



Acceptance Letter

For 457 Plans/Programs

ING Life Insurance and Annuity Company
 PO Box 990063
 Hartford, CT 06199-0063
 Telephone: 800-262-3862
 Fax: 800-643-8143

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

Type of Request	<input type="checkbox"/> Direct Rollover to a Governmental 457 Annuity Contract <i>Please complete all sections</i> <i>Except Carrier to Carrier/Plan to Plan Transfer Information</i>	or	<input type="checkbox"/> Carrier to Carrier (same plan) or Plan to Plan (different employer plans) Transfer <i>Please complete all sections</i> <i>Except Direct Rollover Information</i>
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Good Order Instructions	<ol style="list-style-type: none"> 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. 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. 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.
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Participant Information	Participant Name <i>(last, first, middle initial)</i>		Date of Birth <i>(mm/dd/yyyy)</i>		
	MANDATORY – Participant Resident Address <i>(number & street)</i>			PO Box <i>(optional)</i>	
	City/Town		State	ZIP	
	Work Phone ()	Extension	Home Phone ()	Social Security Number	

Former Investment Provider/Recordkeeper	Former Investment Provider/Recordkeeper Name		Phone	
	Former Investment Account No.	<input type="checkbox"/> Full Transfer/Rollover <input type="checkbox"/> Partial Transfer/Rollover \$ _____ or _____ % <input type="checkbox"/> Maximum without penalty		

Transfer To ILIAC	<input type="checkbox"/> Check Transfer: Make check payable to: ING Life Insurance and Annuity Company F/B/O Participant Name, Social Security No. and Billing Group No. And mail to: PO Box 30856 Hartford, CT 06150-0856 For wire transfer, wire funds to: Wachovia Bank of North Carolina Operating Account # 2087370802580, ABA # 053000219
	<input type="checkbox"/> Wire Transfer: OBI Field: Include Participant Name, Social Security No. and Billing Group No.

Please choose only one option.

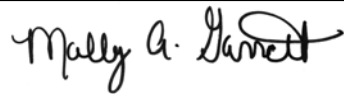
Required ➤ Billing Group No. and/or Employer Name

Investment Allocation <i>Obtain 3-digit fund number from most recent quarterly statement package, or call 800-262-3862.</i>	Unless otherwise indicated below, your Direct Rollover or Transfer assets will be invested according to your current investment elections of the Billing Group number indicated on page one. Use whole percentages (e.g., 33% not 33 1/3%).							
	OR <i>Enter the percentage or dollar value of the transferred amount to be allocated to each investment option.</i>	EMPLOYER ACCOUNT				EMPLOYEE/ROLLOVER ACCOUNT		
3-digit Fund Number		% or \$	3-digit Fund Number	% or \$	3-digit Fund Number	% or \$	3-digit Fund Number	% or \$
_____		_____	_____	_____	_____	_____	_____	_____
_____		_____	_____	_____	_____	_____	_____	_____
_____		_____	_____	_____	_____	_____	_____	_____
_____		_____	_____	_____	_____	_____	_____	_____
<i>The total of the Employer and Employee columns must equal 100% of the transferred amount.</i>								

Direct Rollover Information	<input type="checkbox"/> Rollover of pre-tax contributions and earnings from	
	<input type="checkbox"/> 403(b) plan \$ _____ <input type="checkbox"/> 401 plan \$ _____ <input type="checkbox"/> Governmental 457 \$ _____ <input type="checkbox"/> Traditional IRA \$ _____	
Rollover of after-tax contributions are not allowed. If necessary rollover accounts do not already exist, new accounts will be established to house the incoming rollover assets. For Deferred Sales Charge purposes, the rollover accounts will assume the same age as the existing employee/voluntary contribution account.		

Carrier to Carrier/ Plan to Plan Transfer Information <i>Do not complete this section for a Direct Rollover.</i> <i>Completed by Participant & Former Investment Provider/ Recordkeeper.</i> <i>Complete Employer values where applicable.</i>	Transfers FROM another eligible 457(b) Annuity Contract	
	Please provide a breakdown of applicable money types: Employer _____ % or \$ _____ of transferred assets Employee (pre-tax) _____ % or \$ _____ of transferred assets	

Signatures	I understand that if historical account value information is not provided, the entire amount rolled over will be subject to Internal Revenue Service (IRS) rules applicable to non-457 rollover amounts received by a governmental 457 plan. I understand that transferred amounts will be subject to the applicable IRS and plan withdrawal rules. I understand that if the applicable breakdown of assets is not provided, the Company will treat all transferred assets as deposited in the Employee Contribution Asset Account of the billing group number indicated in the 'Transfer to ILIAC' section of this form. I understand that if the investment allocation section is not completed, the Carrier to Carrier/Plan to Plan Transfer or Direct Rollover will be invested using my current investment allocation under this billing group to the extent on file. I acknowledge that I have read and accept the terms of this form and that the information shown is correct and complete.		
	Participant Signature	Date (mm/dd/yyyy)	City/State where signed
	Registered Representative Name	Phone	
	Plan Administrator 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 457 Variable Annuity Contract on behalf of the Participant executing this form in accordance with the applicable provisions of the Internal Revenue Code.	 Molly A. Garrett, Vice President