



Excess Deferrals/ Contribution Withdrawal Request

ING Life Insurance and Annuity Company
151 Farmington Avenue
Hartford, CT 06156-1277

Telephone: 1-800-262-3862

Sponsored Annuity/Pension

ING Life Insurance and Annuity Company will be defined as "the Company," "LIAC," "we," "us", or "our" in this document. Please refer to attached instructions.

Participant Information <i>Please print. If any pre-filled information is incorrect, please make the appropriate changes, and initial and date each change.</i> If you have a PO Box, U.S. Tax laws also require a street address to be indicated.	Employer Plan Name		Billing Group No.	
	Participant Name (Last, First, Middle Initial)		Date of Birth (mm/dd/yyyy)	
	MANDATORY - Participant Resident Address (No. & Street)		PO Box (optional)	
	City/Town	State	Zip Code	
	Email Address			
	Work Telephone No. () ()	Extension	Home Telephone No. () ()	
Type of Excess <i>Check the appropriate box and fill in the appropriate information.</i> * Section 403(b) Plans only, we will calculate this amount for you unless you specify an amount. Defined Contribution Pension Plans please provide this information.	<input type="checkbox"/> Excess Deferral – IRC 402(g) <i>(Refer to appropriate Income Tax Withholding Section on the following page)</i>			
	Account No. (full 15 characters)	Excess Amount \$	* Earnings \$	Taxable Year in which Excess Occurred
	<input type="checkbox"/> Contributions in Excess of the 415 Annual Additions Limit <i>(Refer to appropriate Income Tax Withholding Section on the following page)</i>			
	<input type="checkbox"/> Employee Elective Deferral			
	Account No. (full 15 characters)	Excess Amount \$	* Earnings (if applicable) \$	
	<input type="checkbox"/> Employee After-Tax			
	Account No. (full 15 characters)	Excess Amount \$	* Earnings (if applicable) \$	
	Employer Contribution (Please check one):		Amount (including earnings)	
	<input type="checkbox"/> Transfer Employer Contributions to Segregated Account <input type="checkbox"/> Excess Amount to be reallocated to remaining Participants		\$	
	<input type="checkbox"/> Contributions in Excess of the Average Deferral Percentage (ADP) Test [not applicable to 403(b)] <i>(Refer to appropriate Income Tax Withholding Section on the following page)</i>			
	Account No. (full 15 characters)	Excess Amount (Include Earnings if applicable) \$		
	Beginning of Plan Year date in which the Excess occurred (mm/dd/yyyy)		<input type="checkbox"/> Check if DeMinimis Tax Rules apply (\$100)	
	Employer Match Contribution:		Amount (including earnings)	
	<input type="checkbox"/> Employer Match Contributions to Transfer to Forfeiture Account		\$	
	<input type="checkbox"/> Contributions in Excess of the Average Contribution Percentage (ACP) Test <i>(Refer to appropriate Income Tax Withholding Section on the following page)</i>			
<input type="checkbox"/> Employee After-Tax Contribution				
Account No. (full 15 characters)	Excess Amount (Include Earnings if applicable) \$			
Beginning of Plan Year date in which the Excess occurred (mm/dd/yyyy)		<input type="checkbox"/> Check if DeMinimis Tax Rules apply (\$100)		
<input type="checkbox"/> Employer Match Contribution				
Account No. (full 15 characters)	Excess Amount (Include Earnings if applicable) \$			
Beginning of Plan Year date in which the Excess occurred (mm/dd/yyyy)		<input type="checkbox"/> Check if DeMinimis Tax Rules apply (\$100)		
Employer Contribution (Please check one)		Amount (including earnings)		
<input type="checkbox"/> Transfer Employer Match Contribution on Excess Contribution to Forfeiture Account <input type="checkbox"/> Distribute to Participant		\$		

Special Instructions	<p>Please note: For a partial withdrawal, amounts will be taken from each investment option on a pro-rata basis, unless special instructions are provided here:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Payment and Mailing Information	<input type="checkbox"/> Mail to Participant <input type="checkbox"/> Mail to Trustee		
<i>Check one only. If not indicated check will be made payable to and mailed to the Participant.</i>	Make Check Payable to		
	Send Check to		
	Address (No. & Street / PO Box)		

