

# ENROLLMENT FORM

TechProse  
401(k) Plan

Billing Group Number: PH9995

## Participant Information

Name (first, middle initial, last)		Social Security Number	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address		Date of Birth (mm/dd/yyyy)	Date of Hire (mm/dd/yyyy)	
City/Town	State	Zip Code		

## Contribution Rate Information

- Yes, I request that my employer defer my compensation by \_\_\_\_%.
- No, I waive my right to defer any portion of my compensation at this time.
- I am 50 years of age or older and elect to contribute an additional amount under the catch-up provision.

## Fund Selection

I have received and reviewed the ING participant disclosure booklet, prospectuses and/or investment option summaries describing the investment options. A maximum of 18 investment options may be selected.

<b>ING Solution Portfolios</b>		ING Russell Mid Cap Index - S	(1561) ____%
ING Solution 2045 Portfolio - Srv	(765) ____%	ING Russell Small Cap Index - S	(1564) ____%
ING Solution 2035 Portfolio - Srv	(762) ____%	Wanger USA	(821) ____%
ING Solution 2025 Portfolio - Srv	(759) ____%	<b>Global / International</b>	
ING Solution 2015 Portfolio - Srv	(747) ____%	Capital World Growth & Income - R3	(2029) ____%
ING Solution Income Portfolio - Svc	(768) ____%	EuroPacific Growth Fund - R3	(496) ____%
<b>Stability of Principal</b>		Thornburg International Value - R3	(1579) ____%
ING Fixed Account	(xxx) ____%	<b>Total</b>	<b>100</b> %
<b>Bonds</b>			
ING Oppenheimer Strat Inc Port-Svc	(596) ____%		
ING PIMCO Total Return Port - Svc	(439) ____%		
Lord Abbett Bond-Debenture - CI R3	(1568) ____%		
<b>Balanced</b>			
ING T. Rowe Price Cap. Appr - S	(788) ____%		
The Income Fund of America - R3	(484) ____%		
<b>Large Cap Value</b>			
Davis New York Venture - Class R	(1095) ____%		
ING Fidelity VIP Equity-Inc Port-Svc	(409) ____%		
ING Stock Index Port-Service 2	(1357) ____%		
Pioneer Equity Income Fund - R	(980) ____%		
<b>Large Cap Growth</b>			
Fidelity Adv New Insights - CI T	(2170) ____%		
ING Fidelity VIP Growth Port-Svc	(408) ____%		
The Growth Fund of America - R3	(487) ____%		
<b>Small/Mid/Specialty</b>			
Columbia Mid Cap Val Fd-A	(1008) ____%		
Franklin Sm Cap Val Sec Fd - 2	(073) ____%		
ING FMR Diversified Mid Cap Port - S	(778) ____%		

Complete the contribution percentages, in whole numbers, to total 100%.  
You must initial any erasures, strikeouts or corrections.

# Enrollment Form (continued)

TechProse  
401(k) Plan

\_\_\_\_\_  
Name (first, middle initial, last)

\_\_\_\_\_  
Social Security Number

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## Fund Selection (continued)

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## Acknowledgements and Signatures

Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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

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## Rollovers

Consider ROLLING over your other eligible retirement plan assets! Tell us when and how we can reach you, and we'll help you consolidate.

Yes! Tell me how ING can help me benefit from rolling over my retirement investments. Please call me at (        ) to discuss my options. The best time to call is \_\_\_\_\_ a.m. or \_\_\_\_\_ p.m. My estimated rollover balance is \$\_\_\_\_\_. If I want to learn about rollover opportunities now, I will call ING at 866-579-2324.

