

ENROLLMENT FORM
403(b) Group Variable Annuity

In this form, ING Life Insurance and Annuity Company may also be referred to as the Company.

Participant Information (please type or print clearly)

Employer Name MONTGOMERY COUNTY PUBLICSCHOOLS 403B		Billing Group Number VFR076
Name (first, middle initial, last)	Social Security Number - -	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (No. & Street)	Date of Birth (mm/dd/yyyy) / /	Date of Hire (mm/dd/yyyy) / /
City/Town State Zip Code	Number of Dependents	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single
Email Address	Estimated Annual Income \$	Expected Retirement Age
Home Telephone No. ()	Work Telephone No. ()	Occupation/Job Title

Financial Information *This section must be completed by ING Financial Partners Registered Representatives in the Retirement Advisory Group channel.*

Annual Household Income <input type="checkbox"/> <\$25,000 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> >\$100,000	
Net Worth (excluding primary residence) <input type="checkbox"/> <\$25,000 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> \$100,000 - \$250,000 <input type="checkbox"/> >\$250,000	
What is your level of investment experience? <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
How would you categorize yourself as an investor? <input type="checkbox"/> Aggressive <input type="checkbox"/> Moderately Aggressive <input type="checkbox"/> Moderate <input type="checkbox"/> Moderately Conservative <input type="checkbox"/> Conservative	
What are your life insurance and investment holdings? Face Amount of Life Insurance <input type="checkbox"/> <\$25,000 <input type="checkbox"/> \$25,000-\$49,999 <input type="checkbox"/> \$50,000-\$99,999 <input type="checkbox"/> \$100,000-\$250,000 <input type="checkbox"/> >\$250,000 Securities <input type="checkbox"/> <\$25,000 <input type="checkbox"/> \$25,000-\$49,999 <input type="checkbox"/> \$50,000-\$99,999 <input type="checkbox"/> \$100,000-\$250,000 <input type="checkbox"/> >\$250,000 Cash <input type="checkbox"/> <\$25,000 <input type="checkbox"/> \$25,000-\$49,999 <input type="checkbox"/> \$50,000-\$99,999 <input type="checkbox"/> \$100,000-\$250,000 <input type="checkbox"/> >\$250,000 Other investments <input type="checkbox"/> <\$25,000 <input type="checkbox"/> \$25,000-\$49,999 <input type="checkbox"/> \$50,000-\$99,999 <input type="checkbox"/> \$100,000-\$250,000 <input type="checkbox"/> >\$250,000	
When will you begin using your retirement account? <input type="checkbox"/> >20 Years <input type="checkbox"/> >10 Years <input type="checkbox"/> >5 Years <input type="checkbox"/> <5 Years	Estimated percent of retirement income from this investment? <input type="checkbox"/> <25% <input type="checkbox"/> 25-50% <input type="checkbox"/> 50-75% <input type="checkbox"/> >75%
Account Investment Objective(s) <input type="checkbox"/> Capital Preservation <input type="checkbox"/> Income <input type="checkbox"/> Growth & Income <input type="checkbox"/> Growth <input type="checkbox"/> Aggressive Growth <input type="checkbox"/> Speculative	

Payments and termination values provided by the contract are variable and not guaranteed as to dollar amount. Amounts allocated to the Guaranteed Accumulation Account, if withdrawn before a guaranteed term maturity date, may be subject to a market value adjustment. The market value adjustment may result in an increase, or a decrease, in the contract value.

Please complete this form and return it to your Agent.

Page 1 of 9 - Incomplete without all pages
 TM: ENROLLHEG



Participant Name (first, middle initial, last)

Social Security Number

Billing group number

VFR076

Financial Disclosure(Cont.)

Why is an annuity or funding agreement being purchased? (Check all that apply.)

- Primary retirement income Supplementary retirement income
- Annuitization feature Payroll deduct asset accumulation

Why is this particular annuity or funding agreement being purchased instead of another investment? (Check all that apply.)

