



Election/Change of Beneficiary Form – ERISA

QPSA and 401 Non-QPSA

ING Life Insurance and Annuity Company
 151 Farmington Avenue
 Hartford, CT 06156-1277
 Telephone: 1-800-525-4225

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

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

Plan Provisions for QPSA Plans <i>Information must be provided by your Plan Administrator.</i> <i>Do not complete for 401 Non-QPSA Plans (see instructions).</i>	1. QPSA Benefit provided under the Plan (<i>select one</i>): <input type="checkbox"/> 50% <input type="checkbox"/> 100% <input type="checkbox"/> Other _____ (<i>the percentage must be at least 50%</i>)
	2. Consent rules for waiver of the QPSA Benefits/Beneficiary Change under the Plan (<i>select one</i>): <input type="checkbox"/> Plan allows general consent <input type="checkbox"/> Plan does not allow general consent
<p>Note: The general consent rules allow the Participant to designate and change Beneficiaries and elect another form of benefit payment without subsequent Spousal Consent for each election after the initial Spousal Consent is obtained. The specific consent rules require Spousal Consent for any Non-Spousal Beneficiary and form of benefit payment election, even if the Spouse consents to the initial designation. Unless the Plan allows the Spouse to provide general consent, the specific consent rules apply.</p>	

Participant Election of Beneficiary <input type="checkbox"/> <i>Please check if additional Beneficiary information is noted on the back of form.</i>	I designate the following individual(s) as Beneficiary(ies) of my Individual Account under the Contract. If this is a change, I revoke any prior Beneficiary designations on file with the Plan Administrator and the Company.			
	<p>For QPSA plan: I understand that if I am married I must designate my Spouse as a Primary Beneficiary 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. Upon my death prior to distribution of benefits under the Plan to me, my Spouse is entitled to receive a QPSA purchased with the percentage of my account balance(s) indicated in the Plan Provision section above. I understand that I may designate another beneficiary to receive any death benefits payable above and beyond the percentage indicated above.</p>			
	<p>For 401 Non-QPSA plan: 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.</p>			
	Primary Beneficiary(ies) (<i>complete legal name</i>)	Relationship	%	Social Security No./TIN
	Contingent Beneficiary(ies) (<i>complete legal name</i>)	Relationship	%	Social Security No./TIN

Unless otherwise requested:

- a) If more than one Beneficiary is designated, payment will be made in equal shares to the Primary Beneficiaries who survive the Participant or Annuitant or, if none survives the Participant or Annuitant, in equal shares to the Contingent Beneficiaries who survive the Participant or Annuitant.
- b) If no Beneficiary survives the Participant or Annuitant, payment will be made in accordance with the Plan document.
- c) If a Class of Beneficiaries is designated (*such as, "the children of the Participant or Annuitant"*), 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 or Annuitant whether or not he/she has been specifically named in the Beneficiary Designation.

Participant Marital Status

Participant must select one option.

- I am unmarried
- For QPSA Plans: I am married and have designated my Spouse as the Primary Beneficiary and have **not** elected to waive the QPSA; therefore, spousal consent is **not** required
- For QPSA Plans: I am married and have designated my Spouse as the Primary Beneficiary and **have** elected to waive the QPSA; therefore, spousal consent **is** required
- For 401 Non-QPSA Plans: I am married and have designated my Spouse as my sole Primary Beneficiary entitled to 100% of my account balances; therefore spousal consent is **not** required
- Both QPSA and Non-QPSA: 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 **must** consent to my election by completing the appropriate Spousal Consent section
- My Spouse cannot be located
- I am legally separated or abandoned within the meaning of local law (*must have legal supporting documentation in your files – do not send documentation*)

Spousal Consent for QPSA Plans

Spouse must complete if Participant elects to waive the QPSA or chooses a Primary Beneficiary other than his/her Spouse

I understand that the Plan in which my Spouse participates entitles me to a life annuity which can be purchased with at least 50% of my Spouse's vested account balance if my Spouse dies before the annuity starting date. (*See the Plan Provisions section above for the QPSA percentage under the Plan.*) Without my consent, my Spouse cannot elect to waive this benefit. By consenting to my Spouse's waiver, I understand that I will not receive any benefit in the event of my Spouse's death unless I am named Beneficiary.

- Specific Consent** - I consent to my Spouse's designation of the Primary Beneficiary(ies) named above or to my spouse's waiver of a QPSA form of benefit.
- General Consent** - If my Spouse's Plan allows for general consent, I consent to my Spouse's designation of any Beneficiary or to my spouse's waiver of a QPSA form of benefit. I understand that I can limit my Spouse's choice to a particular Beneficiary who will receive payments from the Plan after the death of my Spouse and that I am giving up that right.

Spouse's Name (*print*)

Social Security No.

Spouse's Signature

Date (*mm/dd/yyyy*)

State of _____, County of _____

On this _____ day of _____, in the year of _____, before me,

_____ the undersigned officer, personally appeared _____

known to me (*or satisfactorily proven*) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed for the same purpose therein contained.

