



ACCOUNT INFORMATION

ING FINANCIAL PARTNERS

NEW ACCOUNT UPDATE ONLY

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

Brokerage Pershing Account Number Smartworks Reference Number

Account Registration (check one only)
Account Information (if you have a P.O. Box for a mailing address, ING Financial Partners also requires a street address)
Personal Information
Personal Identification



| | | | |
|---------------------|--|--|--|
| 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 _____ |

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 ROCKFORD AREA SCHOOLS 403B PLAN | | Billing Group Number VFQ203 |
| 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
 <\$25,000 \$25,000 - \$49,999 \$50,000 - \$99,999 >\$100,000

Net Worth (excluding primary residence)
 <\$25,000 \$25,000 - \$49,999 \$50,000 - \$99,999 \$100,000 - \$250,000 >\$250,000

What is your level of investment experience?
 Low Medium High

How would you categorize yourself as an investor?
 Aggressive Moderately Aggressive Moderate Moderately Conservative Conservative

What are your life insurance and investment holdings?

Face Amount of Life Insurance
 <\$25,000 \$25,000-\$49,999 \$50,000-\$99,999 \$100,000-\$250,000 >\$250,000

Securities
 <\$25,000 \$25,000-\$49,999 \$50,000-\$99,999 \$100,000-\$250,000 >\$250,000

Cash
 <\$25,000 \$25,000-\$49,999 \$50,000-\$99,999 \$100,000-\$250,000 >\$250,000

Other investments
 <\$25,000 \$25,000-\$49,999 \$50,000-\$99,999 \$100,000-\$250,000 >\$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)
 Capital Preservation Income Growth & Income
 Growth Aggressive Growth Speculative

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

Please complete this form and return it to your Agent.

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Participant Name (first, middle initial, last)

Social Security Number

Billing group number
VFQ203

Financial Disclosure(Cont.)

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

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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 Pre-Tax | Employee Roth |
|-------------------------------------|----------------|---------------------|------------------|
| Stability of Principal | | | |
| ING Short Term Guar Accum Acct | (1888) _____ % | _____ % | _____ % |
| ING Long Term Guar Accum Acct | (1889) _____ % | _____ % | _____ % |
| ING Fixed Plus Account II | (4106) _____ % | _____ % | _____ % |
| ING Money Market Portfolio I | (003) _____ % | _____ % | _____ % |
| Bonds | | | |
| Amer Cent Infl-AdjustBond Fnd Inv | (1001) _____ % | _____ % | _____ % |
| ING Intermediate Bond Port I | (004) _____ % | _____ % | _____ % |
| ING PIMCO Total Return Portfolio I | (433) _____ % | _____ % | _____ % |
| ING Pioneer High Yield Portfolio I | (1220) _____ % | _____ % | _____ % |
| ING U.S. Bond Index Portfolio I | (1554) _____ % | _____ % | _____ % |
| Templeton Global Bond Fund A | (5052) _____ % | _____ % | _____ % |
| Asset Allocation | | | |
| ING Index Solution 2015 Portfolio I | (1536) _____ % | _____ % | _____ % |
| ING Index Solution 2025 Portfolio I | (1539) _____ % | _____ % | _____ % |
| ING Index Solution 2035 Portfolio I | (1542) _____ % | _____ % | _____ % |
| ING Index Solution 2045 Portfolio I | (1545) _____ % | _____ % | _____ % |
| ING Index Solution 2055 Portfolio I | (1161) _____ % | _____ % | _____ % |
| ING Index Solution Inc Portfolio I | (1548) _____ % | _____ % | _____ % |
| Balanced | | | |
| ING InvVanKpn Eqty & Inc Port I | (452) _____ % | _____ % | _____ % |
| ING TRowePrice Captl Apprec Pt Srv | (788) _____ % | _____ % | _____ % |
| Large Cap Value | | | |
| American Funds Amer Mtual R4 | (9229) _____ % | _____ % | _____ % |
| American Funds Fdmntl Inv R4 | (1208) _____ % | _____ % | _____ % |
| FidelityVIP Contrafund Port I | (133) _____ % | _____ % | _____ % |
| ING Growth and Income Port I | (001) _____ % | _____ % | _____ % |
| ING InvVanKpn Grw & Inc Port Srv | (789) _____ % | _____ % | _____ % |

Please complete this form and return it to your Agent.