- This is the only investment available through my employer's defined contribution plan
- Guaranteed minimum interest rate
- Income options
- Systematic withdrawals
- Competitive interest rates, fees and/or charges
- Ongoing service in connection with the annuity or funding agreement and its features
- Benefits and riders
- None of the above

After purchasing this product, will you have sufficient liquidity to meet current financial needs?

- Yes No

Agent Note (please attach separate page for additional comments)

Replacement Information

Do you have existing individual annuity contracts or individual life insurance policies? Yes No

Will this Contract change or replace any existing Life Insurance or Annuity Contracts? Yes No

If yes, provide carriername and account number:

Carrier _____ Account No. _____

If this is an exchange from an existing variable annuity, which of the following are true? (Check all that apply).

- Will benefit from product enhancements and improvements. Will be subject to a new surrender period.
- Will lose existing benefits. Will be subject to increased fees or charges.
- Will incur a surrender charge on the existing contract. Will be subject to decreased fees or charges.
- Has had another deferred variable annuity exchange within New contributions only, current provider no
the past 36 months. longer available.

FINRA Affiliation

Are you associated with a Financial Industry Regulatory Authority member? Yes No

If yes, list the affiliation_____

Plan Beneficiary Information

Primary	Contingent	Complete Legal Name	Relationship	%	Social Security Number
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

Please complete this form and return it to your Agent.

Page 2 of 9 - Incomplete without all pages
TM: ENROLLHEG



Investment Options

Investment options are alphabetically grouped in their respective asset classes as determined by the Company. A maximum of 18 investment options may be used at any one time; however certain additional restrictions may apply. Eligibility to receive Employer Contributions is determined by the Employer. Completion of this Enrollment Form does not establish your eligibility to receive Employer Contributions. Enter the percentage (in whole numbers) of your payment to be allocated to each investment option.

	Employer	Employee
Stability of Principal		
ING Money Market Portfolio I	(003) _____ %	_____ %
Bonds		
Amer Cent Infl-AdjustBond Fnd Inv	(1001) _____ %	_____ %
American Funds Bond Fd Am R4	(1003) _____ %	_____ %
ING Global Bond Port I	(422) _____ %	_____ %
ING Intermediate Bond Port I	(004) _____ %	_____ %
ING PIMCO High Yield Portfolio Srv	(787) _____ %	_____ %
ING PIMCO Total Return Portfolio Srv	(439) _____ %	_____ %
ING Pioneer High Yield Portfolio I	(1220) _____ %	_____ %
ING U.S. Bond Index Portfolio I	(1554) _____ %	_____ %
PIMCO VIT Real Return Portfolio Adm	(833) _____ %	_____ %
Pioneer High Yield VCT Portfolio I	(834) _____ %	_____ %
Templeton Global Bond Fund A	(178) _____ %	_____ %
Asset Allocation		
ING Solution 2015 Portfolio Srv	(747) _____ %	_____ %
ING Solution 2025 Portfolio Srv	(759) _____ %	_____ %
ING Solution 2035 Portfolio Srv	(762) _____ %	_____ %
ING Solution 2045 Portfolio Srv	(765) _____ %	_____ %
ING Solution 2055 Portfolio Srv	(1167) _____ %	_____ %
ING Solution Growth Portfolio Srv	(1602) _____ %	_____ %
ING Solution Income Portfolio Srv	(768) _____ %	_____ %
ING Solution Moderate Portfolio Srv	(1601) _____ %	_____ %
ING Strategic Alloc Conserv Port I	(033) _____ %	_____ %
ING Strategic Alloc Growth Port I	(031) _____ %	_____ %
ING Strategic Alloc Moderate Port I	(032) _____ %	_____ %
Balanced		
Calvert VP SRI Balanced Portfolio	(101) _____ %	_____ %

Please complete this form and return it to your Agent.

