

ENROLLMENT FORM

State of Connecticut
403(b)(1) Group Annuity Contract
403(b)(7) Custodial Account
Plan Number: VFZ802

ING Financial Advisers, LLC
 P.O. Box 990069
 Hartford, CT 06199-0069
 Toll Free Telephone: 800.784.6386



In this form, ING Life Insurance and Annuity Company may also be referred to as the Company or ING.

Participant Information (Please type or print clearly.)

Department Name		Department Location	Location Code
Name (first, middle initial, last)		Social Security Number	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (No. & Street)		Date of Birth (mm/dd/yyyy)	Date of Hire (mm/dd/yyyy)
City/Town	State	Zip Code	Number of Dependents
Email Address		Estimated Annual Income	Expected Retirement Age
Home Telephone No. ()	Work Telephone No. ()	Occupation /Job Title	

Financial Disclosure (Please provide estimates.)

Annual Household Income				
<input type="checkbox"/> <\$25,000	<input type="checkbox"/> \$25,000 - \$49,999	<input type="checkbox"/> \$50,000 - \$99,999	<input type="checkbox"/> >\$100,000	
Net Worth (excluding primary residence)				
<input type="checkbox"/> <\$25,000	<input type="checkbox"/> \$25,000 - \$49,999	<input type="checkbox"/> \$50,000 - \$99,999	<input type="checkbox"/> >\$100,000 - \$250,000	<input type="checkbox"/> >\$250,000
What is your level of investment experience?				
<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High		
How would you categorize yourself as an investor?				
<input type="checkbox"/> Aggressive	<input type="checkbox"/> Moderately Aggressive	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderately Conservative	<input type="checkbox"/> Conservative
What are your life insurance and investment holdings?				
Face Amount of Life Insurance				
<input type="checkbox"/> <\$25,000	<input type="checkbox"/> \$25,000 - \$49,999	<input type="checkbox"/> \$50,000 - \$99,999	<input type="checkbox"/> \$100,000 - \$250,000	<input type="checkbox"/> >\$250,000
Securities				
<input type="checkbox"/> <\$25,000	<input type="checkbox"/> \$25,000 - \$49,999	<input type="checkbox"/> \$50,000 - \$99,999	<input type="checkbox"/> \$100,000 - \$250,000	<input type="checkbox"/> >\$250,000
Cash				
<input type="checkbox"/> <\$25,000	<input type="checkbox"/> \$25,000 - \$49,999	<input type="checkbox"/> \$50,000 - \$99,999	<input type="checkbox"/> \$100,000 - \$250,000	<input type="checkbox"/> >\$250,000
Other investments				
<input type="checkbox"/> <\$25,000	<input type="checkbox"/> \$25,000 - \$49,999	<input type="checkbox"/> \$50,000 - \$99,999	<input type="checkbox"/> \$100,000 - \$250,000	<input type="checkbox"/> >\$250,000
When will you begin using your retirement account?			Estimated percent of retirement income from this investment:	
<input type="checkbox"/> >20 Years	<input type="checkbox"/> >10 Years	<input type="checkbox"/> >5 Years	<input type="checkbox"/> <5 Years	<input type="checkbox"/> <25%
				<input type="checkbox"/> 25 - 50%
				<input type="checkbox"/> 50 - 75%
				<input type="checkbox"/> >75%
Account Investment Objective(s)				
<input type="checkbox"/> Capital Preservation	<input type="checkbox"/> Income	<input type="checkbox"/> Growth & Income	<input type="checkbox"/> Growth	<input type="checkbox"/> Aggressive Growth
<input type="checkbox"/> Speculative				
Why is an annuity or funding agreement being purchased? (Check all that apply.)				
<input type="checkbox"/> Primary Retirement Income	<input type="checkbox"/> Supplementary Retirement Income			
<input type="checkbox"/> Annuitization Feature	<input type="checkbox"/> Payroll Deduct Asset Accumulation			

Please complete this form and return to your Agent.

