



# Acceptance Letter

## For 403(b) Plans/Programs

**Mail Check to:** **ING Life Insurance and Annuity Company**  
 c/o ING Trust Company  
 PO Box 31812  
 Hartford, CT 06150-1812

**Mail Form to:** **ING Life Insurance and Annuity Company**  
 PO Box 990063  
 Hartford, CT 06199-0063  
 Phone: 800-584-6001

**ING Life Insurance and Annuity Company will be defined as "the Company," "LIAC," "ING," "we," "us," or "our" in this document. Please type or print clearly in blue ink.**

<b>Type of Request</b>	<input type="checkbox"/> Transfer from another Employer's 403(b) Plan <input type="checkbox"/> Exchange of another investment alternative offered by my Employer's 403(b) Plan <input type="checkbox"/> Direct Rollover		
<b>Good Order Instructions</b>	<p>1. Good Order is the receipt at our designated location of this form accurately and entirely completed and includes all required signatures. If this form is not received in Good Order, as determined by us, it may be returned to you for correction and processed upon resubmission in Good Order at our designated location. <b>You must be enrolled in the Destination Plan prior to submitting this form.</b> If you intend to accomplish an indirect rollover (i.e., where you remit a personal check to ING), we must receive backup from your prior recordkeeper to support the amounts rolled over.</p> <p>2. Please attach a copy of your most recent statement from your former investment provider/recordkeeper.</p> <p>3. In order to process the request, the transferred assets must be received at our designated location in Good Order. Assets transferred by the Former Investment Provider/Recordkeeper will be deemed to be in Good Order if accompanied by the appropriate information to enable ING to apply the assets to the Participant's account. Direct transfers/exchanges or rollovers will not be accepted unless a signed copy of the Letter of Acceptance is received in Good Order. If this form is not received in Good Order, transfers/exchanges/rollovers will be returned to the carrier from which you are transferring the funds. Any corrections made on this form must be initialed and dated by the appropriate parties. If any alternate investment instructions indicated on page 2 are not in Good Order, as we determine, we may return the form to you for correction and resubmission, or we may contact you to clarify investment instructions.</p> <p>4. Funds will be applied to the account the same day they are received from the Former Investment Provider/Recordkeeper if received in Good Order before the close of the New York Stock Exchange on any date the Stock Exchange is open for trading (usually 4:00 p.m. Eastern Time). All requests received in Good Order after the close of the Stock Exchange will be processed the next day that the Stock Exchange is open.</p>		
<b>Participant Information</b>	Participant Name <i>(last, first, middle initial)</i>		Date of Birth <i>(mm/dd/yyyy)</i>
	<b>MANDATORY</b> – Participant Resident Address <i>(number &amp; street)</i>		PO Box <i>(optional)</i>
	City/Town		State      ZIP
	Work Phone (      )	Extension 	Home Phone (      )      Social Security Number
<b>Former Investment Provider/Recordkeeper</b>	Former Investment Provider/Recordkeeper Name		Phone
	Former Investment Account Number <i>(Indicate all account numbers from which this transfer request applies.)</i>		
	Address <i>(number &amp; street)</i>		PO Box <i>(optional)</i>
	City/Town		State      ZIP
	<input type="checkbox"/> Liquidate all Shares <input type="checkbox"/> Partial Transfer/Exchange/Rollover \$ _____ or _____ % <input type="checkbox"/> Maximum without penalty		

**Transfer to ILIAC (“Destination Plan”)**

Please choose only one option.

**Check Mailed Directly to ING**  
**Make check payable to:**  
 ING National Trust  
 F/B/O Participant Name, Social Security No. and Plan No.  
**And mail to:**  
**Regular Mail:**  
 ING National Trust  
 PO Box 31812  
 Hartford, CT 06150-1812  
**Express Mail:**  
 Bank of America  
 Attn: ING Life Insurance and Annuity Company  
 c/o ING National Trust  
 PO Box 31812  
 3<sup>rd</sup> Floor-CT2-547-03-24  
 99 Founders Plaza  
 East Hartford, CT 06108

**Wire Transfer Direct to ING**  
**Wire Funds to:**  
 Wachovia Bank of Winston Salem, North Carolina  
 ABA Number: 053000219  
 ING National Trust/Prem Collection  
 Bank Account Number: 2087350311363  
 Beneficiary References:  
 Include Participant Name, Social Security No. (9 digit numeric), Plan No. (6 digit numeric) and Payroll location (if any) (4 digit numeric).  
 Example: John J. Jones 999-99-9999 666XXX-0001

**Required** ➤ Destination Plan No. and/or Employer Name

**Alternate Investment Instructions**

Obtain Fund Number from most recent quarterly statement package or enrollment kit.

Unless otherwise indicated below, your transferred assets will be invested according to your current investment elections for ongoing contributions of the Destination Plan Number indicated above. Use whole percentages (e.g., 33% not 33 1/3%).

OR	Fund Number	% or \$	Fund Number	% or \$
<i>Enter the percentage or dollar value of the transferred asset amount to be allocated to each investment option.</i>	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

**The total must equal 100% of the transferred assets.**

**Direct Rollover Information**

Please check all applicable boxes.

