

FINANCIAL SERVICE REQUEST

ING USA Annuity and Life Insurance Company, Des Moines, IA
 ING Life Insurance and Annuity Company, Windsor, CT
 ReliaStar Life Insurance Company of New York, Woodbury, NY
 ReliaStar Life Insurance Company, Minot, ND
 (the "Company")
 Service Office: P.O. Box 1337, Des Moines, IA 50305-1337
 Phone: 800-369-5303 Fax: 515-698-2001
 www.ingannuities.com



The contract owner may use this form to request action by the Company. Check the appropriate squares and supply the information indicated. **Please remember to read section 3 on page 2 and provide your signature of authorization to make this request effective. If you are completing section 1b, you must also complete section 5.**

Contract # _____ Annuitant Name _____

Owner Name _____

Owner SSN _____ Owner Phone _____

Owner Address _____ City _____ State _____ ZIP _____

Joint Owner Name _____

Joint Owner SSN _____ Joint Owner Phone _____

1. SURRENDER OR WITHDRAWAL (Select one from A through D below. If electing B, C or D, also complete Section 2a - Tax Withholding Election.)

A. ☐ Free Look Cancellation

B. ☐ Full Surrender

C. ☐ Partial Withdrawal (Select only one.)

☐ Check Amount before Withholding \$ _____

☐ Check Amount after Withholding \$ _____

☐ Percentage of Accumulated Value _____ %

☐ Penalty Free

☐ Interest (Not available with all products.)

D. ☐ Systematic Withdrawals (Select only one.)

☐ Specific Amount \$ _____

☐ Percentage of Accumulated Value _____ %

☐ Penalty Free

☐ Interest (Not available with all products.)

☐ Maximum Annual Withdrawal (MAW)

(This option is only available on contracts with the ING IncomeProtector or ING Joint IncomeProtector rider. Please refer to your rider and disclosure statement for details.)

If you have the ING IncomeProtector or the ING Joint IncomeProtector you must indicate if this partial withdrawal is a maximum annual withdrawal (MAW) or non-MAW. Please refer to your rider and disclosure statement to determine if this option is available and for rider details. A MAW selection will result in the rider entering the withdrawal phase.

(Select one.) ☐ MAW ☐ Non-MAW

Frequency of Payments: (Select one.)

☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

Date payments are to begin: ____/____/____
mm dd yyyy

1a. IRA DISTRIBUTION (If this is an IRA distribution, please indicate if your distribution is due to one of the following.)

☐ Disability (A disability distribution will be processed upon receipt of disability verification from appropriate agency.)

☐ Death (Use when making withdrawals on beneficiary deferred accounts.)

☐ Excess contribution. Indicate tax year _____

☐ Normal distribution (Over age 59½)

☐ Early distribution (Under age 59½)

1b. 403(b) DISTRIBUTION (If this is a 403(b) distribution please indicate a triggering event.)

The withdrawal of balances accrued after December 31, 1988, can only be made for one of the following options. (Select one.)

Option A. ☐ Over age 59 1/2

Option B. ☐ Separation from Service (I'm no longer employed at the institution through which I contributed to my annuity.)

Option C. ☐ Disability (As defined by Internal Revenue Code Section 72(m)(7). Verification required.)

Option D. ☐ Financial Hardship (The following are the only reasons allowed for a financial hardship withdrawal. **Please select one.**)

Withdrawals are allowed from contributions only.

☐ Unreimbursed medical expenses incurred by me, my spouse or my dependent(s)

☐ The purchase (excluding mortgage payments) of my principal residence

☐ Payment of college tuition and related educational expenses for the next 12 months for me, my spouse or my dependent(s)

☐ To prevent eviction from my principal residence or foreclosure on the mortgage of my principal residence

☐ Payment of funeral expenses of a family member

Option E. ☐ Plan Termination (The Company must have prior notice of your Employer's intent to terminate the 403(b) plan.)

2a. TAX WITHHOLDING ELECTION - 403(b) ONLY (You cannot choose tax withholding options on a 403(b) contract.)

Unless you elect to have your distribution rolled directly to an IRA or another qualified TSA program (not available for financial hardship), your distribution is subject to 20% mandatory federal income tax withholding. Also, if your distribution is not rolled over, it will be subject to federal and state income tax, and it may be subject to a 10% nondeductible federal excise tax if you are under age 59 1/2. Please contact the Company if you desire a direct rollover.

2b. TAX WITHHOLDING ELECTION - NON 403(b) ONLY (You cannot choose tax withholding options on a 403(b) contract.)

Federal income tax withholding election

Choose A or B:

A. ☐ I do not want to have federal income tax withheld from my distribution.

B. ☐ I would like to have the following federal income tax withheld from my distribution: \$ _____ or _____ %

NOTE: If a withholding option is not selected, a 10% federal income tax will be automatically withheld. Withholding will only apply to the taxable portion of your distribution. If you do not elect withholding, or if you do not have enough tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. You may also be subject to tax penalties if your payments of estimated tax and withholding are inadequate. Subject to specific exceptions under the Internal Revenue Code, any taxable distributions from an annuity contract prior to age 59 1/2 may be subject to a 10% nondeductible excise tax.

State income tax withholding election

Certain states require the Company to withhold state income taxes. If you live in one of those states, state income tax will be withheld from your distribution.

☐ I would like to have the following state income tax withheld from my distribution: \$ _____ or _____ %

3. MAILING INSTRUCTIONS

If there are no specific overnight instructions, your request will be sent by regular mail.

A notarized signature is required if the disbursement is to be sent to an address other than the address of record or if the address of record has been changed in the past 30 days. If a disbursement is being sent to the agent's address of record a signature guarantee is required.

☐ Please overnight this request at my expense. I understand there will be a \$20 deduction from my disbursement to pay for the service. Overnight mailing of the disbursement does not change the normal processing time, and a valid street address is required to be listed as the address of record on the contract.

4. SIGNATURE AND AUTHORIZATIONS

I hereby certify that I have read and understand the terms of this form and that the information provided on this form is true and complete to the best of my knowledge, and I authorize the transactions requested.

Under penalties of perjury, my/our signature(s) certifies/certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).
 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.
 3. I am a U.S. citizen or U.S. resident alien.
- You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellations of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide the correct tax identification number (TIN).
 - If you are a non-resident alien (foreign person) please cross out the above if you feel this does not apply to you. You may be required to complete additional forms such as a W-8.
 - **The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

➡ Owner Signature _____ Date _____

➡ Joint Owner Signature (if applicable) _____ Date _____

➡ Custodian Signature and Title _____ Date _____

A signature guarantee or notarized signature is required in the following instances:

- A valid signature of owner or power of attorney is not on file.
- Faxed Request is for partial withdrawal, surrender or Free Look of \$300,000 or more.
- The check is made payable to a party other than the owner.
- The check is mailed to an address other than the address of record.

A signature guarantee is required if the check is sent to the agent's address of record.

Place Signature Guarantee or
Notary Stamp here.

5. EMPLOYER, PLAN SPONSOR, NAMED FIDUCIARY OR THIRD PARTY ADMINISTRATOR AUTHORIZED SIGNATURE AND CERTIFICATION

If you have elected a distribution from your 403(b) in section 1(b) of this form, your employer or its designee must complete this section.

As an employer, plan sponsor, named fiduciary or third party administrator of the plan identified above, I 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 to make this determination.
- The requested benefits are permitted in accordance with the terms of the plan document.
- 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.
- I have modified my plan document in reference to the Pension Protection Act of 2006 as needed.

Employer Name _____

Authorized Signer Name (please print) _____

 Signature _____ Date _____