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Participant Name (first, middle initial, last)	Social Security Number	Plan Number VFZ802
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Financial Disclosure (Continued)

Why is this particular annuity or funding agreement being purchased instead of another investment? (Check all that apply.)

- This is the only investment available through my employer's defined contribution plan.
- Guaranteed minimum interest rate
- Income options
- Systematic withdrawals
- Competitive interest rates, fees and/or charges
- Ongoing service in connection with the annuity or funding agreement and its features
- Benefits and riders
- None of the above

After purchasing this product, will you have sufficient liquidity to meet current financial needs? Yes No

Agent Note (Please attach separate page for additional comments.)

Replacement Information

Do you have existing individual annuity contracts or individual life insurance policies? Yes No

Will this Contract change or replace any existing Life Insurance or Annuity Contracts? Yes No

If yes, provide carrier name and account number:

Carrier _____ Account No. _____

If this is an exchange from an existing variable annuity, which of the following are true? (Check all that apply).

- Will benefit from product enhancements and improvements.
- Will lose existing benefits.
- Will incur a surrender charge on the existing contract.
- Has had another deferred variable annuity exchange within the past 36 months.
- Will be subject to a new surrender period.
- Will be subject to increased fees or charges.
- Will be subject to decreased fees or charges.
- New contributions only, current provider no longer available.

FINRA Affiliation

Are you associated with a Financial Industry Regulatory Authority member? Yes No

If yes, list the affiliation _____

Another way to save through your retirement plan.

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 800-784-6386, option 4.

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Participant Name (first, middle initial, last)	Social Security Number - -	Plan Number VFZ802
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Complete Legal Name	Relationship	Percentage

Total = 100%

Contingent Beneficiary (Optional)

If named, Contingent Beneficiary(ies) will only receive payment if all Primary Beneficiaries have predeceased the Participant.

Complete Legal Name	Relationship	Percentage

Total = 100%

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Participant Name (first, middle initial, last)	Social Security Number	Plan Number
	- -	VFZ802

Investment Options

Investment options are alphabetically grouped in their respective asset classes as determined by the Company under the 403(b)(1) Group Annuity Contract and the 403(b)(7) Custodial Account, respectively. Changes to investment selections must be initiated by the Participant. Enter the percentage (in whole percentages) of your payment to be allocated to each investment option.

Stability of Principal

Connecticut Stable Value Fund (3792) _____ %

Bonds

Calvert Social Investment Fund Bond Portfolio - Class I (1089) _____ %

PIMCO Total Return Fund - Institutional Shares (544) _____ %

Vanguard® Inflation Protected Securities - Inst Shares (1229) _____ %

Vanguard® Total Bond Market Index - Institutional Shares (799) _____ %

Asset Allocation

Vanguard® Target Retirement 2015 - Investor Shares (791) _____ %

Vanguard® Target Retirement 2025 - Investor Shares (926) _____ %

Vanguard® Target Retirement 2035 - Investor Shares (793) _____ %

Vanguard® Target Retirement 2045 - Investor Shares (794) _____ %

Vanguard® Target Retirement Income - Investor Shares (795) _____ %

Large Cap Value

Hartford Capital Appreciation HLS Fund - Class IA (804) _____ %

TIAA-CREF Institutional Equity Index Fund - Inst Class (1092) _____ %

TIAA-CREF Institutional Social Eq Choice Fund - Inst Shares (1224) _____ %

Vanguard® Institutional Index Fund - Inst Plus Shares (1228) _____ %

Large Cap Growth

Fidelity® VIP Contrafund® Portfolio - Initial Class * (896) _____ %

The Growth Fund of America® - Class R6 (1724) _____ %

Small/Mid/Specialty

DFA Real Estate Securities Portfolio (1438) _____ %

Fidelity® VIP Mid Cap Portfolio - Initial Class * (897) _____ %

JPMorgan Mid Cap Value Fund - Class I (816) _____ %

TIAA-CREF Institutional Small-Cap Blend Index Fd -Inst Class (797) _____ %

Vanguard® Explorer™ Fund - Admiral™ Shares (828) _____ %

Vanguard® REIT Index Fund - Inst Shares (1225) _____ %

Global / International

EuroPacific Growth Fund® - Class R6 (1723) _____ %

TIAA-CREF Institutional Intern'l Equity Index - Inst Class (798) _____ %

Total 100%

Complete the contribution percentages, in whole numbers, to total 100%.

