

TRANSFER/1035 EXCHANGE REQUEST SECTION-BY-SECTION INSTRUCTIONS

ING USA Annuity and Life Insurance Company, Des Moines, IA
 ING Life Insurance and Annuity Company, Windsor, CT
 ReliaStar Life Insurance Company of New York, Woodbury, NY
Members of the ING family of companies



INDICATE THE COMPANY TO WHICH YOU ARE MAKING THIS REQUEST BY CHECKING THE APPROPRIATE BOX AT THE TOP OF PAGE 1. IF YOU DO NOT CHOOSE A COMPANY, YOUR REQUEST WILL BE DELAYED.

SECTION 1: OWNERSHIP/ANNUITANT INFORMATION

- List all owners and insured persons and include their complete Social Security numbers.

SECTION 2: RETURN OF CONTRACT OR POLICY

- If you are transferring the full value of an existing life insurance policy or annuity contract, you must attach the original policy or contract. If you do not have a contract or policy, you must provide a reason.

SECTION 3: CURRENT COMPANY INFORMATION (This is the company from which the premium will be coming.)

- Complete all fields in this section.
- Include the street address and phone number for the current company. You must provide the actual street address; no PO boxes.
- If you are requesting a partial exchange, include the percentage or dollar amount.
- Timing for Transfer: Once we receive a request, we forward it to the current company. We will not hold the request until a specific date. Some companies will not honor a specific date and will instead process the request on the date they receive it. You should contact the current company to verify their policy.

SECTION 4: TRANSFER/1035 EXCHANGE ELECTION

- You may select only one option.
- Select the correct option based on the type of transfer or exchange:

Option A – for 1035 exchanges (only)

Option B – for non-qualified fund transfers such as mutual funds or CDs

- Indicate tax withholding instructions.

Option C – for qualified transfers or rollovers

- Owner and annuitant must be the same person.
- “Transfer From” = the current product type
- “Transfer To” = the new product type.
- Complete the required minimum distribution (RMD) section if it applies. We need to know whether or not the RMD has been processed. Failure to complete this section could delay processing.

SECTION 5: CONTINUATION OF PREVIOUS 72(t) OR 72(q) ELECTION

- Complete this section only if it applies to this particular transfer.

SECTION 6: AUTHORIZATION

- Ensure that all owners sign and date this section.
- If there is an authorized signer, such as a power of attorney or a trustee, include the signer’s title and any supporting paperwork (e.g., trust document, corporate resolution).

SECTION 7: PAYMENT INSTRUCTIONS

- Leave this section blank. This is for Customer Service Center use only.

SECTION 8: ACCEPTANCE OF TRANSFER/1035 EXCHANGE

- Leave this section blank. This is for Customer Service Center use only.

TRANSFER/1035 EXCHANGE REQUEST

ING USA Annuity and Life Insurance Company, Des Moines, IA
 ING Life Insurance and Annuity Company, Windsor, CT
 ReliaStar Life Insurance Company of New York, Woodbury, NY
A member of the ING family of companies
 Customer Service Center: PO Box 617, Des Moines, IA 50303-0617
 Phone: 800-369-5303

**1. OWNERSHIP/ANNUITANT INFORMATION** *(Please print.)*

Owner Name _____ SSN/TIN _____

Address _____

City _____ State _____ ZIP _____

Joint Owner Name *(If applicable.)* _____ SSN/TIN _____Insured/Annuitant Name *(If different than owner.)* _____ SSN/TIN _____Additional Annuitant Name *(If applicable.)* _____ SSN/TIN _____**2. RETURN OF CONTRACT OR POLICY**

If you are transferring the full value of your current contract or policy, you must attach the contract or policy pages to this form. If you do not have a contract or policy, please check the reason below:

- The contract or policy was lost or destroyed.
 A contract or policy does not exist for the account that is being transferred (i.e., CD, mutual fund, etc.).

3. CURRENT COMPANY AND TRANSFER/EXCHANGE INFORMATIONCurrent Company Name _____ Phone *(Required)* _____Street Address *(PO Boxes are not permitted.)* _____

City _____ State _____ ZIP _____

Contract/Policy Number/Account Number being exchanged/transferred _____

Account Type *(Select one.)*

- Life Insurance Variable Annuity Mutual Fund
 Fixed Annuity CD Other _____

This request must be accompanied by required state replacement form(s).**I wish to liquidate and transfer** *(Select one):*

- the full value.
 a partial value (in the amount of) \$ _____ or _____ % of my present account.
 the maximum without penalty.

To a New or Existing Contract *(Provide existing contract number.)* _____

If this is an exchange into an existing contract, please provide the existing contract number. Without this contract number, the exchange must be made into a new contract. If an annuity contract does not already exist, a new contract will be established for the incoming transfer/exchange of assets. Please submit the appropriate application and forms.

I understand I will incur a penalty of: 0% or _____ %, totaling \$ _____, by liquidating the requested amount.**Timing for Transfer**

- As soon as possible **OR** On a specific date ____/____/____ *(not later than the maturity date)*

4. TRANSFER/1035 EXCHANGE ELECTION

Please select only one option.

OPTION A: NON-QUALIFIED 1035 EXCHANGE

OPTION B: NON-QUALIFIED TRANSFER (Other than a 1035 Exchange, i.e., mutual funds or savings/checking account transfers.)

We will apply the value to either the product for which you have applied or to an existing contract.

