

ENROLLMENT FORM

401(k) Defined Contribution Plan

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

Participant Information (please type or print clearly)

Employer Name SAINT CLARES PRIMARY CARE INC		Billing Group Number VF6826
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 Disclosure (please provide estimates) *This section is to be completed by Representatives registered with ING Financial Advisers, LLC only.*

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.

Page 1 of 9 - Incomplete without all pages
Wise DC: Enrollment \ Enrollment

83411 (04/08)
VF6826

ING Life Insurance
and Annuity Company

PO Box 990063
Hartford, CT 06199-0063



Participant Name (first, middle initial, last)

Social Security Number

Billing group number
VF6826

Financial Disclosure(Cont.)

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 carriername 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.

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 888-681-3153.

Plan Beneficiary Information

Primary	Contingent	Complete Legal Name	Relationship	%	Social Security Number
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

Please complete this form and return it to your Agent.

Page 2 of 9 - Incomplete without all pages
Wise DC: Enrollment \ Enrollment



Investment Options

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. Eligibility to receive Employer Contributions is determined by the Employer. Completion of this Enrollment Form does not establish your eligibility to receive Employer Contributions. Enter the percentage (in whole numbers) of your payment to be allocated to each investment option.

	Employee
Stability of Principal	
ING Short Term GAA	(005) _____ %
ING Long Term GAA	(006) _____ %
ING Fixed Plus Account II	(039) _____ %
ING VP Money Market Portfolio - I	(003) _____ %
Bonds	
ING Lehman Bros. Agg Bond Index CI I	(1554) _____ %
ING Oppenheimer Strat Inc Port-Init	(422) _____ %
ING PIMCO High Yield Portfolio - S	(787) _____ %
ING PIMCO Total Return Port - Svc	(439) _____ %
ING Pioneer High Yield Port-Init	(1220) _____ %
ING VP Intermediate Bond Port - I	(004) _____ %
PIMCO VIT Real Return Port -Admin CI	(833) _____ %
Pioneer High Yield VCT Port - I	(834) _____ %
Templeton Global Bond Fund - A	(178) _____ %
The Bond Fund of America-R4	(1003) _____ %
Asset Allocation	
ING Solution 2015 Portfolio - Srv	(747) _____ %
ING Solution 2025 Portfolio - Srv	(759) _____ %
ING Solution 2035 Portfolio - Srv	(762) _____ %
ING Solution 2045 Portfolio - Srv	(765) _____ %
ING Solution Gr & Inc - Service	(1601) _____ %
ING Solution Growth - Service	(1602) _____ %
ING Solution Income Portfolio - Svc	(768) _____ %
ING VP Strategic Alloc Conserv Prtf-I	(033) _____ %
ING VP Strategic Alloc Growth Port-I	(031) _____ %
ING VP Strategic Alloc Mod Prtf-I	(032) _____ %
Balanced	
Calvert VS Social Balanced Port	(101) _____ %

Please complete this form and return it to your Agent.

Page 3 of 9 - Incomplete without all pages
Wise DC: Enrollment \ Enrollment

Participant Name (first, middle initial, last)

Social Security Number

Billing Group Number

VF6826

Employee

ING MFS Total Return Portfolio - S	(616)	-----	%
ING OpCap Balanced Value Port - Svc	(259)	-----	%
ING T. Rowe Price Cap. Appr - S	(788)	-----	%
ING Van Kampen Eq and Income Port -I	(452)	-----	%
ING VP Balanced Portfolio, Inc. - I	(008)	-----	%
Pax World Balanced Fund	(193)	-----	%

