

ENROLLMENT FORM
State of West Virginia

Please select the Plan(s) you wish to enroll in:

- VFZ825 457(b) State of West Virginia Retirement Plus DC Plan
- VFZ826 401(a) State of West Virginia DC Matching Plan
(Only applicable to Non-State employees with an Employer Matching plan available.)



In this form, ING Life Insurance and Annuity Company may also be referred to as the Company.

Participant Information (Please type or print clearly.)

Department Name		Department location	Location Code
Name (first, middle initial, last)		Social Security Number	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (No. & Street)		Date of Birth (mm/dd/yyyy) / /	Date of Hire (mm/dd/yyyy) / /
City/Town	State	Zip Code	Number of Dependents
Email Address		Estimated Annual Income \$ _____	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single
Home Telephone No. ()	Work Telephone No. ()	Occupation /Job Title	

Financial Information *This section must be completed by ING Financial Partners Registered Representatives in the Retirement Advisory Group channel.*

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?			Estimated percent of retirement income from this investment:	
<input type="checkbox"/> >20 Years	<input type="checkbox"/> >10 Years	<input type="checkbox"/> >5 Years	<input type="checkbox"/> <5 Years	<input type="checkbox"/> <25% <input type="checkbox"/> 25 - 50% <input type="checkbox"/> 50 - 75% <input type="checkbox"/> >75%
Account Investment Objective(s)				
<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			

Please complete this form and return to your Agent.

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Participant Name (first, middle initial, last)	Social Security Number - -	Plan Number
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Financial Information (Continued)

Why is this particular annuity or funding agreement being purchased instead of another investment? (Check all that apply.)

- This is the only investment available through my employer's defined contribution plan.
- Guaranteed minimum interest rate
- Income options
- Systematic withdrawals
- Competitive interest rates, fees and/or charges
- Ongoing service in connection with the annuity or funding agreement and its features
- Benefits and riders
- None of the above

After purchasing this product, will you have sufficient liquidity to meet current financial needs? Yes No

Agent Note (Please attach separate page for additional comments.)

Replacement Information

Do you have existing individual annuity contracts or individual life insurance policies? Yes No

Will this Contract change or replace any existing Life Insurance or Annuity Contracts? Yes 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).

- Will benefit from product enhancements and improvements.
- Will be subject to a new surrender period.
- Will lose existing benefits.
- Will be subject to increased fees or charges.
- Will incur a surrender charge on the existing contract.
- Will be subject to decreased fees or charges.
- Has had another deferred variable annuity exchange within the past 36 months.
- New contributions only, current provider no longer available.

FINRA Affiliation

Are you associated with a Financial Industry Regulatory Authority member? Yes 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.

- 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 866-865-2660.

Plan Beneficiary Information: VFZ825 457(b) VFZ826 401(a) Both

Primary	Contingent	Complete Legal Name	Relationship	%	Social Security Number
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

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Investment Options

Investment options are alphabetically grouped in their respective asset classes as determined by the Company. Eligibility to receive Employer Contributions is determined by the Employer. Completion of this Enrollment Form does not establish your eligibility to receive Employer Contributions. Enter the percentage (in whole numbers) of your payment to be allocated to each investment option.

Only non-state employees with an available Employer Matching plan may elect Investment Options under the VFZ826 401(a) column.

