

# Forms



## Tips for completing your enrollment form:

- Print legibly using a pen and complete the entire form. If you do make an error, correct the mistake and initial your correction.
- When selecting your investment strategy, please choose only one option listed on the form. Then, be sure to fully complete the elections within that option. Please note: the "I want to be in control: I'll keep it in my hands" option requires whole numbers (no fractions) and your elections must equal 100%.
- Please be sure to sign and date your form. It must be received within 90 days of the date signed or it will not be accepted.

**You should consider the investment objectives, risks, and charges and expenses of the investment options offered through a retirement plan carefully before investing. The prospectus contains this and other information. Please read the prospectus carefully before investing. You can obtain a free prospectus for the Fund and/or the separate account prior to making an investment decision or at any time by contacting your local representative or calling ING at (800) 262-3862.**

Your retirement plan investments are long-term investments designed for retirement purposes. If withdrawals are taken prior to age 59½, an IRS 10% premature distribution penalty tax may apply. Withdrawals will be taxed as ordinary income in the year the money is distributed. Account values fluctuate with market conditions, and when surrendered, the principal may be worth more or less than its original amount invested.

# ENROLLMENT FORM

TechProse  
401(k) Plan

Billing Group Number: PH9995

**Participant Information:** Tell us who you are, and how we can reach you.

Name (first, middle initial, last)	Social Security Number	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address (number & street)	Date of Birth (mm/dd/yyyy) / /	Date of Hire (mm/dd/yyyy) / /	
	Home Phone	Work Phone & Extension	
City/Town	State	Zip	
Email Address	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single		

**Contribution Information:** Tell us how much you would like to save per pay period.

**PRE-TAX CONTRIBUTIONS**  Yes, I want to contribute \_\_\_\_\_ % of my compensation per pay period on a pre-tax basis.

**CATCH-UP CONTRIBUTIONS** The IRS allows participants age 50 or older to contribute up to an additional \$5,500.00 per year, as increased based on the Cost of Living Adjustment. Catch-Up contributions will be made on a pre-tax basis.  
 Yes, I want to make a Catch-Up contribution of \_\_\_\_\_ % of my compensation under the catch-up provision.

**WAIVE PARTICIPATION**  No, thank you. I do not want to participate in my employer's retirement plan at this time. I am choosing not to save any compensation.

**Investment Selection:** We'll tell you about your investment choices; you decide what's right for you.

**OPTION ONE: I LIKE TO KEEP IT SIMPLE; GIVE ME A HANDY SOLUTION**

**ING SOLUTION PORTFOLIOS<sup>SM</sup>**  
I WANT TO INVEST IN PROFESSIONALLY MANAGED PORTFOLIOS THAT PROVIDE DIVERSIFICATION.

Select the ING Solution Portfolio that tracks most closely with the year you plan to retire.

<input type="checkbox"/> Yes! I want to invest 100% of my contributions in the selected ING Solution Portfolio. (Use Option 2 to select a percentage other than 100%.)	<input type="checkbox"/> ING SOLUTION 2055 PORTFOLIO SRV <input type="checkbox"/> ING SOLUTION 2045 PORTFOLIO SRV <input type="checkbox"/> ING SOLUTION 2035 PORTFOLIO SRV <input type="checkbox"/> ING SOLUTION 2025 PORTFOLIO SRV <input type="checkbox"/> ING SOLUTION 2015 PORTFOLIO SRV <input type="checkbox"/> ING SOLUTION INCOME PORTFOLIO SRV
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**OPTION TWO: I WANT TO BE IN CONTROL; I'LL KEEP IT IN MY HANDS**

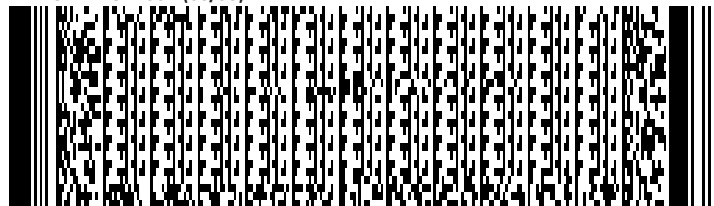
I WANT CONTROL. I WILL CHOOSE MY OWN INVESTMENT MIX.

Yes, I want to invest my contributions according to the allocations designated below. A maximum of 18 investment options may be selected.

Fund#	Fund#
<b>ING Solution Portfolios</b>	<b>Stability of Principal</b>
ING Solution 2055 Portfolio Srv (1167) _____%	ING Fixed Account (xxx) _____%
ING Solution 2045 Portfolio Srv (765) _____%	<b>Bonds</b>
ING Solution 2035 Portfolio Srv (762) _____%	ING Global Bond Port Srv (596) _____%
ING Solution 2025 Portfolio Srv (759) _____%	ING PIMCO Total Return Portfolio Srv (439) _____%
ING Solution 2015 Portfolio Srv (747) _____%	Lord Abbett Bond Debenture Fund R3 (1568) _____%
ING Solution Income Portfolio Srv (768) _____%	<b>Balanced</b>
	American Funds Income Fnd R3 (484) _____%
	ING TRowePrice Captl Apprec Pt Srv (788) _____%

Investment choices continue on next page.

Form No. E001 (09/08)



Name (first, middle initial, last)	Social Security Number	Billing Group Number: PH9995
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**Investment Selection (continued):** We'll tell you about your investment choices; you decide what's right for you.

	Fund#		Fund#
<b>Large Cap Value</b>		<b>Small/Mid/Specialty</b>	
Davis New York Venture Fund R	(1095) _____%	CRM Mid Cap Value Fund Inv	(457) _____%
ING Fidelity VIP Contrafund Port Srv	(410) _____%	Columbia Mid Cap Value Fund A	(1008) _____%
ING Fidelity VIP Eqty-Inc Port Srv	(409) _____%	Franklin Small Cap Value Fund 2	(073) _____%
ING U.S. Stock Index Portfolio Srv 2	(1357) _____%	ING FMR Diversified Md Cp Port Srv	(778) _____%
Mutual Shares Fund R	(357) _____%	ING Russell Mid Cap Index Port S	(1561) _____%
Pioneer Equity Income Fund R	(980) _____%	ING Russell Sm Cp Index Port S	(1564) _____%
<b>Large Cap Growth</b>		Wanger USA	(821) _____%
American Funds Growth Fnd R3	(487) _____%	<b>Global / International</b>	
Fidelity Adv New Insights Fund T	(2170) _____%	American Funds CapWld G&I R3	(2029) _____%
		American Funds EuroPacific R3	(496) _____%
		Thornburg International Value Fnd R3	(1579) _____%
<b>Total</b>		<b>100%</b>	

All contributions should be made in whole percentages, totaling 100%. **Please initial any erasures, strikeouts or corrections.**

**Rollover**

Do you want to learn more about rolling over and consolidating your retirement investments? Contact **ING 's Transition Counseling** today by calling **866.874.8432**.

**Acknowledgements and Signature**

**Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.**

**One or more of these options may be offered through a custodial or trust arrangement and/or a group annuity or funding agreement issued by ING Life Insurance and Annuity Company. For investment options offered through a funding agreement or group annuity contract, I understand that the current tax laws provide for deferral or taxation on earnings on account balances; and that, although the funding agreement or group annuity contract provides features and benefits that may be of value, it does not provide for any additional deferral of taxation beyond that provided by the Plan itself.**

I have received, read and understood the ING participant information booklet, prospectuses and/or investment option summaries describing the investment options.

**SIGN me up!** Please sign and date below.

**Participant Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please complete this form and return it to your Employer.

# 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.