# BENEFICIARY DESIGNATION FORM

TechProse  
401(k) Plan

Billing Group Number: PH9995

## Request Type

Initial Designation

Change to Designation

## Participant Information

Name (first, middle initial, last)	Social Security Number	<input type="checkbox"/> Married	<input type="checkbox"/> Single
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## Beneficiary Information

Subject to the terms of my Employer's Plan, I request that any sum becoming due upon my death be payable to the beneficiary(ies) designated below. I understand this designation shall revoke all prior beneficiary designations made by me under my Employer's Plan. (All designations must be in whole percentages. Total percentage must equal 100% for Primary Beneficiary and 100% for Contingent Beneficiary, if designated.)

1. Beneficiary Name (complete legal name required)	Relationship	<input checked="" type="checkbox"/> Primary Beneficiary	Percentage
Address	Social Security Number	Date of Birth (mm/dd/yyyy)	
2. Beneficiary Name (complete legal name required)	Relationship	<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary	Percentage
Address	Social Security Number	Date of Birth (mm/dd/yyyy)	
3. Beneficiary Name (complete legal name required)	Relationship	<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary	Percentage
Address	Social Security Number	Date of Birth (mm/dd/yyyy)	
4. Beneficiary Name (complete legal name required)	Relationship	<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary	Percentage
Address	Social Security Number	Date of Birth (mm/dd/yyyy)	
5. Beneficiary Name (complete legal name required)	Relationship	<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary	Percentage
Address	Social Security Number	Date of Birth (mm/dd/yyyy)	
6. Beneficiary Name (complete legal name required)	Relationship	<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary	Percentage
Address	Social Security Number	Date of Birth (mm/dd/yyyy)	

Unless otherwise requested:

1. If more than one beneficiary is designated, payment will be made in equal shares to the primary beneficiaries who survive the participant or annuitant or, if none survives the participant or annuitant, in equal shares to the contingent beneficiaries who survive the participant or annuitant.
2. If no beneficiary survives the participant or annuitant, payment will be made to the executors or administrators of the estate of the participant or annuitant.
3. If a class of beneficiaries is designated (such as, "the children of the participant or annuitant"), then payment will be made in equal shares to each person who is a member of the class and living at the death of the participant or annuitant whether or not he/she has been specifically named in the beneficiary designation.
4. If you name an Estate or Trust as beneficiary, contact your Plan Administrator for more information.



**DIRECT ROLLOVER TO A 401 PLAN**

**ING Life Insurance and Annuity Company**  
 P.O. Box 990063  
 Hartford, CT 06199-0063  
 Telephone: 800-525-4225  
 Fax: 800-643-8143



**ING Life Insurance and Annuity Company will be defined as "ING", "we", "us", or "our" in this document.**

**Instructions**

1. Please contact your Plan Administrator prior to completing this form to determine if assets under an existing plan or traditional IRA can be rolled over into this Plan. If yes, complete this form and forward it to the Former Investment Provider/Recordkeeper along with a request for a distribution. Mail or fax a copy to the address or phone number above. Please make a photocopy if you wish to retain a copy for your records. If you are not previously enrolled in the Plan, your Plan Administrator must submit a completed Enrollment Form before requesting a transfer or rollover to ING. If you intend to accomplish an indirect rollover (i.e., where you remit a personal check to ING), we must receive backup from your prior recordkeeper to support the amounts rolled over.
2. In order to process the rollover or transfer request, the transferred assets must be received at our designated location in Good Order. Assets transferred by the Former Investment Provider/Recordkeeper will be deemed to be in Good Order if accompanied by the appropriate information to enable ING to apply the assets to the Participant's account. Any corrections made on this form must be initialed and dated by the appropriate parties. Transferred assets will be invested using the participant's most current investment allocation, unless we receive this form on which an alternate investment selection is made. If the alternate investment instructions are not in good order, as we determine, we may return the form to you for correction and resubmission, or we may contact you to clarify investment instructions.
3. Funds will be applied to the account the same day they are received from the Former Investment Provider/Recordkeeper if received in Good Order before the close of the New York Stock Exchange on any day the Stock Exchange is open for trading (usually 4:00 p.m. Eastern Time). All requests received in Good Order after the close of the Stock Exchange will be processed the next day that the Stock Exchange is open.

