

HARDSHIP WITHDRAWAL REQUEST

Education, Healthcare and Tax Exempt Organizations – 403(b) and 401

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” refers to your plan’s funding agent and/or services provider. That entity is ING Life Insurance and Annuity Company. Contact us for more information.

INSTRUCTIONS

If you have questions about how to complete the request or determine if exception handling applies, contact us at 800-262-3862. The completed request and Spousal Consent, if applicable, must be mailed to the address above or faxed to 800-643-8143.

If you choose to fax a request, please DO NOT mail the original to us.

	Spousal Consent Required	Account Holder Signature Required	Sponsor Signature Required
Non-ERISA 403(b)	NO	YES	YES - if required by Employer
Non-ERISA 401	NO	YES	YES
ERISA 403(b)	YES	YES	YES
ERISA 401	YES	YES	YES

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 For purposes of calculating the amount to be withdrawn, the value of the individual account will be determined after the final close of business of the New York Stock Exchange (NYSE) on the date good order is determined. 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). Any fees will be deducted from the remaining account balance. Any taxes will be deducted from the amount you request. Amounts will be withdrawn from each investment option in the same proportion as its value is to the total value.

The allowable hardship reasons are typically defined by the plan. To qualify for a hardship withdrawal, you must generally meet the following criteria:

- There must be an immediate and heavy financial need.
- The requested hardship withdrawal must not exceed the amount necessary to satisfy the need (including associated taxes and penalties).
- The requested hardship withdrawal, if allowed by the plan, can only be made from the account value as of 12/31/88, plus any post-1988 elective deferral contributions. No post-1988 earnings are available for this hardship withdrawal.
- Other distributions have been obtained, other than hardship withdrawals, and you have considered all non-taxable loans currently available under all plans maintained by the Employer, including this plan.
- If the requirements of this section are not met, the annuity may lose its tax-favored status and become immediately taxable to you under the Internal Revenue Code.

KEEP FOR YOUR RECORDS

TERMS AND CONDITIONS *(Continued)*

Some plans are administered on a “Facts and Circumstances” basis. To qualify for a hardship withdrawal under these plans, the following must be true:

- The need cannot reasonably be satisfied through insurance reimbursement, liquidation of assets, cessation of elective contributions under the plan or loans from the plan, or from commercial sources.

Some plans are administered on a “Safe Harbor” basis. To qualify for a hardship withdrawal under these plans, the following conditions generally apply:

- Your Employer will be notified of this hardship withdrawal. A withdrawal requires that elective contributions under all plans maintained by the Employer, including this plan, cease for a period of at least six months.
- The elective deferral limit for next year may be reduced by the amount of the elective deferrals made this year in accordance with the terms of your plan.

IMPORTANT TAX INFORMATION

A hardship withdrawal from the plan is not eligible for “rollover” treatment.

General Rules

- You will receive an IRS Form 1099-R, “Distributions from Pensions, Annuities, IRA,...”
- You may also owe an additional 10% federal tax penalty to the Internal Revenue Service (IRS) if you have not reached age 59½, unless another statutory exemption applies.

Rules specific to pre-tax and non-Roth, after-tax contributions:

- Your payment will be reduced by 10% federal income tax, unless you opt out. State tax will be withheld as required.
- Your payment is taxable and income tax will be due.

Rules specific to Roth after-tax contributions:

- The earnings portion of your payment may be taxable, and income tax will be due.

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1. PLAN INFORMATION *(Please print.)*

Plan Name _____

Billing Group/Plan Number _____

2. ACCOUNT HOLDER INFORMATION

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

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

Resident Street Address or PO Box _____

City _____ State _____ ZIP _____

Work Phone *(Include extension.)* _____ Home Phone _____

E-mail Address _____

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".

4. REASON FOR HARDSHIP *(You may be required to provide additional information or proof of hardship. Some of the reasons may not be applicable to your plan. Your Plan Sponsor or Benefits Administrator will be able to provide you with the specific plan information.)*

Educational Expenses – payment of tuition, related educational fees, and room and board expenses for up to the next 12 months of post-secondary education for me, my spouse, my dependent and/or if permitted under the Plan, an Account Holder's primary beneficiary.

Prevent Eviction/Foreclosure – to prevent me from being evicted or the foreclosure of a mortgage on my principal residence.

Funeral Expenses – burial or funeral expenses for my deceased parent, spouse, a dependent and/or if permitted under the Plan, an Account Holder's primary beneficiary.

Unreimbursed Medical Expenses – expenses for *(or necessary to obtain)* medical care for me, my spouse, my dependent and/or if permitted under the Plan, an Account Holder's primary beneficiary. Expenses must be those that are not reimbursable and are tax deductible.

Purchase Principal Residence – costs directly related to the purchase or construction of my principal residence. Your request for this reason must be submitted prior to the scheduled closing on your property.

Repair Principal Residence – costs directly related to the repair of damage to my principal residence. Cost must be those that are not reimbursable and are tax deductible on your Federal tax return.

Other _____

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5. WITHDRAWAL AMOUNT

\$ _____ **OR** Maximum Amount Available

Include Employer assets in maximum available amount.

