

# ACCEPTANCE LETTER For 403(b) Plans/Programs



## Mail Check to:

ING Life Insurance and Annuity Company ("ILIAC")  
PO Box 2215, New York, NY 10116-2215

## Mail Form to:

ING Life Insurance and Annuity Company ("ILIAC")  
A member 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 ILIAC as your plan's funding agent and/or administrative services provider. Contact us for more information.

## TYPE OF REQUEST

- Transfer from another Employer's 403(b) Plan  
 Exchange of another investment alternative offered by my Employer's 403(b) Plan  
 Direct Rollover

## GOOD ORDER INSTRUCTIONS

1. Good order is the 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 determined by us, it may be returned to you for correction and processed upon re-submission in good order at our designated location.
2. Please contact your Plan Administrator prior to completing this form to determine if assets under an existing Plan or traditional IRA can be rolled over or transferred into this Plan. If yes, complete this form and forward it to the Former Investment Provider/Record keeper along with a request for a distribution. Mail or fax a signed copy of this form to the address or phone number above. Please make a photocopy if you wish to retain a copy for your records. If you were not previously enrolled in the Plan, your Plan Administrator must submit a completed Enrollment Request before moving assets to ING. If you intend to accomplish an indirect rollover (*i.e.*, where you remit a personal check to ING), we must receive backup from your prior record keeper to support the amounts rolled over.
3. In order to process the request, the transferred assets must be received at our Hartford Service Center in good order. Assets transferred by the Former Investment Provider/Record Keeper will be deemed to be in good order if accompanied by the appropriate information to enable ING to apply the assets to the Account Holder's account. Direct transfers, exchanges or rollovers will not be accepted unless a signed copy of the Letter of Acceptance is also received in good order. If this form is not received in good order, transfers/exchanges/rollovers will be returned to the carrier from which you are transferring the funds. Any corrections made on this form must be initialed and dated by the appropriate parties. Transferred assets will be invested using the Account Holder's most current investment allocation, unless we receive this form on which an alternate selection is made. If the alternate investment instructions are not in good order, as we determine, we may return the form to you for correction and re-submission, or we may contact you to clarify investment instructions.
4. Funds will be applied to the account the same day they are received from the Former Investment Provider/Record Keeper if received in good order before the close of the New York Stock Exchange on any date the Stock Exchange is open for trading (*usually 4:00 p.m. Eastern Time*). All requests received in good order after the close of the Stock Exchange will be processed the next day that the Stock Exchange is open.

## 1. ACCOUNT HOLDER INFORMATION

Account Holder Name (*last, first, middle initial*) \_\_\_\_\_  
Date of Birth (*mm/dd/yyyy*) \_\_\_\_\_ SSN (**Required**) \_\_\_\_\_  
Street Address (**Required**) \_\_\_\_\_ PO Box (*optional*) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Work Phone \_\_\_\_\_ Extension \_\_\_\_\_ Home Phone \_\_\_\_\_

## 2. FORMER INVESTMENT PROVIDER/RECORD KEEPER

Former Investment Provider/Record Keeper Name \_\_\_\_\_ Phone \_\_\_\_\_  
Former Investment Account # (*Indicate all account numbers from which this transfer request applies.*) \_\_\_\_\_

- Liquidate all Shares  
 Partial Transfer/Exchange/Rollover \$ \_\_\_\_\_ or \_\_\_\_\_ %  
 Maximum without penalty

**3. TRANSFER TO ILIAC** (Please choose only one option.)

**Make check payable to<sup>1</sup>:**

ING Life Insurance and Annuity Company  
F/B/O Account Holder Name, Social Security Number  
and Billing Group #

<sup>1</sup>Six digit ING Billing Group # must be referenced on the check.

**And mail to:**

PO Box 2215  
New York, NY 10116-2215

**Wire Transfer:**

For wire transfer, wire funds to:  
Wachovia Bank of North Carolina  
Operating Account # 2087370802580,  
ABA # 053000219  
OBI Field: Include Account Holder Name, Social Security  
Number and Billing Group #

Billing Group # and/or Employer Name **(Required)** \_\_\_\_\_

**4. INVESTMENT ALLOCATION** (Obtain fund number from most recent quarterly statement package, or call 800-262-3862.)

Unless otherwise indicated below, your Direct Rollover or Transferred assets will be invested according to your current investment allocation for the money type (e.g., Pre-Tax or Roth) that you are rolling or transferring into the Plan. If an investment allocation does not exist for the money type being rolled or transferred, your current investment allocation will be used to invest the transferred assets. Use whole percentages (e.g., 33% not 33 1/3%).

OR

**Enter the percentage or dollar value of the transferred asset amount to be allocated to each investment option.**

Employer Account				Employee/Rollover Account			
Fund #	% or \$	Fund #	% or \$	Fund #	% or \$	Fund #	% or \$

**The total of the Employer and Employee columns must each equal 100% of the transferred amount.**

**5. DIRECT ROLLOVER INFORMATION** (Please check all applicable boxes. Rollovers of Roth IRA accounts are not permitted. Complete if type of request (above) is Direct Rollover.)

