

EMPLOYEE DATA CHANGE REQUEST

ING Life Insurance and Annuity Company
A member of the ING family of companies
P.O. Box 990063
Hartford, CT 06199-0063
Fax: 800-643-8143



PLAN INFORMATION

Plan Name _____ Plan # (required) _____

EMPLOYEE INFORMATION

Last Name _____ First Name and Middle Initial _____

SSN _____ Phone _____

CHANGE DATA *(Fill only in those fields that require change.)*

Last Name _____ First Name and Middle Initial _____

SSN _____ Sex _____ DOB _____

Street Address _____

City _____ State _____ ZIP _____ Country (Foreign only) _____

EMPLOYEE CERTIFICATION

To the best of my knowledge, all of the information on this form is correct.

Participant Signature _____ Date _____

PLAN CERTIFICATION

To the best of my knowledge, all of the information on this form is correct and in accordance with all the terms and conditions of the plan.

Trustee Signature _____ Date _____