* Investment option offered through a Group Variable Annuity Contract issued by ING Life Insurance and Annuity Company. Fidelity and Fidelity Investments & (Pyramid) design are registered trademarks of FMR Corp.

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Registered Representative Information

The following individual(s) is/are our salaried enrollers and will not receive any commissions in connection with this Contract.

Representative/Entity Name (print)	Office Code	Rep No.	% Participation

Anti-Fraud Statement

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.

Participant Certification

I acknowledge receipt of the current Group Variable Annuity Prospectus Summary.

Participants Enrolling in a 403(b)(1) Annuity Contract: I understand the Internal Revenue Code restrictions on withdrawals from a 403(b)(1) Tax-Deferred Annuity (*described in the Prospectus Summary*). I understand that these restrictions do not include contract exchanges to other investment alternatives under my Employer's 403(b) plan, transfers made to another employer's 403(b) plan or transfers made to a governmental defined benefit plan to purchase service credit unless further restricted by my Employer's 403(b) written plan.

I understand that my employer's plan offers multiple investment options. One or more of these options may be offered through a custodial or trust arrangement and/or a group annuity or a 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 of 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.

Employee Appointment of Employer as Agent under an Annuity Contract

I appoint my Employer, who is the Contract Holder, as my agent for all purposes under the Group Annuity Contract issued to my Employer in accordance with the terms of the Plan. I agree to be bound by my Employer's interpretation of the Plan provisions and its written direction to the Company in accordance with the terms of the Plan. I understand that the Company will pay any death benefit based on the Beneficiary named under my Employer's Plan.

Acknowledgement

I acknowledge receipt of Fund Fact Sheets and/or prospectuses for all the investment options under the Plan.

I understand that ING will charge a Third Party Administrator (TPA) fee for the services it provides under the Plan. This fee is equal to 0.12% of my account balance on an annual basis. For all the funds except the Fidelity funds and the Hartford Capital Appreciation Fund, ING will deduct this fee from my account on a monthly basis. For the Fidelity funds and the Hartford Capital Appreciation Fund, Fidelity or The Hartford (as appropriate) will pay this fee directly to ING.

I acknowledge that I have been informed about various features of deferred variable annuities or funding agreements, including: the potential surrender period; any applicable surrender charges; tax penalties applicable to surrender before age 59½; mortality and expense fees and/or daily asset charges; investment advisory fees; charges for and features of riders; insurance and investment components; and market risk.

By signing this form, I also acknowledge that the information provided is complete and accurate and that any changes have been initiated by me. I further certify that the Company is entitled to rely exclusively on information provided on this form.

Participant's Authorized Signature

Participant's Signature	City and State Where Signed	Date (mm/dd/yyyy) / /
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Registered Representative's Certification and Signature

Does the participant have an existing annuity or life insurance contract?
(If "yes", a replacement form must be completed only for 403(b) plans where ING is not the exclusive provider.) Yes No

Do you have any reason to believe any existing Life Insurance or Annuity Contracts will be modified or replaced if this Contract is issued? Yes No

Does this employee benefit plan offer multiple annuities? Yes No

Does this employee benefit plan offer mutual funds? Yes No

Based on the information set forth above, I have a reasonable basis to believe that: the customer has been informed about the various features of deferred variable annuities; this purchase is suitable for the customer; the customer would benefit from certain features of deferred variable annuities; and the variable annuity being purchased, the underlying subaccount allocations, and selected riders (if any) are suitable for the customer. If this transaction involves the exchange of a deferred variable annuity, I have a reasonable basis to believe that the exchange is suitable for the customer.

I certify that the information on this form is true, complete and accurate to the best of my knowledge.

Registered Representative (print name)	Registered Representative Signature	Date (mm/dd/yyyy)
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