



ACCOUNT INFORMATION

ING FINANCIAL PARTNERS

NEW ACCOUNT UPDATE ONLY

MEMBER SIPC
909 Locust Street
Des Moines, IA 50309 • 800.356.2906

Form with sections: Account Registration, Account Information, Personal Information, Personal Identification. Includes fields for account type, owner details, contact info, and ID verification.



Affiliations	Are you a registered representative of a broker-dealer or employed by a stock exchange, a member firm of an exchange or FINRA? Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No Joint Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify firm name: _____		
	Are you (or a member of your immediate family) a director, 10% shareholder or policy-making officer of a publicly traded company? Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No Joint Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify company name: _____		

Financial Information <i>(combine for joint owners)</i>	Estimated Annual Income <i>(all sources)</i> \$ _____	Estimated Liquid Net Worth <i>(all assets minus all liabilities excluding real estate, automobiles and furnishings)</i> \$ _____	Estimated Federal Tax Bracket _____ %
	Prior Investment Experience: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(provide years for all that apply)</i> Stocks Yrs: _____ Bonds Yrs: _____ Mutual Funds Yrs: _____ Options Yrs: _____ Limited Partnerships (DPPs) Yrs: _____ REITs Yrs: _____ Variable Annuities Yrs: _____ Variable Universal Life Yrs: _____ Other <i>(specify)</i> : _____ Yrs: _____		

Investment Profile	Overall Portfolio Investment Objective(s) <i>(rank numerically all that apply from highest to lowest, 1 being the highest)</i> _____ Capital Preservation _____ Income _____ Growth and Income _____ Growth _____ Aggressive Growth _____ Speculation		
	Overall Portfolio Time Horizon: <i>(check one only)</i> <input type="checkbox"/> 3 years or less <input type="checkbox"/> 3-7 years <input type="checkbox"/> 7 years or more		
	Overall Portfolio Risk Tolerance: <i>(check one only)</i> <input type="checkbox"/> Conservative <input type="checkbox"/> Moderately Conservative <input type="checkbox"/> Moderate <input type="checkbox"/> Moderately Aggressive <input type="checkbox"/> Aggressive		

Brokerage Account Information <i>(all securities will be held in street name)</i>	Brokerage Money Market <input type="checkbox"/> FCR <i>(default)</i> <input type="checkbox"/> Other Money Market _____ <i>(not including Pershing LLC retirement accts.)</i>
	Proceeds: <input type="checkbox"/> Hold <input type="checkbox"/> Send Proceeds Dividends/Interest: <input type="checkbox"/> Credit to Account <input type="checkbox"/> Pay to Client Is Account DVP/RVP? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(if yes, forward written instructions from institution to Brokerage Operations)</i> <input type="checkbox"/> Please e-mail me instructions to register for electronic delivery of my statements and confirmations <i>(must include e-mail address in personal information section)</i>

By signing below, I certify under penalty of perjury that:

W-9 TAXPAYER CERTIFICATION AND AGREEMENT:

- 1) the Taxpayer Identification Number provided above is correct;
 - 2) the IRS has never notified me that I am subject to backup withholding as a result of a failure to report interest or dividends, or if I have been so notified, the IRS has notified me that I am no longer subject to backup withholding;
 - 3) I am a U.S. person (including a U.S. resident); OR
- I am subject to backup withholding. (if applicable, check this box) EXEMPT (if applicable, check this box)

Acknowledgement

I acknowledge and agree that:

- (1) THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE THAT I CONSENT TO ANY PROVISION OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING;
- (2) I have received, read, understand and agree with all of the information in this document;
- (3) I acknowledge that I have received and reviewed the Important Account Information booklet;
- (4) I understand that THIS ACCOUNT IS SUBJECT TO A PREDISPUTE ARBITRATION CLAUSE THAT IS FULLY SET FORTH IN THE IMPORTANT ACCOUNT INFORMATION BOOKLET PROVIDED TO ME.

