



Acceptance Letter

For 401 Plans/Programs

ING Life Insurance and Annuity Company
 P.O. Box 990063
 Hartford, CT 06199-0063
 Fax: 800-643-8143
 Phone: 800-262-3862

ING Life Insurance and Annuity Company will be defined as "the Company," "ILIAC," "ING," "we," "us," or "our" in this document.

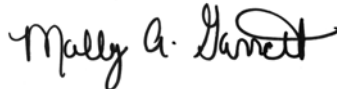
Type of Request <i>Please check one box.</i>	<input type="checkbox"/> Direct Rollover to a 401 Program <i>Please complete all sections except Carrier to Carrier Transfer Information</i>	or	<input type="checkbox"/> Carrier to Carrier Transfer <i>Please complete all sections except Direct Rollover Information</i>
Good Order Instructions	<ol style="list-style-type: none"> 1. Please contact your Plan Administrator prior to completing this form to determine if assets under an existing plan or traditional IRA can be rolled over into this Plan. If yes, complete this form and forward it to the Former Investment Provider/Recordkeeper along with a request for a distribution. Mail or fax a copy to the address or phone number above. Please make a photocopy if you wish to retain a copy for your records. If you are not previously enrolled in the Plan, your Plan Administrator must submit a completed Enrollment before requesting a transfer or rollover to ING. 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. 2. In order to process the rollover or transfer 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. Any corrections made on this form must be initialed and dated by the appropriate parties. Transferred assets will be invested using the participant's most current investment allocation, unless we receive this form on which an alternate investment selection is made. If the alternate investment instructions 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. 3. 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 day 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. 		
Participant Information	Participant Name <i>(last, first, middle initial)</i>		Date of Birth <i>(mm/dd/yyyy)</i>
	MANDATORY – Participant Resident Address <i>(number & street)</i>		PO Box <i>(optional)</i>
	City/Town		State Zip
	Work Phone ()	Extension	Home Phone () Social Security Number
Former Investment Provider/Recordkeeper	Former Investment Provider/Recordkeeper Name		Phone
	Former Investment Account No.	<input type="checkbox"/> Full Transfer/Rollover <input type="checkbox"/> Partial Transfer/Rollover \$ _____ or _____ % <input type="checkbox"/> Maximum without penalty	
Transfer To ILIAC <i>Please choose only one option.</i>	<input type="checkbox"/> Check Transfer: Make check payable to: ING Life Insurance and Annuity Company F/B/O Participant Name, Social Security No. and Billing Group No. And mail to: PO Box 150403 Hartford, CT 06115-0403 For wire transfer, please Fax this form to 800-643-8143 and wire funds to: <input type="checkbox"/> Wire Transfer: Wachovia Bank Sponsored Premium Collection # 2087370802580, ABA # 053000219 OBI Field: Include Social Security No., Participant, and Billing Group No.		
Required ➤	Billing Group No. and/or Employer Name		

Investment Allocation	Unless otherwise indicated below, your Direct Rollover or Transfer assets will be invested according to your current investment elections for ongoing contributions of the Billing Group number indicated on Page one. Use whole percentages (e.g., 33% not 33 1/3%).					
	<i>Obtain fund number from most recent quarterly statement package, or enrollment kit.</i>	OR	EMPLOYER ACCOUNT		EMPLOYEE/ROLLOVER ACCOUNT	
<i>Enter the percentage or dollar value of the transferred amount to be allocated to each investment option.</i>		Fund Number	% or \$	Fund Number	% or \$	
		_____	_____	_____	_____	
		_____	_____	_____	_____	
	_____	_____	_____	_____		
The total of the Employer and Employee columns must each equal 100% of the transferred amount.						

Direct Rollover Information	If necessary rollover accounts do not already exist, new accounts will be established to house the incoming rollover assets. For Deferred Sales Charge purposes, the rollover accounts will assume the same age as the existing employee/voluntary contribution account.	
	<input type="checkbox"/> Rollover of pre-tax contributions and earnings from <input type="checkbox"/> 403(b) plan <input type="checkbox"/> 401 plan <input type="checkbox"/> Governmental 457 <input type="checkbox"/> Traditional IRA	<input type="checkbox"/> Rollover of non-Roth after-tax contributions and earnings from 401 plan (rollovers from other types of plan are not allowed) Employee non-Roth After-Tax Contributions \$ _____ Earnings \$ _____
<i>Rollovers from Roth IRA accounts are not permitted.</i> <i>Please check all applicable boxes.</i>	<input type="checkbox"/> Rollover from a Roth 401(k) 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.	

Carrier to Carrier Transfer Information	Transfers FROM a 401 Annuity Contract	
	Please provide a breakdown of applicable money types: <u>Do not include any Roth amounts in this section.</u> Employer _____ % or \$ _____ of transferred assets Employee (pre-tax) _____ % or \$ _____ of transferred assets Employee (non-Roth after-tax) _____ % or \$ _____ of transferred assets	
<i>Do not complete this section for a Direct Rollover.</i> <i>Completed by Participant & Former Investment Provider/ Recordkeeper.</i> <i>Complete Employer values where applicable.</i>	For Carrier To Carrier Transfers 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.	

Signatures	I understand that if historical account value information is not provided, the entire amount transferred will be subject to Internal Revenue Service (IRS) withdrawal restrictions and minimum distribution rules applicable to Employee Earnings. I understand that transferred amounts will be subject to the applicable IRS withdrawal restrictions. I understand that if ERISA information and the applicable breakdown of assets is not provided, the Company will treat all transferred assets, whether subject to ERISA or not, as deposited in the Employee Contribution Asset Account of the billing group number indicated in the 'Transfer To ILIAC' section of this form. I understand that if the investment allocation section is not completed, the Carrier to Carrier Transfer or Direct Rollover will be invested using my current investment allocation under this billing group to the extent on file. I acknowledge that I have read and accept the terms of this form and that the information shown is correct and complete.	
	Participant Signature	Date (mm/dd/yyyy)
	Registered Representative Name	Phone
	Plan Administrator Signature	

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 401 Program on behalf of the Participant executing this form in accordance with the applicable provisions of the Internal Revenue Code.	 Molly A. Garrett, Vice President
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