

## REQUEST FOR FINANCIAL SERVICE

ING USA Annuity and Life Insurance Company, Des Moines, IA  
 ReliaStar Life Insurance Company of New York, Woodbury, NY  
 ING Life Insurance and Annuity Company, Windsor, CT  
 ReliaStar Life Insurance Company, Minneapolis, MN  
 (the "Company")

A member of the ING family of companies

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**INSTRUCTIONS** (One of the following options must be checked and the appropriate sections completed.)

**IRA/Roth IRA Conversion or Recharacterization**, complete sections 1, 2, 8 and 10.

**Direct Deposit Information**, complete sections 1, 7 and 10.

**Partial Withdrawal**, complete sections 1, 3, 5, 7, 8, and 10.

**Cash Surrender**, complete sections 1, 3, 5, 7, 8, and 10.

**Systematic Withdrawal**, complete sections 1, 4, 5, 7, 8, and 10.

**Section 6 must be completed if your contract has had an incoming or outgoing partial 1035 exchange in the last 12 months.**

**Section 9 must be completed if you have made a choice in section 5B - 403(b) Contracts.**

• Refer to your contract for restrictions, limitations, fees and other details about your request.

• We will process your request once we receive this form in good order. Good order is defined as receipt of any required information at the Customer Service Center, accurately and entirely completed, with signatures of the owner and joint owner (if applicable).

• Some requests may require multiple signatures.

• If additional space is required to fulfill your request, please attach another piece of paper and include your signature and the date.

**1. CONTRACT INFORMATION**

Owner Name \_\_\_\_\_ Contract # \_\_\_\_\_

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

SSN \_\_\_\_\_ Phone \_\_\_\_\_

Joint Owner Name (if applicable) \_\_\_\_\_

SSN \_\_\_\_\_ Phone \_\_\_\_\_

Annuitant Name (if different than owner) \_\_\_\_\_ Annuitant Name (if different than owner) \_\_\_\_\_

**2. IRA/ROTH IRA CONVERSION OR RECHARACTERIZATION** (Please consult your tax advisor before making this election.)

**Partial contract conversions or recharacterizations are not permitted. The conversion or recharacterization is a tax reportable event for the year in which the transaction takes place. Tax withholding is not mandatory for this conversion, but is an option available to you. The withholding may be subject to IRS 10% penalty and withholding is not reversible if you later decide to recharacterize (i.e., reverse the conversion). Complete the entire transaction and Section 8 based on the recommendations of your tax advisor. A tax withholding is considered a withdrawal from the contract, refer to the prospectus for restrictions, limitations, fees and other details about your request.**

I request my **IRA (Traditional, SEP, SIMPLE)** contract be converted to a **Roth IRA**.

I request my **403(b) or 457** contract be converted and rollover to a **Traditional IRA** (additional rollover paperwork required).

I request my **403(b) or 457** contract be converted and rollover to a **Roth IRA** (additional rollover paperwork required).

I request my **Roth IRA** contract be recharacterized to a **Traditional IRA**.

**3. PARTIAL WITHDRAWALS AND CASH SURRENDERS** (If your contract was funded by a partial 1035 exchange, you must complete Section 6.)

**NOTE: If the total disbursements in a contract year are higher than the Surrender Charge Free Amount, you may incur a surrender charge. Market Value Adjustment (MVA) may be assessed if applicable to your contract. If applicable to your contract, any withdrawal will reduce the living benefit amounts.**

**Cash Surrender** (Select this option to surrender the entire contract.)

Process full contract surrender

**3. PARTIAL WITHDRAWALS AND CASH SURRENDERS (CONTINUED)** (If your contract was funded by a partial 1035 exchange, you must complete Section 6.)

**Partial Withdrawal**

Select one withdrawal option:

- Specified payment** \$ \_\_\_\_\_  
 Gross<sup>1</sup>: Income tax will be deducted out of the requested amount.  
 Net<sup>1</sup>: Income tax will be added to the requested amount (not available for percentage withdrawals).  
 **Specified percentage** \_\_\_\_\_ %  
 **Surrender Charge Free Amount**  
 **Interest Withdrawal Amount** (not available with all products)

If you have the ING IncomeProtector or the ING Joint IncomeProtector you must indicate if this partial withdrawal is a maximum annual withdrawal (MAW) or non-MAW. Please refer to your rider and disclosure statement to determine if this option is available and for rider details. A MAW selection will result in the rider entering the withdrawal phase.

- MAW  Non-MAW

<sup>1</sup>Any applicable charges or fees will be deducted from the remaining accumulation value. Please refer to the contract for further details regarding the transaction and any charges or fees that may be assessed.

