

## APPLICATION

ING USA Annuity and Life Insurance Company  
 Service Office: PO Box 617, Des Moines, IA 50303-0617  
 Overnight Address: 909 Locust Street, Des Moines, IA 50309-2899


**1(A). PRODUCT SELECTION** *(Must select one. All products or strategies may not be available in all states.)*
**Flexible Premium Products**
**Envoy Fixed Index Deferred Annuity** *(Select one.)*

- ☐ Envoy Three Fixed Index Annuity  
☐ Envoy Six Fixed Index Annuity  
☐ Envoy Nine Fixed Index Annuity

Initial Premium Election *(Use whole percentages only):*

Fixed Rate Strategy	_____ %
Point-to-Point Participation Index Strategy	_____ %
Point-to-Point Cap Index Strategy	_____ %
<b>Total</b>	<b>100%</b>

☐ **Secure Index Five Fixed Index Deferred Annuity**

Initial Premium Election *(Use whole percentages only):*

Fixed Rate Strategy	_____ %
Point-to-Point Participation Index Strategy	_____ %
Point-to-Point Cap Index Strategy	_____ %
Monthly Average Index Strategy	_____ %
Monthly Cap Index Strategy	_____ %
<b>Total</b>	<b>100%</b>

☐ **Secure Index Seven Fixed Index Deferred Annuity**

Initial Premium Election *(Use whole percentages only):*

Fixed Rate Strategy	_____ %
Point-to-Point Participation Index Strategy	_____ %
Point-to-Point Cap Index Strategy	_____ %
Monthly Average Index Strategy	_____ %
Monthly Cap Index Strategy	_____ %
<b>Total</b>	<b>100%</b>

**Single Premium Products**
☐ **Secure Index Opportunities Plus Fixed Index Deferred Annuity**

Initial Premium Election *(Use whole percentages only):*

Fixed Rate Strategy	_____ %
Point-to-Point Participation Index Strategy	_____ %
Point-to-Point Cap Index Strategy	_____ %
Monthly Average Index Strategy	_____ %
Monthly Cap Index Strategy	_____ %
<b>Total</b>	<b>100%</b>

☐ **Secure Index Outlook Fixed Index Deferred Annuity**  
*(Available in AK, DE, MN, PA, and WA.)*

Initial Premium Election *(Use whole percentages only):*

Fixed Rate Strategy	_____ %
Point-to-Point Participation Index Strategy	_____ %
Point-to-Point Cap Index Strategy	_____ %
Monthly Average Index Strategy	_____ %
Monthly Cap Index Strategy	_____ %
<b>Total</b>	<b>100%</b>

☐ **Guarantee Choice Deferred Annuity**

☐ 3   ☐ 5   ☐ 7   ☐ 10

☐ **Single Premium Immediate Annuity**

*(Please complete Single Premium Immediate Annuity Payout Choices Request and submit with application.)*

**1(B). OPTIONAL RIDER SELECTION** *(Not available with all products or in all states.)*

*May select only one. Once selected an optional rider cannot be terminated.*

☐ **ING RETURN OF PREMIUM RIDER** *(Only available with Secure Index Five.)*

*(The Return of Premium rider provides a guarantee that, upon full Surrender, the Contract's Cash Surrender Value will never be less than the sum of all premium(s) paid, minus any prior net withdrawals and any applicable Premium Taxes withheld.)*

☐ **ING INCOME<sup>PROTECTOR</sup> MINIMUM GUARANTEED WITHDRAWAL BENEFIT**

*(See previous page for information on ING IncomeProtector Withdrawal Benefit.)*

☐ **ING JOINT INCOME<sup>PROTECTOR</sup> MINIMUM GUARANTEED WITHDRAWAL BENEFIT**

*(There are specific ownership and beneficiary requirements for selection of the ING Joint IncomeProtector Withdrawal Benefit. See previous page for more information.)*

**2. PLAN TYPE FOR NEW CONTRACT** *(Select one option for qualified or non-qualified.)*Non-Qualified: ☐ Non-qualified ☐ 1035 Exchange ("Like to Like" transfer) ☐ Non-qualified TransferQualified: ☐ IRA Contribution ☐ IRA Transfer ☐ IRA Rollover from Qualified Plan  
☐ SEP-IRA ☐ Simple IRA ☐ Qualified Other \_\_\_\_\_  
☐ Roth IRAIf applicable, has the required minimum distribution for the current tax year been met?..... ☐ Yes ☐ No

If this is an IRA contribution, please indicate the amount and tax year. \_\_\_\_\_

**3. CONTRACT INFORMATION** *(Please indicate the amount of premium payment.)*

Initial Purchase Payment: \$ \_\_\_\_\_ AND/OR Estimated Amount of Transfer/1035 Exchange: \$ \_\_\_\_\_

Future payments and frequency pertain to flexible premium products only.

Future Payments: \$ \_\_\_\_\_ Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually**4. REPLACEMENT**Do you currently have any existing individual life insurance policies or annuity contracts? ..... ☐ Yes ☐ NoWill this contract replace any life insurance policy or annuity contract in this or any other company? ..... ☐ Yes ☐ No

If "Yes," please identify each policy or contract and the issuing company.

