

# WITHDRAWAL REQUEST 401 CORPORATE ERISA

ING Life Insurance and Annuity Company ("the Company")  
A member of the ING family of companies  
PO Box 990063, Hartford, CT 06199-0063  
Phone: 800-262-3862 Fax: 800-643-8143



## 1. INSTRUCTIONS

Completed requests (pages 1-6 and 7, if applicable) must be mailed to the address above or faxed to ING at 800-643-8143. If you choose to fax a request, please DO NOT mail the original to us.

## 2. PLAN INFORMATION (Please print.)

Plan Name \_\_\_\_\_

Billing Group/Plan Number (Please provide all Billing Group/Plan Numbers applicable to this request.) \_\_\_\_\_

## 3. PARTICIPANT INFORMATION

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

SSN (Required) \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Resident Street Address **Mandatory** \_\_\_\_\_ PO Box<sup>1</sup> \_\_\_\_\_

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

E-mail Address \_\_\_\_\_

Work Phone (include extension) \_\_\_\_\_ Home Phone \_\_\_\_\_

<sup>1</sup>If you have a PO Box, U.S. tax laws also require a street address to be indicated, otherwise 30% federal income tax will be withheld.

## 4. TAX RESIDENCY INFORMATION (Required)

Check one of the three boxes:

**U.S. Citizen**

**U.S. Resident Alien**

**Non-Resident Alien.** Non-resident aliens must indicate your non-U.S. country of tax residency \_\_\_\_\_. If you do not have a U.S. Social Security Number, you must apply for and receive an Individual Taxpayer Identification Number from the Internal Revenue Service (IRS) or a U.S. Embassy by using IRS Form W-7 (Application for IRS Individual Taxpayer Identification Number) which is available on the IRS web site: [www.irs.gov](http://www.irs.gov) or by contacting the IRS at 800-829-1040. Since you are not a U.S. person, your withdrawal is subject to 30% withholding provisions for non-resident aliens unless tax treaty provisions can be applied. If you want to invoke a tax treaty, you must complete, sign and date, and return to us the IRS Original Form W-8BEN, "Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding".

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**5. REASON FOR WITHDRAWAL** (Check one from either Separation from Service OR In-Service Withdrawal.)

Some withdrawals may not be available under your Plan. See your Employer for options available to you.

**Separation from Service** (Indicate amount or percentage in section 7A.)

- Termination of Employment/Retirement  
 Prior to Age 55     Between Age 55 and 59½     Over Age 59½
- Disability
- Dissolution of Plan (Employer terminating Plan, check only if advised by Employer/TPA)
- 

**In-Service Withdrawal** (Indicate amount or percentage in section 7B.)

- Plan Loan
- Hardship  
 Participant is eligible to withdraw contributions and earnings (100%)  
 Participant is eligible to withdraw contributions only (Indicate dollar amount in section 7B.)
- In-Service Withdrawal  
 Prior to Age 59½     On or after Age 59½
- Required Minimum Distribution (RMD) (minimum age 70½)
- Qualified Domestic Relations Order (Must be accompanied by the QDRO Certification, form number 82925 ACES ERISA.)
- Change of Investment Provider within same plan (For plans with multiple investment providers, split funded.)
- 

**6. TYPE OF WITHDRAWAL** (For full withdrawals one of these must be checked.)

- Cash Distribution
- Direct Rollover (other than a Designated Roth Account) to a 401(a), 401(k), 403(b), 457(b) governmental plan or a traditional IRA
- Direct Rollover (other than a Designated Roth Account) to a Roth IRA (only applicable to 401(k), 401(a), 403(b) and 457(b) governmental plans)
- Direct Rollover of a Designated Roth Account to: (only applicable for 401(k) and 403(b) plans)  
 Designated Roth Account  
 ING Roth IRA  
 Non-ING Roth IRA
- Transfer
- Direct Rollover to an ING Account:

**If choosing a direct rollover to an ING account, please select destination account(s) below:**

- ING Rollover Choice     ING Renuity     ING Choice/SAS/Brokerage Account     ING Rollover Advantage
- ING Pension IRA     ING Fixed Design     ING Flexible Income (SPIA)     ING express Fixed Annuity
- ING express Variable     ING Mutual Fund     ING Other \_\_\_\_\_

**NOTE:** For rollovers to an ING account the withdrawal request will not be processed until the new account application is received.