**Plan Information**

Employer Name	Plan Number	Contract Number
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**Participant Information**

Name (Last, First, Middle Initial)		Date of Birth (mm/dd/yyyy)	
MANDATORY – Resident Address (number & street)		P.O. Box (optional)	
City/Town		State	Zip Code
Work Telephone No.	Extension	Home Telephone No.	Social Security Number

**Former Investment Provider/Recordkeeper Information**

Investment Provider/Recordkeeper Name		Telephone No.
Investment Account Number	<input type="checkbox"/> Full Transfer/Rollover <input type="checkbox"/> Partial Transfer/Rollover \$ _____ or _____ % <input type="checkbox"/> Maximum without Penalty	

**Alternate Investment Instructions**

Unless otherwise indicated below, your Direct Rollover assets will be invested according to your current investment elections for ongoing contributions to the Plan Number indicated above. Use whole percentages (e.g., 33% not 33 1/3%).

Obtain the Fund Number from your enrollment kit. Enter the percentage or dollar value of the Direct Rollover amount to be allocated to each investment option.

Rollover Account			
Fund Number	% or \$	Fund Number	% or \$
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**The total must equal 100% of the Direct Rollover**



**Direct Rollover to a 401 Plan** (continued)

Name (Last, First, Middle Initial)

Social Security Number

**Direct Rollover Information**

Please check all applicable boxes. Rollovers from Roth IRA accounts are not permitted. For Deferred Sales Charge purposes (where applicable), the Direct Rollover account will assume the same age as the existing employee/voluntary contribution account.

- Rollover of pre-tax contributions (employer and/or employee) and earnings from**  
 403(b) plan    401 plan    Governmental 457    Traditional IRA
  
- Rollover of non-Roth after-tax contributions and earnings from 401 plan (rollovers from other types of plans are not allowed)**  
Employee non-Roth After-Tax Contributions \$ \_\_\_\_\_ Earnings \$ \_\_\_\_\_
  
- Rollover from a Roth 401(k) Account**  
If you are directly rolling over Roth money, we must receive cost basis and the Roth account's start date directly from your prior recordkeeper. Otherwise, we will use the year your initial Roth contribution is applied to this contract and assume the rollover amount's cost basis is zero for tax reporting purposes. This may adversely affect the tax consequences of any future distribution from your Roth account.

**Method of Transfer of Funds to ING by Former Investment Provider (Please choose only one option.)**

- Check Mailed Directly to ING**  
Mail check payable to:  
ING Life Insurance and Annuity Company  
F/B/O Participant Name, Social Security No. and Billing Group No.  
  
Mail completed form and check to:  
ING Life Insurance and Annuity Company  
P.O. Box 150403  
Hartford, CT 06115-0403
- Wire Transfer Direct to ING**  
Please fax this form to 800-643-8143 and wire funds to:  
Bank Name: Wachovia Bank/N. Carolina  
Account Name: ILIAC Operating Acct  
Account Number: 2087370802580  
ABA# 053000219  
OBI Field: Include Participant Name, Social Security No., and Billing Group No.

**Signatures**

I understand that Direct Rollover amounts will be subject to the applicable Internal Revenue Service and Plan withdrawal restrictions. I understand that the Direct Rollover will be invested using my current investment allocation under this plan to the extent on file unless I submit this form to indicate alternate investment selections for this Direct Rollover.

I acknowledge that I have read and accept the terms of this form and that the information shown is correct and complete.

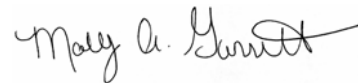
Participant's Signature

Date (mm/dd/yyyy)

Plan Administrator's Signature

**Acceptance of Funds**

ING Life Insurance and Annuity Company hereby agrees to accept funds from the current Trustee/Custodian/Carrier and deposit them into a 401 product on behalf of the Participant executing this form in accordance with the applicable provisions of the Internal Revenue Code.

  
Molly A. Garrett, Vice President

