

WITHDRAWAL REQUEST 401 CORPORATE ERISA

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



1. INSTRUCTIONS

Completed requests must be mailed to the address above or faxed to ING at 800-643-8143. If you choose to fax a request, please DO NOT mail the original to us.

2. PLAN INFORMATION *(Please print.)*

Plan Name _____
Billing Group/Plan Number *(Please provide all Billing Group/Plan Numbers applicable to this request.)* _____

3. ACCOUNT HOLDER INFORMATION

Name *(last, first, middle initial)* _____ ID Number _____
SSN **(Required)** _____ Date of Birth *(mm/dd/yyyy)* _____
Resident Street Address or PO Box **(Required)** _____
City _____ State _____ ZIP _____
E-mail Address _____
Work Phone *(include extension)* _____ Home Phone _____
Date of Hire *(mm/dd/yyyy)* _____ Date of Termination *(mm/dd/yyyy)* _____

4. 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 *(Indicate amount or percentage in section 6A.)*

- 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 *(Indicate amount or percentage in section 6B.)*

- Plan Loan
 Hardship
 Account Holder is eligible to withdraw contributions and earnings (100%)
 Account Holder 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.)*

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5. TYPE OF WITHDRAWAL (For full withdrawals one of these must be checked.)

- Cash Distribution
- Direct Rollover (other than a Designated Roth Account) to a 401(a), 401(k), 403(b), 457(b) governmental plan or a traditional IRA
- Direct Rollover (other than a Designated Roth Account) to a Roth IRA (only applicable to 401(k), 401(a), 403(b) and 457(b) governmental plans)
- Direct Rollover of a Designated Roth Account to: (only applicable for 401(k) and 403(b) plans)
 - Designated Roth Account
 - ING Roth IRA
 - Non-ING Roth IRA
- Transfer
- Direct Rollover to an ING Account:

If choosing a direct rollover to an ING account, please select destination account(s) below:

- ING Rollover Choice ING Renuity ING Choice/SAS/Brokerage Account ING Rollover Advantage
- ING Pension IRA ING Fixed Design ING Flexible Income (SPIA) ING express Fixed Annuity
- ING express Variable ING Mutual Fund ING Other _____

NOTE: For rollovers to an ING account the withdrawal request will not be processed until the new account application is received.

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

A) Separation from Service

Vesting for Employee Sources: Account Holder 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 _____ % or \$ _____	Other: Source _____ % or \$ _____	Other: Source _____ % or \$ _____

Please select whether non-vested amounts should be transferred to the forfeiture account. If no selection is made, the non-vested amount will remain in the Account Holder account.

- Transfer balance to forfeiture account
- Leave balance in Account Holder account

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

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

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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 5.)

Account Holder 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 5.)

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 Form 1040 is filed with the IRS.

10. TAX WITHHOLDING

Please indicate whether or not federal/state income taxes should be withheld from payments.

Tax Withholding Notification

Regardless of whether or not you elect to have federal/state income taxes withheld, you are liable for those taxes on the taxable portion of the benefits. You may also be subject to tax penalties under the Estimated Tax Payment rules. You are advised to seek the advice of a qualified tax advisor prior to making this election. An election made for a single non-recurring distribution applies only to the payment for which it is being made. For recurring payments, your withholding election will remain in effect until changed or revoked. You may change or revoke your election at any time prior to a distribution being made by submitting IRS Form W-4P. **If subject to eligible rollover distribution, mandatory 20% withholding will be applied.**

Federal Withholding

- I want federal income tax of 10% withheld from this payment. (Applicable to non-eligible rollover distribution requests such as Hardship, Required Minimum Distribution (RMD), IRA or non-qualified annuity distributions.)
- I do not want federal income tax withheld from this payment. (You may opt out only if 10% withholding applies. NOT an option if 20% mandatory withholding applies.)
- Additional** amount, if any, I want withheld from my distribution \$ _____.

DEFAULT: If no election is made, standard federal income tax withholding will occur applicable to your type of distribution.

State Withholding

State income tax withholding may be withheld from your distribution. Certain states base your state withholding on your federal withholding election. In the event you live in one of those states, your distribution will be subject to state income tax withholding as specified in the attached State Income Tax Withholding Notification.

My residence state for tax purposes is: _____

Please refer to the attached State Income Tax Withholding Notification to determine your available withholding options, and complete your selection below, if applicable.

- I want state income tax withheld from this payment in the amount of \$ _____ or _____%. (You must check the box and provide a dollar or percentage amount.)
- I do not want state income tax withheld from this payment. (Please complete the attached State Income Tax Withholding Notification form or other state specific form, as applicable.)

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11. PAYMENT AND MAILING INFORMATION (Check one only. If not indicated, check will be made payable to and mailed to the Account Holder.)

- Mail to Account Holder to address indicated in section 3 (Payment will be received within 10 business days after funds released from ING.)
- Internal Rollover to ING Account
- Mail to new Financial Institution at the address listed below
- Mail to Employer (Check will be made payable to Account Holder.)
- Rollover/Transfer/Exchange
- Rollover/Transfer of Roth after-tax amounts
- Mail to Alternate Address (Only allowed for QDRO payments or transfers/rollovers/exchanges to other carriers.)

