Enrollment Form
Saint Clare's Health System 403(b) Plan
403(b) Group Variable Annuity

CATHOLIC HEALTH INITIATIVES®
Saint Clare's Health System

Billing Group Number: VFH143

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

Participant Information (Please type or print clearly.)

Name (first, middle initial, last)	Social Security Number - -	☐ Male ☐ 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 ☐ Married ☐ 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?

☐ >20 Years ☐ >10 Years ☐ >5 Years ☐ <5 Years

Estimated percent of retirement income from this investment:

☐ <25% ☐ 25 - 50% ☐ 50 - 75% ☐ >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.

ING Life Insurance and Annuity Company | P.O. Box 990063 Hartford, CT 06199-0063

ING

Participant Name (first, middle initial, last)	Social Security Number	Billing Group Number
	- -	VFH143

Financial Information *(Continued)*

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____

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.

☐ 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 800-642-7090.

Plan Beneficiary Information

Primary	Contingent	Complete Legal Name	Relationship	%	Social Security Number
☐	☐				
☐	☐				
☐	☐				

Please complete this form and return it to your Agent.

ING Life Insurance and Annuity Company | P.O. Box 990063 Hartford, CT 06199-0063

Participant Name (first, middle initial, last)	Social Security Number	Billing Group Number
	- -	VFH143

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

Stability of Principal		
Guaranteed Accumulation Account (GAA)	(005)	________%
ING Fixed Plus Account II	(039)	________%
ING Guaranteed Account	(006)	________%
ING Money Market Portfolio - Class I	(003)	________%
Bonds		
American Century Inflation-Adjusted Bond Fund – Investor Class	(1001)	________%
ING Intermediate Bond Portfolio - Class I	(004)	________%
ING Oppenheimer Global Strategic Income Portfolio - Initial Class	(422)	________%
ING PIMCO High Yield Portfolio - Service Class	(787)	________%
ING PIMCO Total Return Portfolio - Service Class	(439)	________%
ING Pioneer High Yield Portfolio - Initial Class	(1220)	________%
ING U.S. Bond Index Portfolio - Class I	(1554)	________%
PIMCO VIT Real Return Portfolio - Administrative Class	(833)	________%
Pioneer High Yield VCT Portfolio - Class I	(834)	________%
Templeton Global Bond Fund - Class A	(178)	________%
The Bond Fund of America℠ - Class R-4	(1003)	________%
Asset Allocation		
ING Solution 2015 Portfolio - Service Class	(747)	________%
ING Solution 2025 Portfolio - Service Class	(759)	________%
ING Solution 2035 Portfolio - Service Class	(762)	________%
ING Solution 2045 Portfolio - Service Class	(765)	________%
ING Solution 2055 Portfolio - Service Class	(1167)	________%
ING Solution Growth Portfolio - Service Class	(1602)	________%
ING Solution Income Portfolio - Service Class	(768)	________%
ING Solution Moderate Portfolio - Service Class	(1601)	________%
ING Strategic Allocation Conservative Portfolio - Class I	(033)	________%
ING Strategic Allocation Growth Portfolio - Class I	(031)	________%
ING Strategic Allocation Moderate Portfolio - Class I	(032)	________%
Balanced		
Calvert VP SRI Balanced Portfolio	(101)	________%
ING Balanced Portfolio, Inc. - Class I	(008)	________%
ING MFS Total Return Portfolio - Service Class	(616)	________%
ING T. Rowe Price Capital Appreciation Portfolio - Service Class	(788)	________%
ING Van Kampen Equity and Income Portfolio - Initial Class	(452)	________%
Pax World Balanced Fund - Individual Investor Class	(193)	________%
Large Cap Value		
Amana Income Fund	(1595)	________%
Fidelity® VIP Contrafund® Portfolio - Initial Class	(133)	________%
Fidelity® VIP Equity-Income Portfolio - Initial Class	(108)	________%
Fundamental Investors℠ - Class R-4	(1208)	________%
ING Davis New York Venture Portfolio - Service Class	(264)	________%
ING Growth and Income Portfolio - Class I	(001)	________%
ING Index Plus LargeCap Portfolio - Class I	(035)	________%
ING Janus Contrarian Portfolio - Service Class	(1307)	________%

Please complete this form and return it to your Agent.

ING Life Insurance and Annuity Company | P.O. Box 990063 Hartford, CT 06199-0063

ING

Participant Name (first, middle initial, last)	Social Security Number	Billing Group Number
	- -	VFH143

Large Cap Value

ING Lord Abbett Growth and Income Portfolio - Institutional Class	(1201)	________%
ING Pioneer Equity Income Portfolio - Institutional Class	(1213)	________%
ING Pioneer Fund Portfolio - Institutional Class	(772)	________%
ING Russell™ Large Cap Index Portfolio - Class I	(1557)	________%
ING Russell™ Large Cap Value Index Portfolio - Service Class	(2711)	________%
ING T. Rowe Price Equity Income Portfolio - Service Class	(617)	________%
ING Thornburg Value Portfolio - Initial Class	(100)	________%
ING UBS U.S. Large Cap Equity Portfolio - Initial Class	(105)	________%
ING Van Kampen Comstock Portfolio - Service Class	(437)	________%
ING Van Kampen Growth and Income Portfolio - Service Class	(789)	________%
Invesco V.I. Core Equity Fund - Series I Shares	(079)	________%
Neuberger Berman Socially Responsive Fund® - Trust Class	(1120)	________%
RiverSource® Diversified Equity Income Fund - Class R4	(1377)	________%
Washington Mutual Investors Fund℠ - Class R-4	(819)	________%

