

# UNFORESEEABLE EMERGENCY WITHDRAWAL REQUEST GOVERNMENTAL 457(b) PLANS

ING Life Insurance and Annuity Company ("ILIAC")  
ING Institutional Plan Services, LLC ("IIPS")  
Members of the ING family of companies  
PO Box 990063, Hartford, CT 06199-0063  
Phone: 800-262-3862 Fax: 800-643-8143



As used on this form, the term "ING," "Company," "we," "us" or "our" refer to your plan's funding agent and/or administrative services provider. That entity is either ILIAC or IIPS. Contact us for more information. Refer to Instructions. Please type or print clearly in dark ink. If there is more than one Beneficiary, each must complete a separate form.

**Please refer to the Instructions at the end of this document.**

## 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)* \_\_\_\_\_

SSN **(Required)** \_\_\_\_\_ Date of Birth \_\_\_\_\_

Resident Street Address or PO Box **(Required)** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail Address \_\_\_\_\_

Work Phone *(include extension)* \_\_\_\_\_ Home Phone \_\_\_\_\_

## 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](http://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".

## 4. REASON FOR UNFORESEEABLE EMERGENCY

- Severe financial hardship resulting from your illness or accident and/or if permitted under the plan, your primary beneficiary
- Your spouse, dependent, or if permitted under the plan, your primary beneficiary's severe financial hardship resulting from his or her illness or accident
- Loss of your property due to casualty
- Funeral expenses for your spouse, dependent and/or if permitted under the plan, your primary beneficiary
- Medical expenses, including non-refundable deductibles, as well as the cost of prescription drug medication for you, your spouse, your dependent, or if permitted under the plan, your primary beneficiary
- Other similar extraordinary and unforeseeable circumstances arising as a result of events beyond your control

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**5. WITHDRAWAL AMOUNT**

If the indicated withdrawal amount cannot be satisfied from Deferred Compensation Contribution Accounts (*Employee Accounts*), additional amounts will be withdrawn from Employer Accounts, as available.

\$ \_\_\_\_\_

**If requested amount is not available, the Company will process the maximum amount available without closing the account.**

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**6. 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% federal 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 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 \$ \_\_\_\_\_.

**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 \$ \_\_\_\_\_ or \_\_\_\_\_%.
- 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-4P 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.

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

\_\_\_\_\_  
\_\_\_\_\_

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

- Mail to Participant (*as indicated in Participant Information section*)
- Mail to Employer/Plan Sponsor (*Check will be made payable to the Participant.*)

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**9. 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) \_\_\_\_\_

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**10. IF ING HAS QUESTIONS REGARDING THIS WITHDRAWAL REQUEST**

Please Contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

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**11. 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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**12. PARTICIPANT AUTHORIZED SIGNATURE AND TAX WITHHOLDING CERTIFICATION**

Under penalties of perjury, I declare that I have examined the tax withholding for state and federal purposes and to the best of my knowledge and belief it is true correct and complete including state and federal opt out elections as applicable.

I, the Participant, certify that I have read and agree to the Terms and Conditions section appearing on the cover page of this request and agree to its provision and certify that the information stated herein is true and complete. I further understand that the Company may rely conclusively on these certifications in processing the requested benefits above and that, in the case of any conflicting information, the Company is entitled to rely exclusively on the information contained in this Unforeseeable Emergency Withdrawal Request.

I, the Participant, certify that there is no pending Domestic Relations Order (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 dependent with respect to the requested withdrawal amount.

I understand that ING Life Insurance and Annuity 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.

I understand that even if I decide not to have federal/state income tax withheld, I am still liable for payment of federal/state income tax on the taxable portion of this payment. I may be subject to tax penalties under the estimated tax payment rules if my payment of estimated tax and withholding, if any, is not sufficient to cover my tax liability.

**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 \_\_\_\_\_

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

This section must be completed when required to do so 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:

- a) The requested benefits are permitted by the plan.
- b) The distribution is being made from a contract used to fund a governmental 457(b) plan.
- c) I have read and agree to the terms and conditions of the requested withdrawal and certify that the information stated above is true and complete. I further understand that the Company may rely conclusively on these certifications in processing the requested benefits above and that, in the case of any conflicting information, the Company is entitled to rely exclusively on the information contained in this Withdrawal Request.
- d) I have modified my plan document in reference to the Pension Protection Act of 2006 ("PPA") as needed.

