

EMPLOYEE TERMINATION/RETIREMENT WITHDRAWAL REQUEST EDUCATION, HEALTHCARE AND GOVERNMENTAL MARKETS

ING Life Insurance and Annuity Company ("the Company")
A member of the ING family of companies
PO Box 990063, Hartford, CT 06199-0063
Phone: 800-262-3862 Fax: 800-643-8143



INSTRUCTIONS (If you have questions about how to complete the request or to determine if exception handling applies, contact us at 800-262-3862. Completed requests must be mailed to the address above or faxed to ING at 800-643-8143. If you choose to fax a request, please DO NOT mail the original to us.)

	Spousal Consent Required	Participant Signature Required	Sponsor Signature Required
Non-ERISA 403(b)	NO	YES	YES - if required by Employer
Non-ERISA 401	NO	YES	YES
Governmental 457(b)	NO	YES	YES
ERISA 403(b)	YES - Rollover or Cash NO - Transfer/Exchange	YES	YES
ERISA 401	YES	YES	YES

GOOD ORDER

Good Order is receipt at our designated location of this form accurately and entirely completed, including all necessary signatures. If this form is not received in Good Order, as we determine, it may be returned to you for correction and processed upon resubmission in Good Order at our designated location.

TERMS AND CONDITIONS

The withdrawal effective date will be the date our designated location has received the request and any other required documentation or forms in Good Order.

For purposes of calculating the amount to be withdrawn, the value of the individual account will be determined after the final close of business of the New York Stock Exchange (NYSE) on the date of Good Order. A valuation date is any normal business day, Monday through Friday, that the NYSE is open.

All withdrawals may be subject to one or more of the following: ING contractual fees, deferred sales charges or market value adjustments. There may be withdrawal restrictions on certain funds (*please refer to your prospectus*). Certain full withdrawal requests will automatically create the Fixed Plus payout process and the balance in the Fixed Plus account will be paid out over the next five years.

For partial withdrawals where a specific dollar amount of withdrawal has been requested, all charges and adjustments will be deducted from the remaining balance of the account and the check will be for the amount requested, less any applicable withholding for federal or state income taxes. For any other full or partial withdrawal, all charges and adjustments will be deducted from the withdrawal amount requested on this form.

Amounts will be withdrawn from each investment option in the same proportion as its value is to the total value.

This form may be used to withdraw assets associated with terminating or retiring employees participating in 401, 403 or Governmental 457(b) Plans. This form cannot be used by participants in corporate non-qualified deferred compensation plans, 415(m) Plans or 457(f) Plans. This form cannot be used by non-qualified deferred compensation Plans of tax exempt (*non-governmental*) Employers.

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Instructions

Order #143858 Form #83501 01/01/2009
WISE DC: MoneyOut\UnbundledTerm

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1. PLAN INFORMATION *(Please print.)*

Plan Name _____

Billing Group/Plan Number *(Please provide all Billing Group/Plan Numbers applicable to this request.)* _____

2. PARTICIPANT INFORMATION

Name *(last, first, middle initial)* _____ ID Number _____

SSN **(Required)** _____ Date of Birth *(mm/dd/yyyy)* _____

Resident Street Address or PO Box **(Required)** _____

City _____ State _____ ZIP _____

E-mail Address _____

Work Phone *(include extension)* _____ Home Phone _____

Age on Date of Termination/Retirement Under Age 55 Age 55 to 59½ Over Age 59½

3. TAX RESIDENCY INFORMATION *(Required)*

Check one of the three boxes:

U.S. Citizen

U.S. Resident Alien

Non-Resident Alien. Non-resident aliens must indicate your non-U.S. country of tax residency _____.

If you do not have a U.S. Social Security Number, you must apply for and receive an Individual Taxpayer Identification Number from the Internal Revenue Service (IRS) or a U.S. Embassy by using IRS Form W-7 (Application for IRS Individual Taxpayer Identification Number) which is available on the IRS web site: www.irs.gov or by contacting the IRS at 800-829-1040. Since you are not a U.S. person, your withdrawal is subject to 30% withholding provisions for non-resident aliens unless tax treaty provisions can be applied. If you want to invoke a tax treaty, you must complete, sign and date, and return to us the IRS Original Form W-8BEN, "Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding".