Company \_\_\_\_\_ Policy/Contract # \_\_\_\_\_

Company \_\_\_\_\_ Policy/Contract # \_\_\_\_\_

Company \_\_\_\_\_ Policy/Contract # \_\_\_\_\_

Company \_\_\_\_\_ Policy/Contract # \_\_\_\_\_

If either or both of the questions in this section are answered "Yes," please complete and return with this form a copy of any applicable state replacement form(s).

**5(A). OWNER INFORMATION** *(Please provide supporting documentation for all non-natural owners.)*

Name \_\_\_\_\_ Trust Date (If applicable.) \_\_\_\_\_

SSN/TIN \_\_\_\_\_ Birth Date \_\_\_\_\_ ☐ Male ☐ FemaleMarital Status (Select one): ☐ Married ☐ Single ☐ Widow/WidowerStreet Address \_\_\_\_\_  
(No P.O. Box addresses.) City State ZIPMailing Address \_\_\_\_\_  
(If different than above.) City State ZIP

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

☐ U.S. Citizen ☐ U.S. Resident Alien Country of Citizenship (If not a U.S. citizen.) \_\_\_\_\_**5(B). JOINT OWNER INFORMATION** *(Not applicable for qualified plans.)*

Name \_\_\_\_\_ Trust Date (If applicable.) \_\_\_\_\_

SSN/TIN \_\_\_\_\_ Birth Date \_\_\_\_\_ ☐ Male ☐ FemaleRelationship to Owner \_\_\_\_\_ Marital Status (Select one): ☐ Married ☐ Single ☐ Widow/WidowerStreet Address \_\_\_\_\_  
(No P.O. Box addresses.) City State ZIPMailing Address \_\_\_\_\_  
(If different than above.) City State ZIP

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

☐ U.S. Citizen ☐ U.S. Resident Alien Country of Citizenship (If not a U.S. citizen.) \_\_\_\_\_

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**6(A). ANNUITANT** *(If other than owner.)*

Name \_\_\_\_\_ Relationship to Owner \_\_\_\_\_

SSN \_\_\_\_\_ Birth Date \_\_\_\_\_ ☐ Male ☐ FemaleAddress \_\_\_\_\_  
City State ZIPCountry of Citizenship *(If not a U.S. citizen.)* \_\_\_\_\_ Phone \_\_\_\_\_

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**6(B). JOINT ANNUITANT***Only applicable for non-qualified plans, and if electing the ING Joint Income Protector Withdrawal Benefit.*

Name \_\_\_\_\_ Relationship to Owner \_\_\_\_\_

SSN \_\_\_\_\_ Birth Date \_\_\_\_\_ ☐ Male ☐ FemaleAddress \_\_\_\_\_  
City State ZIPCountry of Citizenship *(If not a U.S. citizen.)* \_\_\_\_\_ Phone \_\_\_\_\_

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**7(A). BENEFICIARY(S)** *(All fields for each beneficiary must be completed. Complete Section 7B for custodially owned contracts.)*☐ Restricted Beneficiary*(If selected, do not complete section 7(A). Complete a "Restricted Beneficiary" form and submit with this application.)***Beneficiary proceeds will be split equally if no percentages are provided. Please refer to the sample beneficiary designations section at the beginning of the application.**

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**Primary Beneficiary**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Percent \_\_\_\_\_ %

SSN/TIN \_\_\_\_\_ Relationship to Owner \_\_\_\_\_

Address \_\_\_\_\_

☐ Primary ☐ Contingent Beneficiary

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Percent \_\_\_\_\_ %

SSN/TIN \_\_\_\_\_ Relationship to Owner \_\_\_\_\_

Address \_\_\_\_\_

☐ Primary ☐ Contingent Beneficiary

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Percent \_\_\_\_\_ %

SSN/TIN \_\_\_\_\_ Relationship to Owner \_\_\_\_\_

Address \_\_\_\_\_

☐ Primary ☐ Contingent Beneficiary

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Percent \_\_\_\_\_ %

SSN/TIN \_\_\_\_\_ Relationship to Owner \_\_\_\_\_

Address \_\_\_\_\_

**Please use the space in Section 8 if you need to list additional beneficiaries.**

**7(B). CUSTODIAL BENEFICIARY** (Required only if ING Joint Income Protector Withdrawal Benefit is selected on a custodially owned contract. This sole primary beneficiary must be the spouse of the annuitant. All fields must be completed.)

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Percent **100** %  
SSN/TIN \_\_\_\_\_ Is this sole beneficiary the spouse of the annuitant? ☐ Yes ☐ No  
Address \_\_\_\_\_

**8. SPECIAL REMARKS**

**9. STATE REQUIRED NOTICES**

These notices only apply in certain states. Please read them carefully to see if any apply in your state.

**Arizona:** On receiving your written request, we will provide you with information regarding the benefits and provisions of the annuity contract for which you have applied. If you are not satisfied, you may cancel your contract by returning it within 20 days, or within 30 days if you are 65 years of age or older on the date of the application for the annuity, after the date you receive it. Any premium paid for the returned contract will be refunded without interest.