	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">City/Town</td> <td style="width: 20%;">State</td> <td style="width: 20%;">Zip Code</td> </tr> </table>	City/Town	State
City/Town	State	Zip Code	

Electronic Fund Transfer	<p>Take advantage of a convenient method to have your distribution electronically deposited into your bank account. The electronic deposit is immediately available for use once the transfer is completed. The electronic transfer is free and is typically completed within 3-4 business days. You will avoid trips to your bank and eliminate the 10 business days it may take for a check to reach you and have the deposit cleared through your account.</p> <p>We will not deposit to a third party account. Please verify the correct ABA routing number with your bank. If the electronic deposit cannot be completed using the information provided below, we will issue and mail a check to the Participant.</p> <p>Please indicate whether this is a <input type="checkbox"/> Checking or <input type="checkbox"/> Savings Account</p>		
<i>Choosing this option will result in a more timely access to your funds.</i>	Account Holder(s) (as it is registered at your bank)		
	<table border="1" style="width: 100%;"> <tr> <td style="width: 75%;">Bank Name</td> <td style="width: 25%;">Bank Telephone No.</td> </tr> </table>	Bank Name	Bank Telephone No.
	Bank Name	Bank Telephone No.	
	Bank Address (No. & Street)		
	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">City/Town</td> <td style="width: 20%;">State</td> <td style="width: 20%;">Zip Code</td> </tr> </table>	City/Town	State
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<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">ABA Routing No. (9 digits)</td> <td style="width: 40%;">Bank Account No.</td> </tr> </table>	ABA Routing No. (9 digits)	Bank Account No.	
ABA Routing No. (9 digits)	Bank Account No.		

**Income Tax
Withholding**

Corrective distributions are not eligible rollover distributions. If you live in a foreign country you cannot elect OUT of Federal Income Tax Withholding if you are a U. S. Citizen. If you are not a U. S. Citizen, the tax treaty between the U. S. and the country in which you reside, if any, will determine if Withholding applies.

We will mail you a tax statement showing the total amount of your distribution(s) and the total amount of income tax withheld, if any, by January 31st of the following year.

Please note your state of residence: _____

Excess Deferral – Internal Revenue Code (IRC) 402(g)

Corrective Distributions as a result of Excess Deferrals and any attributable earnings thereon, are NOT subject to Federal Income Tax Withholding at the time of distribution. Therefore, unless you specify an amount or percentage in the space below, we will NOT withhold Federal Income Tax at the time of distribution. Note: we will withhold State Income Tax where applicable.

I have read the above information and request to have \$ _____ or _____ % Federal Income Tax withheld from this corrective distribution.

Contributions in Excess of the 415 Annual Additions Limit

Corrective Distributions of Elective Deferrals and any attributable earnings thereon, and earnings on Employee After-Tax Contributions, ARE subject to the voluntary 10% Federal Income Tax Withholding under IRC Section 3405 at the time of distribution. Therefore, unless you specify below that you do not wish to have Federal Income Taxes withheld from those amounts, we will withhold 10% Federal Income Tax at the time of distribution from those amounts. Note: We will withhold State Income Tax where applicable.

I have read the above information and elect to have NO Federal Income Tax withheld at the time of distribution.

Contributions in Excess of the Average Deferral Percentage (ADP) Test (not applicable to 403(b))

Corrective Distributions of Elective Deferrals and any attributable earnings thereon made in order to pass the Average Deferral Percentage (ADP) test (*applicable to 401(k) Plans only*), which are distributed within the 2½ months after the end of the Plan Year are NOT subject to Federal Income Tax Withholding at the time of distribution. Therefore, unless you specify an amount or percentage in the space below, we will NOT withhold Federal Income Tax at the time of distribution. Note: We will withhold State Income Tax where applicable.

I have read the above information and request to have \$ _____ or _____ % Federal Income Tax withheld from this corrective distribution.

Corrective Distributions of Elective Deferrals and any attributable earnings thereon made in order to pass the Average Deferral Percentage (ADP) test (*applicable to 401(k) Plans only*), which are distributed more than 2½ months after the end of the Plan Year or the excess contribution (*not including earnings*) as aggregated with any excess aggregate contributions and are less than \$100 (*DeMinimis Rule*) ARE subject to the voluntary 10% Federal Income Tax Withholding at the time of distribution. Therefore, unless you specify below that you do not wish to have taxes withheld, we will withhold 10% Federal Income Tax at the time of distribution Note: We will withhold State Income Tax where applicable.

