

REQUEST FOR FINANCIAL SERVICE

ING USA Annuity and Life Insurance Company, Des Moines, IA
ReliaStar Life Insurance Company of New York, Woodbury, NY
(the "Company")

A member of the ING family of companies

PO Box 9271, Des Moines, IA 50306-9271

Overnight Delivery: 909 Locust Street, Des Moines, IA 50309-2899

Phone: 800-366-0066 Fax: 515-698-2036

www.ingannuities.com



Your future. Made easier.®

INSTRUCTIONS

Use this form with the following contracts: **ING GoldenSelect** (Access, Architect, Architect NY, Empire Innovations, Empire Traditions, ESII, GoldenSelect Guarantee, Landmark, Morgan Stanley Legends, Morgan Stanley Opportunities, Premium Plus); **ING SmartDesign** (Advantage, Multi-Rate Index, SDVA, Signature); **Other ING Variable Annuity Products** (DVA Plus, Equiselect).

- IRA/Roth IRA Conversion or Recharacterization, complete sections 1, 2, 13 and 15.
- Correction to Direct Deposit Information, complete sections 1, 12 and 15.
- Additional Payments, complete sections 1, 3 and 15.
- Auto Rebalancing, complete sections 1, 4 and 15.
- Dollar Cost Averaging, complete sections 1, 5, 6 (if not already invested in source fund chosen in section 5) and 15.
- Reallocations, complete sections 1, 6 and 15.
- Cash Surrender, complete sections 1, 8, 10, 12, 13 and 15.
- Partial Withdrawal, complete sections 1, 8, 10, 12, 13 and 15.
- Systematic Withdrawal, complete sections 1, 9, 10, 12, 13 and 15.

Section 11 must be completed if your contract has had an incoming or outgoing partial 1035 exchange in the last 12 months.

Section 14 must be completed if you have made a choice in section 10B - 403(b) Contracts.

- Refer to your prospectus for restrictions, limitations, fees and other details about your request.
- We will process your request once we receive this form in good order. Good order is defined as receipt of any required information at the Customer Service Center, accurately and entirely completed, with signatures of the owner and joint owner (if applicable).
- You must designate fund allocations for all additional payments, automatic rebalancing, dollar cost averaging, and reallocation requests. If you leave these sections blank, your request will be allocated on a pro rata basis among the variable divisions in which your accumulation value is currently invested.
- Certain transactions will not be available if the Periodic Payment Plan is in effect on your contract. Please call us at 800-366-0066 for more details.
- Some requests may require multiple signatures.
- If additional space is required to fulfill your request, please attach another piece of paper and include your signature and the date.

SUBMITTING FORMS TO THE CUSTOMER SERVICE CENTER

Fax:
515-698-2036

Regular Mail:
ING ANNUITIES
Attn: Customer Service Center
PO Box 9271
Des Moines, IA 50306-9271

Overnight Mail:
ING ANNUITIES
Attn: Customer Service Center
909 Locust Street
Des Moines, IA 50309-2899

Fax for reallocations only:
515-698-2033

1. OWNER AND CONTRACT INFORMATION

Owner Name _____ Contract # _____

Address _____ City _____ State _____ ZIP _____

SSN _____ Phone _____

Joint Owner Name (if applicable) _____

SSN _____ Phone _____

Annuitant Name (if different than owner) _____

Joint Annuitant Name (if different than owner) _____

2. IRA/ROTH IRA CONVERSION (Please consult your tax advisor before making this election.)

Partial contract conversions or recharacterizations are not permitted. The conversion or recharacterization is a tax reportable event for the year in which the transaction takes place. For this conversion, tax withholding is not mandatory, but is an option available to you. The conversion may be subject to IRS 10% penalty and withholding is not refundable if you later decide to recharacterize back to the prior line of business. Complete this section and Section 13 based on the recommendations of your tax advisor. A tax withholding is considered a withdrawal from the contract, refer to the prospectus for restrictions, limitations, fees and other details about your request.

- I request my **IRA (Traditional, SEP, SIMPLE)** contract be converted to a **Roth IRA**.
- I request my **403(b) or 457** contract be converted and rollover to a **Traditional IRA** (additional rollover paperwork required).
- I request my **403(b) or 457** contract be converted and rollover to a **Roth IRA** (additional rollover paperwork required).
- I request my **Roth IRA** contract be recharacterized to a **Traditional IRA**.

