



Enrollment Form

ING Custom Choice
457 Defined Contribution Plan

ING Life Insurance and Annuity Company
P.O. Box 990063
Hartford, CT 06199-0063
Toll Free Telephone: 800.584.6001

In this form, ING Life Insurance and Annuity Company may also be referred to as the Company. Eligibility is determined by the Employer. Completion of this Enrollment Form does not establish your eligibility.

Information About You

Please print.

Changes to the Social Security No. or Date of Birth must be initialed by the Participant.

Plan Name State of West Virginia Retirement Plus		Plan No. VFZ825	Location Code	
Participant Name (First, Middle Initial, Last)			Social Security No.	
Participant Resident Address (No. & Street)			PO Box	
City/Town		State	Zip Code	
Email Address			Date of Hire / Rehire	
Date of Birth	Exp. Retire. Age	Number of Dependents	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> M <input type="checkbox"/> S
Home Telephone No. () ()	Work Telephone No. () ()	Occupation/Job Title	Estimated Annual Income \$	

Financial Disclosure

Please provide estimates.

This section is to be completed by Representatives registered with ING Financial Advisers, LLC only.

Annual Household Income <input type="checkbox"/> <\$25,000 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> >\$100,000				
Net Worth (excluding primary residence) <input type="checkbox"/> <\$25,000 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> \$100,000 - \$250,000 <input type="checkbox"/> >\$250,000				
What is your level of investment experience? <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High				
How would you categorize yourself as an investor? <input type="checkbox"/> Aggressive <input type="checkbox"/> Moderately Aggressive <input type="checkbox"/> Moderate <input type="checkbox"/> Moderately Conservative <input type="checkbox"/> Conservative				
What are your life insurance and investment holdings? Face Amount of Life Insurance <input type="checkbox"/> <\$25,000 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> \$100,000 - \$250,000 <input type="checkbox"/> >\$250,000 Securities <input type="checkbox"/> <\$25,000 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> \$100,000 - \$250,000 <input type="checkbox"/> >\$250,000 Cash <input type="checkbox"/> <\$25,000 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> \$100,000 - \$250,000 <input type="checkbox"/> >\$250,000 Other investments <input type="checkbox"/> <\$25,000 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> \$100,000 - \$250,000 <input type="checkbox"/> >\$250,000				
When will you begin using your retirement account? <input type="checkbox"/> >20 Yrs. <input type="checkbox"/> >10 Yrs. <input type="checkbox"/> >5 Yrs. <input type="checkbox"/> <5 Yrs.		Estimated percent of retirement income from this investment <input type="checkbox"/> <25% <input type="checkbox"/> 25 - 50% <input type="checkbox"/> 50 - 75% <input type="checkbox"/> >75%		
Account Investment Objective(s) (Select between one and three) <input type="checkbox"/> Capital Preservation <input type="checkbox"/> Income <input type="checkbox"/> Growth & Income <input type="checkbox"/> Growth <input type="checkbox"/> Aggressive Growth <input type="checkbox"/> Speculative				
Why is an annuity or funding agreement being purchased? (Check all that apply.) <input type="checkbox"/> Primary retirement income <input type="checkbox"/> Supplementary retirement income <input type="checkbox"/> Annuitization feature <input type="checkbox"/> Payroll deduct asset accumulation				
Why is this particular annuity or funding agreement being purchased instead of another investment? (Check all that apply.) <input type="checkbox"/> This is the only investment available through my employer's defined contribution plan. <input type="checkbox"/> Guaranteed minimum interest rate <input type="checkbox"/> Income options <input type="checkbox"/> Systematic withdrawals <input type="checkbox"/> Competitive interest rates, fees and/or charges <input type="checkbox"/> Ongoing service in connection with the annuity or funding agreement and its features <input type="checkbox"/> Benefits and riders <input type="checkbox"/> None of the above				
After purchasing this product, will you have sufficient liquidity to meet current financial needs? <input type="checkbox"/> Yes <input type="checkbox"/> No				



Agent Note						
Beneficiary(ies)	Primary	Contingent	Complete Legal Name	Relationship	%	Social Security No.
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Replacement Information	Does the Participant have existing individual annuity contracts or individual life insurance policies? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Will this Contract change or replace any existing Life Insurance or Annuity Contracts? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	If yes, provide carrier name and account number: Carrier _____ Account No. _____					
	If this is an exchange from an existing variable annuity, which of the following are true? (Check all that apply). <input type="checkbox"/> Will benefit from product enhancements and improvements. <input type="checkbox"/> Will be subject to a new surrender period. <input type="checkbox"/> Will lose existing benefits. <input type="checkbox"/> Will be subject to increased fees or charges. <input type="checkbox"/> Will incur a surrender charge on the existing contract. <input type="checkbox"/> Will be subject to decreased fees or charges. <input type="checkbox"/> Has had another deferred variable annuity exchange within the past 36 months. <input type="checkbox"/> New contributions only, current provider no longer available.					
FINRA Affiliation	Are you associated with a Financial Industry Regulatory Authority member? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	If yes, list the affiliation _____					
Another way to save through your retirement plan.	Consider ROLLING over your other eligible retirement plan assets! Tell us when and how we can reach you, and we'll help you Consolidate.					
	<input type="checkbox"/> Yes! Tell me how ING can help me benefit from rolling over my retirement investments. Please call me at () to discuss my options. The best time to call is _____ a.m. or _____ p.m. My estimated rollover balance is \$ _____. If I want to learn about rollover opportunities now, I will call ING at 888-681-3153.					
Account Information	Frequency			Contribution Amount		
Registered Representative Information	The following individual(s) is/are our salaried enrollers and will not receive any commissions in connection with this Contract.					
	Representative/Entity Name (<i>Print</i>)			Office Code	Rep. No.	% Participation
	_____			_____	_____	_____
	_____			_____	_____	_____



Investment Options	Participant Name <i>(Last, First, Middle Initial)</i>	Social Security No.
---------------------------	---	---------------------

Investment Options are alphabetically grouped in their respective asset classes as determined by the Company.