Page 3 of 9 - Incomplete without all pages

TM: ENROLLHEG

Participant Name (first, middle initial, last)

Social Security Number

Billing Group Number

VFR076

	Employer	Employee
ING Balanced Portfolio I	(008) ----- %	----- %
ING InvVanKpn Eqty & Inc Port I	(452) ----- %	----- %
ING MFS Total Return Portfolio Srv	(616) ----- %	----- %
ING TRowePrice Captl Apprec Pt Srv	(788) ----- %	----- %
Pax World Balanced Fund Ind Inv	(193) ----- %	----- %
Large Cap Value		
Amana Income Fund	(1595) ----- %	----- %
American Funds Fdmntl Inv R4	(1208) ----- %	----- %
American Funds Wash Mtual R4	(819) ----- %	----- %
Columbia Diversified Eqty Inc Fnd R4	(1377) ----- %	----- %
FidelityVIP Contrafund Port I	(133) ----- %	----- %
FidelityVIP Eqty-Income Port I	(108) ----- %	----- %
ING Core Growth and Income Port Srv	(1307) ----- %	----- %
ING Davis New York Venture Port Srv	(264) ----- %	----- %
ING Growth and Income Port I	(001) ----- %	----- %
ING Index Plus LargeCap Portfolio I	(035) ----- %	----- %
ING InvVanKpn Comstock Port Srv	(437) ----- %	----- %
ING InvVanKpn Grw & Inc Port Srv	(789) ----- %	----- %
ING Large Cap Value Port Inst	(1213) ----- %	----- %
ING Pioneer Fund Portfolio Inst	(772) ----- %	----- %
ING Russell Lrg Cap Index Port I	(1557) ----- %	----- %
ING Russell Lrg Cp Val Ind Prt S	(2711) ----- %	----- %
ING TRowePrice Eqty Income Pt Srv	(617) ----- %	----- %
ING Thornburg Value Portfolio I	(100) ----- %	----- %
ING UBS U.S. Lrg Cap Eqty Port I	(105) ----- %	----- %
Invesco V.I. Core Equity Fund SI	(079) ----- %	----- %
Neuberger Berman Socially Resp Trst	(1120) ----- %	----- %
Large Cap Growth		
Alger Green Fund A	(1584) ----- %	----- %
Amana Growth Fund	(1612) ----- %	----- %
American Funds Growth Fnd R4	(572) ----- %	----- %
FidelityVIP Growth Portfolio I	(109) ----- %	----- %
ING BlackRock Lrg Cp Grw Port Inst	(2015) ----- %	----- %
ING Large Cap Growth Portfolio Inst	(742) ----- %	----- %

Please complete this form and return it to your Agent.

Page 4 of 9 - Incomplete without all pages

TM: ENROLLHEG

83411 (04/08)
VFR076

ING Life Insurance
and Annuity Company

PO Box 990063
Hartford, CT 06199-0063



Participant Name (first, middle initial, last)

Social Security Number

Billing Group Number

VFR076

	Employer	Employee
ING Marsico Growth Portfolio Inst	(1413) ----- %	----- %
ING Russell Lrg Cp Grw Ind Port I	(2713) ----- %	----- %
ING TRowePrice Grwth Eqty Port I	(111) ----- %	----- %
Invesco V.I. Capital Apprec Fnd SI	(076) ----- %	----- %
Small/Mid/Specialty		
Ariel Fund	(187) ----- %	----- %
ASTON/Fairpointe Mid Cap Fund N	(7007) ----- %	----- %
BlackRock Md Cp Val Opport Fnd Inv A	(7280) ----- %	----- %
Cohen & Steers Realty Shares	(1172) ----- %	----- %
Columbia Mid Cap Value Fund A	(1008) ----- %	----- %
Franklin Small Cap Value Fund 2	(073) ----- %	----- %
ING AmCen Sm-Md Cp Val Port Srv	(440) ----- %	----- %
ING Baron Small Cap Grwth Port Srv	(436) ----- %	----- %
ING BlackRock Hlth Sci Oppt Pt Srv 2	(776) ----- %	----- %
ING BlackRock Sci & Tech Op Pt I	(050) ----- %	----- %
ING Clarion Global RI Est Prt Inst	(1613) ----- %	----- %
ING Clarion Real Estate Port Srv	(1019) ----- %	----- %
ING Columbia Sm Cap Val II Pt Srv	(1218) ----- %	----- %
ING FMR Diversified Md Cp Port Srv	(778) ----- %	----- %
ING Global Resources Portfolio Srv	(2040) ----- %	----- %
ING Index Plus MidCap Portfolio I	(053) ----- %	----- %
ING Index Plus SmallCap Portfolio I	(052) ----- %	----- %
ING JPMorgan Mid Cap Val Port Srv	(435) ----- %	----- %
ING JPMorgan Sm Cp Core Eq Prt Srv	(752) ----- %	----- %
ING MFS UtilitiesPortfolio Srv	(771) ----- %	----- %
ING MidCap Opportunities Port I	(081) ----- %	----- %
ING Pioneer Mid Cap Value Port Inst	(1214) ----- %	----- %
ING Russell Md Cp Grw Ind Port S	(2718) ----- %	----- %
ING Russell Mid Cap Index Port I	(1560) ----- %	----- %
ING Russell Sm Cp Index Port I	(1563) ----- %	----- %
ING Small Company Portfolio I	(042) ----- %	----- %
ING SmallCap Opportunities Prt I	(080) ----- %	----- %
ING TRowePrice Divr MdCp Gr Pt I	(449) ----- %	----- %
Invesco Mid Cap Core Equity Fnd A	(290) ----- %	----- %