I have read the above information and elect to have NO Federal Income Tax withheld at the time of distribution.

Contributions in Excess of the Average Contribution Percentage (ACP) Test

Corrective Distributions of Employee After-Tax Contributions and Employer Contributions, including any attributable earnings thereon, made in order to pass the Average Contribution Percentage (ACP) test, which are distributed within the 2½ months after the end of the Plan Year are NOT subject to Federal Income Tax Withholding at the time of distribution. Therefore, unless you specify an amount or percentage in the space below to withhold from amounts attributable to Employer Contributions and any attributable earnings thereon, and earnings on Employee After-Tax Contributions, we will NOT withhold Federal Income Tax at the time of distribution. Note: We will withhold State Income Tax where applicable.

I have read the above information and request to have \$ _____ or _____ % Federal Income Tax withheld from this corrective distribution.

Corrective Distribution of Employee After-Tax Contribution and Employer Contributions, including any attributable earnings thereon, made in order to pass the Average Contribution Percentage (ACP) test, which are distributed after the 2½ months after the end of the Plan Year or the excess aggregate contribution (*not including earnings*) as aggregated with any excess contributions and are less than \$100 (*DeMinimis Rule*) ARE subject to voluntary Federal Income Tax Withholding at the time of distribution. Therefore, unless you specify below that you do not wish to have Federal Income Taxes withheld, we will withhold 10% Federal Income Tax at the time of distribution. Note: We will withhold State Income Tax where applicable.

I have read the above information and elect to have NO Federal Income Tax withheld at the time of distribution.

Non-Resident Tax Information

This information must be completed if resident address is outside the United States.

If this information is not received at the time of the withdrawal, the withdrawal will be processed with 30% U. S. Federal Income Tax Withholding.

CHECK ONE BOX ONLY and complete information, if applicable.

I am a citizen of the United States living in a Foreign Country

If you are a U. S. Citizen, your withdrawal is subject to Withholding rules for U. S. Citizens (see the *Non-Resident Tax Information section in the instructions for this form*) with this exception: You are not able to elect 'out' of Withholding.

I am not a United States Citizen. My country of legal residence is _____.

If you are not a U. S. Citizen, your withdrawal is subject to Withholding provisions for Non-Resident Aliens. You must complete, sign, date, and return to us the Internal Revenue Service (IRS) Substitute Form W-8BEN, "Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding." If you do not have a U. S. Social Security Number, you must apply (IRS Form W-7) for and receive an Individual Taxpayer Identification Number (ITIN) from the IRS.

Participant's Authorized Signature and Certification

I acknowledge that ING Life Insurance and Annuity Company reserves the right to directly or through a third party recover any payments made in excess of amounts to which I am entitled under the terms of the Contract, regardless of the method of payment.

Participant's Signature (Optional)

Date (mm/dd/yyyy)

Employer, Trustee, or Named Fiduciary's Authorized Signature and Certification (required for all ERISA plans and employer controlled plans unless there is a separate ILIAC agreement)

I certify that I am an Employer, Trustee, or Named Fiduciary of the Plan identified above, and:

- a) the requested corrective distributions are permitted by the Plan;
- b) if the Participant's signature has been obtained in a separate document, and the Participant's Withholding elections for State and Federal Income Tax purposes, where applicable, have also been obtained in a separate document; and
- c) I have read and agree to the Terms and Conditions applicable to corrective distributions and certify that the information stated above is true and complete. I further understand that the Company may rely conclusively on these certifications in processing the requested benefits above and that, in the case of any conflicting information, the Company is entitled to rely exclusively on the information contained in this Withdrawal Request Form.

Employer, Trustee, or Named Fiduciary Name (please print)

Date (mm/dd/yyyy)

Employer, Trustee, or Named Fiduciary's Signature

Daytime Telephone No.



