

WITHDRAWAL REQUEST

401 Corporate ERISA

ING Life Insurance and Annuity Company ("the Company")
A member of the ING family of companies
P.O. Box 990063, Hartford, CT 06199-0063
Phone: 800-262-3862 Fax: 800-643-8143



In this form, ING Life Insurance and Annuity Company (ILIC) may be referred to as ING.

SUMMARY OF NOTICE REGARDING IMPORTANT TAX INFORMATION

The following is a brief explanation of an important decision you must make about any distribution you request from the Plan. Please read it carefully. You can find a more complete written explanation of these rules in our Special Tax Notice at www.ingretirementplans.com/taxnotice. You can obtain a free copy of the complete explanation by calling 800-262-3862.

We are required to provide this notice to you at least 30 days, but no more than 180 days, before the date of distribution. You have the right to consider whether to elect a direct rollover for at least 30 days after the notice is provided. Your Employer's retirement program may provide that by completing and returning the distribution request in less than 30 days, you elect to waive the 30-day requirement. This would mean that you do not wish to wait 30 days before receiving your requested distribution. We will process your distribution request as of the date we receive it in Good Order.

If you choose a Direct Rollover:

- With respect to pre-tax and non-Roth after-tax contributions, your payment will be made directly to another Employer Plan (401, 403(b) or Governmental 457(b)) that accepts your rollover.
- With respect to Roth after-tax contributions, payment from a Roth 401(k) Plan will be made directly to another Roth 401(k) Plan. Payment from a Roth 403(b) program will be made directly to another Roth 403(b) program that accepts your rollover.
- Some employer plans do not accept rollovers, or accept only certain rollovers. You should confirm this before requesting a rollover. You may also elect to roll the pre-tax and non-Roth after-tax assets to a traditional IRA. You may also elect to roll the Roth after-tax contributions to a Roth IRA.
- You will receive a 1099R.
- Your payment will not be taxed in the current year and no income tax will be withheld. Your payment may be taxed later when you take it out of the Employer Plan, traditional IRA or Roth IRA (*if applicable*) and choose to take the distribution in cash.
- You may be able to request a subsequent distribution of the amounts rolled over at any time.

If you choose a Transfer of pre-tax or non-Roth after-tax contributions:

- Only allowed if moving assets to a like plan (*e.g., 403(b) to another 403(b) or 457(b) to another 457(b)*).
- You will not receive a 1099R. Your transfer will not be taxed.
- You will not be able to receive a cash distribution of the amount transferred until you have a "distributable event" under the new plan.

If you choose Cash:

General Rules:

- You will receive a 1099R.
- You may also owe an additional 10% penalty tax to the IRS if you have not reached 59½ unless another statutory exemption applies.

Rules specific to pre-tax and non-Roth after-tax contributions:

- Your payment will be reduced by the mandatory 20% federal income tax. State tax will be withheld as required.
- Your payment is taxable and income tax will be due.

Rules specific to Roth after-tax contributions:

- The earnings portion of your payment may be taxable and if so, income tax will be due; however, generally, no income tax will be withheld from your distribution.

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INSTRUCTIONS

Participant

- Complete sections 1-5 and 11.
- Send form to your Employer/Third Party Administrator (TPA) who will complete and forward it to ING.

Employer/TPA

- Review sections 1-5.
- Complete Sections 6-14. **An authorized Trustee must sign in section 14.**
- Please fax completed form to 800-643-8143 **or** send to ING, P.O. Box 990063 Hartford, CT 06199-0063. For fax requests, please **DO NOT** mail the original to us.

1. PLAN INFORMATION

Plan Name _____ Plan #

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2. PARTICIPANT INFORMATION

Name (last, first, middle initial) _____ SSN

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Resident Address (required) _____ P.O. Box¹ _____

City/Town _____ State _____ ZIP _____

Citizenship: U.S. Citizen U.S. Resident Alien Nonresident Alien Daytime Phone _____

Date of Birth ____/____/____ Date of Hire ____/____/____ Date of Termination ____/____/____

¹If you have a P.O. Box, U.S. tax laws also require a street address to be indicated, otherwise 30% Federal Income Tax will be withheld.

3. REASON FOR WITHDRAWAL (Check one from either Separation from Service OR In-Service Withdrawal.)

Some withdrawals may not be available under your Plan. See your Employer for options available to you.

