

ENROLLMENT FORM

403(b) Group Variable Annuity

In this form, ING Life Insurance and Annuity Company may also be referred to as the Company.

Participant Information (please type or print clearly)

Employer Name MONTGOMERY COUNTY PUBLICSCHOOLS 403B		Billing Group Number VFR076
Name (first, middle initial, last)	Social Security Number - -	[] Male [] Female
Address (No. & Street)	Date of Birth (mm/dd/yyyy) / /	Date of Hire (mm/dd/yyyy) / /
City/Town State Zip Code	Number of Dependents	Marital Status [] Married [] Single
Email Address	Estimated Annual Income \$	Expected Retirement Age
Home Telephone No. ()	Work Telephone No. ()	Occupation/Job Title

Financial Disclosure (please provide estimates) *This section is to be completed by Representatives registered with ING Financial Advisers, LLC only.*

Annual Household Income [] <\$25,000 [] \$25,000 - \$49,999 [] \$50,000 - \$99,999 [] >\$100,000	
Net Worth (excluding primary residence) [] <\$25,000 [] \$25,000 - \$49,999 [] \$50,000 - \$99,999 [] \$100,000 - \$250,000 [] >\$250,000	
What is your level of investment experience? [] Low [] Medium [] High	
How would you categorize yourself as an investor? [] Aggressive [] Moderately Aggressive [] Moderate [] Moderately Conservative [] Conservative	
What are your life insurance and investment holdings? Face Amount of Life Insurance [] <\$25,000 [] \$25,000-\$49,999 [] \$50,000-\$99,999 [] \$100,000-\$250,000 [] >\$250,000 Securities [] <\$25,000 [] \$25,000-\$49,999 [] \$50,000-\$99,999 [] \$100,000-\$250,000 [] >\$250,000 Cash [] <\$25,000 [] \$25,000-\$49,999 [] \$50,000-\$99,999 [] \$100,000-\$250,000 [] >\$250,000 Other investments [] <\$25,000 [] \$25,000-\$49,999 [] \$50,000-\$99,999 [] \$100,000-\$250,000 [] >\$250,000	
When will you begin using your retirement account? [] >20 Years [] >10 Years [] >5 Years [] <5 Years	Estimated percent of retirement income from this investment? [] <25% [] 25-50% [] 50-75% [] >75%
Account Investment Objective(s) [] Capital Preservation [] Income [] Growth & Income [] Growth [] Aggressive Growth [] Speculative	

Payments and termination values provided by the contract are variable and not guaranteed as to dollar amount. Amounts allocated to the Guaranteed Accumulation Account, if withdrawn before a guaranteed term maturity date, may be subject to a market value adjustment. The market value adjustment may result in an increase, or a decrease, in the contract value.

Please complete this form and return it to your Agent.

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Investment Options

Investment options are alphabetically grouped in their respective asset classes as determined by the Company. A maximum of 18 investment options may be used at any one time; however certain additional restrictions may apply. Eligibility to receive Employer Contributions is determined by the Employer. Completion of this Enrollment Form does not establish your eligibility to receive Employer Contributions. Enter the percentage (in whole numbers) of your payment to be allocated to each investment option.