**4. SYSTEMATIC WITHDRAWALS** (If your contract was funded by a partial 1035 exchange, you must complete Section 6.)

The minimum withdrawal amount is \$25. Not available within the first 30 days of the contract. If your effective date is on or after the 29<sup>th</sup> of the month then withdrawals will automatically occur on the 1<sup>st</sup> of each month. If you do not supply the beginning effective date below, the effective date will be the date the request is processed. **NOTE: If the total disbursements in a contract year are higher than the Surrender Charge Free Amount, you may incur a surrender charge. Market Value Adjustment (MVA) may be assessed if applicable to your contract. If applicable to your contract, any withdrawal will reduce the living benefit amounts.**

Beginning Effective Date (format mm/dd/yyyy) \_\_\_\_\_

Frequency:  Monthly  Quarterly  Semi-Annually  Annually

Select one withdrawal option:

- Specified payment** \$ \_\_\_\_\_  
 **Specified percentage** \_\_\_\_\_ % (only available with an annual frequency)  
 **Surrender Charge Free Amount**  
 **Interest Withdrawal Amount** (not available with all products)  
 **Maximum Annual Withdrawal (MAW)**

This option is only available on contracts with the ING IncomeProtector or ING Joint IncomeProtector rider. Please refer to your rider and disclosure statement for details.

<sup>1</sup>Any applicable charges or fees will be deducted from the remaining accumulation value. Please refer to the contract for further details regarding the transaction and any charges or fees that may be assessed.

**5. REASON FOR DISTRIBUTION**

**5A. All Contracts Other than 403(b) Contracts:** (Select one option below.)

- Normal Distribution:** Includes minimum distributions for IRAs. Contract/certificate owner is at least age 59½.  
 **Disability:** As defined by Internal Revenue Code Section 72(m)(7). Verification required.  
 **Excess Contributions Plus Earnings:** IRA only. Please state tax year \_\_\_\_\_.  
 **Premature Distribution:** Contract/certificate owner has not reached age 59½. (Subject to 10% penalty assessed by the IRS.)

**5B. 403(b) Contracts:** (Select one option below.)

- Normal Distribution:** Contract/certificate owner is at least age 59½.  
 **Disability:** As defined by Internal Revenue Code Section 72(m)(7). Verification required.  
 **Separation from Service:** Contract/certificate owner is no longer employed at the institution through which he or she contributed to the annuity.  
 **Plan Termination:** The Company must have prior notice of your Employer's intent to terminate the 403(b) plan.  
 **Financial Hardship:** These are the only reasons allowed for a financial hardship withdrawal: (Withdrawals are allowed from contributions only.)
  - Unreimbursed medical expenses incurred by you, your spouse or your dependent(s).
  - The purchase (excluding mortgage payments) of your principal residence.
  - Payment of college tuition and related educational expenses for the next 12 months for you, your spouse or your dependent(s).
  - Prevention of eviction from your principal residence or foreclosure on the mortgage of your principal residence.
  - Payment of funeral expenses of a family member.

**6. PARTIAL 1035 EXCHANGES** (Complete if you are taking a distribution from a contract that was funded from a partial 1035 exchange.)

**By your signature in Section 10, you acknowledge/authorize the following:**

- A. I acknowledge that receipt of withdrawals, surrenders (partial or full), or annuity payments (annuitizations) of either the original contract or the new contract during the 12-month period following the partial exchange will negate any previous partial exchanges unless one of the following applies to the owner:
  - I take a withdrawal that is allocable to the pre-8/14/82 investment in the contract; or
  - I have met the requirements of one of the qualifying events listed in "D" below; or
  - I take a withdrawal from a qualified funding asset under Internal Revenue Code section 130(d).
- B. I acknowledge that distributions from either the original contract or the new contract during the 12-month period following the partial exchange will negate any previous partial exchange unless one of the qualifying events listed below has occurred. If the previous partial exchange is negated, it will be treated as a withdrawal, taxable as ordinary income to the extent of any gain in the original contract and, if that withdrawal occurred prior to you reaching age 59 1/2, may be subject to an additional 10% tax penalty. I acknowledge that I am advised to discuss any proposed 1035 exchange with my tax advisor prior to proceeding with the transaction. I acknowledge that additional documentation may be required before my request is processed.
- C. I authorize the Company to share information regarding my annuity contract, as it relates to transactions in Section 6, with other financial or insurance institutions to ensure accurate tax reporting.
- D. If a partial 1035 exchange, either incoming or outgoing, has been processed on my contract within the last 12 months, one of the following qualifying events listed below must have occurred, **after the partial 1035 exchange was completed**, to avoid disqualifying my partial 1035 exchange:

**If none of the below qualifying events apply, the requested transaction will result in taxation of a previous partial 1035 exchange. The date required for each qualifying event below must be later than that of the partial 1035 exchange.**

- I have turned 59 1/2 on \_\_\_\_\_ (mm/dd/yyyy).
- I was approved for disability on \_\_\_\_\_ (mm/dd/yyyy). (You must provide proof from the Social Security Administration.)
- The owner is now deceased. Please provide the date of death \_\_\_\_\_ (mm/dd/yyyy).
- I finalized a divorce on \_\_\_\_\_ (mm/dd/yyyy). (A copy of legal documentation must be provided.)
- I have lost employment as of \_\_\_\_\_ (mm/dd/yyyy).