3. ADDITIONAL PAYMENTS

One Time Additional Payment

Amount \$ _____

IRA Contribution for year 20 _____ OR IRA Rollover

Payment enclosed Receiving funds from a prior company

If funds are received prior to additional payment request, allocations will be processed per current allocation instructions on file rather than the allocations provided below.

Systematic Additional Payment (Preauthorized Payment Plan)

Deduction Frequency (*Check one.*): Monthly Quarterly Annually

Amount \$ _____ Start Date (*mm/dd/yyyy*) _____

Include a voided check and verify all banking information prior to submission. Not available within the first 30 days of the contract.

If funds are being deducted from a savings account, you must submit a letter from the bank (on bank letterhead) that includes verification of the bank routing/ABA number, bank account number, and bank account owner's name.

I hereby authorize the Company to initiate a debit entry(ies) to the account indicated and in the amount and frequency listed above. This authorization shall remain in force until I give the Company written notice of termination of this authorization. I understand and agree that I will indemnify the Company for any costs it incurs should there be insufficient funds in the below listed account. I further understand that the Company may sell sufficient investments in the divisions underlying my contract to recover the full amount of the debit entry.

Divisions Allocated To: Review the portfolio list in section 7 and indicate the percentage you wish to allocate to each division. Percentages must total 100%.

Portfolio	%

4. AUTOMATIC REBALANCING *(Not available with dollar cost averaging. \$10,000 minimum account value required.)*

Automatic rebalancing will occur on the last business day of the appropriate calendar quarter. Please consult your prospectus for details regarding this feature. Automatic rebalancing does not apply to the fixed allocation(s) and cannot be elected if you participate in dollar cost averaging. Any subsequent reallocation, add-on or partial withdrawal you direct, other than on a pro rata basis, will terminate this program.

Rebalance my portfolio: Quarterly Semi-Annually Annually

Review the portfolio list in section 7 and indicate the percentage you wish to allocate to each division. Percentages must total 100%. The percentages will be proportionally recalculated for subsequent reallocations if you have chosen a Fixed Allocation Election. This will serve as your automatic rebalancing allocation and will supersede all prior allocation instructions, including those on your application. **If your contract is not already invested in the allocations requested, a reallocation will be processed.**

Portfolio	%

5. DOLLAR COST AVERAGING

Amount of Monthly Transfer \$ _____ (*Refer to your prospectus for minimum amounts allowed.*)

Source fund (*Refer to your prospectus for requirements.*): Liquid Assets 1-Year Guarantee Period 6-Month Guarantee Period¹

Target Account(s): Review the portfolio list in section 7 and indicate the percentage you wish to allocate to each division. Percentages must total 100%.

Portfolio	%

¹ Only available on new premiums.

6. REALLOCATIONS

If the transfer amount requested from a specific fund exceeds the amount available, we will transfer the balance of that fund. Review the portfolio list in section 7 and indicate the dollar amount or percentage you wish to allocate to each division. Transfers are not permitted from a TSA loan account.

Total Reallocation (Reallocates funds in variable account divisions only. Must be expressed in percentages and total 100%.)

\$	%	From	To

7. PORTFOLIO INFORMATION (The available share class is subject to distribution and/or service (12b-1) fees.)

Some account divisions have limited availability. You should review any footnote before making your selection.