	Employer	Employee
Stability of Principal		
ING Short Term GAA	(005) _____ %	_____ %
ING Long Term GAA	(006) _____ %	_____ %
ING Fixed Plus Account II	(039) _____ %	_____ %
ING Money Market Portfolio - I	(003) _____ %	_____ %
Bonds		
American Century Inflat-AdjBd Inv	(1001) _____ %	_____ %
American Funds Bond Fd Am R4	(1003) _____ %	_____ %
ING Intermediate Bond Port - I	(004) _____ %	_____ %
ING Oppenheimer Strat Inc Port-Init	(422) _____ %	_____ %
ING PIMCO High Yield Portfolio-Svc	(787) _____ %	_____ %
ING PIMCO Total Return Port - Svc	(439) _____ %	_____ %
ING Pioneer High Yield Port - Init	(1220) _____ %	_____ %
ING U.S. Bond Index Portfolio - I	(1554) _____ %	_____ %
PIMCO VIT Real Return Port -Admin CI	(833) _____ %	_____ %
Pioneer High Yield VCT Port - I	(834) _____ %	_____ %
Templeton Global Bond Fund - A	(178) _____ %	_____ %
Asset Allocation		
ING Solution 2015 Portfolio - Svc	(747) _____ %	_____ %
ING Solution 2025 Portfolio - Svc	(759) _____ %	_____ %
ING Solution 2035 Portfolio - Svc	(762) _____ %	_____ %
ING Solution 2045 Portfolio - Svc	(765) _____ %	_____ %
ING Solution Growth & Inc Port - Svc	(1601) _____ %	_____ %
ING Solution Growth Portfolio - Svc	(1602) _____ %	_____ %
ING Solution Income Portfolio - Svc	(768) _____ %	_____ %
ING Strategic Alloc Consv Port - I	(033) _____ %	_____ %
ING Strategic Alloc Growth Port-I	(031) _____ %	_____ %
ING Strategic Alloc Mod Port-I	(032) _____ %	_____ %

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Participant Name (first, middle initial, last)

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VFR076

	Employer	Employee
Balanced		
Calvert VS Social Balanced Port	(101) _____ %	_____ %
ING Balanced Portfolio, Inc. - I	(008) _____ %	_____ %
ING MFS Total Return Portfolio-Svc	(616) _____ %	_____ %
ING T. Rowe Price Capital Appr -Svc	(788) _____ %	_____ %
ING Van Kampen Equity&Inc Port-Init	(452) _____ %	_____ %
Pax World Balanced Fund	(193) _____ %	_____ %
Large Cap Value		
AIM V.I. Core Equity Fund - Series I	(079) _____ %	_____ %
Amana Income Fund	(1595) _____ %	_____ %
American Funds Fdmntl Inv R4	(1208) _____ %	_____ %
American Funds Wash Mtual R4	(819) _____ %	_____ %
Fidelity VIP Equity-Inc Port - Init	(108) _____ %	_____ %
ING AmericanCent'y LgCo Val Port-Svc	(263) _____ %	_____ %
ING Davis NY Venture Port - Svc	(264) _____ %	_____ %
ING Growth & Income II Port -Svc	(753) _____ %	_____ %
ING Growth and Income Port - I	(001) _____ %	_____ %
ING Index Plus LargeCap Port - I	(035) _____ %	_____ %
ING Janus Contrarian Port - Svc	(1307) _____ %	_____ %
ING JPMorgan Value Opp Port - Svc	(1187) _____ %	_____ %
ING Lord Abbett Affiliated - Inst	(1201) _____ %	_____ %
ING NeubergerBerman Partners Pt-Svc	(1131) _____ %	_____ %
ING Oppen Main Street Port - Svc	(786) _____ %	_____ %
ING Opp Large Cap Port - I	(041) _____ %	_____ %
ING Pioneer Eq Inc Port-Instl	(1213) _____ %	_____ %
ING Pioneer Fund Portfolio - Inst	(772) _____ %	_____ %
ING Russell Large Cap Index - I	(1557) _____ %	_____ %
ING T. Rowe Price Equity Inc -Svc	(617) _____ %	_____ %
ING Thornburg Value Portfolio - Init	(100) _____ %	_____ %
ING UBS US Large Cap Eq Port-Init	(105) _____ %	_____ %
ING Van Kampen Comstock Port - Svc	(437) _____ %	_____ %
ING Van Kampen Growth & Inc-Svc	(789) _____ %	_____ %
Neuberger Berman Socially Resp - Tr	(1120) _____ %	_____ %
RiverSource Div Eq Inc Fd-R4	(1377) _____ %	_____ %

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83411 (04/08)
VFR076

ING Life Insurance
and Annuity Company

PO Box 990063
Hartford, CT 06199-0063



Participant Name (first, middle initial, last)

Social Security Number

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Employer Employee

Large Cap Growth

Table with 3 columns: Fund Name, Employer %, Employee %. Rows include AIM V.I. Capital Apprec Fund - S I, Alger Green Fund - Class A, Amana Growth Fund, American Funds Growth Fnd R4, Fidelity VIP Contrafund Port - Init, Fidelity VIP Growth Portfolio - Init, ING BlackRock Lrg Cap Gr Port-Inst, ING Legg Mason Prtns Aggr Gr-Init, ING Marsico Growth Portfolio - Inst, ING Opp Large Cap Growth Port-I, ING T. Rowe Price Grwth Eq Port-Init, ING VanKampen Cap Gr Port-Instl.