State Income Tax Withholding Notification

401, 403(b), 408 and Governmental
457 Plan Distribution

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Notification

If you are a resident of California, Iowa, Kansas, Maine, Massachusetts, North Carolina, Oklahoma, Oregon, Vermont, or Virginia*, your state requires State Income Tax Withholding on the taxable portion of your distribution from your 401, 403(b), 408 Individual Retirement or Governmental 457 Plan. This State Income Tax Withholding is in addition to the mandatory 20% (or, in some cases, elected 10%) Federal Income Tax Withholding. Please note, when a state cost basis differs from Federal, the Federal cost basis will be used in determining taxability for State Income Tax Withholding purposes.

- If you are a resident of **California** or **Oregon**, State Income Tax Withholding will be calculated according to the **State Withholding Table** (below) for your state **unless** you complete the bottom portion of this form indicating your election "out" of State Income Tax Withholding, and return it to us with, and to the same Hartford Service Center location as, your Withdrawal Request.
- If you are a resident of **Iowa, Kansas, Maine, Massachusetts, North Carolina, Oklahoma, or Vermont**, State Income Tax Withholding will be automatically calculated according to the **State Withholding Table** (below) for your state. These states do not allow an election "out" of State Income Tax Withholding when Federal Income Tax Withholding applies.
- If you are a resident of **Virginia***, State Income Tax Withholding will be calculated automatically **unless** you meet certain income criteria and claim an exemption from withholding. To claim an exemption for Virginia complete Form VA-4P (obtained from the Virginia Department of Taxation), and return the appropriate form to us with, and to the same Hartford Service Center location as, your Withdrawal Request.

Please refer to the following table for State Income Tax Withholding rules on distributions from 401, 403(b), Governmental 457 and 408 Individual Retirement Plans.

State Withholding Table

California	- 10% of amount of Federal Income Tax withheld
Kansas	- 5% of taxable portion of distribution
Iowa	- 5% of taxable portion of distribution
Maine	- 5% of taxable portion of distribution
Massachusetts	- 5.3% of taxable portion of distribution
North Carolina	- 4% of taxable portion of distribution
Oklahoma	- 5% of taxable portion of distribution
Oregon	- 8% of taxable portion of distribution
Vermont	- 5.4% of taxable portion of distribution
Virginia*	- 4% of taxable portion of distribution

This reflects applicable states and their stated withholding rates effective 1/1/2005. Rates may be modified by the states at any time and additional states may add a requirement to withhold on these types of distributions at any time. Our withholding will reflect the current rate for the applicable state at the time of each individual payment.

*Note: Virginia State Income Tax is not applicable to 408 plans.

Payee/Account Holder Election

I elect to have **no State Income Tax withheld** from this distribution and I am a resident of (check one)

California Oregon

Do not submit this form if you want State Income Tax to be withheld

Payee/Account Holder Signature

Date (mm/dd/yyyy)



Excess Deferrals/ Contribution Withdrawal Request Instructions Sponsored Annuity/Pension

