



Acceptance Letter

For 403(b) Plans/Programs

ING Life Insurance and Annuity Company
 PO 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.

Type of Request <i>Please check one box.</i>	<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
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Good Order Instructions	<ol style="list-style-type: none"> 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. 2. 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 were not previously enrolled in the Plan, your Plan Administrator must submit a completed Enrollment Request before moving assets 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. 3. In order to process the 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, exchanges 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/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. 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. 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.
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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 Number <i>(Indicate all account numbers from which this transfer request applies.)</i>		
	<input type="checkbox"/> Liquidate all Shares <input type="checkbox"/> Partial Transfer/Exchange/Rollover \$ _____ or _____ % <input type="checkbox"/> Maximum without penalty		

Participant Signature and Certification	<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>I consulted my tax advisor before proceeding with the transaction.</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 Billing Group indicated on page 2. 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. 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)	City/State where signed
	Registered Representative Name		
Employer, Plan Sponsor, or Named Fiduciary's Authorized Signature and Certification <i>This section must be completed by the Employer or its designee if required by a contract between the Company and the Employer.</i>	<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"> • 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; • 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 • I have modified my Plan document in reference to the Pension Protection Act of 2006 ("PPA") as needed. 		
	Authorized Signer (if required) (Please print.)		
	Signature	Date (mm/dd/yyyy)	
Third Party Administrator Authorized Signature and Certification <i>This section must be completed if required by the Employer.</i>	<p>I am employed as a Third Party Administrator of the Plan identified above and certify the following:</p> <ul style="list-style-type: none"> • 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	<p>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.</p>		 <hr/> Molly A. Garrett, Vice President