ACCOUNT DIVISION

BlackRock Global Allocation V.I.
Columbia Small Cap Value ^{2,6}
Fidelity® VIP ContraFund ^{2,5}
Fidelity® VIP Equity-Income ^{2,6}
ING American Funds Asset Allocation
ING American Funds Bond
ING American Funds Global Growth and Income ⁴
ING American Funds Growth
ING American Funds International
ING American Funds International Growth and Income ⁴
ING American Funds World Allocation ³
ING Artio Foreign
ING Balanced ^{2,4}
ING Baron Small Cap Growth
ING BlackRock Inflation Protected Bond ³
ING BlackRock Large Cap Growth ⁶
ING BlackRock Science and Technology Opportunities
ING Clarion Global Real Estate ^{2,6}
ING Clarion Real Estate ^{2,6}
ING Columbia Small Cap Value ^{2,5}
ING Davis New York Venture
ING DFA World Equity
ING Euro STOXX 50® Index ⁴
ING FMR Diversified Mid Cap
ING Franklin Income
ING Franklin Mutual Shares
ING Franklin Templeton Founding Strategy
ING FTSE 100 Index® ⁴
ING Global Resources ⁶
ING Growth and Income
ING Hang Seng Index ⁴
ING Index Plus LargeCap ^{2,6}
ING Index Plus MidCap ^{2,6}
ING Index Plus SmallCap ^{2,6}
ING Intermediate Bond
ING International Index
ING Janus Contrarian ^{2,6}
ING Japan TOPIX Index ⁴
ING JPMorgan Emerging Markets Equity ⁶
ING JPMorgan Mid Cap Value
ING JPMorgan Small Cap Core Equity ⁶
ING Large Cap Growth
ING Large Cap Value

ACCOUNT DIVISION

ING Limited Maturity Bond ^{2,4}
ING Liquid Assets ¹
ING Marsico Growth
ING MFS Total Return
ING MFS Utilities ⁶
ING MidCap Opportunities
ING Morgan Stanley Global Franchise
ING Oppenheimer Active Allocation ³
ING Oppenheimer Global
ING PIMCO High Yield ⁶
ING PIMCO Total Return Bond
ING Pioneer Fund ⁶
ING Pioneer Mid Cap Value
ING Retirement Conservative ³
ING Retirement Growth
ING Retirement Moderate
ING Retirement Moderate Growth
ING Russell Large Cap Growth Index
ING Russell Large Cap Index
ING Russell Large Cap Value Index
ING Russell Mid Cap Growth Index
ING Russell Mid Cap Index
ING Russell Small Cap Index
ING Small Cap Opportunities ^{2,6}
ING Small Company
ING T. Rowe Price Capital Appreciation
ING T. Rowe Price Equity Income
ING T. Rowe Price Growth Equity
ING T. Rowe Price International Stock ⁶
ING Templeton Foreign Equity
ING Templeton Global Growth
ING Thornburg Value ^{2,6}
ING U.S. Bond Index
ING UBS U.S. Large Cap Equity ^{2,6}
ING Van Kampen Comstock
ING Van Kampen Equity & Income
ING Van Kampen Growth and Income
ING Wells Fargo Health Care ⁶
ING WisdomTree^(SM) Global High Yielding Equity Index
Invesco V.I. Leisure ^{2,6}
ProFund VP Bull ^{2,6}
ProFund VP Europe 30 ^{2,6}
ProFund VP Rising Rates ^{2,6}

¹Death benefit and living benefit guarantees may be affected by amounts invested in or transferred to and from this investment option.

²Not available to new investment with Access, ESII, Landmark, Premium Plus, Architect, Architect NY, DVA Plus, Equiselect, SmartDesign VA, Signature, Advantage, Empire Innovations, and Empire Traditions.

³Not available with Morgan Stanley Legends.

⁴Not available with Morgan Stanley Legends and Morgan Stanley Opportunities.

⁵ONLY available with Morgan Stanley Legends and Morgan Stanley Opportunities.

⁶Not available to new investments for Morgan Stanley Legends and Morgan Stanley Opportunities.

8. PARTIAL WITHDRAWALS AND CASH SURRENDERS (If your contract was funded by a partial 1035 exchange, you must complete Section 11.)

For us to process a withdrawal request on a specific date, we must receive the request in good order before the New York Stock Exchange closes on that date. **NOTE: If the total payments in a contract year are higher than the maximum available free amount, you may incur a surrender charge. Any withdrawal will reduce the death and/or living benefit amounts.**

Cash Surrender (Select this option to surrender the entire contract.)

Process full contract surrender Indicate specific date (if applicable) _____

Partial Withdrawal

Select one option:

Process withdrawal upon receipt Process withdrawal on a specific date _____

Select one withdrawal option:

Maximum free withdrawal

Maximum annual withdrawal (MAW) (This option is only available with a minimum guaranteed withdrawal benefit.)

Calculate all premiums out of surrender

Specified percentage _____ %

Specified payment \$ _____

Gross¹: Income tax will be deducted out of the requested amount.

