RESET FORM

Direct Rollover to a 401 Plan

ING Life Insurance and Annuity Company
c/o ING National Trust
PO Box 990063
Hartford, CT 06199-0063
Telephone: 800-584-6001
Fax: 800-643-8143

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

Good Order Instructions

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 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 copy 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 in the Plan, your Plan Administrator must submit a completed Enrollment Form 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.
2. In order to process the rollover or transfer request, the transferred assets must be received at our designated location 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. 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 investment 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.
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 day 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.

Participant Information

Participant Name *(Last, First, Middle Initial)*			Date of Birth *(mm/dd/yyyy)*
MANDATORY – Participant Resident Address *(No. & Street)*			PO Box *(optional)*
City/Town			State / ZIP
Work Telephone No. ( )	Extension	Home Telephone No. ( )	Social Security No.

Former Investment Provider/ Recordkeeper

Former Investment Provider/Recordkeeper Name		Telephone No.
Former Investment Account No.	☐ Full Rollover ☐ Partial Rollover $______________________ or __________% ☐ Maximum without penalty	

Transfer to ING

Please choose only one option.

☐ **Check Mailed Directly to ING**
Mail check payable to ING National Trust F/B/O Participant Name, Social Security No. and Plan No. to the address below.

Regular Mail:
ING Life Insurance and Annuity Company
c/o ING National Trust
P.O. Box 31812
Hartford, CT 06150-1812

Express Mail:
Bank of America
Attn: ING Life Insurance and Annuity Company
c/o ING National Trust
P.O. Box 31812
3rd Floor-CT2-547-03-24
99 Founders Plaza
East Hartford, CT 06108

☐ **Wire Transfer Direct to ING**

Wire Funds to:
Wachovia Bank of Winston Salem, North Carolina
ABA Number: 053000219
ING National Trust/Prem Collection
Bank Account Number: 2087350311363
Beneficiary References:
Include Participant Name, Social Security No. (9 digit numeric), Plan No. (6 digit numeric) and Payroll location (if any) (4 digit numeric).
Example: John J. Jones 999-99-9999 888123-0001

Required ➢ Plan No. and/or Employer Name

Alternate Investment Instructions

Obtain Fund Number from most recent quarterly statement package or enrollment kit.

Unless otherwise indicated below, your Direct Rollover assets will be invested according to your current investment elections for ongoing contributions of the Plan Number indicated on Page one. Use whole percentages (e.g., 33% not 33 1/3%).

OR

Enter the percentage or dollar value of the Direct Rollover amount to be allocated to each investment option.

Rollover Account			
Fund Number	% or $	Fund Number	% or $
____________	____________	____________	____________
____________	____________	____________	____________
____________	____________	____________	____________
____________	____________	____________	____________
____________	____________	____________	____________

The total must equal 100% of the Direct Rollover.

Direct Rollover Information

Please check all applicable boxes.

Rollovers from Roth IRA accounts are not permitted.

For Deferred Sales Charge purposes, the Direct Rollover account will assume the same age as the existing employee/voluntary contribution account.

☐ **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 401 plan (rollovers from other types of plan are not allowed)**

Employee non-Roth After-Tax Contributions $ ________

Earnings **$** ________

☐ **Rollover from a Roth 401(k) 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.

Signatures

I understand that Direct Rollover amounts will be subject to the applicable Internal Revenue Service and Plan withdrawal restrictions. I understand that the Direct Rollover will be invested using my current investment allocation under this plan to the extent on file unless I submit this form to indicate alternate investment selections for this Direct Rollover.

I acknowledge that I have read and accept the terms of this form and that the information shown is correct and complete.

Participant's Signature	Date *(mm/dd/yyyy)*

Plan Administrator's 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 401 product on behalf of the Participant executing this form in accordance with the applicable provisions of the Internal Revenue Code.

Molly A. Garrett

Molly A. Garrett, Vice President