39	1.82	3.13	4.34	1.36	1.78	3.07	4.25
44	1.51	2.00	3.40	4.73	1.48	1.96	3.33	4.64
45	1.63	2.20	3.70	5.16	1.60	2.16	3.63	5.06
46	1.77	2.38	4.01	5.56	1.73	2.33	3.93	5.45
47	1.92	2.57	4.35	5.99	1.88	2.52	4.26	5.87
48	2.09	2.78	4.72	6.46	2.05	2.72	4.63	6.33
49	2.27	3.00	5.12	6.96	2.22	2.94	5.02	6.82
50	2.47	3.23	5.56	7.50	2.42	3.17	5.45	7.35
51	2.71	3.52	6.06	8.18	2.66	3.45	5.94	8.02
52	2.97	3.84	6.61	8.92	2.91	3.76	6.48	8.74
53	3.25	4.19	7.21	9.73	3.19	4.11	7.07	9.54
54	3.56	4.57	7.86	10.61	3.49	4.48	7.70	10.40
55	3.90	4.99	8.56	11.59	3.82	4.89	8.39	11.36

IA* - Issue Age (Age Last Birthday)

Rates for policy years 21+ are available on illustration software.

Modal Factors for All Classes: Semiannual .53; Quarterly .27; Monthly .09

Underwriting Classes: PNT=Preferred No Tobacco; SNT=Standard No Tobacco; PT=Preferred Tobacco; ST=Standard Tobacco

ING HomeGuard Select Term - Extended Premium Guarantee 30 Year, Male Premium Rates

Rates are per 1,000 face amount. (Effective March 2007)

Issue Age	Band 1 \$100,000 - \$249,999				Band 2 \$250,000+			
	PNT	SNT	PT	ST	PNT	SNT	PT	ST
18	1.19	1.43	2.59	2.94	1.17	1.40	2.54	2.88
19	1.19	1.43	2.59	2.94	1.17	1.40	2.54	2.88
20	1.19	1.43	2.59	2.94	1.17	1.40	2.54	2.88
21	1.19	1.43	2.59	2.94	1.17	1.40	2.54	2.88
22	1.19	1.43	2.59	2.94	1.17	1.40	2.54	2.88
23	1.19	1.43	2.59	2.94	1.17	1.40	2.54	2.88
24	1.19	1.43	2.59	2.94	1.17	1.40	2.54	2.88
25	1.19	1.43	2.59	2.94	1.17	1.40	2.54	2.88
26	1.21	1.49	2.68	3.11	1.19	1.46	2.63	3.05
27	1.23	1.55	2.78	3.29	1.21	1.52	2.72	3.22
28	1.25	1.62	2.88	3.48	1.23	1.59	2.82	3.41
29	1.27	1.69	2.99	3.68	1.24	1.66	2.93	3.61
30	1.30	1.77	3.10	3.90	1.27	1.73	3.04	3.82
31	1.34	1.86	3.19	4.12	1.31	1.82	3.13	4.04
32	1.38	1.95	3.28	4.36	1.35	1.91	3.21	4.27
33	1.42	2.05	3.37	4.61	1.39	2.01	3.30	4.52
34	1.46	2.15	3.46	4.87	1.43	2.11	3.39	4.77
35	1.50	2.26	3.56	5.15	1.47	2.21	3.49	5.05
36	1.64	2.45	3.91	5.75	1.61	2.40	3.83	5.64
37	1.79	2.65	4.30	6.42	1.75	2.60	4.21	6.29
38	1.96	2.87	4.73	7.17	1.92	2.81	4.64	7.03
39	2.14	3.11	5.20	8.00	2.10	3.05	5.10	7.84
40	2.34	3.36	5.72	8.92	2.29	3.29	5.61	8.74
41	2.65	3.77	6.33	9.51	2.60	3.69	6.20	9.32
42	3.00	4.23	7.01	10.14	2.94	4.15	6.87	9.94
43	3.39	4.75	7.76	10.81	3.32	4.66	7.60	10.59
44	3.83	5.33	8.59	11.53	3.75	5.22	8.42	11.30
45	4.32	5.98	9.52	12.30	4.23	5.86	9.33	12.05

IA* - Issue Age (Age Last Birthday)

Rates for policy years 31+ are available on illustration software.

