

SUPPLEMENT TO APPLICATION
MOTOR SPORTS QUESTIONNAIRE

- ReliaStar Life Insurance Company, Minneapolis, MN
Security Life of Denver Insurance Company, Denver, CO
For Policyowner Service Use Only:
ING USA Annuity and Life Insurance Company, Des Moines, IA
Midwestern United Life Insurance Company, Fort Wayne, IN

Administrative Office
for all Companies:
ING Service Center
2000 21st Ave. NW
Minot, ND 58703

Name of Proposed Insured Date of Birth

1. Do you engage in exhibitions or organized competitive motor sports?
If "Yes", please check below the type(s) of event(s) you pursue:

- All Terrain (ATV)
Gyro-Stabilized Land or Water Vehicles
Championship Cars
Demolition or Destruction Derby
Jet Car Exhibitions
Kart Races
Economy Runs
Figure & Demolition Derby
Football Demolition Derby, Auto Football or Soccer
Formula Racing
Rally (YE)
Hovercraft and Hydrofoils Amphibians
Sports Cars
Sprint Cars
Midget Cars
Mini Cars
Pikes Peak Hillclimb
Auto-Ice
Snow Beetles
Drag Racing
Stock Cars
Swamp Buggies
Wheelie Competitions
Motorcycles
Auto-Crash
Scooters
Snowmobiles
Dune or Sand Buggy or Cycle
Time Speed Trials
Off Road, Desert, Trail Competition
Others (explain in Remarks below)

2. In what specific type of event do you compete with the above vehicle(s)? (road race, endurance, sprint, moto-cross)

3. In what class do you compete? (Be specific; include make, model, engine size, class designation of your vehicle)

4. Under what sanctioning body do you normally compete? (AMA, NHRA, SCCA, USAC)

5. Do you compete professionally?

6. In how many races or events did you participate during the last twelve months?

7. In how many races do you anticipate you will participate during the next twelve months?

8. What is the average length of these events? (In miles, laps, or time, as appropriate)

9. What is the average speed? What is the top speed?

10. Do you anticipate any changes in your participation in the coming twelve months?

If "Yes", please give details. (different events, new class)

11. Additional Remarks

I have read the above questions and answers. I affirm that they are complete and true to the best of my knowledge and belief. I agree that this questionnaire is a part of my application for life insurance.

Signature of Proposed Insured

Dated at City/State on Month Day 20 Year

NOTICE:

For Applicants in all States except for Colorado, District of Columbia, Florida, Kentucky, Louisiana, New Jersey, New Mexico, Ohio, Pennsylvania, Tennessee and Virginia.

Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files an application, statement or claim containing false, incomplete or misleading information may be guilty of insurance fraud.

THE LAWS OF THE FOLLOWING STATES REQUIRE THAT WE PROVIDE THESE NOTICES:

COLORADO:

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

DISTRICT OF COLUMBIA:

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

FLORIDA :

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY AND OHIO:

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

LOUISIANA:

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

NEW JERSEY:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

PENNSYLVANIA:

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

TENNESSEE:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VIRGINIA:

Any person who with intent to defraud, or knowing that he is facilitating a fraud against an insurer, submits an application, statement or files a claim containing false, or deceptive statement may have violated the law.