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4. TYPE OF WITHDRAWAL (Check all that apply.)

Letter of Acceptance is required (1) unless distribution is payable to Participant, (2) unless request is signed by Employer, OR (3) by special contract between the Company and the Employer.

- Cash Distribution
- Direct Rollover (other than a Designated Roth Account) to a 401(a), 401(k), 403(b), 457(b) governmental plan or a traditional IRA
- Direct Rollover (other than a Designated Roth Account) to a Roth IRA (only applicable to 401(k), 401(a), 403(b) and 457(b) governmental plans)
- Direct Rollover of a Designated Roth Account to: (only applicable for 401(k) and 403(b) plans)
 - Designated Roth Account
 - ING Roth IRA
 - Non-ING Roth IRA
- Transfer – 401 or 457 only
- 403 to 403 Exchange to another investment alternative offered under my Employer’s 403(b) Plan
- 403 to 403 Transfer to another Employer’s 403(b) Plan
- Direct Rollover to an ING Account:

If choosing a direct rollover to an ING account, please select destination account(s) below:

- ING Rollover Choice ING Renuity ING Choice/SAS/Brokerage Account ING Rollover Advantage
- ING Pension IRA ING Fixed Design ING Flexible Income (SPIA) ING express Fixed Annuity
- ING express Variable ING Mutual Fund ING Other _____

NOTE: For rollovers to an ING account the withdrawal request will not be processed until the new account application is received.

5. WITHDRAWAL AMOUNT (If no instructions are indicated, we will withdraw 100% and close your account.)

- Withdraw 100% of my account
 - Do not close my account
- Withdraw a portion of my account
- Transfer remaining balance to Plan Forfeiture Account

Employee Pre-Tax (\$ or %)	Employer (\$ or %)	Rollover (\$ or %)	Voluntary (\$ or %)	Deferred Compensation (\$ or %)	Other _____ (\$ or %)
_____	_____	_____	_____	_____	_____

- In the case of a rollover or transfer, if no amount is indicated, we will process 100% and close the account.
- If requested amount is not available, the Company will process the maximum amount available without closing the account.

6. COST BASIS (Non-Roth after tax contributions: For rollovers, unless otherwise indicated, cost basis funds will be rolled over.)

After Tax Contributions \$ _____

Account Type (example: voluntary (VL), mandatory (MN)) _____

7. LOAN INFORMATION (Complete this section only if the reason for your withdrawal is termination/severance from employment.)

- I wish to continue making repayments to my loan by maintaining the minimum cash value in my account to keep the loan active.
- I no longer will be making repayments to my loan. I understand that if I elect this option my outstanding loan balance will be considered in default.

If a portion of the account is surrendered and no election is made, it is our understanding that you deemed to have elected the first option above.

If applicable and 100% of the account is requested, it is our understanding that you deemed to have elected the second option above.

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8. TAX WITHHOLDING

Please indicate whether or not federal/state income taxes should be withheld from payments. Regardless of whether or not you elect to have federal/state income taxes withheld, you are liable for those taxes on the taxable portion of the benefits. You may also be subject to tax penalties under the Estimated Tax Payment rules. You are advised to seek the advice of a qualified tax advisor prior to making this election. **If subject to mandatory eligible rollover distribution, 20% withholding will be applied.**

Federal Withholding

- I want federal income tax of 10% withheld from this payment. *(Applicable to non-eligible rollover distribution requests such as Hardship and Required Minimum Distribution (RMD).)*
- I understand mandatory federal income tax of 20% will be withheld from this payment. *(Applicable to eligible rollover distribution requests such as Termination and In-Service Withdrawals.)*
- I do not want federal income tax withheld from this payment.
- I have read the withholding notice and elect to have additional income tax withheld of \$ _____. *(In order to honor additional withholding, a W-4P is required. A W-4P may be obtained from the IRS web site at www.irs.gov or by contacting the IRS at 800-829-1040.)*

DEFAULT: If no election is made, standard federal income tax withholding will occur applicable to your type of distribution.