In Witness Whereof, I hereunto set my hand

_____ or _____

Notary Public

Plan Representative

Spousal Consent for 401 Non-QPSA Plans

Spouse must complete if Participant does not designate his/her spouse as the Sole Primary Beneficiary entitled to 100% of the account balance.

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.

Spouse's Name (<i>print</i>)	Social Security No.
Spouse's Signature	Date (<i>mm/dd/yyyy</i>)

State of _____, County of _____

On this _____ day of _____, in the year of _____, before me, _____ the undersigned officer, personally appeared _____

known to me (*or satisfactorily proven*) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed for the same purpose therein contained.

In Witness Whereof, I hereunto set my hand

_____ or _____

Notary Public

Plan Representative

Participant's Authorized Signature and Certification

I, the Participant, certify that the above information is completed correctly to the best of my knowledge. If applicable, I acknowledge that I have received and read the description of the Qualified Pre-Retirement Survivor Annuity (QPSA).

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. If applicable, I also understand that once a loan has been made and paid to me, my election to waive QPSA is irrevocable with respect to the value of amounts loaned but not paid.

Participant's Signature	Date (<i>mm/dd/yyyy</i>)
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Employer, Plan Sponsor, or Named Fiduciary's Authorized Signature and Certification

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

- I have read the Plan Provisions 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 beneficiary designation above and that, in the case of any conflicting information, the Company is entitled to rely exclusively on the information contained in this form.
- I further certify that the election, notice and Spousal Consent requirements of the Retirement Equity Act of 1984 have been met with respect to the beneficiary designation.

Employer, Plan Sponsor, or Named Fiduciary Name (<i>please print</i>)	Date (<i>mm/dd/yyyy</i>)
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Employer, Plan Sponsor, or Named Fiduciary's Signature	Daytime Telephone No.
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Election/Change of Beneficiary Form

ERISA

ING Life Insurance and Annuity Company

151 Farmington Avenue
Hartford, CT 06156-1277

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About Qualified Pre-Retirement Survivor Annuities (QPSA)	<p>If you are married, the law requires that any amount remaining in your Plan Contract be paid to your Surviving Spouse in a certain manner upon your death. This manner of payment is called a QPSA and will provide your Spouse with a series of periodic payments over his or her life. The size of the periodic payments will depend on the amount remaining in your Plan Contract and whether your Plan provides for a 50% - 100% QPSA. You may elect to waive the requirement that your Surviving Spouse be paid in the form of a QPSA, and; if applicable, the requirement that your Spouse be your Beneficiary. You may make either or both of these elections beginning with the first day after which you become a Participant in the Plan. Any waiver election you sign before age 35 will become invalid the first day of the Plan year in which you attain age 35. At that time you may again waive the QPSA and/or the requirement that your Spouse be your Beneficiary. If you fail to do so, your Spouse will be your Beneficiary and will receive the QPSA form of benefit. Your Spouse must consent in writing to either waiver. You have the right to revoke any waiver that you have made at any time. Your Spouse may need to consent to any subsequent change of Beneficiary. Please refer to your Summary Plan Description for more information regarding changing Beneficiaries. Depending on your Plan document, if your vested account balance is \$5,000 or less at the time of your death, the Plan Administrator may make a distribution to your Surviving Spouse in a single payment even if you do not waive the QPSA. Because a Spouse has certain rights under the law, you should inform your Plan Administrator immediately of any changes in your marital status. A change in your marital status may require you to complete a new Designation of Beneficiary form. For more information regarding waiver of the QPSA form of benefit, contact your Plan Administrator or Employer.</p>
About 401 Non-QPSA Plans	<p>In general, a Plan that is not subject to the minimum funding standards of Internal Revenue Code Section 412 is not subject to the QPSA requirements if:</p> <ul style="list-style-type: none"> • The Plan provides that upon death, 100% of a Participant's account balance(s) are paid to the Participant's Surviving Spouse unless the Surviving Spouse consents to the designation of another Beneficiary, and • The Participant does not elect have his or her account balance(s) paid over the Participant's lifetime. <p>If you are a Participant in a Non-QPSA plan and you are married upon your death, 100% of your account balance(s) must be paid to your Surviving Spouse in the form of payment elected by your Spouse unless your Spouse has consented to the designation of another Beneficiary.</p>
Participant Information	Please complete the information requested in its entirety.
Plan Provisions for QPSA Plans	Your Plan Administrator must complete this section in its entirety if your Plan is subject to the QPSA requirements.
Participant Election of Beneficiary	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.
Participant Marital Status	This section must be completed by you.
Spousal Consent for QPSA Plans	Your Spouse must complete the appropriate section if he/she has not been designated as your Primary Beneficiary or you have elected a form of benefit other than a QPSA. 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.
Spousal Consent for Non-QPSA Plans	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.
Authorized Signatures and Certification	These sections must be completed by you, the Participant, and the Employer, Plan Sponsor or Named Fiduciary.