Modal Factors for All Classes: Semiannual .53; Quarterly .27; Monthly .09

Underwriting Classes: PNT=Preferred No Tobacco; SNT=Standard No Tobacco; PT=Preferred Tobacco; ST=Standard Tobacco

ING HomeGuard Select Term - Extended Premium Guarantee 30 Year, Female Premium Rates

Rates are per 1,000 face amount. (Effective March 2007)

Issue Age	Band 1 \$100,000 - \$249,999				Band 2 \$250,000+			
	PNT	SNT	PT	ST	PNT	SNT	PT	ST
18	0.92	1.34	2.18	2.52	0.90	1.31	2.14	2.47
19	0.92	1.34	2.18	2.52	0.90	1.31	2.14	2.47
20	0.92	1.34	2.18	2.52	0.90	1.31	2.14	2.47
21	0.92	1.34	2.18	2.52	0.90	1.31	2.14	2.47
22	0.92	1.34	2.18	2.52	0.90	1.31	2.14	2.47
23	0.92	1.34	2.18	2.52	0.90	1.31	2.14	2.47
24	0.92	1.34	2.18	2.52	0.90	1.31	2.14	2.47
25	0.92	1.34	2.18	2.52	0.90	1.31	2.14	2.47
26	0.95	1.36	2.24	2.63	0.93	1.33	2.20	2.58
27	0.98	1.38	2.31	2.74	0.96	1.35	2.26	2.69
28	1.01	1.40	2.38	2.86	0.99	1.37	2.33	2.80
29	1.04	1.42	2.45	2.98	1.02	1.39	2.40	2.92
30	1.06	1.46	2.52	3.12	1.04	1.43	2.47	3.06
31	1.07	1.50	2.60	3.24	1.05	1.47	2.55	3.18
32	1.08	1.54	2.68	3.36	1.06	1.51	2.63	3.29
33	1.09	1.58	2.76	3.49	1.07	1.55	2.70	3.42
34	1.10	1.62	2.84	3.62	1.08	1.59	2.78	3.55
35	1.12	1.65	2.92	3.75	1.10	1.62	2.86	3.68
36	1.20	1.82	3.18	4.14	1.18	1.78	3.12	4.06
37	1.28	2.00	3.46	4.58	1.25	1.96	3.39	4.49
38	1.37	2.20	3.77	5.06	1.34	2.16	3.69	4.96
39	1.46	2.42	4.10	5.59	1.43	2.37	4.02	5.48
40	1.56	2.66	4.46	6.18	1.53	2.61	4.37	6.06
41	1.74	2.91	4.77	6.50	1.71	2.85	4.67	6.37
42	1.94	3.19	5.10	6.84	1.90	3.13	5.00	6.70
43	2.16	3.49	5.46	7.20	2.12	3.42	5.35	7.06
44	2.40	3.82	5.84	7.57	2.35	3.74	5.72	7.42
45	2.66	4.19	6.25	7.96	2.61	4.11	6.13	7.80

IA* - Issue Age (Age Last Birthday)

Rates for policy years 31+ are available on illustration software.

Modal Factors for All Classes: Semiannual .53; Quarterly .27; Monthly .09

Underwriting Classes: PNT=Preferred No Tobacco; SNT=Standard No Tobacco; PT=Preferred Tobacco; ST=Standard Tobacco

ING HomeGuard Select Term - Return of Premium Multiplier 15 Year, Male

(Effective March 2007)