State Withholding

State income tax withholding may be withheld from your distribution. Certain states base your withholding election on your federal withholding election. *(See attached State Income Tax Withholding Notification.)* In the event you live in one of those states, your distribution will be subject to state income tax withholding.

My residence state for tax purposes is: _____

If these payments are exempt from mandatory state income tax withholding:

- I want state income tax withheld from this payment in the amount of \$_____.
- I do not want state income tax withheld from this payment. *(Please complete the attached State Income Tax Withholding Notification form, if applicable.)*

DEFAULT: If no election is made, state income tax withholding will occur, if applicable.

NOTE: If your residence state for tax purposes is Virginia, you must submit VA-W4P to opt out of state withholding. Otherwise, state tax will be withheld. If you are a resident of California or Oregon, and you are electing to not have state income tax withheld, your signature is mandatory.

9. SPECIAL INSTRUCTIONS *(Please indicate special instructions or circumstances unique to your individual request below.)*

10. PAYMENT AND MAILING INFORMATION *(Check one only. If not indicated, check will be made payable to and mailed to the Participant.)*

- Mail to Participant to address indicated in section 2 *(Payment will be received within 10 business days after funds released from ING.)*
- Internal Rollover to ING Account
- Mail to new Financial Institution at the address listed below
- Mail to Employer *(Check will be made payable to Participant.)*
- Rollover/Transfer/Exchange
- Rollover/Transfer of Roth after-tax amounts
- Mail to Alternate Address *(Only allowed for QDRO payments or transfers/rollovers/exchanges to other carriers.)*

Make check payable to _____ New Account # _____

Send check to _____

Address (# & street/PO box) _____

City _____ State _____ ZIP _____

- Please mail a separate check to my Roth account. *(If this box is not checked, one check will be mailed for all applicable amounts.)*

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11. ELECTRONIC FUND TRANSFER *(Choosing this option will result in more timely access to your funds.)*

By completing this section, I authorize ING to initiate an electronic funds transfer (EFT). Take advantage of a convenient method to have your distribution electronically deposited into your bank account. The electronic deposit is immediately available for use once the transfer is completed. The Company does not charge you for this service, the payment is typically completed within 3-4 business days.

Please verify the correct ABA routing number with your bank. If the electronic deposit cannot be completed using the information provided below, we will issue and mail a check to the Participant.

The EFT information must be clear and complete. If we are unable to read the instructions, in order to expedite the request, the payment will be made by check.

- EFT will not deposit to a third party account.
- EFT cannot be made outside of the U.S.

Please indicate whether this is a Checking or Savings Account

Account Holder(s) as it is registered at your bank _____

Bank Name _____ Bank Phone _____

Bank Address (# and street) _____

City/Town _____ State _____ ZIP _____

Bank Account # _____

ABA Routing # (9 digits, verify with your bank) _____

12. IF ING HAS QUESTIONS REGARDING THIS WITHDRAWAL REQUEST

Please Contact:

Name _____ Phone _____

E-mail Address _____

13. TAXPAYER CERTIFICATION

Under penalties of perjury, I certify that:

1. The number on this form is my correct taxpayer identification number; and
 2. I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding; and
 3. I am a U.S. citizen or other U.S. person (including U.S. resident alien).
- I am a non-resident alien and the Taxpayer Certification language included in this form does not apply to me.

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14. PARTICIPANT AUTHORIZED SIGNATURE AND CERTIFICATION AND TAX WITHHOLDING

I, the Participant, certify that I have read the Terms and Conditions section appearing on the cover page of the request and agree to its provisions. I also agree with any information that has been pre-filled.

I, the Participant, certify that I have terminated employment or retired.

I, the Participant, certify that there is no pending Qualified Domestic Relations Order (QDRO/DRO), a court judgement, decree or order relating to the provision of child support, alimony, or marital property rights to a spouse, former spouse, child or other dependant with respect to the requested withdrawal amount.