Please complete this form and return it to your Agent.

Page 5 of 9 - Incomplete without all pages

TM: ENROLLHEG

83411 (04/08)
VFR076

ING Life Insurance
and Annuity Company

PO Box 990063
Hartford, CT 06199-0063



Participant Name (first, middle initial, last)

Social Security Number

Billing Group Number

VFR076

	Employer	Employee
Lazard U.S. Mid Cap Equity Port Opn	(1315) ----- %	----- %
Loomis Sayles Sm Cp Value Fnd Ret	(1117) ----- %	----- %
Lord Abbett Series Fd MdCp VI Prt VC	(075) ----- %	----- %
Oppenheimer Main St Sm&MdCp F/VA	(832) ----- %	----- %
USAA Prec Metals & Minerals Fd Adv	(2656) ----- %	----- %
Wanger Select	(820) ----- %	----- %
Wanger USA	(821) ----- %	----- %
WellsFargoAdv Spec Sm Cp Val Fd A	(191) ----- %	----- %
Global / International		
American Funds EuroPacific R4	(573) ----- %	----- %
American Funds Nw Prspctv R4	(818) ----- %	----- %
American Funds SMALLCAP R4	(1445) ----- %	----- %
Artisan International Fund Inv	(1252) ----- %	----- %
FidelityVIP Overseas Portfolio I	(107) ----- %	----- %
ING Artio Foreign Portfolio Srv	(830) ----- %	----- %
ING International Index Port I	(1551) ----- %	----- %
ING International Value Port I	(228) ----- %	----- %
ING JPMorgan Emrg Mkts Eq Port Srv	(779) ----- %	----- %
ING Oppenhmr Global Port I	(432) ----- %	----- %
ING TRowePrice IntlStk Port Srv	(770) ----- %	----- %
ING Templeton Foreign Eqty Port I	(1586) ----- %	----- %
ING Templeton Gbl Growth Port Srv	(1232) ----- %	----- %
Oppenheimer Developing Markets Fnd A	(190) ----- %	----- %
Pioneer Emerging Markets VCT Port I	(1331) ----- %	----- %
Wanger International	(1348) ----- %	----- %
Total	100%	100%
	Employer	Employee

Complete the contribution percentages, in whole numbers, to total 100%.

Please complete this form and return it to your Agent.

Page 6 of 9 - Incomplete without all pages

TM: ENROLLHEG

83411 (04/08)
VFR076

ING Life Insurance
and Annuity Company

PO Box 990063
Hartford, CT 06199-0063



Participant Name (first, middle initial, last)

Social Security Number

Billing group number
VFR076

Account Information

Frequency
ER EE

Contribution
ER \$ EE \$

Effective Date
ER / / EE / /

Single Contribution Amount
\$

No. of skips

Skip Date
 / /

Registered Representative Information

The following individual(s)/organization(s) will receive compensation from this Contract.

