

INTERNAL ING PLAN TO ING PLAN – UNIVERSITY OF TEXAS EXCHANGE OR TRANSFER

ING Life Insurance and Annuity Company (“ILIAC”)
A member of the ING family of companies
Home Office: PO Box 990063
Hartford, CT 06199-0063
Phone: 800-525-4225 Fax: 800-643-8143



As used on this form, the term “ING,” “Company,” “we,” “us” or “our” refers to your plan’s funding agent and/or services provider. That entity is ING Life Insurance and Annuity Company. Contact us for more information.

INSTRUCTIONS

If you have questions about how to complete the request or to determine if exception handling applies, contact us at 800-525-4225. Completed requests must be mailed or faxed to the Company to the address or fax number above.

If you choose to fax a request, please DO NOT mail the original to us.

GOOD ORDER

Good order is receipt at our designated location of this form accurately and entirely completed with all necessary signatures. If this form is not received in good order, as we determine, it may be returned to you for correction and processed upon resubmission in good order at our designated location.

For any transfer or exchange into a plan where an account has not been previously established, you must also submit an enrollment form that is accurately and entirely completed with necessary signatures.

TERMS AND CONDITIONS

The initial step of this request will be processed on any business day when received in good order, as defined above, prior to the close of the New York Stock Exchange (NYSE). This step includes verification of an existing account or establishing the account into which you wish to transfer/exchange funds, as well as the distribution of assets that you are transferring/exchanging.

For purposes of calculating the amount to be transferred, exchanged or rolled over, the value of the individual account that you are transferring/exchanging from will be determined after the final close of business of the NYSE on the date we receive the request in good order. A valuation date is any normal business day, Monday through Friday, that the NYSE is open.

The next business day, we will deposit the value of the assets that were distributed from the originating account into the receiving account.

Transferred/Exchanged assets will be excluded from market gains or losses for one day.

A separate, system-generated Activity Confirmation for each transaction will automatically be mailed to you as notification that each step of the transfer/exchange has occurred. In addition, all activity will appear on your next quarterly statement.

Once the transactions are completed, the assets will be subject to the provisions of the receiving account. Provisions may include a difference in applicable account features, including the mortality tables that determine annuity payments, mortality and expense risk charges and other charges, withdrawal restrictions, market value adjustments, or the structure of the account (*i.e., an annuity contract vs. a direct investment in mutual funds*).

IMPORTANT TAX INFORMATION

A transfer/exchange will be treated as follows:

- You will not receive a 1099R. Your payment will not be taxed.
- You will not be able to receive a cash distribution of the amount transferred/exchanged until you have a “distributable event” under the new account.

ING CONTACT INFORMATION

Please feel free to contact your local representative or our designated location at 800-525-4225 with any questions. You can also view your account online at www.ingretirementplans.com.

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1. ACCOUNT HOLDER INFORMATION

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

2. TYPE OF REQUEST

- 403 to 403 Exchange to another investment alternative offered under my Employer’s 403(b) Plan
- 403 to 403 Transfer to another Employer’s 403(b) Plan
- 457 to 457 Exchange to another investment alternative offered under my Employer’s 457 Plan

3. ACCOUNT INFORMATION (Transfer/Exchange/Rollover consists of all amounts under current contract.)

If you are transferring/exchanging from a variable annuity contract to another variable annuity contract, and if you are moving assets that are currently invested in the Fixed Account (002), Fixed Plus Account (019) or Fixed Plus Account II (039), those assets will automatically be deposited to the Fixed Plus Account II (039) under the new variable annuity contract.

If you are transferring/exchanging from a variable annuity contract to a mutual fund account, no fixed account is available in the mutual fund product. Therefore, your fixed assets will remain in your existing account and will be available for transfer/exchange in accordance with applicable interfund transfer and withdrawal restrictions.

Please use the section below to direct how you want to allocate your assets that are held under the existing account (other than any Fixed Account including 002, 019 or 039 assets) using specific fund numbers and the percentage that you want to be invested in each investment option. Allocation percentages must total 100%.

FROM (originating) Plan Name _____ Billing Group # _____

100% of Total Assets

OR

All Assets Except Fixed Funds

OR

Partial % of Assets

- | | |
|---|---|
| <input type="checkbox"/> Deferred Comp (DC) _____ % | <input type="checkbox"/> 403(b)(7) Custodial (7R) _____ % |
| <input type="checkbox"/> Employee (EE) _____ % | <input type="checkbox"/> Rollover (RO) _____ % |
| <input type="checkbox"/> Employer (ER) _____ % | <input type="checkbox"/> Voluntary (VO) _____ % |
| <input type="checkbox"/> Optional Retirement Account (OP) _____ % | <input type="checkbox"/> Rollover FR 403/401 (RX) _____ % |
| <input type="checkbox"/> Lump Sum (LS) _____ % | <input type="checkbox"/> Optional Retirement Account (TX) _____ % |
| <input type="checkbox"/> 403(b)(7) Custodial (7E) _____ % | <input type="checkbox"/> After Tax (AT) _____ % |

TO (receiving) Plan Name _____ Billing Group # _____

4. FUND TRANSFER ALLOCATION

The maximum number of investment options you are allowed to invest in under your account is 18. Your investment option selections elected on this form combined with your existing contribution investment option selections cannot exceed this maximum.

Fund Code	Percentage	Fund Code	Percentage
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
Total % must equal 100%			

5. OUTSTANDING LOAN INFORMATION (If applicable.)

If you do not have a distributable event, we will maintain the minimum cash value in your account to keep the loan active.

If you are having a distributable event, please select one of the following choices:

- I wish to continue making repayments to my loan by maintaining the minimum cash value in my account to keep the loan active.
- I no longer will be making repayments to my loan. I understand that if I elect this option my outstanding loan balance will be considered in default. To be eligible for this option, a qualifying reason for withdrawal is required (e.g., Severance of Employment, Death, or Disability).

If not completed it is our understanding that you are deemed to have elected the second option above. The loan will be considered in default and an IRS Form 1099 will be produced.

6. ACCOUNT HOLDER CERTIFICATION AND SIGNATURE

I, the Account Holder, certify that I have read the Terms and Conditions section appearing on the instructions page of this request and agree to its provisions. I also agree with any information that has been pre-filled.

I understand that the Company reserves the right to directly, or through a third party, recover any payments made in excess of amounts to which I am entitled under the terms of the account, regardless of the method of payment.

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

Account Holder SSN (Required) _____

Your form will NOT be processed without Account Holder SSN completed.

7. 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 exchange/transfer;
- I have verified the Account Holder's eligibility for such exchange/transfer and have not relied solely on information provided by the Account Holder 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.

Name of TPA Firm _____

Authorized Signer Name (*Please print.*) _____

Signature _____ Date (*mm/dd/yyyy*) _____

8. EMPLOYER, PLAN SPONSOR OR NAMED FIDUCIARY AUTHORIZED SIGNATURE AND CERTIFICATION

This section must be completed by the Employer or its designee if required by a contract between the Company and the Employer.

I am an Employer, Plan Sponsor, or Named Fiduciary of the Plan identified above and certify the following:

- I have read and agree to the terms of the requested exchange/transfer;
- I have verified the Account Holder's eligibility for such exchange/transfer and have not relied solely on information provided by the Account Holder in this form in order to make this determination;
- The requested benefits are permitted in accordance with the terms of the Plan document;
- 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; and
- 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.

Authorized Signer Name (*Please print.*) _____

Signature _____ Date (*mm/dd/yyyy*) _____