



# Beneficiary Designation

ING Life Insurance and Annuity Company  
P.O. Box 990063  
Hartford, CT 06199-0063  
Telephone: 800-584-6001

Initial Designation

Change to Designation

ING Life Insurance and Annuity Company may also be referred to as the "Company". Please refer to attached instructions.

<b>Plan Information</b>	I wish to designate the following Beneficiary(ies) to receive the payment of benefits under the following Plan upon my death.		
	Plan Name		Plan No.

<b>Participant Information</b> <i>Please print</i> <b>If you have a P.O. Box, U.S. Tax laws also require a street address to be indicated.</b>	Participant Name (Last, First, Middle Initial)		Date of Birth (mm/dd/yyyy)		
	Participant's Social Security No.				
	<b>MANDATORY</b> - Participant Resident Address (No. & Street)			PO Box (optional)	
	City/Town		State	ZIP	
	Email Address				
	Work Telephone No. (     )		Extension	Home Telephone No. (     )	

<b>Participant Election of Beneficiary</b> <i>Please print</i> <i>Changes must be initialed by the Participant.</i> <i>If additional space is needed, attach a separate page and include all the information shown here.</i> <i>Additional information may be required if a trust is designated as beneficiary.</i> <i>* Total Percentage must equal 100% for Primary Beneficiary and 100% for Contingent Beneficiary (if designated).</i> <i>** Contingent Beneficiary(ies) will only receive payment if all Primary Beneficiaries have predeceased the Participant.</i>	I designate the following individual(s) as Beneficiary(ies) of my Individual Account under the Plan. If this is a change, I revoke any prior Beneficiary designations on file with the Plan Administrator and the Company. I understand that if I am married I must designate my Spouse as a sole Primary Beneficiary entitled to 100% of my account balance(s) unless my Spouse consents to the designation of another Beneficiary or my Spouse cannot be located or I am legally separated or abandoned within the meaning of local law.				
	Beneficiary Name and Address (complete legal name required)		<input checked="" type="checkbox"/> Primary Beneficiary	Percentage*	
	Relationship	Social Security No.	Date of Birth (mm/dd/yyyy)		
	Beneficiary Name and Address (complete legal name required)		<input type="checkbox"/> Primary Beneficiary OR <input type="checkbox"/> Contingent Beneficiary**		Percentage*
	Relationship	Social Security No.	Date of Birth (mm/dd/yyyy)		
	Beneficiary Name and Address (complete legal name required)		<input type="checkbox"/> Primary Beneficiary OR <input type="checkbox"/> Contingent Beneficiary**		Percentage*
	Relationship	Social Security No.	Date of Birth (mm/dd/yyyy)		
	Beneficiary Name and Address (complete legal name required)		<input type="checkbox"/> Primary Beneficiary OR <input type="checkbox"/> Contingent Beneficiary**		Percentage*
	Relationship	Social Security No.	Date of Birth (mm/dd/yyyy)		

<p><b>Participant Marital Status</b></p> <p><i>Participant must select one option.</i></p>	<p><input type="checkbox"/> I am unmarried.</p> <p><input type="checkbox"/> I am married and have designated my Spouse as my sole Primary Beneficiary entitled to 100% of my account balances; therefore spousal consent is <b>not</b> required.</p> <p><input type="checkbox"/> I am married and have designated someone other than my spouse as my Primary Beneficiary to receive the portion of my accounts to which my spouse is entitled; my Spouse <b>must</b> consent to my election by completing the appropriate Spousal Consent section.</p> <p><input type="checkbox"/> My Spouse cannot be located.</p> <p><input type="checkbox"/> I am legally separated or abandoned within the meaning of local law (<i>must have legal supporting documentation in your files – do not send documentation</i>).</p>
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<p><b>Spousal Consent</b></p> <p><i>Spouse must complete if Participant does not designate his/her spouse as the Sole Primary Beneficiary entitled to 100% of the account balance.</i></p>	<p>I understand that the Plan in which my Spouse participates entitles me to a death benefit if my Spouse dies before the annuity starting date. Without my consent, my Spouse cannot designate another beneficiary. By consenting to my Spouse's Beneficiary designation, I understand that I will not receive any benefit in the event of my Spouse's death unless I am a named Beneficiary.</p>				
<table border="1" style="width: 100%;"> <tr> <td style="width: 75%;">Spouse's Name (<i>print</i>)</td> <td style="width: 25%;">Social Security No.</td> </tr> <tr> <td>Spouse's Signature</td> <td>Date (<i>mm/dd/yyyy</i>)</td> </tr> </table>		Spouse's Name ( <i>print</i> )	Social Security No.	Spouse's Signature	Date ( <i>mm/dd/yyyy</i> )
Spouse's Name ( <i>print</i> )	Social Security No.				
Spouse's Signature	Date ( <i>mm/dd/yyyy</i> )				
<p>State of _____, County of _____</p> <p>On this _____ day of _____, in the year of _____, before me,</p> <p>_____ the undersigned officer, personally appeared _____</p> <p>known to me (<i>or satisfactorily proven</i>) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed for the same purpose therein contained.</p> <p><b>In Witness Whereof, I hereunto set my hand</b></p> <p>_____ or _____</p> <p style="text-align: center;">Notary Public <span style="float: right;">Plan Representative</span></p>					

<p><b>Participant's Authorized Signature and Certification</b></p>	<p>I, the Participant, certify that the above information is completed correctly to the best of my knowledge. I acknowledge that unless otherwise requested:</p> <p>a) If more than one Beneficiary is designated, payment will be made in equal shares to the Primary Beneficiaries who survive the Participant or, if none survives the Participant, in equal shares to the Contingent Beneficiaries who survive the Participant.</p> <p>b) If no Beneficiary survives the Participant, payment will be made in accordance with the Plan document.</p> <p>c) If a Class of Beneficiaries is designated (<i>such as, "the children of the Participant"</i>), then payment will be made in equal shares to each person who is a member of the class and living at the death of the Participant whether or not he/she has been specifically named in the Beneficiary Designation.</p> <p>I understand that if I receive a loan and the outstanding loan balance is not repaid prior to my death, the value of benefits payable to my beneficiary will be reduced or eliminated by the amount of the outstanding balance of the loan. I understand that if the outstanding loan balance is not repaid at the time of my retirement, any death benefits payable will be reduced or eliminated.</p> <p>I further understand that the Company may rely conclusively on these certifications in processing the requested beneficiary designation above and that, in the case of any conflicting information, the Company is entitled to rely on the information contained in this form.</p>		
<table border="1" style="width: 100%;"> <tr> <td style="width: 75%;">Participant's Signature</td> <td style="width: 25%;">Date (<i>mm/dd/yyyy</i>)</td> </tr> </table>		Participant's Signature	Date ( <i>mm/dd/yyyy</i> )
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<b>Participant Information</b>	Please complete the information requested in its entirety.
<b>Participant Election of Beneficiary</b>	Please complete this section if you are making or changing a Beneficiary Designation. For more information regarding the completion of this section, please call the number above and request assistance.
<b>Participant Marital Status</b>	This section must be completed by you.
<b>Spousal Consent</b>	Your Spouse must complete the appropriate section if he/she has not been designated as your Primary Beneficiary entitled to 100% of your account balance. This section need not be completed if your Spouse cannot be located or you are legally separated or abandoned within the meaning of local law.
<b>Authorized Signature and Certification</b>	These sections must be completed by you, the Participant.