

# INTERNAL ING PLAN TO ING PLAN TRANSFER/EXCHANGE/ROLLOVER

ING Life Insurance and Annuity Company ("ILIAC")  
A member of the ING family of companies  
PO Box 990063, Hartford, CT 06199-0063  
Phone: 800-525-4225 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 to determine if exception handling applies, contact us at 800-525-4225. The completed request including the Spousal Consent, 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.**

	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
Governmental or Tax Exempt 457(b)	NO	YES	YES
ERISA 403(b)	YES - Rollover NO - Transfer/Exchange	YES	YES
ERISA 401	YES - Rollover NO - Transfer	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.

For any transfer or exchange into a plan where an account has not been previously established, you must also submit an enrollment form that is accurately and entirely completed with necessary signatures.

**TERMS AND CONDITIONS** (Note: Transfer/Rollover/Exchange consists of ALL amounts under current Contract; Additional limitations may apply.)

**It is important that you understand the tax implications and rollover options of a distribution from your account, tax information may be found in the Special Tax Notice and for ERISA plans Your Right to Defer Distribution. The tax notices are available at: [www.ingretirementplans.com/taxnotice](http://www.ingretirementplans.com/taxnotice) OR to receive a free paper copy, please call us at (800) 262-3862.**

**You may wish to consult with the Plan administrator or payer, or a professional tax advisor, before taking a payment from the Plan.**

The transaction 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 transferred, exchanged, or rolled over, the value of the individual account will be determined after the final close of business on 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.

As the transactions are completed, existing assets in each fund will be moved to the same funds in the NEW account unless the Sponsor of the NEW account does NOT offer all of the funds associated with the OLD account. However, please note that assets in ING Fixed Plus Account I (019) will be transferred to ING Fixed Plus Account II (039), if offered under the new plan.

For situations where the investment options are different, the entire account balance will be invested using the current investment selections on record for allocations of future contributions to the NEW account. The reinvestment into the NEW account will be processed at the prices calculated on the next business day, following the day that the transfer/exchange out of the OLD account was calculated. Once the transaction is completed, the assets will be subject to the provisions of the NEW account.

Please review the differences between the OLD product and NEW product offered prior to completing this paperwork. There may be differences in the structure of the account (*i.e., annuity account vs. a direct investment in mutual funds*), as well as differences including, but not limited to the following: the mortality and expense risk charges; fund availability; fixed interest rates and guarantees; deferred sales charge schedules; annual maintenance fees; fixed and variable withdrawal restrictions; market value adjustments; mortality tables.

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PO Box 990063, Hartford, CT 06199-0063  
Phone: 800-525-4225 Fax: 800-643-8143



## 1. 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 \_\_\_\_\_

## 2. 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".

## 3. REASON FOR TRANSFER/EXCHANGE/ROLLOVER

Termination/Severance from Employment

Attainment of Age 59½ (403(b) only)

Intra Plan Transfer from one location (Billing Group) to another – same Employer/Plan

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

## 4. TYPE OF TRANSFER/EXCHANGE/ROLLOVER (Complete ONLY if "Termination/Severance from Employment" or "Attainment of Age 59½" is selected above.)

Direct Rollover to another qualified Plan administered by ING (Not applicable to 457 Top Hat Plans.)

457 to 457 Plan to Plan Transfer

403 to 403 Transfer to another Employer's 403(b) Plan

403 to 403 Exchange to another investment alternative offered under my Employer's 403(b) Plan

## 5. ACCOUNT INFORMATION (Transfer/Rollover/Exchange consists of all amounts under current Contract.)

FROM (Originating) Plan Name \_\_\_\_\_ Billing Group/Plan # \_\_\_\_\_

TO (Receiving) Plan Name \_\_\_\_\_ Billing Group/Plan # \_\_\_\_\_

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**6. OUTSTANDING LOAN INFORMATION** *(If applicable.)*

**If you do not have a distributable event, we will maintain the minimum cash value in your account to keep the loan active.**

If you are having a distributable event, please select one of the following choices:

- 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. To be eligible for this option, a qualifying reason for withdrawal is required (*e.g., Severance of Employment, Death, or Disability*).

**If not completed it is our understanding that you are deemed to have elected the second option above. The loan will be considered in default and an IRS Form 1099-R will be produced.**

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**7. 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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**8. ACCOUNT HOLDER CERTIFICATION AND SIGNATURE**

I, the Account Holder, certify that I have read the terms and conditions section appearing on the cover page of this request and agree to its provisions. 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 QPSA or a QJSA will be reduced. 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 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 account regardless of the method of payment.

I understand direct exchanges after September 23, 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 share information with ING, I understand ING will contact me. I will be contacted to move the assets to another 403(b) contract with an Employer willing to share information with ING or with 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 have consulted my tax advisor before proceeding with this transaction.**

I certify that I have read and understand the Notice of your Right to Defer Distribution and the Special Tax Notice Regarding Important Tax Information and, if applicable, waive the 30 day notice requirement.

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

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

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

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**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 requested transfer/exchange/rollover;
- I have verified the Account Holder's eligibility for such transfer/exchange/rollover 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*) \_\_\_\_\_

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**10. 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 transfer/exchange/rollover;
- I have verified the Account Holder's eligibility for such transfer/exchange/rollover 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*) \_\_\_\_\_

# 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.

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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.

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## **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.

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## **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.