Issue Age	Non Extended Premium Guarantee				Extended Premium Guarantee			
	PNT	SNT	PT	ST	PNT	SNT	PT	ST
18	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
19	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
20	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
21	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
22	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
23	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
24	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
25	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
26	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
27	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
28	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
29	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
30	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
31	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
32	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
33	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
34	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
35	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
36	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
37	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
38	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
39	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
40	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
41	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
42	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
43	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
44	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
45	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
46	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
47	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
48	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
49	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
50	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
51	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
52	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
53	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
54	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
55	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
56	2.42	2.42	2.39	2.39	2.42	2.42	2.39	2.39
57	2.42	2.42	2.35	2.35	2.42	2.42	2.35	2.35
58	2.42	2.42	2.32	2.26	2.42	2.42	2.32	2.32
59	2.42	2.42	2.28	2.18	2.42	2.42	2.28	2.28
60	2.42	2.42	2.25	2.10	2.42	2.42	2.25	2.15
61	2.42	2.42	-	-	-	-	-	-
62	2.42	2.42	-	-	-	-	-	-
63	2.42	2.42	-	-	-	-	-	-
64	2.42	2.42	-	-	-	-	-	-
65	2.42	2.42	-	-	-	-	-	-
66	2.42	2.42	-	-	-	-	-	-
67	2.42	2.42	-	-	-	-	-	-
68	2.42	2.38	-	-	-	-	-	-
69	2.42	2.29	-	-	-	-	-	-
70	2.42	2.20	-	-	-	-	-	-

IA* - Issue Age (Age Last Birthday)

For policies issued in Montana, use Male ROP multiplier

Underwriting Classes: PNT=Preferred No Tobacco; SNT=Standard No Tobacco; PT=Preferred Tobacco; ST=Standard Tobacco

ING HomeGuard Select Term - Return of Premium Multiplier 15 Year, Female

(Effective March 2007)

Issue Age	Non Extended Premium Guarantee				Extended Premium Guarantee			
	PNT	SNT	PT	ST	PNT	SNT	PT	ST
18	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
19	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
20	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
21	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
22	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
23	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
24	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
25	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
26	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
27	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
28	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
29	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
30	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
31	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
32	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
33	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
34	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
35	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
36	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
37	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
38	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
39	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
40	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
41	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
42	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
43	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
44	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
45	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
46	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
47	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
48	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
49	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
50	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
51	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
52	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
53	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
54	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
55	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
56	2.42	2.42	2.42	2.39	2.42	2.42	2.39	2.39
57	2.42	2.42	2.42	2.35	2.42	2.42	2.35	2.35
58	2.42	2.42	2.42	2.32	2.42	2.42	2.32	2.32
59	2.42	2.42	2.42	2.28	2.42	2.42	2.28	2.28
60	2.42	2.42	2.42	2.25	2.42	2.42	2.25	2.25
61	2.42	2.42	2.25	2.25	-	-	-	-
62	2.42	2.42	2.25	2.25	-	-	-	-
63	2.42	2.42	2.25	2.25	-	-	-	-
64	2.42	2.42	2.25	2.25	-	-	-	-
65	2.42	2.42	2.25	2.25	-	-	-	-
66	2.42	2.42	2.25	2.25	-	-	-	-
67	2.42	2.42	2.25	2.25	-	-	-	-
68	2.42	2.42	2.25	2.25	-	-	-	-
69	2.42	2.42	2.25	2.25	-	-	-	-
70	2.42	2.42	2.25	2.25	-	-	-	-

IA* - Issue Age (Age Last Birthday)

Underwriting Classes: PNT=Preferred No Tobacco; SNT=Standard No Tobacco; PT=Preferred Tobacco; ST=Standard Tobacco

For policies issued in Montana, use Male ROP multiplier

ING HomeGuard Select Term - Return of Premium Multiplier

20 Year, Male

(Effective March 2007)