**California Reg. 789.8:** The sale or liquidation of any asset in order to buy insurance, either life insurance or an annuity contract, may have tax consequences. Terminating any life insurance policy or annuity contract may have early withdrawal penalties or other costs or penalties, as well as tax consequences. You may wish to consult independent legal or financial advice before the sale or liquidation of any asset and before the purchase of any life insurance or annuity contract.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maryland:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Virginia:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

**Arkansas, Washington D.C., Hawaii, Louisiana, Maine, New Mexico, Oklahoma, and Tennessee:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company, submits an application for insurance containing any materially false, incomplete, or misleading information, or conceals for the purpose of misleading, any material fact, is guilty of insurance fraud, which is a crime and in certain states, a felony. Penalties may include imprisonment, fine, denial of benefits, or civil damages.

**Washington:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

## 10. APPLICANT SIGNATURES AND ACKNOWLEDGEMENTS *(Please read carefully and sign below.)*

Important Information: To help the government fight the funding for terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means to you: When you apply for an annuity, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

The annuity applied for does not take effect until ING USA Annuity and Life Insurance Company receives the purchase payment. Make checks payable ONLY to ING USA Annuity and Life Insurance Company. Do not make checks payable to the agent, an agency or another company. Only the President, Vice President or Secretary of ING USA Annuity and Life Insurance Company may modify, discharge or waive any of its rights under the contract.

I agree that, to the best of my knowledge and belief, all statements and answers in this application are complete and true. I understand that the statements and answers may be relied upon by ING USA Annuity and Life Insurance Company in deciding whether to issue the contract.

I have been advised that:

- 1) the value allocated to any account subject to a market value adjustment may increase or decrease if surrendered or withdrawn prior to a specified date(s) as stated in the contract.**
- 2) if the annuity applied for offers an Equity Index Strategy, contract values may be affected by an external index. The contract does not directly participate in any stock or equity investments. Any values shown, other than guaranteed minimum values, are not guarantees, promises or warranties.**
- 3) cash values under a flexible premium annuity where one premium is paid may be lower than cash values under a single premium annuity, and that purchase of a flexible premium annuity may be inappropriate in such case.

I have reviewed a copy of any disclosure material that applies to this contract. I have also received an original or a copy of any written, printed, or electronic communications used to present this product. I understand there is a penalty for early surrender of the annuity.

### TAXPAYER CERTIFICATION

**Under penalties of perjury, my/our signature(s) certifies/certify that:**

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).
2. I am not subject to backup withholding because (a) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (b) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. citizen or U.S. resident alien.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Signed at (City, State) \_\_\_\_\_

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner Signature (If applicable.) \_\_\_\_\_ Date \_\_\_\_\_

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## 11. AGENT INFORMATION AND SIGNATURE

Does the applicant have existing individual life insurance policies or annuity contracts?

☐ Yes ☐ No

Do you have reason to believe that the contract applied for will replace any existing annuity or life insurance coverage?

☐ Yes ☐ No

If either or both of the questions in this section are answered "Yes," please complete and return with this form a copy of any state replacement form(s), as applicable.

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**If your state has adopted the NAIC Model Replacement Regulation or other state-specific replacement regulations, did you remember to do the following?**

- Provide any required replacement notice to the client and offer to read it aloud? (Note: If either of the questions in section 4 (Replacement) or in this section 11 are answered "Yes," you must provide a replacement notice.)
- Complete any required state specific paperwork?

By signing below you certify 1) replacement questions were answered, 2) any sales material was shown to the applicant and a copy was left with the applicant, 3) you used only insurer-approved sales material, 4) you have not made statements that differ from the sales material and 5) no promises were made about the future value of any contract elements that are not guaranteed. (This includes any expected future index gains that may apply to this contract.)

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**Compensation Alternative** (Choose one. If no choice is made, Option A will be the default. Please verify which options are available.)

☐ Option A

☐ Option B - Trail

☐ Option C - Trail

☐ Option D - Trail

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☐ Check here if there is more than one agent on this contract.

Split for Agent #1 \_\_\_\_\_ %, Agent #2 \_\_\_\_\_ %, Agent #3 \_\_\_\_\_ %

Please note: Compensation will be split equally if no percentages are indicated. Partial percentages will be rounded up. Agent #1 will be given the highest percentage in the case of unequal percentages. Agent #1 will receive all correspondence regarding the policy.

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### Agent #1

Name (*Print*) \_\_\_\_\_ Signature \_\_\_\_\_

Agent Number/SSN \_\_\_\_\_ License # (*FL agents only*) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Marketing Organization \_\_\_\_\_ Marketing Organization Phone \_\_\_\_\_

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### Agent #2

Name (*Print*) \_\_\_\_\_

Agent Number/SSN \_\_\_\_\_ License # (*FL agents only*) \_\_\_\_\_

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### Agent #3

Name (*Print*) \_\_\_\_\_

Agent Number/SSN \_\_\_\_\_ License # (*FL agents only*) \_\_\_\_\_