Small/Mid/Specialty

Table with 3 columns: Fund Name, Employer %, Employee %. Rows include AIM Mid Cap Core Equity Fund - A, BlackRock MidCp Val Opport-Inv A Sh, Columbia Mid Cap Value Fund - A, Evergreen Special Values Fund - A, Franklin Sm Cap Val Sec Fd - 2, ING AllianceBernstein Mid Cap Gr-Svc, ING Am Cent SmMid CapValue-Svc, ING Baron Asset Portfolio - Service, ING Baron Small Cap Growth Port- Svc, ING BlackRock Sci & Tech Opp-I, ING Clarion Glb Real Est Prt-Inst, ING Clarion Real Estate Port - Svc, ING Columbia SmallCap Val Port-Svc, ING Evergreen Health Sciences-Svc, ING FMR Diversified MidCap Port-Svc, ING Global Resources Portfolio - Svc, ING Index Plus MidCap Port - I, ING Index Plus SmallCap Port - I, ING JPMorgan Mid Cap Val Port - Svc, ING JPMorgan SmCap Core Eq Port-Svc.

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	Employer	Employee
ING MFS Utilities Portfolio - Svc	(771) _____ %	_____ %
ING MidCap Opportunities Port-I	(081) _____ %	_____ %
ING Pioneer Mid Cap Value Port-Inst	(1214) _____ %	_____ %
ING Russell Mid Cap Index - I	(1560) _____ %	_____ %
ING Russell Small Cap Index - I	(1563) _____ %	_____ %
ING Small Company Port - I	(042) _____ %	_____ %
ING SmallCap Opport Port - I	(080) _____ %	_____ %
ING T. Rowe Price Diver MidCap Gr-I	(449) _____ %	_____ %
ING Wells Fargo SmCap Discp - Svc	(1116) _____ %	_____ %
Lazard US Mid Cap Port - Open Shares	(1315) _____ %	_____ %
Loomis Sayles SmallCap Value -Retail	(1117) _____ %	_____ %
Lord Abbett Mid-Cap Value Port-VC	(075) _____ %	_____ %
Oppenheimer Main Street Small Cap/VA	(832) _____ %	_____ %
Premier VIT OpCap Mid Cap Port	(1333) _____ %	_____ %
Wanger Select	(820) _____ %	_____ %
Wanger USA	(821) _____ %	_____ %
Global / International		
American Funds EuroPacific R4	(573) _____ %	_____ %
American Funds Nw Prspctv R4	(818) _____ %	_____ %
American Funds SMALLCAP R4	(1445) _____ %	_____ %
Artisan International Fund - Inv	(1252) _____ %	_____ %
Fidelity VIP Overseas Portfolio-Init	(107) _____ %	_____ %
ING Artio Foreign Port - Svc	(830) _____ %	_____ %
ING Index Plus IntlEq Port-Inst	(1049) _____ %	_____ %
ING International Index Port - I	(1551) _____ %	_____ %
ING International Value Port -I	(228) _____ %	_____ %
ING JPMorgan Emerg Mkts Eq Port-Svc	(779) _____ %	_____ %
ING Marsico Int'lOpport Port - Svc	(770) _____ %	_____ %
ING Oppenheimer Global Port - Init	(432) _____ %	_____ %
ING Templeton Foreign Eq Port - Init	(1586) _____ %	_____ %
ING Templeton Global Gr Port - Svc	(1232) _____ %	_____ %
Oppenheimer Developing Mkts Fund - A	(190) _____ %	_____ %
Pioneer Emerging Markets VCT Port-I	(1331) _____ %	_____ %
Wanger International	(1348) _____ %	_____ %
Total	100%	100%
	Employer	Employee

Complete the contribution percentages, in whole numbers, to total 100%.