Rollovers of Roth IRA accounts are not permitted.

Complete if type of request (above) is Rollover.

**Rollover of pre-tax contributions and earnings from**  
 403(b) Plan    401 Plan    Governmental 457    Traditional IRA

**Rollover of non-Roth after-tax contributions and earnings from**  
 403(b) Plan    401 Plan  
 Employee non-Roth After-Tax Contributions   \$ \_\_\_\_\_  
 Earnings   \$ \_\_\_\_\_

**Rollover from a Designated Roth Account**  
 If you are directly rolling over Roth money, we must receive cost basis and the Roth account's start date directly from your prior recordkeeper. Otherwise, we will use the year your initial Roth contribution is applied to this contract and assume the rollover amount's cost basis is zero for tax reporting purposes. This may adversely affect the tax consequences of any future distribution from your Roth account.

**Transfer/Exchange Information**

Complete if type of request (above) is transfer or exchange.

Transfer amounts from (check all that apply):  
 403(b)(1) Annuity Contract  
 403(b)(7) Custodial Account  
 Exchange/Transfer from a Roth 403(b) Account  
 For transfers/exchanges of Roth money, we must receive cost basis and the Roth account's start date directly from your prior recordkeeper. Otherwise, we will use the year your initial Roth contribution is applied to this contract and assume the transfer amount's cost basis is zero for tax reporting purposes. This may adversely affect the tax consequences of any future distribution from your Roth account.

Please provide a breakdown of the applicable money types:

Employer	_____ % or \$ _____	of transferred assets
Employee (pre-tax)	_____ % or \$ _____	of transferred assets
Employee (non-Roth after-tax)	_____ % or \$ _____	of transferred assets
Employee (Roth after-tax)	_____ % or \$ _____	of transferred assets

<b>Participant Signature and Certification</b>	<p>I understand direct transfers/exchanges after September 24, 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.</p> <p>If the Employer maintaining the underlying 403(b) Plan does not agree to share information with ING, I understand ING will contact me to move the assets to another 403(b) contract with an Employer willing to share information with ING or 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.</p> <p><b>I consulted my tax advisor before proceeding with the transaction.</b></p> <p>I understand that if historical, grandfathered account values are not provided to ING, the entire amount transferred will be subject to Internal Revenue Service (IRS) withdrawal restrictions and minimum distribution rules applicable to post-1988 earnings. I understand that transferred amounts will be subject to the applicable IRS withdrawal restrictions. I understand that if Pre-Tax 403(b)(7) Custodial Account assets are transferred into an ILIAC 403(b)(1) Annuity Contract, the more stringent 403(b)(7) withdrawal restrictions will apply. In addition, I understand the Company will treat all incoming rollover, transfers or exchanges (whether or not they were previously subject to the Employee Retirement Income Security Act) as subject to the ERISA status of the Destination Plan indicated on page 2. With regard to incoming transfers/exchanges under Plans with both employee salary deferrals and employer contributions, if applicable breakdown is not provided, ING will separately account for such assets as unidentified assets and will distribute them as directed by your Employer or its designee. I understand that Transfer/Exchange or Direct Rollovers will be invested using my current investment allocation under the new contract to the extent on file unless I submit this form to indicate alternate investment instructions.</p> <p>I acknowledge that I have read and accept the terms of this form and that the information shown is correct and complete.</p>	
	Participant Signature	Date (mm/dd/yyyy)
	Plan Sponsor Representative Signature (for Direct Rollovers only)	
	Registered Representative Name	Phone

<b>Employer, Plan Sponsor, or Named Fiduciary's Authorized Signature and Certification</b>	<p>I am an Employer, Plan Sponsor, or Named Fiduciary of the Plan identified above and certify the following:</p> <ul style="list-style-type: none"> <li>• I have read and agree to the terms of the request;</li> <li>• I have verified the Participant's eligibility for such request and have not relied solely on information provided by the Participant in this form in order to make this determination;</li> <li>• The requested benefits are permitted in accordance with the terms of the Plan document;</li> <li>• The information provided in this document is complete and accurate to the best of my knowledge. If any information provided by the Participant 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</li> <li>• I have modified my Plan document in reference to the Pension Protection Act of 2006 ("PPA") as needed.</li> </ul>	
	Authorized Signer (if required) (please print)	
	Signature	Date (mm/dd/yyyy)

*This section must be completed by the Employer or its designee if required by a contract between the Company and the Employer.*

**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 request;
- I have verified the Participant's eligibility for such request and have not relied solely on information provided by the Participant 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 Participant 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

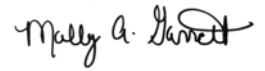
Authorized Signer *(please print)*

Signature

Date *(mm/dd/yyyy)*

**Acceptance of Funds**

ING Life Insurance and Annuity Company hereby agrees to accept funds from the current Trustee/Custodian/Carrier and deposit them into a 403(b)(1) Variable Annuity Contract and/or a 403(b)(7) Custodial Account on behalf of the Participant executing this form in accordance with the applicable provisions of the Internal Revenue Code.



Molly A. Garrett, Vice President