Large Cap Value

AIM V.I. Core Equity Fund - Series I	(079)	-----	%
Fidelity VIP Equity-Income Port-Init	(108)	-----	%
Fundamental Investors - Class R-4	(1208)	-----	%
ING AmericanCent'y LgCo Val Port-Svc	(263)	-----	%
ING Davis NY Venture Port - Svc	(264)	-----	%
ING Janus Contrarian Port - Svc	(1307)	-----	%
ING JPMorgan Value Opp Class S	(1187)	-----	%
ING Legg Mason Value - Class S	(753)	-----	%
ING Lord Abbett Affiliated - Class I	(1201)	-----	%
ING Neuberger Berman Partners - S	(1131)	-----	%
ING Oppen Mainstreet Portfolio - S	(786)	-----	%
ING Opp Large Cap Value Port-I	(041)	-----	%
ING Pioneer Eq Inc Port-Instl	(1213)	-----	%
ING Pioneer Fund Portfolio-Instit	(772)	-----	%
ING Russell Large Cap Index - I	(1557)	-----	%
ING T. Rowe Price Eqty Income - S	(617)	-----	%
ING Thornburg Value Port-Init	(100)	-----	%
ING UBS US Large Cap Eq Port-Init	(105)	-----	%
ING Van Kampen Comstock Port - Svc	(437)	-----	%
ING Van Kampen Growth & Income-CI S	(789)	-----	%
ING VP Growth and Income Port-I	(001)	-----	%
ING VP Index Plus LargeCap Port - I	(035)	-----	%
Neuberger Berman Socially Resp - Tr	(1120)	-----	%
RiverSource Div Eq Inc Fd-R4	(1377)	-----	%
Washington Mutual Investors Fund -R4	(819)	-----	%

Large Cap Growth

AIM V.I. Capital Apprec Fund - S I	(076)	-----	%
------------------------------------	--------	-------	---

Please complete this form and return it to your Agent.

Page 4 of 9 - Incomplete without all pages

Wise DC: Enrollment \ Enrollment

83411 (04/08)
VF6826

ING Life Insurance
and Annuity Company

PO Box 990063
Hartford, CT 06199-0063



Participant Name (first, middle initial, last)

Social Security Number

Billing Group Number

VF6826

Employee

Fidelity VIP Contrafund Port - Init	(133)	-----	%
Fidelity VIP Growth Portfolio - Init	(109)	-----	%
ING BlackRock Lrg Cap Gr Port-Inst	(2015)	-----	%
ING Legg Mason Prtns Aggr Gr-Init	(106)	-----	%
ING Marsico Growth Portfolio - Inst	(1413)	-----	%
ING Opp Large Cap Growth Port-I	(040)	-----	%
ING T. Rowe Price Grwth Eq Port-Init	(111)	-----	%
ING VanKampen Cap Gr Port-Instl	(1577)	-----	%
The Growth Fund of America - R4	(572)	-----	%

Small/Mid/Specialty

Columbia Mid Cap Val Fd-A	(1008)	-----	%
Evergreen Special Values Fund - A	(191)	-----	%
Franklin Sm Cap Val Sec Fd - 2	(073)	-----	%
ING AllianceBernstein Mid Cap Gr -S	(754)	-----	%
ING Am Cent SmMid CapValue-Svc	(440)	-----	%
ING Baron Asset Portfolio - Service	(1245)	-----	%
ING Baron Small Cap Growth Port- Svc	(436)	-----	%
ING Blackrock Global Sci & Tech - I	(050)	-----	%
ING Columbia SmallCap Val II-Svc	(1218)	-----	%
ING Evergreen Health Sciences Port S	(776)	-----	%
ING FMR Diversified Mid Cap Port - S	(778)	-----	%
ING Global Real Estate Port-Instl	(1613)	-----	%
ING Global Resources Portfolio - S	(2040)	-----	%
ING JPMorgan Mid Cap Val Port - Svc	(435)	-----	%
ING JPMorgan SmCap Core Eq Port-Svc	(752)	-----	%
ING MFS UtilitiesPortfolio - S	(771)	-----	%
ING Pioneer MidCap Val Port-Instl	(1214)	-----	%
ING Russell Mid Cap Index - I	(1560)	-----	%
ING Russell Small Cap Index - I	(1563)	-----	%
ING T. Rowe Price Diver Mid Cap Gr-I	(449)	-----	%
ING Van Kampen Real Est Port-Svc	(1019)	-----	%
ING VP Index Plus MidCap Port - I	(053)	-----	%
ING VP Index Plus SmallCap Port - I	(052)	-----	%
ING VP MidCap Opportunities Port - I	(081)	-----	%

Please complete this form and return it to your Agent.