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Hartford, CT 06199-0063



Participant Name (first, middle initial, last)

Social Security Number

Billing group number
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Account Information

Frequency
ER EE

Contribution
ER \$ EE \$

Effective Date
ER / / EE / /

Single Contribution Amount
\$

No. of skips

Skip Date
 / /

Registered Representative Information

The following individual(s)/organization(s) will receive compensation from this Contract.

Representative/Entity Name (print)	Office Code	Rep. No.	%Participation

Anti-Fraud Statement

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 may be guilty of a crime and may be subject to fines and confinement in prison.

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Participant Certification

I acknowledge receipt of the current contract prospectus or contract prospectus summary, as well as current prospectuses or investment option summaries for all available investment options under the Plan.

[] Check here to receive a Statement of Additional Information.

I understand that my employer's plan offers multiple investment options. One or more of these options may be offered through a custodial or trust arrangement and/or a group annuity or a funding agreement issued by ING Life Insurance and Annuity Company. For investment options offered through a funding agreement or group annuity contract, I understand that the current tax laws provide for deferral of taxation on earnings on account balances; and that, although the funding agreement or group annuity contract provides features and benefits that may be of value, it does not provide for any additional deferral of taxation beyond that provided by the Plan itself.

I understand the Internal Revenue Code restrictions on withdrawals from a 403(b)(1) tax-deferred annuity. I understand that these restrictions do not include contract exchanges to other investment alternatives under my Employer's 403(b) plan, transfers made to another employer's 403(b) plan or transfers made to a governmental defined benefit plan to purchase service credit unless further restricted by my Employer's 403(b) written plan.

Employee Appointment of Employer as Agent under an Annuity Contract - For Plans under Section 403(b), 401, or 403(a) of the Internal Revenue Code (except voluntary Non-ERISA Section 403(b) Plans):

I appoint my Employer, who is the Contract Holder, as my agent for all purposes under the Group Annuity Contract issued to my Employer in accordance with the terms of the Plan. I agree to be bound by my Employer's interpretation of the Plan provisions and its written direction to the Company in accordance with the terms of the Plan.

I acknowledge that I have been informed about various features of deferred variable annuities or funding agreements, including: the potential surrender period; any applicable surrender charges; tax penalties applicable to surrender before age 59 1/2; mortality and expense fees and/or daily asset charges; investment advisory fees; charges for and features of riders; insurance and investment components; and market risk.

By signing this form, I acknowledge that the information provided is complete and accurate and that any changes have been initialed by me. I further certify that the Company is entitled to rely exclusively on information provided on this form.

Participant's Authorized Signature

Participant's Signature

City and State Where Signed

Date (mm/dd/yyyy)
/ /

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Participant Name (first, middle initial, last)

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Registered Representative's Certification and Signature

Broker/Dealer Affiliation (If not registered with ING Financial Advisers, LLC, please indicate name of other Broker/Dealer): ING-FA Other Broker/Dealer

Other Broker/Dealer Name: _____

Does the participant have an existing Annuity or Life Insurance Contract? Yes No

(If "yes", a replacement form must be completed only for 403(b) plans where ING is not the exclusive provider.)

Do you have any reason to believe any existing Life Insurance or Annuity Contracts will be modified or replaced if this Contract is issued? Yes No

Does this employee benefit plan offer multiple annuities? Yes No

Does this employee benefit plan offer mutual funds? Yes No

Based on the information set forth above, I have a reasonable basis to believe that: the customer has been informed about the various features of deferred variable annuities; this purchase is suitable for the customer; the customer would benefit from certain features of deferred variable annuities; and the variable annuity being purchased, the underlying subaccount allocations, and selected riders (if any) are suitable for the customer. If this transaction involves the exchange of a deferred variable annuity, I have a reasonable basis to believe that the exchange is suitable for the customer.

I certify that the information on this form is true, complete and accurate to the best of my knowledge.

Registered Representative (print name)	Registered Representative's Signature	Date (mm/dd/yyyy) / /
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