Large Cap Growth

Alger Green Fund – Class A	(1584)	________%
Amana Growth Fund	(1612)	________%
Fidelity® VIP Growth Portfolio - Initial Class	(109)	________%
ING BlackRock Large Cap Growth Portfolio - Inst Class	(2015)	________%
ING Legg Mason ClearBridge Aggressive Growth Portfolio - Initial Class	(106)	________%
ING Marsico Growth Portfolio - Institutional Class	(1413)	________%
ING Russell™ Large Cap Growth Index Portfolio - Class I	(2713)	________%
ING T. Rowe Price Growth Equity Portfolio - Initial Class	(111)	________%
Invesco V.I. Capital Appreciation Fund - Series I Shares	(076)	________%
The Growth Fund of America® - Class R-4	(572)	________%

Small/Mid/Specialty

BlackRock Mid Cap Value Opportunities Fund - Investor A Shares	(7280)	________%
Columbia Mid Cap Value Fund - Class A	(1008)	________%
Franklin Small Cap Value Securities Fund - Class 2	(073)	________%
ING American Century Small-Mid Cap Value Portfolio - Service Class	(440)	________%
ING Baron Small Cap Growth Portfolio - Service Class	(436)	________%
ING BlackRock Science and Technology Opportunities Portfolio - Class I	(050)	________%
ING Clarion Global Real Estate Portfolio - Institutional Class	(1613)	________%
ING Clarion Real Estate Portfolio - Service Class	(1019)	________%
ING Columbia Small Cap Value Portfolio - Service Class	(1218)	________%
ING FMR SM Diversified Mid Cap Portfolio - Service Class	(778)	________%
ING Global Resources Portfolio - Service Class	(2040)	________%
ING Index Plus MidCap Portfolio - Class I	(053)	________%
ING Index Plus SmallCap Portfolio - Class I	(052)	________%
ING JPMorgan Mid Cap Value Portfolio - Service Class	(435)	________%
ING JPMorgan Small Cap Core Equity Portfolio - Service Class	(752)	________%
ING MFS Utilities Portfolio - Service Class	(771)	________%
ING MidCap Opportunities Portfolio - Class I	(081)	________%
ING Pioneer Mid Cap Value Portfolio - Institutional Class	(1214)	________%
ING Russell™ Mid Cap Growth Index Portfolio - Service Class	(2718)	________%
ING Russell™ Mid Cap Index Portfolio - Class I	(1560)	________%
ING Russell™ Small Cap Index Portfolio - Class I	(1563)	________%

Please complete this form and return it to your Agent.

ING Life Insurance and Annuity Company | P.O. Box 990063 Hartford, CT 06199-0063

ING

Participant Name (first, middle initial, last)	Social Security Number	Billing Group Number
	- -	VFH143

Small/Mid/Specialty		
ING Small Company Portfolio - Class I	(042)	________%
ING SmallCap Opportunities Portfolio - Class I	(080)	________%
ING T. Rowe Price Diversified Mid Cap Growth Port - I Class	(449)	________%
ING Wells Fargo HealthCare Portfolio - Service Class	(776)	________%
Invesco Mid Cap Core Equity Fund - Class A	(290)	________%
Lazard U.S. Mid Cap Equity Portfolio - Open Shares	(1315)	________%
Loomis Sayles Small Cap Value Fund - Retail Class	(1117)	________%
Lord Abbett Series Fund - Mid Cap Value Portfolio - Class VC	(075)	________%
Oppenheimer Main Street Small Cap Fund®/VA	(832)	________%
Wanger Select	(820)	________%
Wanger USA	(821)	________%
Wells Fargo Advantage Special Small Cap Value Fund - Class A	(191)	________%
Global / International		
Artisan International Fund - Investor Shares	(1252)	________%
EuroPacific Growth Fund® - Class R-4	(573)	________%
Fidelity® VIP Overseas Portfolio - Initial Class	(107)	________%
ING Artio Foreign Portfolio - Service Class	(830)	________%
ING International Index Portfolio - Class I	(1551)	________%
ING International Value Portfolio - Class I	(228)	________%
ING JPMorgan Emerging Markets Equity Portfolio - Service Class	(779)	________%
ING Marsico International Opportunities Portfolio - Service Class	(770)	________%
ING Oppenheimer Global Portfolio - Initial Class	(432)	________%
ING Templeton Foreign Equity Portfolio - Initial Class	(1586)	________%
ING Templeton Global Growth Portfolio - Service Class	(1232)	________%
New Perspective Fund® - Class R-4	(818)	________%
Oppenheimer Developing Markets Fund - Class A	(190)	________%
Pioneer Emerging Markets VCT Portfolio - Class I	(1331)	________%
SMALLCAP World Fund® - Class R-4	(1445)	________%
Wanger International	(1348)	________%
Total		100%

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

Please complete this form and return it to your Agent.

ING Life Insurance and Annuity Company | P.O. Box 990063 Hartford, CT 06199-0063

ING

Participant Name (first, middle initial, last)	Social Security Number - -	Billing Group Number VFH143

Account Information

Frequency ________________	Contribution $___________________	Effective Date / /	
Single Contribution Amount $___________________	☐ Deferred ☐ Immediate	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.

Participant Certification

I acknowledge receipt of 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 59½; 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.

ING Life Insurance and Annuity Company | P.O. Box 990063 Hartford, CT 06199-0063

ING

Participant Name (first, middle initial, last)	Social Security Number - -	Billing Group Number VFH143

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? (If "yes", a replacement form must be completed only for 403(b) plans where ING is not the exclusive provider.) ☐ Yes ☐ No

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 Signature	Date (mm/dd/yyyy) / /

Please complete this form and return it to your Agent.

83411 (04/08)
ING Life Insurance and Annuity Company | P.O. Box 990063 Hartford, CT 06199-0063
ING