		VFZ825 457(b)	VFZ826 401(a)
Stability of Principal			
Stable Value Option (VFZ825 only)	(9916)	_____%	
Stable Value Option (VFZ826 only)	(9920)		_____%
Bonds			
Vanguard® Total Bond Market Index Fund - Institutional	(799)	_____%	_____%
Asset Allocation			
Fidelity Freedom 2015 Fund®	(2599)	_____%	_____%
Fidelity Freedom 2025 Fund®	(2601)	_____%	_____%
Fidelity Freedom 2035 Fund®	(2603)	_____%	_____%
Fidelity Freedom 2045 Fund®	(2605)	_____%	_____%
Fidelity Freedom Income Fund®	(2607)	_____%	_____%
Balanced			
ING Invesco Van Kampen Equity and Income Portfolio - Adviser Class	(269)	_____%	_____%
ING T. Rowe Price Capital Appreciation Port - Service Class	(788)	_____%	_____%
Large Cap Value			
Allianz NFJ Dividend Value Fund - Class A	(1355)	_____%	_____%
BlackRock Large Cap Value Fund - Class A	(1356)	_____%	_____%
Fundamental Investors SM - Class R-3	(1251)	_____%	_____%
Vanguard® 500 Index Fund - Signal TM Shares	(1404)	_____%	_____%
Large Cap Growth			
Fidelity® Contrafund®	(524)	_____%	_____%
ING T. Rowe Price Growth Equity Portfolio - Service Class	(251)	_____%	_____%
The Growth Fund of America® - Class R-3	(487)	_____%	_____%
Small/Mid/Specialty			
CRM Mid Cap Value Fund - Investor Shares	(457)	_____%	_____%
Franklin Small Cap Value Securities Fund - Class 2	(073)	_____%	_____%
ING Baron Small Cap Growth Portfolio - Service Class	(436)	_____%	_____%
ING JPMorgan Mid Cap Value Portfolio - Initial Class	(429)	_____%	_____%
T. Rowe Price Mid-Cap Growth Fund - R Class	(345)	_____%	_____%
Vanguard® Mid-Cap Index Fund - Signal TM Shares	(1406)	_____%	_____%
Vanguard® Small-Cap Index Fund - Signal TM Shares	(1407)	_____%	_____%
Global/International			
EuroPacific Growth Fund® - Class R-4	(573)	_____%	_____%
New Perspective Fund® - Class R-3	(339)	_____%	100%
Total		100%	

Complete the contribution percentages, in whole numbers, to total 100% for each column.

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Participant Name (first, middle initial, last)	Social Security Number - -	Plan Number
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Account Information

Frequency _____	Contribution \$ _____	Effective Date / /
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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 (print)	Office Code	Rep No.	% Participation

Anti-Fraud 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

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.

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.

Employee Appointment of Employer as Agent under an Annuity Contract – For Plans under Section 401 of the Internal Revenue Code – I appoint my Employer, who is the Contract Holder, as my agent for all purposes under the Group Annuity Contract issued to my Employer in accordance with the terms of the Plan. I agree to be bound by my Employer's interpretation of the Plan provisions and its written direction to the Company in accordance with the terms of the Plan. I understand that the Company will pay any death benefit as directed by my Employer, based on the Beneficiary named under my Employer's Plan.

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.

I further acknowledge that under ING Custom Choice Blend, a Daily Asset Charge of 0.30% will be applied to all Fidelity Freedom® Funds, and a Daily Asset Charge of 0.20% will apply to all Vanguard® funds and the Franklin Small Cap Value Securities Fund. No Daily Asset Charge will be applied to any other investment option.

By signing this form, I acknowledge that the information provided is complete and accurate and that any changes have been initialed by me. I further certify that the Company is entitled to rely exclusively on information provided on this form.

You should carefully consider the investment objectives, style, risks, charges and expenses of the investment products before investing. Fund prospectuses and information booklets containing this and other information can be obtained by contacting your local ING representative. Please read the information carefully before investing.

Investment products offered under West Virginia Retirement Plus are not guaranteed or insured by the State of West Virginia, the State Treasurer or his or her officers or employees, a local West Virginia governmental entity or any of its officers or employees, the ING family of companies, FDIC or any other person or entity. In accordance with W. Va. Code §5-10B-9, the State of West Virginia, any public employer or any of their employees are not liable for any losses suffered or change in value of an investment product. The maximum amount of liability of the State of West Virginia and its officers and employees and all public employers and their officers and employees for any reason is limited in each instance to amounts paid over to the trust but not invested.

Participant's Authorized Signature

Participant's Signature	City and State Where Signed	Date (mm/dd/yyyy) / /
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Registered Representative's Certification and Signature

Broker/Dealer Affiliation: If not registered with ING Financial Partners, Inc., please indicate name of Broker/Dealer.

Other Broker/ Dealer Name _____

Does the participant have an existing annuity or life insurance contract?
(If "yes", a replacement form must be completed only for 403(b) plans where ING is not the exclusive provider.) Yes No

Do you have any reason to believe any existing Life Insurance or Annuity Contracts will be modified or replaced if this Contract is issued? Yes No

Does this employee benefit plan offer multiple annuities? Yes No

Does this employee benefit plan offer mutual funds? Yes No

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.

I certify that the information on this form is true, complete and accurate to the best of my knowledge.

Registered Representative (print name)	Registered Representative Signature	Date (mm/dd/yyyy) / /
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