I, the Participant, certify that the information provided on the Spousal Consent (if applicable) is accurate. I further certify that if I have indicated that I am legally separated or abandoned on the attached Spousal Consent, I have the necessary court order. I understand that if I receive a payment as a complete or partial withdrawal of my account (other than a joint and survivor annuity), the value of benefits payable to my spouse either under a QPSA or a QJSA will be reduced or eliminated. I understand that once payment representing complete or partial withdrawal of my account has been made, my election to waive QPSA and QJSA is irrevocable with respect to the value of amounts paid pursuant to my withdrawal request.

I certify that I have read and understand the Summary of Notice Regarding Important Tax Information and, if applicable, waive the 30-day notice requirement.

I understand that the Company reserves the right to directly or through a third party recover any payments made in excess of amounts to which I am entitled under the terms of the contract regardless of the method of payment.

Those signing the form may rely conclusively on all information, including this certification, in processing this Withdrawal Request. In the case of any conflicting information, the Company is entitled to rely exclusively on the information contained in this Withdrawal Request.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Participant/Alternate Payee Signature _____ Date _____

Participant/Alternate Payee SSN _____

15. THIRD PARTY ADMINISTRATOR (TPA) FEE *(Check will be made payable and mailed to the TPA.)*

TPA Fee Amount \$ _____

From Participant Account Account Type *(example: deferral, match, etc.)* _____

From Forfeiture Account Account Type *(example: deferral, match, etc.)* _____

The Third Party Administrator for the Plan identified above has recorded this withdrawal in their records for this plan.

16. THIRD PARTY ADMINISTRATOR AUTHORIZED SIGNATURE AND CERTIFICATION

This section must be completed if required by the Employer.

I am employed as a Third Party Administrator of the Plan identified above and certify the following:

- I have read and agree to the terms of the requested withdrawal;
- I have verified the Participant's eligibility for such withdrawal and have not relied solely on information provided by the Participant in this form in order to make this determination;
- The requested benefits are permitted in accordance with the terms of the Plan document; and
- The information provided in this document is complete and accurate to the best of my knowledge. If any information provided by the Participant to the Company is in conflict with the information provided by me to the Company, I acknowledge that the Company will rely conclusively on the information provided by me.

Name of TPA Firm _____

Authorized Signer Name *(Please print.)* _____

Signature _____ Date _____

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17. EMPLOYER, PLAN SPONSOR OR NAMED FIDUCIARY AUTHORIZED SIGNATURE AND CERTIFICATION

This section must be completed by the Employer or its designee if required by a contract between the Company and the Employer. I am an Employer, Plan Sponsor, or Named Fiduciary of the Plan identified above and certify the following:

- I have read and agree to the terms of the requested withdrawal;
- I have verified the Participant's eligibility for such withdrawal and have not relied solely on information provided by the Participant in this form in order to make this determination;
- The requested benefits are permitted in accordance with the terms of the Plan document;
- The information provided in this document is complete and accurate to the best of my knowledge. If any information provided by the Participant to the Company is in conflict with the information provided by me to the Company, I acknowledge that the Company will rely conclusively on the information provided by me; and
- I have modified my Plan document in reference to the Pension Protection Act of 2006 ("PPA") as needed.

Authorized Signer Name (*Please print.*) _____

Signature _____ Date _____

STATE INCOME TAX WITHHOLDING NOTIFICATION
401, 403(b), 408 and Governmental 457 Plan Distribution



NOTIFICATION

If you are a resident of Arkansas, California, Delaware, Iowa, Kansas, Maine, Maryland¹, Massachusetts, Nebraska¹, North Carolina², Oklahoma, Oregon, Vermont, or Virginia¹, your state requires state income tax withholding on the taxable portion of your distribution from your 401, 403(b), 408 Individual Retirement or Governmental 457 Plan. This state income tax withholding is in addition to the mandatory 20% (or, in some cases, elected 10%) federal income tax withholding. Please note, when a state cost basis differs from federal, the federal cost basis will be used in determining taxability for state income tax withholding purposes.