Changes to investment selections must be initialed by the Participant.

Enter the percentage (in whole percentages) of your payment to be allocated to each investment option.

Stability of Principal

____% [9916] ING Stable Value

Bonds

____% [1408] Vanguard® Total Bond Market Index Fund - Signal Shares

Asset Allocation

____% [2599] Fidelity Freedom 2015 Fund®

____% [2601] Fidelity Freedom 2025 Fund®

____% [2603] Fidelity Freedom 2035 Fund®

____% [2605] Fidelity Freedom 2045 Fund®

____% [2607] Fidelity Freedom Income Fund®

Balanced

____% [788] ING T. Rowe Price Capital Appreciation Port - Service Class

____% [269] ING Van Kampen Equity and Income Portfolio - Adviser Class

Large Cap Value

____% [1355] Allianz NFJ Dividend Value Fund - Class A

____% [1356] BlackRock Large Cap Value Fund - Class A

____% [1251] Fundamental InvestorsSM - Class R-3

____% [1404] Vanguard® 500 Index Fund - Signal™ Shares

Large Cap Growth

____% [524] Fidelity® Contrafund®

____% [251] ING T. Rowe Price Growth Equity Portfolio - Service Class

____% [487] The Growth Fund of America® - Class R-3

Small/Mid/Specialty

____% [457] CRM Mid Cap Value Fund - Investor Shares

____% [073] Franklin Small Cap Value Securities Fund - Class 2

____% [436] ING Baron Small Cap Growth Portfolio - Service Class

____% [429] ING JPMorgan Mid Cap Value Portfolio - Initial Class

____% [345] T. Rowe Price Mid-Cap Growth Fund - R Class

____% [1406] Vanguard® Mid-Cap Index Fund - Signal™ Shares

____% [1407] Vanguard® Small-Cap Index Fund - Signal™ Shares

Global/International

____% [573] EuroPacific Growth Fund® - Class R-4

____% [339] New Perspective Fund® - Class R-3

Total must equal 100%



Anti-Fraud Statement	Certain states require the following statement: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.		
Participant Certification	<p>I acknowledge receipt of the current participant information booklet, as well as current prospectuses or investment option summaries for all available investment options under the Plan.</p> <p>I understand that my employer's plan offers multiple investment options. One or more of these options may be offered through a custodial or trust arrangement and/or a group annuity or a funding agreement issued by ING Life Insurance and Annuity Company. For investment options offered through a funding agreement or group annuity contract, I understand that the current tax laws provide for deferral of taxation on earnings on account balances; and that, although the funding agreement or group annuity contract provides features and benefits that may be of value, it does not provide for any additional deferral of taxation beyond that provided by the Plan itself.</p> <p>I further acknowledge that under ING Custom Choice Blend, an annual administrative fee of 0.20% for each of the Vanguard® family of funds and the Franklin Small Cap Value Securities Fund in the Plan. These administrative fees will be deducted on a quarterly basis. All other investment options currently have no administrative fee.</p> <p>I acknowledge that I have been informed about various features of deferred variable annuities or funding agreements, including: the potential surrender period; any applicable surrender charges; tax penalties applicable to surrender before age 59½; mortality and expense fees and/or daily asset charges; investment advisory fees; charges for and features of riders; insurance and investment components; and market risk.</p> <p>By signing this form, I acknowledge that the pre-filled information, if applicable, as well as the information I have provided is complete and accurate. I further certify that the Company is entitled to rely exclusively on information provided on this form.</p>		
Authorized Signatures	Participant's Signature	City and State Where Signed	Date (mm/dd/yyyy)
Registered Representative's Certification and Signature	<p>Broker/Dealer Affiliation (If not registered with ING Financial Advisers, LLC, please indicate name of other Broker/Dealer):</p> <p style="text-align: center;"><input type="checkbox"/> ING-FA <input type="checkbox"/> Other Broker/Dealer</p> <p><i>Other Broker/Dealer Name:</i> _____</p> <p>Do you have any reason to believe any existing Life Insurance or Annuity Contracts will be modified or replaced if this Contract is issued? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does this employee benefit plan offer multiple annuities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does this employee benefit plan offer mutual funds? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Based on the information set forth above, I have a reasonable basis to believe that: the customer has been informed about the various features of deferred variable annuities; this purchase is suitable for the customer; the customer would benefit from certain features of deferred variable annuities; and the variable annuity being purchased, the underlying subaccount allocations, and selected riders (if any) are suitable for the customer. If this transaction involves the exchange of a deferred variable annuity, I have a reasonable basis to believe that the exchange is suitable for the customer.</p> <p>I certify that the information on this form is true, complete and accurate to the best of my knowledge.</p>		
	Registered Representative (<i>print name</i>)		
	Registered Representative's Signature	Date (mm/dd/yyyy)	