**Your signature in Section 10 acknowledges your understanding of the consequences and agreement to proceed with the transaction.**

**7. PAYMENT OPTIONS** (Select one. If a payment option is not selected, your request will be mailed to the address of record.)

- Direct deposit to a financial institution. You authorize us to initiate credit entries to the account indicated on the attached voided check. You also authorize the financial institution to credit funds to this same account. This authorization shall remain in force until we receive notification from you to terminate this service. We cannot establish direct deposit to pooled money markets or brokerage accounts.

Bank Account Owner Name \_\_\_\_\_ Joint Owner Name (if applicable) \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Routing/ABA # \_\_\_\_\_ Bank Phone \_\_\_\_\_

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

Bank Account # \_\_\_\_\_ Bank Account Type:  Checking  Savings

- Check payable to the owner and mailed to the address of record.
- Check payable to another party or to the owner at an alternate address. (A notarized signature or signature guarantee may be required.)

Payee Name \_\_\_\_\_

Payee Address \_\_\_\_\_

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

- Optional Overnight: Not available for systematic withdrawals. Check sent overnight to the owner for a \$20 deduction from the disbursement. Overnight mailing of the disbursement does not change the normal processing time, and a valid street address is required to be listed as the address of record on the contract.

**8. TAX WITHHOLDING ELECTION**

**8A. TAX WITHHOLDING ELECTION - 403(b) ONLY** (You cannot choose tax withholding options on a 403(b) contract.)

Unless you elect to have your distribution rolled directly to an IRA or another qualified TSA program (not available for financial hardship), your distribution is subject to 20% mandatory federal income tax withholding. Also, if your distribution is not rolled over, it will be subject to federal and state income tax, and it may be subject to a 10% nondeductible federal excise tax if you are under age 59 1/2. The amount of the distribution that you roll over within 60 days after receipt of the distribution is not taxable. The distribution rules of the plan to which you roll over any or all of the distribution may differ from the rules that apply to the plan making the distribution in terms of restrictions and tax consequences. Please contact the Company if you desire a direct rollover.

**8B. TAX WITHHOLDING ELECTION - NON 403(b) ONLY** (You cannot choose tax withholding options on a 403(b) contract.)

Choose A or B:

- A.  I do not want to have federal income tax withheld from my distribution.
- B.  I would like to have the following federal income tax withheld from my distribution: \$ \_\_\_\_\_ or \_\_\_\_\_ %

**NOTE: If a withholding option is not selected, a 10% federal income tax will be automatically withheld.** Withholding will only apply to the taxable portion of your distribution. If you do not elect withholding, or if you do not have enough tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. You may also be subject to tax penalties if your payments of estimated tax and withholding are inadequate. Subject to specific exceptions under the Internal Revenue Code, any taxable distributions from an annuity contract prior to age 59 1/2 may be subject to a 10% nondeductible excise tax.

Certain states require the Company to withhold state income taxes. If you live in one of those states, state income tax will be withheld from your distribution.

- I would like to have the following state income tax withheld from my distribution: \$ \_\_\_\_\_ or \_\_\_\_\_ %

**9. EMPLOYER, PLAN SPONSOR, NAMED FIDUCIARY OR THIRD PARTY ADMINISTRATOR AUTHORIZED SIGNATURE AND CERTIFICATION**

**If you have elected a distribution from your 403(b) in section 5B of this form, your employer or its designee must complete this section.**

As an employer, plan sponsor, named fiduciary or third party administrator of the plan identified above, I certify the following:

- I have read and agree to the terms of the requested withdrawal.
- I have verified the participant’s eligibility for such withdrawal and have not relied solely on information provided by the participant in this form to make this determination.
- The requested benefits are permitted in accordance with the terms of the plan document.
- The information provided in this document is complete and accurate to the best of my knowledge. If any information provided by the participant to the Company is in conflict with the information provided by me to the Company, I acknowledge that the Company will rely conclusively on the information provided by me.
- I have modified my plan document in reference to the Pension Protection Act of 2006 as needed.

Employer Name \_\_\_\_\_

Authorized Signer Name (please print) \_\_\_\_\_

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

**10. ACKNOWLEDGEMENT AND SIGNATURES**

I hereby certify that I 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 my knowledge, and I authorize the transactions requested.

**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 \_\_\_\_\_

 Custodian Signature and Title \_\_\_\_\_ Date \_\_\_\_\_

**A Signature Guarantee or notarized signature is required in the following instances:**

- A valid signature of owner or power of attorney is not on file.
- Any payment of \$300,000 or more.
- Any payment made payable to a party other than the owner.
- Any payment \$100,000 or more and mailed to an address other than the address of record.
- Any payment mailed to the producer’s address (Signature Guarantee stamp required).

*Place Signature Guarantee  
or Notary Stamp here.*

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_