Employer, Plan Sponsor,  
or Named Fiduciary Name *(Please print.)* \_\_\_\_\_

Employer, Plan Sponsor,  
 or Named Fiduciary Signature \_\_\_\_\_ Date \_\_\_\_\_

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**14. 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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**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, Maryland<sup>1</sup>, Massachusetts, Nebraska<sup>1</sup>, North Carolina<sup>2</sup>, Oklahoma, Oregon, Vermont, or Virginia<sup>1</sup>, 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, Maryland<sup>1</sup>, Massachusetts, Nebraska<sup>1</sup>, North Carolina<sup>2</sup>, 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 **Virginia<sup>1</sup>**, 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.

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

<sup>2</sup>North 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 \_\_\_\_\_

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## INSTRUCTIONS

If you have questions about how to complete the request, contact us at 800-262-3862. Completed requests (*pages 1-4 and 5, if applicable*) 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.

## GOOD ORDER

Good Order is receipt at our designated location of this form accurately and entirely completed, and includes 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. Any fees will be deducted from the remaining account balance. There may be withdrawal restrictions on certain funds (*please refer to your prospectus*). Amounts will be withdrawn from each investment option in the same proportion as its value is to the total value.

Your employer may request additional documentation. Before you submit a request for an unforeseen emergency, you must first determine whether other sources of funds can be used to offset the expenses and consider suspension of your current contributions to the plan. Withdrawals are permitted only to the extent the hardship cannot be relieved (1) through reimbursement or compensation from insurance or otherwise; (2) by liquidating your assets including those assets associated with freely distributable amounts held in retirement plans (to the extent this would not itself cause severe financial hardship); or (3) by stopping deferrals under the plan. The amount available for distribution is limited to the amount reasonably necessary to satisfy the emergency need (*including any amounts necessary to pay federal, state or local income taxes or penalties reasonably anticipated to result from the distribution*).

It is important that you understand the tax laws and that the plan only allows these withdrawals if needed to alleviate a "severe financial hardship" resulting from an "unforeseeable emergency."

### An "unforeseeable emergency," as defined by the Internal Revenue Service (IRS), includes:

- (1) severe financial hardship resulting from an illness or accident to you, your spouse or one of your dependents and/or if permitted under the plan, your primary beneficiary; or
- (2) the loss of your property due to casualty (*including the need to rebuild a home following damage not otherwise covered by homeowner's insurance, such as the result of a natural disaster, e.g., fire or flood, or theft or other catastrophic loss beyond your control*); or
- (3) funeral expenses for your spouse or dependent and/or if permitted under the plan, your primary beneficiary; or
- (4) medical expenses, including non-refundable deductibles, as well as the cost of prescription drug medication for you, your spouse or your dependents and/or if permitted under the plan, your primary beneficiary; or
- (5) other similar extraordinary and unforeseeable circumstances arising as a result of events beyond your control.

Consideration for Unforeseeable Emergency Withdrawals will not be made in cases where the participant had significant control and failed to exercise prudent judgement. Some examples of this would be abuse of credit cards, obligations related to investments, business ventures, gambling debts or any violations of law.

Please be aware that completion of this request is necessary and that the consequences of not taking this process seriously could subject you to adverse tax consequences. For example, the IRS could tax you immediately on all amounts remaining in the plan for your benefit. The IRS pays close attention to "unforeseeable emergency withdrawals." You are therefore urged to consider this request carefully.

## IMPORTANT TAX INFORMATION

An unforeseen emergency from the plan is not eligible for "rollover" treatment.

- You will receive a 1099R.
- Your payment is taxable and income tax will be due.
- You may opt out of 10% tax withholding at this time.

**DO NOT RETURN TO ING**

Instructions

Order #144453 Form #83498 Unbundled 05/15/2009  
WISE DC: MoneyOut\UnbundledUE