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**7. WITHDRAWAL AMOUNT** (Required to be completed by TPA or Employer.)

**A) Separation from Service**

**Vesting for Employee Sources:** Participant is deemed to be 100% vested in all employee sources unless noted otherwise in special instructions section. Employee sources are defined as **Deferral, Roth, Rollover, Mandatory, Prior Plan Assets,** and **Voluntary Contributions.**

**Vesting for Employer Sources:**

- Vesting is 100% for all Employer sources
- Vesting is \_\_\_\_\_% for all Employer sources
- Vesting varies by source as indicated below:

Match % or \$ _____	Profit Sharing % or \$ _____	Employer Contributions % or \$ _____
Other: Source _____ % or \$ _____	Other: Source _____ % or \$ _____	Other: Source _____ % or \$ _____

**Please select whether non-vested amounts should be transferred to the forfeiture account. If no selection is made, the non-vested amount will remain in the Participant account.**

- Transfer balance to forfeiture account
- Leave balance in participant account

**B) In-Service Withdrawal** (Complete the amount or percentage to be withdrawn from each source.)

Deferral % or \$ \_\_\_\_\_ Match % or \$ \_\_\_\_\_ Other: Source \_\_\_\_\_ Amount % or \$ \_\_\_\_\_  
 Rollover % or \$ \_\_\_\_\_ Profit Sharing % or \$ \_\_\_\_\_ Other: Source \_\_\_\_\_ Amount % or \$ \_\_\_\_\_

**8. COST BASIS** (Non-Roth after tax contributions: For rollovers, unless otherwise indicated, cost basis funds will be rolled over.)

After Tax Contributions \$ \_\_\_\_\_

Account Type (example: voluntary (VL), mandatory (MN)) \_\_\_\_\_

**9. ING LOAN PROGRAM** (Complete this section **ONLY** if selecting Separation from Service in Section 5.)

Participant has an outstanding loan under one of the following repayment methods in the ING Loan Program (ING monitors the loans).

Please check one:  Payroll Deduct  Direct Bill

**Note:** Please proceed to Section 10.

**10. DEFAULTED LOAN INFORMATION** (Complete this section **ONLY** if selecting Separation from Service in Section 5.)

Defaulted loan Amount \$ , .  Account Type (example: deferral, match, etc.) \_\_\_\_\_

If no account type is indicated, any taxes associated with the defaulted loan amount will first be deducted from accounts associated with employee contributions. IRS Form 1099R will be issued at year-end. The amount shown above will be reported as taxable income. Based on the age indicated on this form, the amount may be subject to an additional 10% tax penalty when the Form 1040 is filed with the IRS.

## 11. TAX WITHHOLDING

Please indicate whether or not federal/state income taxes should be withheld from payments. Regardless of whether or not you elect to have federal/state income taxes withheld, you are liable for those taxes on the taxable portion of the benefits. You may also be subject to tax penalties under the Estimated Tax Payment rules. You are advised to seek the advice of a qualified tax advisor prior to making this election. **If subject to mandatory eligible rollover distribution, 20% withholding will be applied.**

### Federal Withholding

- I want federal income tax of 10% withheld from this payment. (Applicable to non-eligible rollover distribution requests such as Hardship and Required Minimum Distribution (RMD).)
- I understand mandatory federal income tax of 20% will be withheld from this payment. (Applicable to eligible rollover distribution requests such as Termination and In-Service Withdrawals.)
- I do not want federal income tax withheld from this payment.
- I have read the withholding notice and elect to have additional income tax withheld of \$ \_\_\_\_\_. (In order to honor additional withholding, a W-4P or Participant signature is required. A W-4P may be obtained from the IRS web site at [www.irs.gov](http://www.irs.gov) or by contacting the IRS at 800-829-1040.)