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<p>Good Order</p>	<p>Good Order is receipt at our Hartford Service Center of this form and any other required information or forms that has been accurately and entirely completed, and may include the signature of you, the Participant, in all designated areas and, where appropriate, the Employer, Trustee, or Named Fiduciary's signature. Forms and any other requested information not received in Good Order, as determined by us, may be returned to you for correction and processed upon re-submission in Good Order at our Hartford Service Center. Only pages 1 through 4 must be completed and returned to us to initiate processing.</p>
<p>Terms and Conditions</p>	<p>The withdrawal effective date will be the date and time our Hartford Service Center has received the Withdrawal Request Form and any other required forms in Good Order.</p> <p>For purposes of calculating the amount, the value of the vested individual account will be determined after the final close of business of the New York Stock Exchange on the valuation date we have received the Withdrawal Request Form and any other required forms in Good Order at our Hartford Service Center. A valuation date is any normal business day, Monday through Friday, that the New York Stock Exchange is open. Payment will be made from the accounts as indicated in the Type of Excess section of the Withdrawal Request.</p> <p>There may be legal or tax considerations in connection with this withdrawal. Therefore, you may wish to consult your legal or tax advisor before submitting this Withdrawal Request.</p> <p>Funds withdrawn from a Guaranteed Accumulation Account (GAA) prior to maturity are subject to a Market Value Adjustment (MVA). The MVA may result in an increase or decrease of the current value. The MVA reflects the changes in market interest rates from the beginning of the deposit period to the time of the withdrawal. A more complete explanation of the MVA appears in the GAA prospectus. For this purpose, the GAA Short Term and the GAA Long Term Classifications are considered two separate investment options.</p> <p>Generally, all information requested on the Withdrawal Request MUST be provided by the Employer, Trustee, or Named Fiduciary's who are required to sign the Withdrawal Request. We are unable to provide or confirm any of this information. If you need additional space for special instructions to your Withdrawal Request, please indicate in the Special Instructions section. We are unable to accept requests that indicate that withdrawals are not to be processed on the date of receipt. As a result, forms completed with notations to that effect, or post dated signatures, will be returned.</p> <p>Under the Internal Revenue Code, distributions are permitted only as specifically provided for in the Plan. The Employer, Trustee, or Named Fiduciary has the responsibility for administration of any Plan provisions consistent with Federal law. In requesting this withdrawal the Participant, Employer, Trustee, or Named Fiduciary, hereby certify that any withdrawal amount is provided for in accordance with the Plan and other applicable law. We will only make withdrawals in accordance with the terms of the Contract.</p>
<p>Participant Information</p>	<p>Please complete and/or verify the information requested in its entirety.</p>
<p>Type of Excess</p>	<p>Excess Deferrals – IRC 402(g) – 403(b) Tax Deferred Annuity Plans and 401(k) Plans</p> <p>An excess deferral is a salary reduction contribution in excess of certain dollar amounts (<i>as indexed annually for cost of living, \$10,000 in 1999, \$10,500 in 2000 and 2001, \$11,000 in 2002</i>). Under a 403(b) Plan only, a special catch-up provision may be available for certain Participants which may allow an additional \$3,000 of salary reduction contributions.</p> <p>Beginning January 1, 2002, if allowed under the plan, a participant who is at least age 50 by the end of the plan year is allowed to make an additional contribution (\$1,000 in 2002, \$2,000 in 2003). This additional catch-up contribution is not subject to the elective deferral limit.</p> <p>To correct an excess deferral, both the excess and any associated earnings must be distributed to the Participant. Failure to make a corrective distribution by April 15th following the close of the taxable year in which the excess deferral was made will subject the Participant to double taxation. That is, the Participant should report the excess deferral in the year the excess was made <u>and</u> in the year the amount is ultimately distributed.</p> <p>A distribution from the Plan after the April 15th following the close of the taxable year in which the elective deferral was made will require the Participant to wait until he/she is entitled to receive a distribution (<i>e.g. attainment of age 59½, death, disability, retirement, and severance of employment</i>), unless distribution is made under one of the IRS compliance resolution programs. Any such distribution must be requested in writing by the Employer, Trustee, or Named Fiduciary.</p>

**Type of Excess -
Continued**

Excess deferrals are included in the Participant's gross income in the tax year in which the deferrals were made. Earnings are taxable in the tax year distributed. We follow IRS guidelines for the reporting of distributions of excess deferrals to Participants. An Employer should not revise a Participant's IRS Form W-2 to reflect the appropriate amount of deferrals if a corrective distribution has been requested and paid directly to the Participant by us; we will report the withdrawal to the IRS on IRS Form 1099-R.

If the withdrawal occurs in the tax year in which the excess deferral occurred, we will issue one IRS Form 1099-R in the year of the withdrawal. If the withdrawal occurs after the tax year in which the excess deferral occurred, we will issue one IRS Form 1099-R for the earnings and one IRS Form 1099-R for the excess deferral.

**Contributions in Excess of the 415 Annual Addition Limitation
403(b) Tax Deferred Annuity Plans and 401(a) Plans, including 401(k)**

If the excess can be corrected, the methods of correction differ depending on whether the correction is made from Employer Contributions, Employee After-Tax Contributions, or Elective Contributions. It also depends on the provisions of the Employer's Plan document.

Correction Method for Employer Contributions

For excesses resulting from Employer Contributions under a 403(b) and 401(a) Plan, including a 401(k), IRS regulations authorize a Plan to permit correction by:

- using the excess to reduce future Employer Contributions;
- having the excess reallocated to other Participants for the current year; or
- holding the excess in a segregated account to correct in future years.

In general, IRS guidelines does not permit distribution of Employer Contributions that exceed 415 annual addition limit to the Participant, unless the Plan is a 403(b) and is utilizing an IRS Compliance Resolution Program.