Amounts will be withdrawn in accordance with regulations governing hardship withdrawals and will not exceed the maximum allowed. If the amount available for withdrawal is less than the dollar amount you are requesting, the transaction will be processed for the maximum amount available. The request will not be processed if other assets in the plan can be freely distributed (*e.g., rollover accounts, etc.*).

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 eligible rollover distribution, mandatory 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, Required Minimum Distribution (RMD), IRA or non-qualified annuity distributions.*)

I do not want federal income tax withheld from this payment. (*You may opt out only if 10% withholding applies. NOT an option if 20% mandatory withholding applies.*)

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 a Form VA-4P to opt out of state withholding. Otherwise, state tax will be withheld. Requesting North Carolina withholding over mandatory amounts requires a Form NC-4P. If you are a resident of California, Oregon or Vermont, and you are electing not to have state income tax withheld, your signature is mandatory.

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

8. PAYMENT AND MAILING INFORMATION (*Please allow for standard USPS mailing.*)

Mail to Account Holder to address indicated in section 2

Mail to Employer/Plan Sponsor (*Check will be made payable to the Account Holder.*)

If no selection is made, check will be made payable to and mailed to the Account Holder.

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

If you decide to have a withdrawal deposited directly into your bank account you need to complete the information below, and by doing so you authorize ING to initiate an electronic funds transfer (EFT). 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 Account Holder.

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.

Account Type Checking or Savings Account

Bank Account # _____

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

10. IF ING HAS QUESTIONS REGARDING THIS WITHDRAWAL REQUEST (ING will not contact anyone not affiliated with this ING Plan.)

Please Contact:

Name _____ Phone _____

E-mail Address _____

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.

12. ACCOUNT HOLDER 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 Account Holder, certify that I have read the Terms and Conditions section appearing on the cover page of this request, agree to its provisions and meet the criteria described. I also agree with any information that has been pre-filled.

I, the Account Holder, 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 Qualified Pre-retirement Survivor Annuity (QPSA) or a Qualified Joint and Survivor Annuity (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, the Account Holder, certify that there is no pending Qualified Domestic Relations Order (QDRO), 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 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.

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12. ACCOUNT HOLDER AUTHORIZED SIGNATURE AND TAX WITHHOLDING CERTIFICATION (Continued)

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.

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

Account Holder SSN **(Required)** _____ **Your form will NOT be processed without Account Holder SSN completed.**

13. THIRD PARTY ADMINISTRATOR (TPA) FEE (To be completed by TPA if applicable. Check will be made payable and mailed to the TPA.)

TPA Fee Amount \$ _____

From Account Holder 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.

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 Account Holder's eligibility for such withdrawal 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 (Please print.) _____

Signature _____ Date (mm/dd/yyyy) _____

15. 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 Account Holder's eligibility for such withdrawal 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 (Please print.) _____

Signature _____ Date (mm/dd/yyyy) _____

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SPOUSAL CONSENT TO WITHDRAWAL QUALIFIED JOINT AND SURVIVOR ANNUITY (QJSA)

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



As used on this form, the term "ING," "Company," "we," "us" or "our" refer to ILIAC or IIPS as your plan's funding agent and/or administrative services provider. Contact us for more information.

This form must be completed in its entirety.

1. GENERAL INFORMATION

Plan Name _____ Billing Group/Plan # _____
Account Holder Name _____ SSN **(Required)** _____
Spouse Name _____ SSN _____ Date of Withdrawal (mm/dd/yyyy) _____

2. ACCOUNT HOLDER CERTIFICATION

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).

Required to be completed regardless of marital status.

Marital Status (Check one.)

- I am not married.
 I am married. (Your spouse must consent to this request by completing the Spousal Consent section below.)
 My spouse cannot be located or I am legally separated or abandoned within the meaning of local law. (Spousal consent is not required unless a pending domestic relations order provides otherwise.)

I acknowledge that I have read and understand this form and certify that the above information is completed correctly to the best of my knowledge. Under penalties of perjury, I certify that the SSN provided above is my correct taxpayer identification number.

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

3. SPOUSAL CONSENT

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 Name (Please print.) _____

Spouse Signature _____ Date (mm/dd/yyyy) _____

4. PLAN REPRESENTATIVE OR NOTARY PUBLIC CERTIFICATION

The above consent was signed or acknowledged in my presence.

Plan Representative/Notary Public Name (Please print.) _____

Plan Representative/Notary Public Signature _____

State _____ County _____ Date (mm/dd/yyyy) _____

IMPORTANT NOTE

Spousal consent must be witnessed by the Plan Representative or a Notary Public. If your spouse is unable to sign this form or acknowledge consent in the presence of the Plan Representative, it must be signed or acknowledged in the presence of a Notary Public. If signed or acknowledged in the presence of a Notary Public, the signature and seal of the Notary Public must appear in SECTION 4 above.

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 Account Holders in the form of a Qualified Joint and Survivor Annuity (QJSA), unless the Account Holder elects to waive this form of benefit and the Account Holder'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 Account Holder 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.

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, Oregon** or **Vermont**, 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** or **Oklahoma**, 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. Requesting North Carolina withholding over mandatory amounts requires their Form NC-4P, Withholding Certificate for Pension or Annuity Payments.
- 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 Vermont

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