



# Acceptance Letter

For 403(b) Plans/Programs

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

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

<b>Type of Request</b>  <i>Please check one box.</i>	<input type="checkbox"/> <b>Direct Rollover to a 403(b) Annuity Contract</b> <i>Please complete all sections except 90-24 Transfer Information</i>	<b>or</b>	<input type="checkbox"/> <b>90-24 Transfer</b> <i>Please complete all sections except Direct Rollover Information</i>
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<b>Good Order Instructions</b>	<ol style="list-style-type: none"> <li>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 or transferred 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 signed copy of this form 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 the Plan, your Plan Administrator must submit a completed Enrollment Request 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.</li> <li>2. In order to process the rollover or transfer request, the transferred assets must be received at our Hartford Service Center 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 or rollovers will not be accepted unless a signed copy of the Letter of Acceptance is also received in Good Order. If this form is not received in Good Order, transfers/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. Transferred assets will be invested using the participant's most current investment allocation, unless we receive this form on which an alternate 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.</li> <li>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 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.</li> </ol>
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<b>Participant Information</b>	Participant Name ( <i>last, first, middle initial</i> )		Date of Birth ( <i>mm/dd/yyyy</i> )		
	MANDATORY – 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	
	Are the transferred assets at Former Investment Provider/Recordkeeper subject to Employee Retirement Income Security Act (ERISA)? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
	Former Investment Account No.	<input type="checkbox"/> Full Transfer/Rollover <input type="checkbox"/> Partial Transfer/Rollover \$ _____ or _____ % <input type="checkbox"/> Maximum without penalty		

<b>Transfer To ILIAC</b>  <i>Please choose only one option.</i>	<input type="checkbox"/> <b>Check Transfer:</b> 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 30856 Hartford, CT 06150-0856
	<input type="checkbox"/> <b>Wire Transfer:</b> For wire transfer, wire funds to: Wachovia Bank of North Carolina Operating Account # 2087370802580, ABA # 053000219 OBI Field: Include Participant Name, Social Security No. and Billing Group No.

**Required** ➤ Billing Group No. and/or Employer Name

**Investment Allocation**

Unless otherwise indicated below, your Direct Rollover or Transferred assets will be invested according to your current investment allocation for the money type (e.g., *Pre-Tax or Roth*) that you are rolling or transferring into the Plan. If an investment allocation does not exist for the money type being rolled or transferred, your current investment allocation will be used to invest the transferred assets. Use whole percentages (e.g., 33% not 33 1/3%).

Obtain fund number from most recent quarterly statement package, or call 800-262-3862.

OR Enter the percentage or dollar value of the transferred amount to be allocated to each investment option.	EMPLOYER ACCOUNT				EMPLOYEE/ROLLOVER ACCOUNT			
	Fund Number	% or \$	Fund Number	% or \$	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 a rollover account does not already exist, a new account will be established to house the incoming rollover assets. For Deferred Sales Charge purposes, the rollover account will assume the same age as the existing employee/voluntary contribution account.

Please check all applicable boxes.

Rollovers of Roth IRA accounts are not permitted.

**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 Roth 403(b) 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.

**90-24 Transfer Information**

Transfer amounts from (check all that apply):  
 403(b)(1) Annuity Contract     403(b)(7) Custodial Account

Do not complete this section for a Direct Rollover.

Completed by Participant & Former Investment Provider/Recordkeeper.

Complete Employer values where applicable.

\*Do not include any Roth amounts in this section.

**Transfers FROM a 403(b)(1) Annuity Contract**

Undistributed 12/31/86 Value (For minimum distribution purposes)	Undistributed 12/31/88 Value (Unrestricted amount available for withdrawal)	Undistributed Post '88 Value (To determine restricted amount available)
Employer \$ _____ Employee \$ _____	Employer \$ _____ Employee \$ _____	Employer \$ _____ Employee Contributions* \$ _____ Earnings* \$ _____

**Transfers FROM a 403(b)(7) Custodial Account**

Undistributed 12/31/86 Value (For minimum distribution purposes)	Undistributed Post '88 Value (To determine restricted amount available)
Employer \$ _____ Employee \$ _____	Employer \$ _____ Employee Contributions* \$ _____ Earnings* \$ _____

**Transfers FROM either a 403(b)(1) Annuity Contract or a 403(b)(7) Custodial Account**

If transferred assets are subject to ERISA, please provide a breakdown of applicable money types:

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

**90-24 Transfer Information for Roth 403(b)**

For 90-24 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 Rev. Rul 90-24 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.

If the Employer maintaining the underlying 403(b) plan does not enter into an information sharing agreement with ING, I understand ING will contact me. I will be contacted to move the assets to another 403(b) contract with an Employer willing to share information with ING or with 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 December 31, 2008 or I may incur adverse tax consequences.

**I consulted my tax advisor before proceeding with the transaction.**

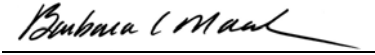
I understand that if historical account value information is not provided, the entire amount transferred will be subject to Internal Revenue Service (IRS) withdrawal restrictions and minimum distribution rules applicable to Employee Earnings. I understand that transferred amounts will be subject to the applicable IRS withdrawal restrictions. I understand that if 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 continue to apply. In addition, for purposes of a 90-24 transfer, 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 90-24 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)	City/State where signed
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 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.

  
Barbara L. March, Senior Vice President