**DEFAULT: If no election is made, standard federal income tax withholding will occur applicable to your type of distribution.**

### State Withholding

State income tax withholding may be withheld from your distribution. Certain states base your withholding election on your federal withholding election. (See attached State Income Tax Withholding Notification.) In the event you live in one of those states, your distribution will be subject to state income tax withholding.

My residence state for tax purposes is: \_\_\_\_\_

If these payments are exempt from mandatory state income tax withholding:

- I want state income tax withheld from this payment in the amount of \$\_\_\_\_\_.
- I do not want state income tax withheld from this payment. (Please complete the attached State Income Tax Withholding Notification form, if applicable.)

**DEFAULT: If no election is made, state income tax withholding will occur, if applicable.**

**NOTE:** If your residence state for tax purposes is Virginia, you must submit VA-W4P to opt out of state withholding. Otherwise, state tax will be withheld. If you are a resident of California or Oregon, and you are electing to not have state income tax withheld, your signature is mandatory.

## 12. SPECIAL INSTRUCTIONS (Please indicate special instructions or circumstances unique to your individual request below.)

## 13. PAYMENT AND MAILING INFORMATION (Check one only. If not indicated, check will be made payable to and mailed to the Participant.)

- Mail to Participant to address indicated in section 3 (Payment will be received within 10 business days after funds released from ING.)
- Internal Rollover to ING Account
- Mail to new Financial Institution at the address listed below
- Mail to Employer (Check will be made payable to Participant.)
- Rollover/Transfer/Exchange
- Rollover/Transfer of Roth after-tax amounts
- Mail to Alternate Address (Only allowed for QDRO payments or transfers/rollovers/exchanges to other carriers.)

Make check payable to \_\_\_\_\_ New Account # \_\_\_\_\_

Send check to \_\_\_\_\_

Address (# & street/PO box) \_\_\_\_\_

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

- Please mail a separate check to my Roth account. (If this box is not checked, one check will be mailed for all applicable amounts.)

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**14. ELECTRONIC FUND TRANSFER** *(Choosing this option will result in more timely access to your funds.)*

By completing this section, I authorize ING to initiate an electronic funds transfer (EFT). 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 Company does not charge you for this service, the payment is typically completed within 3-4 business days.

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.

**The EFT information must be clear and complete. If we are unable to read the instructions, in order to expedite the request, the payment will be made by check.**

- EFT will not deposit to a third party account.
- EFT cannot be made outside of the U.S.

Please indicate whether this is a  Checking or  Savings Account

Account Holder(s) as it is registered at your bank \_\_\_\_\_

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

Bank Address (# and street) \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Bank Account # \_\_\_\_\_

ABA Routing # (9 digits, verify with your bank) \_\_\_\_\_

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**15. IF ING HAS QUESTIONS REGARDING THIS WITHDRAWAL REQUEST**

Please Contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

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**16. TAXPAYER CERTIFICATION**

**Under penalties of perjury, I certify that:**

1. The number on this form is my correct taxpayer identification number; and
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; and
3. I am a U.S. citizen or other U.S. person (including U.S. resident alien).

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

I am a non-resident alien and the Taxpayer Certification language included in this form does not apply to me.

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**17. PARTICIPANT AUTHORIZED SIGNATURE AND TAX WITHHOLDING**

The Company is required to provide this notice to you at least 30 days, but no more than 180 days, before the date of distribution. You have the right to consider whether to elect a direct rollover for at least 30 days after the notice is provided. Your Employer's retirement program may provide that by completing and returning the distribution request in less than 30 days if you elect to waive the 30-day requirement. This would mean that you do not wish to wait 30 days before reviewing your requested distribution. The Special Tax Notice, a more complete written explanation of these rules, is available at [www.ingretirementplans.com/taxnotice](http://www.ingretirementplans.com/taxnotice) or call 800-232-5422.

**I certify that I understand the Special Tax Notice regarding the application of the 20% federal income tax withholding to certain Plan payments and, if applicable, waive the 30-day notice requirement.**

Participant/Alternate Payee Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant/Alternate Payee SSN \_\_\_\_\_

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**18. THIRD PARTY ADMINISTRATOR (TPA) FEE** (Check will be made payable and mailed to the TPA.)