Owner Signature _____	Date _____	Joint Owner Signature _____	Date _____
Print Representative Name _____	RR Number _____	Representative Signature _____	Date _____
Print Trade OSJ/Home Office Principal Name _____		Trade OSJ/Home Office Principal Signature _____	Date _____



Enrollment Form

403(b)(1) Group Fixed Annuity Contract

403(b)(7) Custodial Account

ING Retirement Choice

ING Life Insurance and Annuity Company
 P.O. Box 990063
 Hartford, CT 06199-0063
 Tel: 1-800-584-6001
 Fax: 1-800-643-8143

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

Information About You

Please print.

Changes to the Social Security No. or Date of Birth must be initialed by the Participant.

Plan Name Saint Paul Public Schools		Plan No. VFZ212	Location Code	
Participant Name (First, Middle Initial, Last)			Social Security No.	
Participant Resident Address (No. & Street)			PO Box	
City/Town		State	Zip Code	
Email Address				
Date of Birth	Exp. Retire. Age	Date of Hire	Number of Dependents	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Telephone No. ()		Occupation/Job Title		Marital Status <input type="checkbox"/> M <input type="checkbox"/> S
			Estimated Annual Income \$	

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				
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				
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) (Select between one and three) <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				

Agent Note

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Beneficiary(ies)

Primary	Contingent	Complete Legal Name	Relationship	%
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

Replacement Information

Does the Participant have existing individual annuity contracts or individual life insurance policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will this Contract change or replace any existing Life Insurance or Annuity Contracts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide carrier name and account number:	
Carrier _____	Account No. _____

FINRA Affiliation

Are you associated with a Financial Industry Regulatory Authority member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list the affiliation _____	

Another way to save through your retirement plan.

Consider ROLLING over your other eligible retirement plan assets! Tell us when and how we can reach you, and we'll help you Consolidate. <input type="checkbox"/> Yes! Tell me how ING can help me benefit from rolling over my retirement investments. Please call me at () to discuss my options. The best time to call is _____ a.m. or _____ p.m. My estimated rollover balance is \$ _____. If I want to learn about rollover opportunities now, I will call ING at 866-865-2660.

Registered Representative Information	The following individual(s)/organization(s) will receive compensation from this Contract.			
	Representative/Entity Name (<i>Print</i>)	Office Code	Rep. No.	% Participation

Investment Options	Participant Name (<i>Last, First, Middle Initial,</i>)		Social Security No.

Investment Options are alphabetically grouped in their respective asset classes as determined by the Company under the 403(b)(1) Annuity Contract and the 403(b)(7) Custodial Account respectively.

Changes to investment selections must be initialed by the Participant.

Enter the percentage (in whole percentages) of your payment to be allocated to each investment option.

The sum of the percentages from both columns must equal 100%.

The Fixed Plus III Account is a fixed investment option available under a group annuity contract offered by the Company. All other investment options are mutual funds offered under a custodial agreement.