- If you are a resident of **California** or **Oregon**, state income tax withholding will be calculated **unless** you complete the bottom portion of this form indicating your election "out" of state income tax withholding, and return it to us with, and to the same designated location as, your Withdrawal Request.
- If you are a resident of **Arkansas, Delaware, Iowa, Kansas, Maine, Maryland¹, Massachusetts, Nebraska¹, North Carolina², Oklahoma**, or **Vermont**, state income tax withholding will be automatically calculated as these states do not allow an election "out" of state income tax withholding when federal income tax withholding applies.
- If you are a resident of **Virginia¹**, state income tax withholding will be calculated automatically **unless** you meet certain income criteria and claim an exemption from withholding. To claim an exemption for Virginia, complete Form VA-4P (obtained from the Virginia Department of Taxation), and return the appropriate form to us with, and to the same designated location as, your Withdrawal Request.

¹Maryland, Nebraska and Virginia state income tax are not applicable to 408 Plans.

²North Carolina does not apply to distributions from NC state and local government or federal retirement systems for those vested as of 8/12/89.

PAYEE/ACCOUNT HOLDER ELECTION (Do not submit this form if you want state income tax to be withheld.)

I elect to have **no state income tax withheld** from this distribution and I am a resident of (check one):

California Oregon

Payee/Account Holder Signature _____ Date (mm/dd/yyyy) _____

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SPOUSAL CONSENT

ING Life Insurance and Annuity Company
A member of the ING family of companies
PO Box 990063, Hartford, CT 06199-0063
Phone: 800-262-3862 Fax: 800-643-8143



PARTICIPANT ELECTION

I have requested a withdrawal of my account under the Group Annuity Contract as specified in this request. Unless one of the following conditions apply, I waive completely or consent to the reduction of benefits otherwise payable in the request of a Qualified Pre-retirement Survivor Annuity (QPSA) and Qualified Joint and Survivor Annuity (QJSA).

- I am unmarried.
- My spouse cannot be located.
- I am married and my spouse must consent by completing the Spousal Consent Form.
- I am legally separated or abandoned within the meaning of local law. The Spousal Consent form is not required unless a pending Qualified Domestic Relations Order (QDRO) provides otherwise.

SPOUSAL CONSENT *(Requires Notarization or Plan Representative Authorization.)*

I have read the attached written explanation of survivor annuity payment options and hereby consent to the request of amounts to my Spouse under the Plan and in so doing, consent to my Spouse's election to waive the QPSA or QJSA. I understand if my Spouse receives the amount of his or her account balance under the Plan, the value of benefits payable to me under a QPSA or a QJSA will be reduced.

Spouse's Name _____ SSN _____

Signature of Spouse _____ Date _____

NOTARY PUBLIC OR EMPLOYER/PLAN SPONSOR CERTIFICATION

I certify that the Spouse stated above personally appeared and is known to me (or is satisfactorily proven) to be the person whose name is subscribed to within this instrument. I acknowledge that he/she executed this document for the purpose stated.

Notary Public or Plan Representative Name *(Please print.)* _____

Notary Public or Plan Representative Signature _____

State _____ County _____ Date _____

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UNDERSTANDING SURVIVOR ANNUITY PAYMENT OPTIONS

Under the Internal Revenue Code, some plans are required to make payments under one of the survivor annuity options described here, unless you waive this right and your Spouse consents to your waiver. Even if your Plan is not subject to this provision of the law, your Employer may have voluntarily chosen to administer their Plan as if it were.

The following information is provided to better help you understand the survivor annuity payment options available to you and your Spouse. This only summarizes certain rules that might apply to the payment option you select. Since the Internal Revenue Code is complex and contains many conditions and exceptions not included here, you may wish to consult a professional tax advisor or financial advisor before selecting a payment option.

QUALIFIED JOINT AND SURVIVOR ANNUITY (QJSA)

The Retirement Equity Act of 1984 (REA) requires that qualified retirement Plans distribute benefits to married Plan Participants in the form of a Qualified Joint and Survivor Annuity (QJSA), unless the Participant elects to waive this form of benefit and the Participant's Spouse consents in writing to that election. QJSA provides an annuity for the lives of you and your Spouse. At your death, at least 50% of the payment will continue to your Spouse under this option. Your election to waive QJSA will have different effects depending upon the alternative form of payment you elect. One effect may be that no benefit will be payable to your Spouse should your Spouse survive you.

