

# ELECTION/CHANGE OF BENEFICIARY REQUEST - NON-ERISA

ING Life Insurance and Annuity Company  
P.O. Box 990063 Hartford, CT 06199-0063  
Phone 800-262-3862



## **PARTICIPANT INFORMATION** (If you have a P.O. Box, U.S. tax laws also require a street address to be indicated.)

Plan Name (please print) \_\_\_\_\_ Contract/Billing Group # \_\_\_\_\_  
Name (last, first, middle initial) \_\_\_\_\_  
SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address (mandatory) \_\_\_\_\_ PO Box (optional) \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Work Phone (include extension) \_\_\_\_\_ Home Phone \_\_\_\_\_

## **PARTICIPANT ELECTION OF BENEFICIARY**

- Please check if additional Beneficiary information is noted on the back of form.  
 Please check if Trust paperwork is enclosed.

I designate the following individual(s) as Beneficiary(ies) of my Individual Account under the Contract. If this is a change, I revoke any prior Beneficiary designations on file with the Company.

Primary Beneficiary(ies) (complete legal name)	Relationship	%	SSN/TIN

Contingent Beneficiary(ies) (complete legal name)	Relationship	%	SSN/TIN

Unless otherwise requested:

- If more than one Beneficiary is designated, payment will be made in equal shares to the Primary Beneficiaries who survive the Participant or Annuitant or, if none survives the Participant or Annuitant, in equal shares to the Contingent Beneficiaries who survive the Participant or Annuitant.
- If no Beneficiary survives the Participant or Annuitant, payment will be made in accordance with the Contract or Plan document.
- If a class of Beneficiaries is designated (such as, "the children of the Participant or Annuitant"), then payment will be made in equal shares to each person who is a member of the class and living at the death of the Participant or Annuitant, whether or not he/she has been specifically named in the Beneficiary Designation.
- If a Trust is named as a beneficiary, the first and last pages of the Trust paperwork are required.

## **PARTICIPANT AUTHORIZED SIGNATURE AND CERTIFICATION**

I, the Participant, certify that the above information is completed correctly to the best of my knowledge.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Name \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_