403 (b)(1) Annuity Contract	403 (b)(7) Custodial Account
<p align="center">Stability of Principal</p> <p>_____ % [697] ING Fixed Plus Account III</p>	<p>Bonds</p> <p>_____ % [497] ING Intermediate Bond Fund - Class A</p> <p>_____ % [1003] The Bond Fund of AmericaSM - Class R-4</p> <p>Asset Allocation</p> <p>_____ % [747] ING Solution 2015 Portfolio - Service Class</p> <p>_____ % [759] ING Solution 2025 Portfolio - Service Class</p> <p>_____ % [762] ING Solution 2035 Portfolio - Service Class</p> <p>_____ % [765] ING Solution 2045 Portfolio - Service Class</p> <p>_____ % [768] ING Solution Income Portfolio - Service Class</p> <p>Balanced</p> <p>_____ % [788] ING T. Rowe Price Capital Appreciation Port - Serv Class</p> <p>_____ % [193] Pax World Balanced Fund - Individual Investor Class</p> <p>Large Cap Value</p> <p>_____ % [1377] Columbia Diversified Equity Income Fund - Class R4</p> <p>_____ % [1208] Fundamental InvestorsSM - Class R-4</p> <p>_____ % [1307] ING Core Growth and Income Portfolio - Service Class</p> <p>_____ % [789] ING Invesco Van Kampen Growth and Income Portfolio - Service Class</p> <p>_____ % [829] ING U.S. Stock Index Portfolio - Institutional Class</p> <p>Large Cap Growth</p> <p>_____ % [251] ING T. Rowe Price Growth Equity Portfolio - Service Class</p> <p>_____ % [572] The Growth Fund of America[®] - Class R-4</p> <p>Small/Mid/Specialty</p> <p>_____ % [457] CRM Mid Cap Value Fund - Investor Shares</p> <p>_____ % [440] ING American Century Small-Mid Cap Value Portfolio - Service Class</p> <p>_____ % [436] ING Baron Small Cap Growth Portfolio - Service Class</p> <p>_____ % [1019] ING Clarion Real Estate Portfolio - Service Class</p> <p>_____ % [2040] ING Global Resources Portfolio - Service Class</p> <p>_____ % [435] ING JPMorgan Mid Cap Value Portfolio - Service Class</p> <p>_____ % [752] ING JPMorgan Small Cap Core Equity Portfolio - Service Class</p> <p>_____ % [1023] Morgan Stanley Mid Cap Growth Portfolio - Adviser Class</p> <p>Global/International</p> <p>_____ % [1004] Capital World Growth and Income FundSM - Class R-4</p> <p>_____ % [573] EuroPacific Growth Fund[®] - Class R-4</p>

Total must equal 100%

Anti-Fraud Statement	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud and may be subject to fines and confinement in prison.				
Participant Certification	<p>I acknowledge receipt of the current participant information booklet, as well as current prospectuses or investment option summaries for all available investment options under the Plan.</p> <p>I understand the Internal Revenue Code restrictions on withdrawals from a 403(b)(1) tax-deferred annuity and a 403(b)(7) custodial account (described in the "Special Rules for Certain Plans" section of the ING Retirement Choice Participant Information Booklet). 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 credits unless further restricted by my Employer's 403(b) written plan. However, if I transfer 403(b)(7) assets to investment alternatives under a 403(b)(1) annuity contract, the 403(b)(7) restrictions will continue to apply to withdrawals from that contract.</p> <p>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.</p> <p>I further acknowledge that under ING Retirement Choice, there is an annual administrative fee of 0.20% for each of the investment options in the Plan excluding the ING Fixed Plus Account III. These administrative fees will be deducted on a quarterly basis.</p> <p>In order to receive the April 11, 2008 first payroll deduction into the new 403(b) Plan, please be sure to complete your Enrollment Form and Salary Reduction Agreement by 3/31/2008. Please turn both forms into one of the ING/Capital Street Representatives. A representative can be reached by calling 651-665-4300.</p> <p>By signing this form, I acknowledge that the pre-filled information, if applicable, as well as the information I have provided, is complete and accurate. I further certify that the Company is entitled to rely exclusively on information provided on this form.</p>				
Participant's Authorized Signature	Participant's Signature	City and State Where Signed	Date (mm/dd/yyyy)		
Registered Representative's Certification and Signature	<p>Broker/Dealer Affiliation: If not registered with ING Financial Partners, Inc., please indicate name of Broker/Dealer.</p> <p>Other Broker/Dealer Name: _____</p> <p>Does the participant have an existing Annuity or Life Insurance Contract? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "yes", a replacement form must be completed <u>only</u> for 403(b) plans where ING is not the exclusive provider.)</p> <p>Do you have any reason to believe any existing Life Insurance or Annuity Contracts will be modified or replaced if this Contract is issued? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I certify that the information on this form is true, complete and accurate to the best of my knowledge.</p> <hr/> <p>Registered Representative (print name)</p> <hr/> <table border="1" data-bbox="407 1749 1578 1820"> <tr> <td data-bbox="407 1749 1334 1820">Registered Representative's Signature</td> <td data-bbox="1334 1749 1578 1820">Date (mm/dd/yyyy)</td> </tr> </table>			Registered Representative's Signature	Date (mm/dd/yyyy)
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