Separation from Service

- Termination of Employment/Retirement
 - Prior to Age 55
 - Between Age 55 and 59½
 - Over Age 59½
- Disability
- Dissolution of Plan (Employer terminating Plan, check only if advised by Employer/TPA)

In-Service Withdrawal

- Plan Loan
- Hardship
 - Participant is eligible to withdraw contributions and earnings (100%)
 - Participant is eligible to withdraw contributions only (Indicate dollar amount in section 6B.)
- In-Service Withdrawal
 - Prior to Age 59½
 - On or after Age 59½
- Required Minimum Distribution (RMD) (minimum age 70½)
- Qualified Domestic Relations Order (Must be accompanied by the QDRO Certification, form number 82925 ACES ERISA.)
- Change of Investment Provider within same plan (For plans with multiple investment providers, split funded.)
- Correction of Contributions (Contributions are generally irrevocable; therefore this option is only available to the Employer in very limited circumstances as set forth in IRS Revenue Ruling 91-4 and ERISA Section 403(c)(2) (i.e., contributions are made under a mistake of fact, if there is a disallowance of the deduction taken for the contribution or the contributions are made to a plan that fails to initially qualify under Internal Revenue Code Section 401(a)). Contributions returned in these limited circumstances must be returned no later than 12 months after the mistake or the disallowance. Payment will be made payable to the Employer.)

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6. WITHDRAWAL AMOUNT (Required to be completed by TPA or Employer.)

A) Separation from Service

Vesting for Employee Sources: Participant is deemed to be 100% vested in all employee sources unless noted otherwise in special instructions section. Employee sources are defined as **Deferral, Roth, Rollover, Mandatory, Prior Plan Assets,** and **Voluntary Contributions.**

Vesting for Employer Sources:

- Vesting is 100% for all Employer sources
- Vesting is _____% for all Employer sources
- Vesting varies by source as indicated below:

Match % or \$ _____	Profit Sharing % or \$ _____	Employer Contributions % or \$ _____
Other: Source _____	Other: Source _____	Other: Source _____
% or \$ _____	% or \$ _____	% or \$ _____

Please select how non-vested amounts should be transferred. If no selection is made, the non-vested amount will remain in the Participant account.

- Transfer balance to forfeiture account
- Leave balance in participant account

B) In-Service Withdrawal (Complete the amount or percentage to be withdrawn from each source.)

Deferral % or \$ _____ Match % or \$ _____ Other: Source _____ Amount % or \$ _____
 Profit
 Rollover % or \$ _____ Sharing % or \$ _____ Other: Source _____ Amount % or \$ _____

7. COST BASIS (Non-Roth after tax contributions: For rollovers, unless otherwise indicated, cost basis funds will be rolled over.)

After Tax Contributions \$, .

Account Type (example: voluntary (VL), mandatory (MN)) _____

8. ING LOAN PROGRAM (Complete this section **ONLY** if selecting Separation from Service in Section 3.)

Participant has an outstanding loan under one of the following repayment methods in the ING Loan Program (ING monitors the loans).

Please check one: Payroll Deduct Direct Bill

Note: Please proceed to Section 10.

9. DEFAULTED LOAN INFORMATION (Complete this section **ONLY** if selecting Separation from Service in Section 3.)

Defaulted loan Amount \$, . Account Type (example: deferral, match, etc.) _____

If no account type is indicated, any taxes associated with the defaulted loan amount will first be deducted from accounts associated with employee contributions. IRS Form 1099R will be issued at year-end. The amount shown above will be reported as taxable income. Based on the age indicated on this form, the amount may be subject to an additional 10% tax penalty when the IRS Form 1040 is filed with the IRS.

10. THIRD PARTY ADMINISTRATOR (TPA) (Check will be made payable and mailed to the TPA.)

TPA Fee Amount \$.

From Participant Account Account Type (example: deferral, match, etc.) _____

From Forfeiture Account Account Type (example: deferral, match, etc.) _____

I am employed as a Third Party Administrator for the Plan identified above and have recorded this withdrawal in our records for this plan.