Issue Age	Non Extended Premium Guarantee				Extended Premium Guarantee			
	PNT	SNT	PT	ST	PNT	SNT	PT	ST
18	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
19	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
20	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
21	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
22	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
23	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
24	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
25	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
26	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
27	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
28	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
29	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
30	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
31	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
32	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
33	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
34	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
35	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
36	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
37	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
38	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
39	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
40	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
41	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
42	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
43	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
44	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
45	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
46	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
47	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
48	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
49	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
50	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
51	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
52	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
53	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
54	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
55	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.82
56	1.87	1.87	1.87	1.87	-	-	-	-
57	1.87	1.87	1.87	1.87	-	-	-	-
58	1.87	1.87	1.87	1.87	-	-	-	-
59	1.87	1.87	1.87	1.82	-	-	-	-
60	1.87	1.87	1.87	1.76	-	-	-	-
61	1.87	1.87	-	-	-	-	-	-
62	1.87	1.87	-	-	-	-	-	-
63	1.87	1.87	-	-	-	-	-	-
64	1.87	1.87	-	-	-	-	-	-
65	1.87	1.87	-	-	-	-	-	-
66	1.87	1.87	-	-	-	-	-	-
67	1.87	1.87	-	-	-	-	-	-
68	1.87	1.87	-	-	-	-	-	-
69	1.87	1.85	-	-	-	-	-	-
70	1.87	1.75	-	-	-	-	-	-

IA* - Issue Age (Age Last Birthday)

Underwriting Classes: PNT=Preferred No Tobacco; SNT=Standard No Tobacco; PT=Preferred Tobacco; ST=Standard Tobacco

For policies issued in Montana, use Male ROP multiplier

ING HomeGuard Select Term - Return of Premium Multiplier 20 Year, Female

(Effective March 2007)

Issue Age	Non Extended Premium Guarantee				Extended Premium Guarantee			
	PNT	SNT	PT	ST	PNT	SNT	PT	ST
18	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
19	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
20	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
21	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
22	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
23	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
24	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
25	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
26	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
27	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
28	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
29	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
30	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
31	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
32	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
33	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
34	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
35	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
36	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
37	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
38	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
39	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
40	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
41	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
42	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
43	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
44	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
45	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
46	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
47	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
48	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
49	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
50	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
51	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
52	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
53	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
54	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
55	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
56	1.87	1.87	1.87	1.87		-	-	-
57	1.87	1.87	1.87	1.87		-	-	-
58	1.87	1.87	1.87	1.87		-	-	-
59	1.87	1.87	1.87	1.87		-	-	-
60	1.87	1.87	1.87	1.87		-	-	-
61	1.87	1.87	1.87	1.87		-	-	-
62	1.87	1.87	1.87	1.87		-	-	-
63	1.87	1.87	1.87	1.87		-	-	-
64	1.87	1.87	1.87	1.87		-	-	-
65	1.87	1.87	1.87	1.87		-	-	-
66	1.87	1.87	-	-		-	-	-
67	1.87	1.87	-	-		-	-	-
68	1.87	1.87	-	-		-	-	-
69	1.87	1.87	-	-		-	-	-
70	1.87	1.87	-	-		-	-	-

IA* - Issue Age (Age Last Birthday)

Underwriting Classes: PNT=Preferred No Tobacco; SNT=Standard No Tobacco; PT=Preferred Tobacco; ST=Standard Tobacco

For policies issued in Montana, use Male ROP multiplier

ING HomeGuard Select Term - Return of Premium Multiplier 30 Year, Male

(Effective March 2007)

Issue Age	Non Extended Premium Guarantee				Extended Premium Guarantee			
	PNT	SNT	PT	ST	PNT	SNT	PT	ST
18	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
19	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
20	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
21	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
22	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
23	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
24	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
25	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
26	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
27	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
28	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
29	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
30	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
31	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
32	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
33	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
34	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
35	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
36	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
37	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
38	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
39	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
40	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
41	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
42	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
43	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
44	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
45	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
46	1.29	1.29	1.29	1.29	-	-	-	-
47	1.29	1.29	1.29	1.29	-	-	-	-
48	1.29	1.29	1.29	1.29	-	-	-	-
49	1.29	1.29	1.29	1.29	-	-	-	-
50	1.29	1.29	1.29	1.29	-	-	-	-
51	1.29	1.29	1.29	1.29	-	-	-	-
52	1.29	1.29	1.29	1.29	-	-	-	-
53	1.29	1.29	1.29	1.29	-	-	-	-
54	1.29	1.29	1.29	1.29	-	-	-	-
55	1.29	1.29	1.29	1.29	-	-	-	-
56	1.29	1.29	1.29	1.29	-	-	-	-
57	1.29	1.29	1.29	1.29	-	-	-	-
58	1.29	1.29	1.29	1.29	-	-	-	-
59	1.29	1.29	1.29	1.29	-	-	-	-
60	1.29	1.29	1.29	1.29	-	-	-	-
61	1.29	1.29	1.29	1.29	-	-	-	-
62	1.29	1.29	1.29	1.29	-	-	-	-
63	1.29	1.29	1.29	1.29	-	-	-	-
64	1.29	1.29	1.29	1.29	-	-	-	-
65	1.29	1.29	1.29	1.28	-	-	-	-