You have a right to waive the QJSA at any time provided that (1) you make the election within the 180-day period before the date on which your benefits are to begin, and (2) your Spouse consents to your election. Your Spouse's consent must be in writing and must be witnessed by a notary public or Plan Sponsor representative. You may revoke your waiver of QJSA at any time before your benefits begin. Spousal consent of this revocation is not necessary. If you revoke your election, your benefits under the Plan will be paid in the form of a QJSA.

QUALIFIED PRE-RETIREMENT SURVIVOR ANNUITY (QPSA)

If you are married and your death occurs before you retire, the law requires that any amount remaining in your account be paid to your surviving Spouse in the form of a "Qualified Pre-Retirement Survivor Annuity." A QPSA will provide your Spouse with a series of periodic payments over his or her life. The size of the periodic payments will depend on the amount remaining in your account and the Plan provisions. You may elect to waive the requirement that your surviving Spouse be paid in the form of a QPSA, and if applicable, the requirement that your Spouse be your beneficiary. You may make either or both of these elections beginning with the first day after which you become a Participant in the Plan.

Any waiver election you sign before age 35 will become invalid the first day of the plan year in which you attain age 35. At that time you may again waive QPSA and the requirement that your Spouse be your beneficiary. Your Spouse must consent in writing to either waiver. You have the right to revoke any waiver that you have made at any time.

Your Spouse may need to consent to any subsequent change of beneficiary. Please ask your Plan Administrator or Employer for more information regarding changing beneficiaries.

If your vested account balance is \$5,000 or less at the time of your death, the Plan Administrator may make a distribution to your surviving Spouse in a single payment even if you had not waived QPSA prior to your death.

Because a Spouse has certain rights under the law, you should inform your Plan Administrator or Employer immediately of any changes in your marital status. A change in your marital status may require you to designate a new beneficiary. For more information regarding QJSA or QPSA, contact your Plan Administrator or Employer.

SUMMARY OF NOTICE REGARDING IMPORTANT TAX INFORMATION

ING Life Insurance and Annuity Company
A member of the ING family of companies
PO Box 990063
Hartford, CT 06199-0063
Phone: 800-584-6001



The following is a brief explanation of an important decision you must make about any distribution you request from the Plan. Please read it carefully. You can find a more complete written explanation of these rules in our Special Tax Notice at www.ingretirementplans.com/taxnotice. You can obtain a free copy of the complete explanation by calling (800) 584-6001.

We are required to provide this notice to you at least 30 days, but no more than 180 days, before the date of distribution. You have the right to consider whether to elect a direct rollover for at least 30 days after the notice is provided. Your Employer's retirement program may provide that by completing and returning the distribution request in less than 30 days, you elect to waive the 30-day requirement. This would mean that you do not wish to wait 30 days before receiving your requested distribution. We will process your distribution request as of the date we receive it in Good Order.