TPA Fee Amount \$ \_\_\_\_\_

- From Participant Account    Account Type (example: deferral, match, etc.) \_\_\_\_\_
- From Forfeiture Account    Account Type (example: deferral, match, etc.) \_\_\_\_\_

The Third Party Administrator for the Plan identified above has recorded this withdrawal in their records for this plan.

**19. THIRD PARTY ADMINISTRATOR AUTHORIZED SIGNATURE AND CERTIFICATION**

This section must be completed if required by the Employer.

I am employed as a Third Party Administrator of the Plan identified above and 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 in order to make this determination;
- The requested benefits are permitted in accordance with the terms of the Plan document; and
- 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.

Name of TPA Firm \_\_\_\_\_

Authorized Signer Name (Please print.) \_\_\_\_\_

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

**20. TRUSTEE OR NAMED FIDUCIARY'S AUTHORIZED SIGNATURE AND CERTIFICATION**

I am a Trustee or Named Fiduciary of the Plan identified above and certify the following:

- a) The requested benefits are permitted by the Plan;
- b) For a return of contributions, I certify that the contributions may be returned to the Employer and that the reason for such return meets the requirements of IRS Revenue Ruling 91-4 and ERISA Section 403(c)(2);
- c) For withdrawals made to pay Plan expenses, I have determined in my fiduciary capacity that the service requested was necessary, has been provided at a reasonable expense to the plan; and the payment of such expense from Plan assets is permissible under the terms of the Plan;
- d) If the Plan requires Spousal Consent for the withdrawal, it has been secured in a separate document including any additional certifications;
- e) If the Participant's signature has been obtained in a separate document, the Participant has received from the Trustee or Named Fiduciary the Special Tax Notice regarding application of federal income tax withholding to certain Plan payments; the Participant's withholding elections for state and federal income tax purposes, where applicable, have been obtained in a separate document along with the IRS Form Substitute W-9 and if applicable waive the 30-day notice requirement;
- f) If this form is not received in Good Order, it may be returned for correction and processed upon resubmission in Good Order at our designated location. For purposes of calculating the amount to be withdrawn, the value of the individual account will be determined after the close of business of the New York Stock Exchange (NYSE) on the date of Good Order. A valuation date is any normal business day, Monday through Friday, that the NYSE is open; and
- g) I have read and agree to the terms and conditions of the requested withdrawal 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. If appropriate, the information shown on this form has been reviewed with the Third Party Administrator.
- h) I have modified my plan document in reference to the Pension Protection Act of 2006 ("PPA") as needed.

Trustee or Named Fiduciary (Please print.) \_\_\_\_\_ Date (Required) \_\_\_\_\_

Trustee or Named Fiduciary  
Signature (required) \_\_\_\_\_ Daytime Phone \_\_\_\_\_

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STATE INCOME TAX WITHHOLDING NOTIFICATION  
401, 403(b), 408 and Governmental 457 Plan Distribution



**NOTIFICATION**

If you are a resident of Arkansas, California, Delaware, Iowa, Kansas, Maine, Maryland<sup>1</sup>, Massachusetts, Nebraska<sup>1</sup>, North Carolina<sup>2</sup>, Oklahoma, Oregon, Vermont, or Virginia<sup>1</sup>, 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 **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 designated location as, your Withdrawal Request.
- If you are a resident of **Arkansas, Delaware, Iowa, Kansas, Maine, Maryland<sup>1</sup>, Massachusetts, Nebraska<sup>1</sup>, North Carolina<sup>2</sup>, Oklahoma**, or **Vermont**, state income tax withholding will be automatically calculated as 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<sup>1</sup>**, 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 designated location as, your Withdrawal Request.

<sup>1</sup>Maryland, Nebraska and Virginia state income tax are not applicable to 408 Plans.

<sup>2</sup>North Carolina does not apply to distributions from NC state and local government or federal retirement systems for those vested as of 8/12/89.

**PAYEE/ACCOUNT HOLDER ELECTION** (Do not submit this form if you want state income tax to be withheld.)

I elect to have **no state income tax withheld** from this distribution and I am a resident of (check one):

California       Oregon

Payee/Account Holder Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_