IA* - Issue Age (Age Last Birthday)

For policies issued in Montana, use Male ROP multiplier

Underwriting Classes: PNT=Preferred No Tobacco; SNT=Standard No Tobacco; PT=Preferred Tobacco; ST=Standard Tobacco

ING HomeGuard Select Term - Return of Premium

Multiplier 30 Female

(Effective March 2007)

Issue Age	Non Extended Premium Guarantee				Extended Premium Guarantee			
	PNT	SNT	PT	ST	PNT	SNT	PT	ST
18	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
19	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
20	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
21	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
22	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
23	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
24	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
25	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
26	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
27	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
28	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
29	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
30	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
31	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
32	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
33	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
34	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
35	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
36	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
37	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
38	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
39	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
40	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
41	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
42	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
43	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
44	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
45	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
46	1.29	1.29	1.29	1.29	-	-	-	-
47	1.29	1.29	1.29	1.29	-	-	-	-
48	1.29	1.29	1.29	1.29	-	-	-	-
49	1.29	1.29	1.29	1.29	-	-	-	-
50	1.29	1.29	1.29	1.29	-	-	-	-
51	1.29	1.29	1.29	1.29	-	-	-	-
52	1.29	1.29	1.29	1.29	-	-	-	-
53	1.29	1.29	1.29	1.29	-	-	-	-
54	1.29	1.29	1.29	1.29	-	-	-	-
55	1.29	1.29	1.29	1.29	-	-	-	-
56	1.29	1.29	1.29	1.29	-	-	-	-
57	1.29	1.29	1.29	1.29	-	-	-	-
58	1.29	1.29	1.29	1.29	-	-	-	-
59	1.29	1.29	1.29	1.29	-	-	-	-
60	1.29	1.29	1.29	1.29	-	-	-	-
61	1.29	1.29	1.29	1.29	-	-	-	-
62	1.29	1.29	1.29	1.29	-	-	-	-
63	1.29	1.29	1.29	1.29	-	-	-	-
64	1.29	1.29	1.29	1.29	-	-	-	-
65	1.29	1.29	1.29	1.29	-	-	-	-

IA* - Issue Age (Age Last Birthday)

Underwriting Classes: PNT=Preferred No Tobacco; SNT=Standard No Tobacco; PT=Preferred Tobacco; ST=Standard Tobacco

For policies issued in Montana, use Male ROP multiplier

ING HomeGuard Select Term - Critical Illness Rider 15 Premium Rates

Rates are per 1,000 of rider face amount. (Effective March 2007)