Check one of the boxes below if you do not want income tax withheld or if you would like to specify the amount to be withheld. We do not provide tax advice and assume no responsibility or liability for any tax treatment as a result of this transfer. You will be responsible for paying all federal, state and local taxes incurred as a result of this transfer.

I do not want income tax withheld.

I would like income tax withheld as follows: Federal \$ _____ or _____% State \$ _____ or _____%

OPTION C: IRA OR OTHER QUALIFIED ACCOUNT TRANSFER (Certain restrictions may apply.)

We do not provide tax advice and assume no responsibility or liability for any tax treatment as a result of this transfer.

The owner and annuitant must remain the same with any transfer.

TRANSFER FROM:

TSA^{1,2} 401(k)² 457 Plan Pension Plan SEP-IRA Traditional IRA Roth IRA

I adopted the IRA/Roth IRA on (date of application) _____ Roth conversion date (if applicable) _____

Simple IRA³

Participation Date _____

Other _____

TRANSFER TO: (TSA Transfers and Rollovers not allowed.)

IRA Contribution IRA Transfer IRA Rollover From Qualified Plan SEP-IRA Simple IRA Roth IRA

Other Qualified Plan Type _____

Required Minimum Distribution status for the current tax year: (Select one.)

RMD has already been satisfied.

RMD has not been satisfied. Please process before the transfer.

Process RMD prior to issue at the new company.

Value (Check one and provide amount):

\$ _____ amount for RMD.

Calculate RMD based on the December 31 value⁴ of \$ _____.

Calculate RMD based on the transfer amount received.

Base my RMD on: (Select one.) Uniform Lifetime Table Joint and Last Survivor⁵

¹All existing TSA loans must be reconciled with your current company before the transfer.

²For direct rollover only.

³Not eligible to be transferred to IRA in first 2 years.

⁴Contact your current company for this value.

⁵Available only if your spouse is the sole primary beneficiary of your contract and is more than 10 years younger than you.

5. CONTINUATION OF PREVIOUS 72(t) OR 72(q) ELECTION

This election can only be made if the transfer is into a new contract.

Check here if you plan to continue your 72(t) or 72(q) program. **You must complete and submit a 72(t)/72(q) Request.**

I am currently receiving substantially equal periodic payments that comply with Internal Revenue Code Section 72(q)(2)(d) or Section 72(t)(2)(A)(iv), as applicable, which permit me to receive payments in substantially equal installments without incurring any penalty taxes normally applicable to distributions before age 59½. It is my intention that these payments continue to be distributed from the new contract in the same amount and under the same method as was being used before the exchange or transfer (or under the required minimum distribution method, if a change to that method is permitted under Rev. Rule 2002-62).

6. AUTHORIZATION *(Signature guarantee may be required.)*

You hereby certify that you have read and understand the terms of this form and that the information provided on this form is true and complete to the best of your knowledge.

Full 1035 Exchange: By signing this form, you acknowledge that this exchange qualifies under Section 1035 of the Internal Revenue Code as a "like-to-like" exchange. You hereby make a complete and absolute assignment and transfer all rights, titles, and interests of every nature and character in and to the current policy/contract listed in Section 3 to us in an exchange intended to qualify under Section 1035 of the Internal Revenue Code. We will surrender the current policy/contract and apply the value to either the product for which you have applied or to an existing contract. By signing this form, you irrevocably waive all rights, claims and demands under the current policy/contract.

Partial 1035 Exchange: By signing this form, you hereby direct us to process a partial 1035 Exchange of the current policy/contract listed in Section 3 in an exchange intended to qualify under Section 1035 of the Internal Revenue Code. We will apply the value to either the product for which you have applied or to an existing contract.

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 am exempt from backup withholding or (b) 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 (c) 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.
- You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellations of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide the correct tax identification number (TIN).
 - If you are a non-resident alien (foreign person) please cross out the above if you feel this does not apply to you. You may be required to complete additional forms such as a W-8.
 - **The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Owner Signature _____ Date _____

Joint Owner Signature *(If applicable.)* _____ Date _____

Title _____

If the owner is a trust, partnership, or corporation, then an officer signature and the title of the trustee, partner, corporate representative or authorized corporate representatives are required.

Custodian Signature _____ Date _____

Name of Bank/Firm _____

Signature Guarantee *(If applicable.)*

7. PAYMENT INSTRUCTIONS (CUSTOMER SERVICE CENTER USE ONLY)

1. Please make check(s) payable to:

- ING USA Annuity and Life Insurance Company
- ING Life Insurance and Annuity Company
- ReliaStar Life Insurance Company of New York

For the Benefit Of: Owner named in Section 1.

2. Mail to the attention of: FA New Business, PO Box 617, Des Moines, IA 50303-0617

Overnight Address: FA New Business, 909 Locust Street, Des Moines, IA 50309-2899

8. ACCEPTANCE OF TRANSFER/1035 EXCHANGE (CUSTOMER SERVICE CENTER USE ONLY)

We request the liquidation and transfer of the account listed in Section 3. By our signature below, we represent that the account described is or is intended to be an account of the type indicated and that we will accept the Section 1035 Exchange/Transfer on behalf of the person(s) named on this form. Please provide us with a report of the pre- and post-TEFRA cost basis in the current contract, if applicable.

Authorized Signature _____ Date _____

Title _____ New Contract Number _____