



RETIREMENT PLAN ENROLLMENT FORM pg 1 of 2

If you are enrolling in more than one Plan, you must complete a separate form for each Plan. Complete all sections in full, unless otherwise indicated. If you need help completing this form, please call the toll-free number listed on the account access page of this enrollment book.

Section 1. Participant Information (please type or print clearly with black ink)

Did you attend an Enrollment Meeting prior to enrolling in the plan? Please check one: Yes No

Participant's Full Name: John Smith; Social Security Number or ITIN: 123-45-6789; Home Address: 123 Main St; Date of Birth (required) MM/DD/YYYY: 01/01/1980; City/Town: San Diego, State: CA, Zip: 92109; Daytime Telephone (optional): 858-123-4567; Business E-mail Address: John@payrollingcorp.com; Annual Compensation \$: 100,000

Section 2. Employee Contribution Percentages

Contribution Percentage (pre-tax):

I wish to contribute the following percentage of my salary: 10%. (see your Summary Plan Description and Plan Highlights for contribution limits)

I do not elect to contribute at this time. My contribution will be 0%.

If you elect not to contribute but your Plan allows for Employer Discretionary Profit Sharing Contributions, you must complete the Plan investment direction in Section 3.

Section 3. Investment Direction (Percentages must add up to 100% and be in increments of 1%)

Table with 2 columns: Investment Option and Percentage. Includes options like American Century Inflation Prot Bd R (25%), ING Russell Mid Cap Index Adv (25%), and ING International Index A (25%).



DEPARTMENT: NEWBUS TASK: KENROLL

Participant's Full Name John Smith

Social Security Number or ITIN 123-45-6789

Section 4. My Certification

I made the choices elected on this form. I received the Summary Plan Description and current prospectus for each Plan investment option elected on this form. I certify, under penalties of perjury, that everything I said on this form is true, correct and complete; my Social Security Number or Individual Taxpayer Identification Number shown above is correct; I am not a resident of any nation, state, or locality other than as shown on this form. I understand that I might be subject to civil penalties and criminal penalties and punishment for any knowingly false statement on this form or any papers attached to or related to this form or my claim under the Plan.

X Participant's Signature John Smith Date 01/01/2011



You must submit this form to your employer for his/her signature in the next section. ING will not process this request until your employer has completed the Employer/Plan Administrator Instruction and Approval Section below.

Section 5. Employer/Plan Administrator Instruction and Approval

You the Employer, as the Plan Administrator, accept this enrollment and Plan investment direction.

Payroll Frequency: weekly biweekly semi-monthly monthly

Plan Administrator's Name (print full name): _____

Participant's Plan Entry Date: _____ Participant's Date of Hire: _____

X Plan Administrator's Signature: _____ Date: _____

Employer/Plan Administrator MUST keep original.

Please mail or fax a copy of this form complete with Plan Administrator's Signature to:

By Mail: ING, PO Box 990064, Hartford, CT 06199, ATTN: Enrollment Services – or – By Fax: (732) 514-8799, ATTN: Enrollment Services

SAMPLE



RETIREMENT PLAN BENEFICIARY DESIGNATION FORM pg 1 of 2

INSTRUCTIONS:

If you have more than one Plan, you must complete a separate form for each Plan. If you have a Spouse, your designation of a primary beneficiary other than your Spouse is not valid unless you completed Section 3, your Spouse consented by signing Section 4 and a Notary Public has signed and sealed Section 4. All sections must be completed in full, unless otherwise indicated.

Section 1. Participant Information (please type or print clearly)

Participant's Full Name John Smith Social Security Number or ITIN 123-45-6789

Section 2. Beneficiary Designation

This designation revokes any previous beneficiary designation for this Plan. Unless you specify otherwise, if you designate more than one beneficiary in any one class, the beneficiaries in the class will share equally.

Primary beneficiary(ies): If more than two (2), attach additional sheets and check here

1. Name Jane Smith SSN or ITIN 123-45-6789 Spouse Non-Spouse Percentage 100%
2. Name SSN or ITIN Spouse Non-Spouse Percentage

Secondary beneficiary(ies): If more than two (2), attach additional sheets and check here

1. Name SSN or ITIN Spouse Non-Spouse Percentage
2. Name SSN or ITIN Spouse Non-Spouse Percentage

Section 3. Participant Election

You must initial ONE of the following. I certify that:

- I do not have a Spouse. (If your divorce is final, and you have not married again, whether by ceremonial, proxy, informal, or common-law marriage, you do not have a Spouse. If you are separated, but your divorce is not final, you do have a Spouse.)
I designated my Spouse as the primary beneficiary of my entire death benefit under the Plan.
I have a Spouse but designated someone other than my Spouse as the primary beneficiary of all or part of my Plan Account. I understand that my beneficiary designation is not valid unless my current Spouse consents to it in a notarized writing on the form required by the Plan Administrator. I understand that my Spouse has the right to limit his or her consent to permit only those specific non-Spouse beneficiary(ies) now named above. [Complete Section 4 - Spouse's Consent.]
I have a Spouse and we both elect to not receive a Death Distribution in the form of an automatic Qualified Pre-retirement Survivor Annuity. [Complete Section 4-Spouse's Consent.]
My Spouse cannot be located. I will inform the Plan Administrator if the location of my Spouse becomes known. [I understand that the Plan Administrator will make an investigation to try to find my Spouse.]
A court determined that my Spouse abandoned me. [Certified copies of all court orders must be attached.]
A court determined that my Spouse is legally separated from me. [Certified copies of all court orders must be attached.]

Your beneficiary designation can be approved only if the Plan Administrator is satisfied as to the correctness of your statement. Your beneficiary designation is valid only so long as your statement above is still true, and that each Spouse's consent statement is effective only for the person who signs it. If your situation changes, you must make a new beneficiary designation with a new Spouse's consent statement; if you don't, all of the Plan's Benefit, if any, after your death will be payable to your surviving Spouse.

Section 4. Spouse's Consent to the Participant's Beneficiary Designation, if other than the Spouse OR to Waive a Qualified Pre-retirement Survivor Annuity

I consent to the Participant's (my Spouse's) election concerning rights to any Benefit that might become payable after his or her death. I understand:

- the Participant's election is valid only if I consent to it by signing this form or another form of the Plan Administrator.
- I have the right to consent or to decline to consent to the Participant's election.
- the rights that I'm giving away.
- all of the information explained by this form.
- my consent is irrevocable; I can't change my mind after I sign this form.
- I have the right to limit my consent to specific non-Spouse beneficiary(s) and a specific optional form of benefit that can't be changed without my consent; if I wish to limit my consent in that way I must ask the Plan Administrator for a different form to sign.

The effect of my consent is to permit my Spouse to decide that some or all of any Benefit payable after his or her death belongs to a beneficiary(s) other than me OR to waive a Qualified Pre-retirement Survivor Annuity.

If I decline to consent, upon my spouse's death, payments would be required to be made as follows:

- All (100%) of the Vested Account is payable to me if I'm then the surviving Spouse.

A Qualified Pre-retirement Survivor Annuity means that I would receive regular payments for as long as I live. The regular payment amount I would get must be based on at least half (50%) of the Vested Account.

I specifically consent to the Beneficiary Designation given in Part 2 of this form. I also generally consent to permit beneficiary changes without further consent from me. However, in giving this consent, I also consent to not receive a Qualified Pre-retirement Survivor Annuity.

X Spouse's Signature

 Date

 Spouse's Name (print full name)

 Participant's name and Social Security Number or ITIN

This form will not be accepted unless it bears the Notary's official seal. This form will NOT be accepted if the Notary is an employee of ING or any of its affiliates.

CERTIFICATE OF NOTARY PUBLIC

I certify to the Plan Administrator that on the date written below before me personally appeared the above-named Spouse, personally known to me or satisfactorily identified to me, and he or she signed this document in my presence for the purposes stated by it, without any undue influence. My commission has not expired. In addition to any civil and criminal punishment that might apply under the laws of the state that appointed me as a Notary Public, I understand that under federal law if I made a false statement I can be fined \$10,000 or imprisoned for up to 5 years or both.

X Signature of Notary Public

 Date

Section 5. Participant Certification

I certify, under penalties of perjury, that:

- everything I said on this form is true, correct and complete
- my Social Security Number or other Taxpayer Identification Number shown above is correct
- I am **not** a resident of any nation, state, or locality other than as shown on this form.

I understand that I might be subject to civil penalties and criminal penalties and punishment for any knowingly false statement on this form or any papers attached to or related to this form or my claim under the Plan. If the Plan pays or fails to pay any benefit in reliance on my false statement, I will be liable for the Plan's damages, including (but not limited to) investigation expenses and lawyers' and legal assistants' fees.

X Participant's Signature Johna Smith Date 01/01/2011

You must submit this form to your employer for his/her signature in the next section. Be sure to maintain a copy for your own records.

Section 6. Plan Administrator Instruction and Approval

The Plan Administrator accepts the beneficiary designation shown above. As the Plan Administrator, it is my responsibility to retain the original in my files.

Plan Administrator's Name: _____ Participant's Date of Hire: _____
 (print full name)

X Plan Administrator's Signature: _____ **Date:** _____

DO NOT send this to ING. ING will NOT make any record of this form.