Correction Method for Employee Elective Deferrals and After-Tax Contributions

For excesses that result from Elective Deferrals or Employee After-Tax Contributions, IRS regulations authorize a Plan to permit the distribution of such excesses (*and any attributable earnings*).

If correction is made by distribution of the excess and earnings, both are taxable in the year of distribution.

Note: For 403(b) programs only, and where there are amounts in excess of the 415(c) annual additions limit, certain IRS Compliance Resolution Programs may permit the following correction methods:

1. Distribution of Excess Amounts: The excess and earnings may be distributed and included in the Participant's gross income. Excess amounts distributed under this method are not treated as amounts previously excludable for purposes of the maximum exclusion allowance for the taxable year of the distribution and for subsequent taxable years.
2. Retention of Excess Amounts: Excess amounts and earnings may be retained in the Participant's account provided the Participant's maximum exclusions allowance is reduced for future years and the Participant's 415 annual addition limit is reduced for subsequent years until the excess is eliminated.

**Distributions of Amounts necessary to pass Average Deferral Percentage (ADP) and/or
Average Contribution Percentage (ACP) Limitation
403(b) Tax Deferred Annuity Plans and 401(a) Plans, including 401(k) Plans**

Employee Elective (*pre-tax*) Deferrals must pass the ADP test, while aggregate Employee After-Tax and/or Employer Matching Contributions must pass the ACP test. ADP testing is not applicable to 403(b) Tax Deferred Annuity Plans.

If a Plan fails the ADP or ACP test, one method of correcting all or a portion of excess contributions for a Plan year is for the Plan to distribute that excess amount, and any attributable earnings thereon, to the affected Highly Compensated Employee. The distribution must be made after the close of the Plan year in which the excess contribution arose and no later than 12 months thereafter. The Excess Distribution must be distributed within 2½ months after the close of the Plan year if the Employer wishes to avoid a 10% penalty tax.

Please contact your TPA regarding this distribution, or your tax advisor regarding any related tax questions.

We follow IRS guidelines for the reporting of distributions of excess contributions to Participants. An Employer should not revise a Participant's IRS Form W-2 to reflect the appropriate amount of contributions when requesting a corrective distribution directly to the Participant. We will report the distribution to the IRS on IRS Form 1099-R.

<p>Special Note</p>	<p>Contributions in Excess of the IRC Section 403(b)(2) Exclusion Allowance (<i>applicable to 403(b) Tax Deferred Annuity Plans only</i>) prior to January 1, 2002 (note that the 403(b)(2) exclusion allowance in repealed effective January 1, 2002).</p> <p>By way of general background, the maximum allowable contribution which can be made to a Participant's Tax Deferred Annuity Plan in a given year is generally the lesser of the limits determined by IRC Sections 403(b)(2), 415(c), and 402(g).</p> <p>If a Participant's maximum exclusion allowance is less than \$10,000 (<i>as indexed for 1999, or \$13,000 when applicable</i>) or \$10,500 (<i>as indexed for 2000 or \$13,500 when applicable</i>) and the Section 415 Annual Addition limitation, and contributions on behalf of that Participant exceed the maximum exclusion allowance but do not exceed either the \$10,000 (<i>as indexed for 1999, or \$13,000 when applicable</i>) or the Section 415 Annual Addition limitation, the contribution in excess of the exclusion allowance is not an excess deferral. Therefore, such a contribution is not subject to the distribution and reporting requirements summarized above.</p> <p>Until recently, the IRS did not provide for the corrective distribution of amounts in excess of the Section 403(b)(2) exclusion allowance. However, in 1999 the IRS issued Revenue Procedure 99-13, and as further updated by subsequent IRS guidance, which now provides a method for correcting contributions in excess of the Section 403(b)(2) Exclusion Allowance under certain IRS correction programs. These excess contributions may be self-corrected under the IRS Self-Correction Program (SCP) through distribution of the excess amount and earnings thereon. Excess amounts are includable in gross income and reported on an IRS Form 1099-R in the year of distribution. Distributed amounts are not treated as amounts previously excluded for purposes of calculating future exclusion allowances, not eligible for rollover.</p> <p>IRS correction programs are Employer initiated. Therefore, any corrective distribution of amounts in excess of the exclusion allowance made pursuant to an IRS correction program must be requested in writing under separate cover by the Employer. Accordingly, this section has been provided for information only. If you are interested in using this new correction option you should contact your Employer.</p>
<p>Payment and Mailing Information</p>	<p>The Employer, as Plan Administrator and Contract Holder, and under some Contracts, the Employee, may direct us as to any payment under the Contract. Checks will only be made payable to the Trustee (<i>if any</i>) or the Employee. We will not honor a request to pay any other party unless required under applicable law.</p>
<p>Electronic Deposit to U. S. Bank Accounts Only (Optional)</p>	<p>Take advantage of a convenient (<i>avoid trips to your bank or mail delays</i>) method of having your withdrawal electronically deposited to your bank account.</p> <p>To ensure your payment is accurately deposited into your bank account, please verify with your bank or financial institution the proper instructions for Electronic Deposits.</p>
<p>Tax Withholding</p>	<p>If the amount you receive from this withdrawal is more than your cost basis (<i>for example After-Tax contributions and PS58 costs</i>), the excess is taxable income.</p> <p>The check amount will be reduced automatically by the Federal/State Income Tax Withholding (<i>if applicable</i>).</p> <p>State Withholding: Please indicate your state of residence for State Income Tax Withholding purposes. For those states which have mandatory State Income Tax Withholding, we will withhold State Income Tax as determined by each state (see attached State Income Tax Withholding Notification page). If you are in a state that has voluntary State Income Tax Withholding, please indicate the amount you want withheld in the Special Instruction section of the form. If nothing is indicated, no State Income Tax Withholding will occur. If you live in a state with no State Income Tax, we will not take any State Income Tax Withholding.</p> <p>Federal Withholding: Any taxable portion of this withdrawal may be subject to Federal Income Tax Withholding.</p>