**Rollover of pre-tax contributions and earnings from**

403(b) Plan    401 Plan    Governmental 457    Traditional IRA

**Rollover of non-Roth after-tax contributions and earnings from**

403(b) Plan    401 Plan

Employee non-Roth After-Tax Contributions     \$ \_\_\_\_\_

Earnings     \$ \_\_\_\_\_

**Rollover from a Designated Roth Account**

If you are directly rolling over Roth money, we must receive cost basis and the Roth account's start date directly from your prior record keeper. Otherwise, we will use the year your initial Roth contribution is applied to this contract and assume the rollover amount's cost basis is zero for tax reporting purposes. This may adversely affect the tax consequences of any future distribution from your Roth account.

**6. TRANSFER/EXCHANGE INFORMATION** (This section **MUST** be completed if the type of request (above) is transfer or exchange.)

Transfer amounts from (Check all that apply.)

- 403(b)(1) Annuity Contract
- 403(b)(7) Custodial Account
- Exchange/Transfer from a Roth 403(b) Account

For transfers/exchanges of Roth money, we must receive cost basis and the Roth account's start date directly from your prior record keeper. Otherwise, we will use the year your initial Roth contribution is applied to this contract and assume the transfer amount's cost basis is zero for tax reporting purposes. This may adversely affect the tax consequences of any future distribution from your Roth account.

Please provide a breakdown of the applicable money types:

Employer \_\_\_\_\_ % or \$ \_\_\_\_\_ of transferred assets  
 Employee (pre-tax) \_\_\_\_\_ % or \$ \_\_\_\_\_ of transferred assets  
 Employee (non-Roth after-tax) \_\_\_\_\_ % or \$ \_\_\_\_\_ of transferred assets  
 Employee (Roth after-tax) \_\_\_\_\_ % or \$ \_\_\_\_\_ of transferred assets

**7. ACCOUNT HOLDER SIGNATURE AND CERTIFICATION**

I understand direct transfers/exchanges after September 24, 2007 will be subject to new requirements under the Final 403(b) Regulations issued in July 2007. Under the new rules, the exchange of one 403(b) contract for another 403(b) contract will be subject to information sharing between the Employer maintaining the 403(b) Plan and ING as your investment provider to begin no later than January 1, 2009.

If the Employer maintaining the underlying 403(b) Plan does not agree to share information with ING, I understand ING will contact me to move the assets to another 403(b) contract with an Employer willing to share information with ING or another investment provider approved under the Plan OR to roll the assets into an IRA (provided a distributable event has occurred). I understand this asset transfer/rollover will be completed without deferred sales charge and would have to occur by June 30, 2009 or I may incur adverse tax consequences.

**I consulted my tax advisor before proceeding with the transaction.**

I understand that if historical, grandfathered account values are not provided to ING, the entire amount transferred will be subject to Internal Revenue Service (IRS) withdrawal restrictions and minimum distribution rules applicable to post-1988 earnings. I understand that transferred amounts will be subject to the applicable IRS withdrawal restrictions. I understand that if Pre-Tax 403(b)(7) Custodial Account assets are transferred into an ILIAC 403(b)(1) Annuity Contract, the more stringent 403(b)(7) withdrawal restrictions will apply. In addition, I understand the Company will treat all incoming rollover, transfers or exchanges (whether or not they were previously subject to the Employee Retirement Income Security Act) as subject to the ERISA status of the Billing Group indicated on page 2. I understand that Transfer/Exchange or Direct Rollovers will be invested using my current investment allocation under the new contract to the extent on file unless I submit this form to indicate alternate investment instructions.

I acknowledge that I have read and accept the terms of this form and that the information shown is correct and complete.

Account Holder Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

Account Holder SSN \_\_\_\_\_ City/State Where Signed \_\_\_\_\_

Registered Representative Name (Please print.) \_\_\_\_\_

**8. 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 request;
- I have verified the Account Holder's eligibility for such request and have not relied solely on information provided by the Account Holder 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 Account Holder 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 amended my Plan document to reflect all applicable federal tax legislation and IRS guidance, including the Pension Protection Act of 2006, in accordance with the IRS's remedial amendment period.

Authorized Signer Name *(if required)* *(Please print.)* \_\_\_\_\_

Authorized Signer Signature \_\_\_\_\_ Date *(mm/dd/yyyy)* \_\_\_\_\_

**9. 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 request;
- I have verified the Account Holder's eligibility for such request and have not relied solely on information provided by the Account Holder 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 Account Holder 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 *(if required)* *(Please print.)* \_\_\_\_\_

Authorized Signer Signature \_\_\_\_\_ Date *(mm/dd/yyyy)* \_\_\_\_\_

**10. ACCEPTANCE OF FUNDS**

ING Life Insurance and Annuity Company hereby agrees to accept funds from the current Trustee/Custodian/Carrier and deposit them into a 403(b)(1) Variable Annuity Contract and/or a 403(b)(7) Custodial Account on behalf of the Account Holder executing this form in accordance with the applicable provisions of the Internal Revenue Code.

  
\_\_\_\_\_  
Molly A. Garrett, Vice President