Net¹: Income tax will be added to the requested amount (not available for percentage withdrawals).

¹Any applicable charges or fees will be deducted from the remaining accumulation value. Please refer to the prospectus and contract for further details regarding the transaction and any charges or fees that may be assessed.

9. SYSTEMATIC WITHDRAWALS (If your contract was funded by a partial 1035 exchange, you must complete Section 11.)

Not available within the first 30 days of the contract. If your effective date is on or after the 29th of the month then withdrawals will automatically occur on the 1st of each month. If you do not supply the beginning effective date below, the effective date will be the calendar day following your contract date or the date received in good order, whichever is later. NOTE: If the total payments in a contract year are higher than the maximum available free amount, you may incur a surrender charge. Any withdrawal will reduce the death and/or living benefit amounts.

Beginning Effective Date (format mm/dd/yyyy) _____ Frequency: Monthly Quarterly Annually

Select one withdrawal option:

Maximum free withdrawal

Specified percentage _____ %

Check here if you do not want the systematic withdrawal reduced or stopped to prevent you from incurring surrender charges in the event your yearly free allowance is surpassed.

IMPORTANT: Owners of ESII, Landmark, Opportunities, or Legends annuity contracts: your contractual systematic withdrawal method is an amount based on a percentage of premiums. If you have a Minimum Guarantee Income Benefit (MGIB) rider, an additional percentage of Accumulation Value method may be available. If your intent is to take withdrawals as a specified percentage of Accumulation Value in order to effect an equivalent percentage reduction in the MGIB Base, you may indicate that your withdrawal should be processed as a percentage "of Accumulation Value" in the specified percentage field above.

Specified payment \$ _____

Check here if you do not want the systematic withdrawal reduced to prevent you from incurring surrender charges in the event your yearly free allowance is surpassed.

Gross¹: Income tax will be deducted out of the requested amount.

Net¹: Income tax will be added to the requested amount (not available for percentage withdrawals).

Maximum annual withdrawal (MAW): This option is only available with a minimum guaranteed withdrawal benefit. MAW can be taken annually, quarterly or monthly. The minimum withdrawal amount is \$100. In the event of a reset (if applicable), the withdrawal amount will be recalculated based upon a full year of payments regardless of how many payments remain in the contract year. There are two ways the MAW can be withdrawn - **please check one:**

The withdrawal amount will be determined by dividing the MAW by the number of systematic payments in a full contract year.

The withdrawal amount will be determined by subtracting previous withdrawals in the contract year from the MAW, and the remaining MAW is divided by the number of systematic payments left in the contract year.

¹Any applicable charges or fees will be deducted from the remaining accumulation value. Please refer to the prospectus and contract for further details regarding the transaction and any charges or fees that may be assessed.

10. REASON FOR DISTRIBUTION

10A. All Contracts Other than 403(b) Contracts:

- Normal Distribution:** Includes minimum distributions for IRAs. Contract/certificate owner is at least age 59½.
- Disability:** As defined by Internal Revenue Code Section 72(m)(7). Verification required.
- Excess Contributions Plus Earnings:** IRA only. Please state tax year _____.
- Premature Distribution:** Contract/certificate owner has not reached age 59½. (Subject to 10% penalty assessed by the IRS.)

10B. 403(b) Contracts:

- Normal Distribution:** Contract/certificate owner is at least age 59½.
- Disability:** As defined by Internal Revenue Code Section 72(m)(7). Verification required.
- Separation from Service:** Contract/certificate owner is no longer employed at the institution through which he or she contributed to the annuity.
- Plan Termination:** The Company must have prior notice of your Employer's intent to terminate the 403(b) plan.
- Financial Hardship:** These are the only reasons allowed for a financial hardship withdrawal:
- Unreimbursed medical expenses incurred by you, your spouse or your dependent(s).
 - The purchase (excluding mortgage payments) of your principal residence.
 - Payment of college tuition and related educational expenses for the next 12 months for you, your spouse or your dependent(s).
 - Prevention of eviction from your principal residence or foreclosure on the mortgage of your principal residence.
 - Payment of funeral expenses of a family member.