<p>Non-Resident Tax Information</p> <p><i>If this information is not received at the time of the withdrawal, the withdrawal will be processed with 30% Federal Income Tax Withholding.</i></p>	<p>This information is required only if your residency is outside the United States.</p> <p>If you are a United States Citizen and the distribution is delivered to a Non-U. S. Resident address, your payment is subject to U. S. Federal Income Tax Withholding rules for United States citizens (<i>see Tax Withholding section of this form</i>) with this exception: You are not able to elect “out” of U. S. Federal Income Tax Withholding.</p> <p>If you are not a United States Citizen and the distribution is delivered to a Non-U. S. Resident address, your payment is subject to U. S. Federal Income Tax Withholding provisions for Non-Resident Aliens. The taxable portion of your payment that is considered United States-source income is subject to 30% Non-Resident Alien U. S. Federal Income Tax Withholding. To calculate U. S. Federal Income Tax Withholding, we assume (<i>as allowed by law</i>) that your entire payment is from United States sources. If you believe any portion is not from a United States source, or the rate of the U. S. Federal Income Tax is less, you can claim a U. S. Federal Income Tax refund when filing your United States Federal Income Tax (<i>Form U.S. Federal Non-Resident Income Tax Return 1040NR</i>) return.</p>
<p>Tax Reporting Information</p>	<p>Payments to Employee If the check is to be made payable to an Employee, the Income Tax Withholding Notice and Election section of this form must be completed. The amount received from this withdrawal which is more than the Cost Basis (<i>shown in Reporting Information</i>) is taxable income and may be subject to Federal Income Tax Withholding and, where Federal Income Tax is withheld, we will withhold State Tax where applicable. We are responsible for Withholding and reporting any payments made to an Employee.</p> <p>Payments to Trustee If the check is to be made payable to the Trustee, do not complete the Income Tax Withholding Notice and Election section of this form. Payments made directly to the Trustee are not reported to the Internal Revenue Service by us. The Trustee is responsible for Withholding and reporting any payments it makes to an Employee.</p>
<p>Overpayment Recovery</p>	<p>I understand that ING Life Insurance and Annuity Company reserves the right to directly or through a third party recover any payments made in excess of amounts to which you are entitled under the terms of the Contract, regardless of the method of payment.</p>
<p>Authorized Signatures and Certifications</p>	<p>Those signing this form acknowledge that they are authorized by the Plan document to approve withdrawal requests. The Official's title, as it relates to the Plan, must be included. In addition, it may be necessary to have other signatures on this form.</p>