Issue Age	Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18	0.75	1.14	0.86	1.35
19	0.82	1.24	0.93	1.47
20	0.89	1.35	1.01	1.60
21	0.97	1.49	1.11	1.77
22	1.06	1.63	1.20	1.96
23	1.16	1.79	1.32	2.16
24	1.25	1.98	1.45	2.40
25	1.36	2.18	1.57	2.64
26	1.47	2.39	1.73	2.93
27	1.59	2.63	1.89	3.26
28	1.72	2.89	2.07	3.61
29	1.86	3.17	2.26	4.00
30	2.01	3.49	2.47	4.45
31	2.18	3.83	2.71	4.93
32	2.35	4.21	2.97	5.47
33	2.54	4.62	3.26	6.08
34	2.75	5.08	3.56	6.74
35	2.98	5.58	3.90	7.48
36	3.32	6.24	4.26	8.18
37	3.70	6.96	4.65	8.94
38	4.11	7.78	5.08	9.78
39	4.58	8.68	5.55	10.68
40	5.11	9.70	6.05	11.68
41	5.70	10.83	6.61	12.77
42	6.34	12.09	7.23	13.96
43	7.06	13.50	7.89	15.27
44	7.87	15.07	8.61	16.69
45	8.77	16.83	9.40	18.24
46	9.53	18.28	10.05	19.52
47	10.34	19.87	10.74	20.89
48	11.24	21.59	11.47	22.36
49	12.21	23.46	12.25	23.92
50	13.25	25.49	13.09	25.60
51	14.39	27.69	13.98	27.40
52	15.63	30.09	14.94	29.32
53	16.97	32.69	15.96	31.37
54	18.44	35.52	17.06	33.58
55	20.03	38.60	18.22	35.93
56	21.65	41.57	19.19	37.62
57	23.41	44.75	20.21	39.40
58	25.31	48.19	21.29	41.25
59	27.37	51.89	22.42	43.20
60	29.60	55.88	23.62	45.23

IA* - Issue Age (Age Last Birthday)
For Policies Issued in Montana, use Female Rates

ING HomeGuard Select Term - Critical Illness Rider 20 Premium Rates

Rates are per 1,000 of rider face amount. (Effective March 2007)

Issue Age	Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18	0.81	1.26	0.94	1.52
19	0.88	1.37	1.02	1.65
20	0.96	1.49	1.11	1.79
21	1.05	1.63	1.22	1.98
22	1.14	1.79	1.33	2.19
23	1.24	1.97	1.45	2.42
24	1.34	2.18	1.59	2.69
25	1.46	2.39	1.73	2.97
26	1.59	2.63	1.90	3.28
27	1.73	2.90	2.07	3.62
28	1.87	3.19	2.26	4.00
29	2.03	3.51	2.47	4.42
30	2.21	3.86	2.70	4.89
31	2.40	4.25	2.96	5.41
32	2.61	4.68	3.23	5.97
33	2.83	5.15	3.53	6.60
34	3.08	5.68	3.86	7.29
35	3.34	6.25	4.22	8.06
36	3.70	6.93	4.58	8.76
37	4.09	7.68	4.97	9.53
38	4.53	8.51	5.41	10.36
39	5.02	9.43	5.87	11.26
40	5.55	10.45	6.38	12.25
41	6.14	11.58	6.93	13.31
42	6.80	12.84	7.52	14.48
43	7.52	14.22	8.18	15.74
44	8.32	15.76	8.88	17.11
45	9.21	17.47	9.65	18.61
46	9.98	18.95	10.30	19.91
47	10.80	20.55	11.00	21.31
48	11.70	22.29	11.75	22.81
49	12.67	24.17	12.54	24.40
50	13.72	26.22	13.40	26.11
51	14.86	28.44	14.30	27.94
52	16.09	30.86	15.27	29.90
53	17.42	33.46	16.30	32.00
54	18.86	36.30	17.41	34.25
55	20.43	39.37	18.59	36.64
56	22.09	42.41	19.59	38.38
57	23.88	45.66	20.63	40.19
58	25.82	49.16	21.73	42.08
59	27.93	52.94	22.88	44.07
60	30.20	57.01	24.10	46.15

IA* - Issue Age (Age Last Birthday)
For Policies Issued in Montana, use Female Rates

ING HomeGuard Select Term - Critical Illness Rider 30 Premium Rates

Rates are per 1,000 of rider face amount. (Effective March 2007)