11. PARTIAL 1035 EXCHANGES (Complete if you are taking a distribution from a contract that was funded from a partial 1035 exchange.)

By your signature in Section 15, you acknowledge/authorize the following:

- A. I acknowledge that receipt of withdrawals, surrenders (partial or full), or annuity payments (annuitizations) of either the original contract or the new contract during the 12-month period following the partial exchange will negate any previous partial exchanges unless one of the following applies to the owner:
- I take a withdrawal that is allocable to the pre-8/14/82 investment in the contract; or
 - I have met the requirements of one of the qualifying events listed in "D" below; or
 - I take a withdrawal from a qualified funding asset under Internal Revenue Code section 130(d).
- B. I acknowledge that distributions from either the original contract or the new contract during the 12-month period following the partial exchange will negate any previous partial exchange unless one of the qualifying events listed below has occurred. If the previous partial exchange is negated, it will be treated as a withdrawal, taxable as ordinary income to the extent of any gain in the original contract and, if that withdrawal occurred prior to you reaching age 59 1/2, may be subject to an additional 10% tax penalty. I acknowledge that I am advised to discuss any proposed 1035 exchange with my tax advisor prior to proceeding with the transaction. I acknowledge that additional documentation may be required before my request is processed.
- C. I authorize the Company to share information regarding my annuity contract, as it relates to transactions in Section 11, with other financial or insurance institutions to ensure accurate tax reporting.
- D. If a partial 1035 exchange, either incoming or outgoing, has been processed on my contract within the last 12 months, one of the following qualifying events listed below must have occurred, **after the partial 1035 exchange was completed**, to avoid disqualifying my partial 1035 exchange:

If none of the below qualifying events apply, the requested transaction will result in taxation of a previous partial 1035 exchange. The date required for each qualifying event below must be later than that of the partial 1035 exchange.

- I have turned 59 1/2 on _____ (mm/dd/yyyy).
- I was approved for disability on _____ (mm/dd/yyyy). (You must provide proof from the Social Security Administration.)
- The owner is now deceased. Please provide the date of death _____ (mm/dd/yyyy).
- I finalized a divorce on _____ (mm/dd/yyyy). (A copy of legal documentation must be provided.)
- I have lost employment as of _____ (mm/dd/yyyy).

Your signature in Section 15 acknowledges your understanding of the consequences and agreement to proceed with the transaction.

12. PAYMENT OPTIONS (Select one. If a payment option is not selected, your request will be mailed to the address of record unless a direct deposit is already established.)

- Direct deposit to a financial institution. You authorize us to initiate credit entries to the account indicated on the attached voided check. You also authorize the financial institution to credit funds to this same account. This authorization shall remain in force until we receive notification from you to terminate this service. We cannot establish direct deposit to pooled money markets or brokerage accounts.

Bank Account Owner Name _____ Joint Owner Name (if applicable) _____

Bank Name _____

Bank Routing/ABA # _____ Bank Phone _____

Bank Address _____ City _____ State _____ ZIP _____

Bank Account # _____ Bank Account Type: Checking Savings

- Check payable to the owner and mailed to the address of record.

- Check payable to another party or to the owner at an alternate address. (A notarized signature or signature guarantee may be required.)

Payee Name _____

Payee Address _____

City _____ State _____ ZIP _____

- Optional Overnight: Not available for systematic withdrawals. Check sent overnight to the owner for a \$20 deduction from the disbursement. 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.

13. TAX WITHHOLDING ELECTION

13A. 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. The amount of the distribution that you roll over within 60 days after receipt of the distribution is not taxable. The distribution rules of the plan to which you roll over any or all of the distribution may differ from the rules that apply to the plan making the distribution in terms of restrictions and tax consequences. Please contact the Company if you desire a direct rollover.

13B. TAX WITHHOLDING ELECTION - NON 403(b) ONLY

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.

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 _____ %

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

This section must be completed if you have completed section 10B.

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 _____

15. ACKNOWLEDGEMENT AND SIGNATURES

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.
- Any payment of \$300,000 or more.
- Any payment made payable to a party other than the owner.
- Any payment \$100,000 or more and mailed to an address other than the address of record.
- Any payment mailed to the producer's address (Signature Guarantee stamp required).

Place Signature Guarantee or Notary Stamp here.