Representative/Entity Name (print)	Office Code	Rep. No.	%Participation

Anti-Fraud Statement

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Please complete this form and return it to your Agent.

Page 7 of 9 - Incomplete without all pages

TM: ENROLLHEG



Participant Name (first, middle initial, last)

Social Security Number

Billing group number

VFR076

Participant Certification

I acknowledge receipt of the current contract prospectus or contract prospectus summary, as well as current prospectuses or investment option summaries for all available investment options under the Plan.

[] Check here to receive a Statement of Additional Information.

I understand that my employer's plan offers multiple investment options. One or more of these options may be offered through a custodial or trust arrangement and/or a group annuity or a funding agreement issued by ING Life Insurance and Annuity Company. For investment options offered through a funding agreement or group annuity contract, I understand that the current tax laws provide for deferral of taxation on earnings on account balances; and that, although the funding agreement or group annuity contract provides features and benefits that may be of value, it does not provide for any additional deferral of taxation beyond that provided by the Plan itself.

I understand the Internal Revenue Code restrictions on withdrawals from a 403(b)(1) tax-deferred annuity. I understand that these restrictions do not include contract exchanges to other investment alternatives under my Employer's 403(b) plan, transfers made to another employer's 403(b) plan or transfers made to a governmental defined benefit plan to purchase service credit unless further restricted by my Employer's 403(b) written plan.

Employee Appointment of Employer as Agent under an Annuity Contract - For Plans under Section 403(b), 401, or 403(a) of the Internal Revenue Code (except voluntary Non-ERISA Section 403(b) Plans):

I appoint my Employer, who is the Contract Holder, as my agent for all purposes under the Group Annuity Contract issued to my Employer in accordance with the terms of the Plan. I agree to be bound by my Employer's interpretation of the Plan provisions and its written direction to the Company in accordance with the terms of the Plan.

I acknowledge that I have been informed about various features of deferred variable annuities or funding agreements, including: the potential surrender period; any applicable surrender charges; tax penalties applicable to surrender before age 59 1/2; mortality and expense fees and/or daily asset charges; investment advisory fees; charges for and features of riders; insurance and investment components; and market risk.

By signing this form, I acknowledge that the information provided is complete and accurate and that any changes have been initialed by me. I further certify that the Company is entitled to rely exclusively on information provided on this form.

Participant's Authorized Signature

Participant's Signature

City and State Where Signed

Date (mm/dd/yyyy)

/ /

Please complete this form and return it to your Agent.

Page 8 of 9 - Incomplete without all pages

TM: ENROLLHEG



Participant Name (first, middle initial, last)

Social Security Number

Billing group number
VFR076

Registered Representative's Certification and Signature

Broker/Dealer Affiliation: If not registered with ING Financial Partners, Inc., please indicate name of Broker/Dealer.

Other Broker/Dealer Name: _____

Does the participant have an existing Annuity or Life Insurance Contract? [] Yes [] No

(If "yes", a replacement form must be completed only for 403(b) plans where ING is not the exclusive provider.)

Do you have any reason to believe any existing Life Insurance or Annuity Contracts will be modified or replaced if this Contract is issued? [] Yes [] No

Does this employee benefit plan offer multiple annuities? [] Yes [] No

Does this employee benefit plan offer mutual funds? [] Yes [] No

Based on the information set forth above, I have a reasonable basis to believe that: the customer has been informed about the various features of deferred variable annuities; this purchase is suitable for the customer; the customer would benefit from certain features of deferred variable annuities; and the variable annuity being purchased, the underlying subaccount allocations, and selected riders (if any) are suitable for the customer. If this transaction involves the exchange of a deferred variable annuity, I have a reasonable basis to believe that the exchange is suitable for the customer.

I certify that the information on this form is true, complete and accurate to the best of my knowledge.

Registered Representative (print name)	Registered Representative's Signature	Date (mm/dd/yyyy) / /
--	---------------------------------------	--------------------------

Please complete this form and return it to your Agent.

Page 9 of 9 - Incomplete without all pages

TM: ENROLLHEG