Issue Age	Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18	0.98	1.55	1.11	1.85
19	1.06	1.68	1.21	2.01
20	1.15	1.83	1.32	2.19
21	1.24	2.00	1.44	2.40
22	1.35	2.19	1.56	2.63
23	1.46	2.40	1.69	2.88
24	1.58	2.63	1.84	3.15
25	1.72	2.87	1.99	3.46
26	1.86	3.15	2.16	3.79
27	2.01	3.43	2.35	4.16
28	2.18	3.76	2.55	4.55
29	2.36	4.11	2.77	4.99
30	2.55	4.50	3.01	5.47
31	2.76	4.91	3.27	5.98
32	2.99	5.37	3.56	6.56
33	3.24	5.87	3.87	7.18
34	3.51	6.43	4.20	7.87
35	3.80	7.03	4.56	8.63
36	4.17	7.72	4.93	9.33
37	4.57	8.47	5.32	10.10
38	5.02	9.29	5.75	10.93
39	5.50	10.20	6.21	11.82
40	6.04	11.19	6.71	12.79
41	6.62	12.28	7.24	13.85
42	7.26	13.48	7.82	14.99
43	7.96	14.79	8.44	16.21
44	8.73	16.24	9.11	17.54
45	9.58	17.82	9.84	18.98
46	10.35	19.32	10.51	20.32
47	11.19	20.96	11.22	21.73
48	12.10	22.74	11.99	23.26
49	13.07	24.66	12.79	24.89
50	14.13	26.75	13.66	26.63
51	15.27	29.01	14.59	28.50
52	16.50	31.47	15.58	30.50
53	17.83	34.13	16.63	32.64
54	19.28	37.02	17.76	34.93
55	20.83	40.15	18.96	37.37
56	22.53	43.24	19.98	39.13
57	24.35	46.56	21.04	40.98
58	26.33	50.13	22.16	42.91
59	28.48	53.98	23.33	44.93
60	30.79	58.13	24.58	47.06

IA* - Issue Age (Age Last Birthday)
For Policies Issued in Montana, use Female Rates

**Children's Term Rider
All Risk Classes**

Rates are per 1,000 of rider face amount. (Effective March 2007)

Attained Age	Male or Female
18	6.50
19	6.50
20	6.50
21	6.50
22	6.50
23	6.50
24	6.50
25	6.50
26	6.50
27	6.50
28	6.50
29	6.50
30	6.50
31	6.50
32	6.50
33	6.50
34	6.50
35	6.50
36	6.50
37	6.50
38	6.50
39	6.50
40	6.50
41	6.50
42	6.50
43	6.50
44	6.50
45	6.50
46	6.50
47	6.50
48	6.50
49	6.50
50	6.50
51	6.50
52	6.50
53	6.50
54	6.50
55	6.50
56	6.50
57	6.50
58	6.50
59	6.50
60	6.50

**Accident Only Disability
Income Rider All Risk Classes**

Rates are per dollar of monthly income. (Effective March 2007)

Issue Age	Male or Female
18	0.09
19	0.09
20	0.09
21	0.09
22	0.09
23	0.09
24	0.09
25	0.09
26	0.09
27	0.09
28	0.09
29	0.09
30	0.09
31	0.09
32	0.09
33	0.10
34	0.10
35	0.10
36	0.10
37	0.10
38	0.10
39	0.10
40	0.10
41	0.10
42	0.10
43	0.10
44	0.10
45	0.10
46	0.10
47	0.11
48	0.11
49	0.12
50	0.12
51	0.12
52	0.12
53	0.13
54	0.13
55	0.13

**Waiver of Premium Rates
All Risk Classes**

Rates are per 1,000 face amount. (Effective March 2007)

Issue Age	Male or Female
18	0.10
19	0.10
20	0.10
21	0.11
22	0.11
23	0.12
24	0.13
25	0.13
26	0.14
27	0.15
28	0.17
29	0.18
30	0.19
31	0.20
32	0.21
33	0.23
34	0.24
35	0.25
36	0.28
37	0.31
38	0.34
39	0.38
40	0.43
41	0.48
42	0.53
43	0.61
44	0.68
45	0.76
46	0.87
47	0.97
48	1.09
49	1.24
50	1.40
51	1.54
52	1.70
53	1.89
54	2.09
55	2.31

**For more information,
call or visit:**

1-866-ING-SELL (464-7355), ext. 3
www.ingvfc.com

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