IF YOU CHOOSE A DIRECT ROLLOVER

- **With respect to pre-tax contributions** (includes elective deferrals as well as any applicable employer contributions), you may elect to have your payment made directly to a traditional IRA or another Employer Plan (401, 403(b) or Governmental 457(b)) that will accept your rollover.
- **With respect to pre-tax contributions to be directly rolled over to a Roth IRA**, you may elect to have your payment made directly to a Roth IRA if, for the tax year of the distribution, your modified adjusted gross income for Roth IRA purposes is not more than \$100,000 and you are not filing a separate return if married. Please note: this type of distribution will result in taxable income to you in the year the rollover was made to the Roth IRA.
- **With respect to after-tax contributions**, you may elect to have your payment made directly to another Employer Plan (401 or 403(b)) that will accept your rollover. You may also elect to roll your after-tax contributions to a traditional IRA. (*This entire bullet not applicable to governmental 457(b) plans.*)
- **With respect to designated Roth contributions**, you may elect to have your payment made directly to another designated Roth account in a 401(k) or 403(b) qualified plan/arrangement that accepts your rollover. You may also elect to roll your designated Roth contributions to a Roth IRA. (*This entire bullet not applicable to governmental 457(b) plans.*)
- Some employer plans do not accept rollovers, or accept only certain rollovers. You should confirm this before requesting a rollover.
- You will receive one or more IRS form 1099Rs.
- Generally, if you elect to directly rollover your payment, it is not subject to taxation at that time. However, all or a portion of the payment will generally be subject to taxation upon distribution from the plan that accepted your rollover. If you directly rollover your pre-tax contributions to a Roth IRA, this payment is subject to current year taxation as includible income and therefore you may voluntarily elect to have taxes withheld.
- Certain payments, such as Required Minimum Distributions (RMDs), cannot be directly rolled over. Payments which are RMDs generally must commence by April 1 of the calendar year following the calendar year in which the Participant (1) attains age 70½ or (2) retires, whichever is later. In any year in which you must satisfy a RMD, the first dollars distributed from your account must be used to satisfy your RMD payment. This is not an eligible rollover distribution and therefore must be paid in cash to you. The RMD portion of your distribution is immediately taxable and subject to 10% voluntary federal income tax withholding.

IF YOU CHOOSE A TRANSFER OF PRE-TAX OR AFTER-TAX CONTRIBUTIONS *(not applicable to 401 plans)*

- Only allowed if moving assets to a like plan (e.g., 403(b) to another 403(b) or 457(b) to another 457(b)).
- You will not receive a 1099R. Your transfer will not be taxed.
- You will not be able to receive a cash distribution of the amount transferred until you have a "distributable event" under the new plan.

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IF YOU CHOOSE CASH

General Rules:

- You will receive a 1099R.
- You may also owe an additional 10% penalty tax to the IRS if you have not reached age 59½ unless another statutory exemption applies. *(not applicable to governmental 457(b) plans, with the exception of rollover contributions from a non-457 plan)*

Rules specific to pre-tax contributions:

- Your payment will be reduced by the mandatory 20% federal income tax. State tax will be withheld as required.
- Your payment is taxable and income tax will be due.

Rules specific to designated Roth contributions: *(not applicable to governmental 457(b) plans)*

- The earnings portion of your payment may be taxable and if so, federal income tax will be due and withheld from your distribution.

NOTICE OF YOUR RIGHT TO DEFER DISTRIBUTION

You may elect to (1) leave the assets in your Plan account until a later date (subject to IRS minimum distribution requirements), (2) take a distribution of your assets from your Plan account, or (3) roll over your assets from your Plan account to another retirement plan vehicle (including an IRA). When considering which alternative is best for you, you should consider the economic consequences which include evaluating any new investment options available to you if you move your account assets and the respective investment fees and expenses associated with any new investment option.

If you elect to take a distribution and not roll the assets over from your Plan account to an IRA or other retirement plan, you typically lose the opportunity to continue accumulating earnings on your Plan account on a tax-deferred basis (tax-free for Roth contributions) for retirement. This means that by taking a cash distribution now and being taxed on it, you potentially may end up with much lower retirement income even if you invest the after-tax distribution.

Information on the administrative and transactional fees assessed on your Plan account can be obtained from the following documents (Note: not all documents may apply to your Plan):

- Summary Plan Description (SPD) for ERISA plans
- Enrollment kit
- Prospectus summary
- Disclosure booklet or your individual contract

To request a copy of the SPD, disclosure booklet and enrollment kit, call your employer, plan administrator or local representative. To request a copy of the prospectus summary and individual contract, call the Customer Contact Center, using the toll-free number provided above or on your ING statement of account. Administrative and transaction fees assessed on your Plan account will be reflected on your ING statement of account.

Information on the investment options available to you under Plan today, including related fees or expenses, can be obtained from the Fund Performance and Fund Fact Sheets available online through ING Access at www.ingretirementplans.com or by calling us.

To learn more about your distribution options under the Plan please call us. To inquire about the tax consequences of each option, please contact a professional tax advisor.