Page 5 of 9 - Incomplete without all pages
Wise DC: Enrollment \ Enrollment

83411 (04/08)
VF6826

ING Life Insurance
and Annuity Company

PO Box 990063
Hartford, CT 06199-0063



Participant Name (first, middle initial, last)

Social Security Number

Billing Group Number

VF6826

Employee

ING VP Small Company Port - I	(042)	-----	%
ING VP SmallCap Opport Port - I	(080)	-----	%
ING WF Small Cap Disciplined Port -S	(1116)	-----	%
Lazard US Mid Cap Portf-Open Shares	(1315)	-----	%
Loomis Sayles SmallCap Value -Retail	(1117)	-----	%
Lord Abbett Mid-Cap Value Port-VC	(075)	-----	%
Oppenheimer Main Street Small Cap/VA	(832)	-----	%
Premier VIT OpCap Mid Cap Port	(1333)	-----	%
Wanger Select	(820)	-----	%
Wanger USA	(821)	-----	%
Global / International			
Artisan International Fund - Inv	(1252)	-----	%
EuroPacific Growth Fund - R4	(573)	-----	%
FidelityVIP Overseas Portfolio-Init	(107)	-----	%
ING International Index - CI I	(1551)	-----	%
ING JPMorgan Emerg Mkts Eq Port-Svc	(779)	-----	%
ING Julius Baer Foreign-Class S	(830)	-----	%
ING Marsico Int'l Opport Port-Svc	(770)	-----	%
ING Oppenheimer Global Portfolio -I	(432)	-----	%
ING Templeton Foreign Equity CI I	(1586)	-----	%
ING Templeton Global Growth - S	(1232)	-----	%
ING VP Index Plus IntlEq Port-Inst	(1049)	-----	%
ING VP International Value Port - I	(228)	-----	%
New Perspective Fund - Class R-4	(818)	-----	%
Oppenheimer Developing Mkts Fund - A	(190)	-----	%
Pioneer Emerg Mrkts VCT Port-I	(1331)	-----	%
SMALLCAP World Fund - Class R-4	(1445)	-----	%
Wanger International	(1348)	-----	%

Total **100%**

Employee

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

Please complete this form and return it to your Agent.

Page 6 of 9 - Incomplete without all pages

Wise DC: Enrollment \ Enrollment

83411 (04/08)
VF6826

ING Life Insurance
and Annuity Company

PO Box 990063
Hartford, CT 06199-0063



Participant Name (first, middle initial, last)

Social Security Number

Billing group number

VF6826

Account Information

Frequency ER EE	Contribution ER \$ EE \$	Effective Date ER / / EE / /
Single Contribution Amount \$	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.

Please complete this form and return it to your Agent.

Page 7 of 9 - Incomplete without all pages

Wise DC: Enrollment \ Enrollment

83411 (04/08)

VF6826

ING Life Insurance
and Annuity Company

PO Box 990063
Hartford, CT 06199-0063



Participant Name (first, middle initial, last)

Social Security Number

Billing group number

VF6826

Participant Certification

I acknowledge receipt of the 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.

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 59 1/2; 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.

Page 8 of 9 - Incomplete without all pages

Wise DC: Enrollment \ Enrollment

83411 (04/08)

VF6826

ING Life Insurance
and Annuity Company

PO Box 990063
Hartford, CT 06199-0063



Participant Name (first, middle initial, last)

Social Security Number

Billing group number

VF6826

Registered Representative's Certification and Signature

Broker/Dealer Affiliation (If not registered with ING Financial Advisers, LLC, please indicate name of other Broker/Dealer): ING-FA Other Broker/Dealer

Other Broker/Dealer Name: _____

Does the participant have an existing Annuity or Life Insurance Contract? Yes No

(If "yes", a replacement form must be completed only for 403(b) plans where ING is not the exclusive provider.)

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's Signature	Date (mm/dd/yyyy) / /
--	---------------------------------------	--------------------------

Please complete this form and return it to your Agent.

Page 9 of 9 - Incomplete without all pages
Wise DC: Enrollment \ Enrollment