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Participant Name (first, middle initial, last)

Social Security Number

Billing Group Number

VFQ203

| | Employer | Employee Pre-Tax | Employee Roth |
|-------------------------------------|----------------|---------------------|------------------|
| ING Russell Lrg Cap Index Port I | (1557) _____ % | _____ % | _____ % |
| ING TRowePrice Eqty Income Pt Srv | (617) _____ % | _____ % | _____ % |
| ING Thornburg Value Portfolio I | (100) _____ % | _____ % | _____ % |
| ING U.S. Stock Index Portfolio Inst | (829) _____ % | _____ % | _____ % |
| Parnassus Equity Income Fund Inv | (2228) _____ % | _____ % | _____ % |
| Large Cap Growth | | | |
| Alger Green Fund A | (1584) _____ % | _____ % | _____ % |
| American Funds Growth Fnd R4 | (572) _____ % | _____ % | _____ % |
| ING Large Cap Growth Portfolio Srv | (1255) _____ % | _____ % | _____ % |
| Small/Mid/Specialty | | | |
| Ariel Fund | (187) _____ % | _____ % | _____ % |
| ASTON/Fairpointe Mid Cap Fund N | (7007) _____ % | _____ % | _____ % |
| Columbia Mid Cap Value Fund A | (1008) _____ % | _____ % | _____ % |
| Franklin Small Cap Value Fund 2 | (073) _____ % | _____ % | _____ % |
| ING AmCen Sm-Md Cp Val Port I | (434) _____ % | _____ % | _____ % |
| ING BlackRock Sci & Tech Op Pt I | (050) _____ % | _____ % | _____ % |
| ING Clarion Real Estate Port Srv | (1019) _____ % | _____ % | _____ % |
| ING Global Resources Portfolio Srv | (2040) _____ % | _____ % | _____ % |
| ING JPMorgan Sm Cp Core Eq Prt Srv | (752) _____ % | _____ % | _____ % |
| ING MidCap Opportunities Port I | (081) _____ % | _____ % | _____ % |
| ING Pioneer Mid Cap Value Port Srv | (774) _____ % | _____ % | _____ % |
| ING Russell Mid Cap Index Port I | (1560) _____ % | _____ % | _____ % |
| ING Russell Sm Cp Index Port I | (1563) _____ % | _____ % | _____ % |
| ING SmallCap Opportunities Prt I | (080) _____ % | _____ % | _____ % |
| Invesco Mid Cap Core Equity Fnd A | (290) _____ % | _____ % | _____ % |
| USAA Prec Metals & Minerals Fd Adv | (2656) _____ % | _____ % | _____ % |
| Wanger Select | (820) _____ % | _____ % | _____ % |
| Wanger USA | (821) _____ % | _____ % | _____ % |
| Global / International | | | |
| American Funds EuroPacific R4 | (573) _____ % | _____ % | _____ % |
| Artisan International Fund Inv | (1252) _____ % | _____ % | _____ % |
| ING International Index Port I | (1551) _____ % | _____ % | _____ % |
| ING JPMorgan Emrg Mkts Eq Port Srv | (779) _____ % | _____ % | _____ % |

Please complete this form and return it to your Agent.

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83411 (04/08)
VFQ203

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

VFQ203

| | Employer | Employee Pre-Tax | Employee Roth |
|----------------------------|-----------------|-----------------------------|--------------------------|
| ING Oppenhmr Global Port I | (432) _____ % | _____ % | _____ % |
| Total | 100% | 100% | 100% |
| | Employer | Employee Pre-Tax | Employee Roth |

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

Please complete this form and return it to your Agent.

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Participant Name (first, middle initial, last)

Social Security Number

Billing group number
VFQ203

Account Information

| | | |
|--------------------------|--------------------------------|--|
| Frequency | Contribution | Effective Date |
| ER EE | ER \$ EE \$ | ER / / EE / / |
| EE Roth | EE Roth \$ | EE Roth / / |

If you have elected a Roth, please indicate the first year of any contribution made or directly rolled over to any previously established Roth account in your current employer's plan: _____. If no year is provided, we will use the year your initial Roth contribution is applied to this contract.

| | | |
|----------------------------|--------------|-----------|
| 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.

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Participant Name (first, middle initial, last)

Social Security Number

Billing group number
VFQ203

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.

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Participant Name (first, middle initial, last)

Social Security Number

Billing group number
VFQ203

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) / / |
|--|---------------------------------------|--------------------------|