Third Party Administrator Signature _____ Date _____

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11. PARTICIPANT'S AUTHORIZED SIGNATURE AND TAX WITHHOLDING

We are required to provide this notice to you at least 30 days, but no more than 180 days, before the date of distribution. You have the right to consider whether to elect a direct rollover for at least 30 days after the notice is provided. Your Employer's retirement program may provide that by completing and returning the distribution request in less than 30 days, you elect to waive the 30-day requirement. This would mean that you do not wish to wait 30 days before reviewing your requested distribution. The Special Tax Notice, a more complete written explanation of these rules, is available at www.ingretirementplans.com/taxnotice or call 800-232-5422.

Federal Withholding

- Standard tax withholding
- I elect 10% federal income tax withholding *(Applicable only for Hardships and RMDs.)*
- I do not want federal income tax withheld *(Applicable only for Hardships and RMDs.)*
- I elect additional withholding of _____ **(W-4P is mandatory, obtain from www.irs.gov.)**

DEFAULT: For Hardship and RMD, if no election is made, 10% federal income tax withholding will occur.

State Withholding

My residence state for tax purposes is _____ *(VA, CA, OR see note below)*

If any part of this payment is exempt from mandatory state income tax withholding:

- I would like the following withheld for state income tax purposes: _____. *(You may specify a specific amount (i.e., \$50.00) or a percentage (i.e., 5%). If no amount or percentage is specified, no state income tax will be withheld.)*
- I do not want state income tax withheld from this payment.

DEFAULT: If no election is made, mandatory state income tax withholding will occur, if applicable.

NOTE: If your residence state for tax purposes is Virginia, you must submit VA-W4P to opt out of state withholding. Otherwise, state tax will be withheld.

If you are a resident of California or Oregon, and you are electing to not have state income tax withheld, your signature is mandatory.

I certify that I understand the Special Tax Notice regarding the application of the 20% federal income tax withholding to certain Plan payments and, if applicable, waive the 30-day notice requirement.

Participant Signature _____ Date _____

12. SPECIAL INSTRUCTIONS *(Please indicate any special instruction or circumstances unique to your individual request below.)*

13. IF ING HAS QUESTIONS REGARDING THIS WITHDRAWAL REQUEST

Please Contact:

Name _____ Phone _____

E-mail _____

14. TRUSTEE OR NAMED FIDUCIARY'S AUTHORIZED SIGNATURE AND CERTIFICATION

I am a Trustee or Named Fiduciary of the Plan identified above and certify the following:

- a) The requested benefits are permitted by the Plan;
- b) For a return of contributions, I certify that the contributions may be returned to the Employer and that the reason for such return meets the requirements of IRS Revenue Ruling 91-4 and ERISA Section 403(c)(2);
- c) For withdrawals made to pay Plan expenses, I have determined in my fiduciary capacity that the service requested was necessary, has been provided at a reasonable expense to the plan; and the payment of such expense from Plan assets is permissible under the terms of the Plan;
- d) If the Plan requires Spousal Consent for the withdrawal, it has been secured in a separate document including any additional certifications;
- e) If the Participant's signature has been obtained in a separate document, the Participant has received from the Trustee or Named Fiduciary the Special Tax Notice regarding application of federal income tax withholding to certain Plan payments; the Participant's withholding elections for state and federal income tax purposes, where applicable, have been obtained in a separate document along with the IRS Form Substitute W-9 and if applicable waive the 30-day notice requirement;
- f) If this form is not received in Good Order, it may be returned for correction and processed upon resubmission in Good Order at our designated location. For purposes of calculating the amount to be withdrawn, the value of the individual account will be determined after the close of business of the New York Stock Exchange (NYSE) on the date of Good Order. A valuation date is any normal business day, Monday through Friday, that the NYSE is open; and
- g) I have read and agree to the terms and conditions of the requested withdrawal and certify that the information stated above is true and complete. I further understand that the Company may rely conclusively on these certifications in processing the requested benefits above and that, in the case of any conflicting information, the Company is entitled to rely exclusively on the information contained in this Withdrawal Request. If appropriate, the information shown on this form has been reviewed with the Third Party Administrator.
- h) I have modified my plan document in reference to the Pension Protection Act of 2006 ("PPA") as needed.

Trustee or Named Fiduciary *(please print)* _____ Date _____

Trustee or Named Fiduciary
Signature *(required)* _____ Daytime Phone _____

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