ALLOCATION CHANGE/FUND TRANSFER

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

Mailing Instructions. Please read the following information carefully and mail or fax a completed page 2 to the address/number provided above. If you choose to fax the request, please **DO NOT** mail the original to us.

TERMS AND CONDITIONS

Good Order

Good Order is receipt at our designated location of this form accurately and entirely completed, and includes all required 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.

Effective Date(s)

- The allocation change and/or fund transfer effective date will be the valuation date our designated location receives the Allocation Change/Fund Transfer request in Good Order. You will receive written confirmation of fund transfers.
- For purposes of calculating the fund transfer amount, the value of the individual account will be determined after the close of business of the New York Stock Exchange on the valuation date we receive the Allocation Change/Fund Transfer request in Good Order at our designated location. A valuation date is any normal business day, Monday through Friday, that the New York Stock Exchange is open.

Available Investment Options

- For more information about the available investment options and their fund codes, please refer to your latest ING statement or visit our web site at www.ingretirementplans.com.
- Transfers or withdrawals from the ING Fixed Account, the ING Fixed Account--457/401, the ING Fixed Plus Account, the ING Fixed Plus Account II or the Guaranteed Accumulation Account may be subject to restrictions or market value adjustments. Please see contract prospectus, prospectus summary or information booklet or call 800-262-3862 for more details.
- Additional information about the investment options is provided in the contract prospectus or prospectus summary, applicable Fund Prospectus(es), Disclosure Booklets, Fund Fact Sheets and/or Fund Performance reports.
- Currently a maximum of 18 investment options may be selected at any ONE time. Once you have been invested in 18 different investment options over the "lifetime" of your account, your accounts will be rewritten to accomodate the next investment selection.

Future Contribution Allocation

- Future contributions refer to money which will be allocated to your account in the future. Enter the fund code and the appropriate whole percentages (no decimals) in the space provided.
- Changes to the investment option allocation for future contributions should be indicated in whole percentages, and the sum of the percentages must equal 100%.
- We permit unlimited changes, free of charge, in the allocation of future payments.

Interfund Transfer of Existing Account Values

- ING will monitor transfer activity and will restrict transfers that constitute Excessive Trading. ING's definition of excessive trading (effective 10-16-07) is based on a "round trip", defined as a Buy and Sell of the same fund. A violation occurs upon the completion of either two round trips within 60 calendar days or six round trips within a rolling 12 months. We may modify our general standard, or the standard set as it may apply to a particular fund, at any time without prior notice, depending on, among other factors, the needs of the underlying fund(s), the best interests of contract owners, participants, and fund investors, and/or state or federal regulatory requirements.
- Your Existing Account Value refers to money currently in your Account.
- Enter the fund code and the appropriate whole percentages (no decimals) in the space provided. The total percentage must equal 100%.
- Fund-to-Fund Method - Use only whole percentages or dollar amounts. The sum of the percentages or dollars in the TO column must equal 100% of the amount in the FROM column. Requests for changes from one option into the same option will not be honored.
- End-Result Method - Simply tell us how you want your account to look after the changes are made. Indicate only whole percentages and the sum of the percentages must equal 100%.

Signatures

- Those signing this form acknowledge that they are authorized to approve allocation change/fund transfer requests. Only the employee's signature is required where the employee has authorization to make allocation changes and/or transfers.

PLEASE KEEP THIS INFORMATION FOR YOUR RECORDS

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ACCOUNT INFORMATION *(Please print)*

Plan Number ______________________ Plan Name ______________________

Employee Name ______________________ SSN ______________________

Address (Street and any applicable P.O. Box) ______________________

City ______________________ State ________ ZIP ______________________

Work Phone Number ______________________ Home Phone Number ______________________

Money Types *Please change the investment mix of the below listed money types (asset accounts). If no selection is made, the investment mix change will be made for all money types (where applicable).*

- ☐ All
- ☐ Employee Contributions/Pre-Tax
- ☐ Employee Contributions/Roth After-Tax
- ☐ Employer Contributions/Matching Contributions
- ☐ Voluntary Contributions
- ☐ Deferred Compensation Contributions
- ☐ Other ______________________

FUTURE CONTRIBUTION ALLOCATION *Note: A change to Future contributions does not affect Existing Account Investments.*

Fund Code		Fund Code		Fund Code	
________	_____%	________	_____%	________	_____%
________	_____%	________	_____%	________	_____%
________	_____%	________	_____%	________	_____%
				TOTAL	100%

INTERFUND TRANSFER OF EXISTING ACCOUNT VALUE *Note: A change to Existing Account Value does not affect Future contributions.* *Choose EITHER Fund-to-Fund Method OR End-Result Method. Both CANNOT be chosen.*

FUND TO FUND METHOD
Change the way I invest my Existing Account Value as follows:

Fund Code	FROM	Fund Code	TO
________	_____%	________	_____%
________	_____%	________	_____%
________	_____%	________	_____%
________	_____%	________	_____%
________	_____%	________	_____%
________	_____%	________	_____%

END RESULT METHOD
Change the investment mix of my Existing Account Value as follows:

Fund Code	
________	_____%
________	_____%
________	_____%
________	_____%
________	_____%
________	_____%

SIGNATURES

I have read and understand the terms and conditions and acknowledge that I have received current prospectuses or fund fact sheets for all variable investment options under the contract. The completed information on this form correctly reflects my intended changes.

Employee's Signature ______________________ Date ______________________

Employer's Authorized Signature and Title (if applicable) ______________________

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TechServices/FundAlloc/ACES