Make check payable to _____ New Account # _____

Send check to _____

Address (# & street/PO box) _____

City _____ State _____ ZIP _____

- Please mail a separate check to my Roth account. (If this box is not checked, one check will be mailed for all applicable amounts.)

12. ELECTRONIC FUND TRANSFER (Choosing this option will result in more timely access to your funds.)

By completing this section, I authorize ING to initiate an electronic funds transfer (EFT). Take advantage of a convenient method to have your distribution electronically deposited into your bank account. The electronic deposit is immediately available for use once the transfer is completed. The Company does not charge you for this service, the payment is typically completed within 3-4 business days.

Please verify the correct ABA routing number with your bank. If the electronic deposit cannot be completed using the information provided below, we will issue and mail a check to the Account Holder.

The EFT information must be clear and complete. If we are unable to read the instructions, in order to expedite the request, the payment will be made by check.

- EFT will not deposit to a third party account.
- EFT cannot be made outside of the U.S.

Please indicate whether this is a Checking or Savings Account

Account Holder(s) as it is registered at your bank _____

Bank Name _____ Bank Phone _____

Bank Address (# and street) _____

City/Town _____ State _____ ZIP _____

Bank Account # _____

ABA Routing # (9 digits, verify with your bank) _____

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13. IF ING HAS QUESTIONS REGARDING THIS WITHDRAWAL REQUEST

Please Contact:

Name _____ Phone _____

E-mail Address _____

14. SPECIAL INSTRUCTIONS *(Please indicate special instructions or circumstances unique to your individual request below.)*

15. ACCOUNT HOLDER AUTHORIZED SIGNATURE AND TAX WITHHOLDING

Under penalties of perjury, I declare that I have examined the tax withholding for state and federal purposes and to the best of my knowledge and belief it is true, correct and complete, including state and federal opt out elections, as applicable.

The Company is 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 if 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.

TAX RESIDENCY INFORMATION**Under penalties of perjury, I certify that:**

- 1. The number shown on this form is my correct taxpayer identification number; and**
- 2. I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and**
- 3. I am a U.S. citizen or other U.S. person (including U.S. resident alien) (as defined in the instructions for IRS form W-9). (If you are subject to back-up withholding, you must strike through statement number 2.)**

If you are not a U.S. citizen or other U.S. person, please check the box below to indicate your status as a Non-Resident Alien.

- Non-Resident Alien *(Must submit an original IRS Form W-8BEN or other applicable form W-8.)*
As a non-resident alien, your taxable income is subject to 30% U.S. federal tax withholding unless tax treaty provisions can be applied. If you are eligible to claim tax treaty benefits, your IRS form W-8 must include a U.S. taxpayer identification number in Part I and all applicable fields in Part II must be completed. A U.S. taxpayer identification number may be applied for by submitting a Form W-7 to the Internal Revenue Service (IRS). IRS forms W-8 and W-7 are available on their web site www.irs.gov or by contacting them at 800-829-1040.

I certify that I have received and understand the Notice of your Right to Defer Distribution and the Special Tax Notice and, if applicable, waive the 30 day notice requirement.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications (in bold above) required to avoid backup withholding.

Account Holder Signature _____ Date (mm/dd/yyyy) _____

Account Holder SSN **(Required)** _____ **Your form will NOT be processed without Account Holder SSN completed.**

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16. THIRD PARTY ADMINISTRATOR AUTHORIZED SIGNATURE AND CERTIFICATION

This section must be completed if required by the Employer.

I am employed as a Third Party Administrator of the Plan identified above and certify the following:

- I have read and agree to the terms of the requested withdrawal;
- I have verified the Account Holder's eligibility for such withdrawal and have not relied solely on information provided by the Account Holders 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 Account Holder 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.

Third Party Administrator (TPA) FEE (To be completed by TPA if applicable. Check will be made payable and mailed to the TPA.)

TPA Fee Amount \$ _____

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

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

The Third Party Administrator for the Plan identified above has recorded this withdrawal in their records for this plan.

Name of TPA Firm _____

Authorized Signer Name (Please print.) _____

Signature _____ Date (mm/dd/yyyy) _____

17. 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:

- The requested benefits are permitted by the Plan;
- 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);
- 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;
- If the Plan requires Spousal Consent for the withdrawal, it has been secured in a separate document including any additional certifications;
- If the Account Holder's signature has been obtained in a separate document, the Account Holder has received from the Trustee or Named Fiduciary the Special Tax Notice regarding application of federal income tax withholding to certain Plan payments; the Account Holders 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;
- 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
- 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.
- I have amended my Plan document to reflect all applicable federal tax legislation and IRS guidance, including the Pension Protection Act of 2006, in accordance with the IRS's remedial amendment period.

Trustee or Named Fiduciary (Please print.) _____ Date (Required) _____

Trustee or Named Fiduciary
Signature (Required) _____ Daytime Phone _____

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