



TRANSFER/1035 EXCHANGE

ING USA Annuity and Life Insurance Company
Service Center: P.O. Box 617, Des Moines, IA 50303-0617

Questions? Call 800-369-5303.

1 CURRENT CONTRACT INFORMATION (Please print.)

Contract/Policy Number Being Exchanged/Transferred	Phone # of Current Insurance Company/Financial Institution (REQUIRED)
Current Insurance Company/ Financial Institution	Investment Vehicle (e.g. Life Ins, Fixed Annuity, Variable Annuity, CD, Mutual Fund, etc.)
Street Address of Current Insurance Company/Financial Institution	City State/ZIP
Insured's/Annuitant's Name	Insured's/Annuitant's SSN
Owner(s) Name (Complete only if Insured/Annuitant is not Owner.)	Owner(s) SSN
Owner(s) Address	City State/ZIP

PLEASE SELECT A, B, OR C BELOW (Select one.)

A **1035 EXCHANGE** (To elect this option, the exchange must be made to a **new** annuity contract.)

Option 1 - Complete Exchange

I hereby make a complete and absolute assignment and transfer all rights, title, and interest of every nature and character in the life insurance policy or annuity contract listed above to ING USA Annuity and Life Insurance Company (the Company) in an exchange intended to qualify as a tax-free exchange under Section 1035 of the Internal Revenue Code (Code). I understand that the Company will, upon receipt of the Request and Application for a new annuity contract, request the complete surrender of the policy or contract listed above and apply the cash surrender value to the new annuity contract being issued as part of this tax-free exchange.

Option 2 - Partial Exchange \$ _____ or _____ % (Check availability prior to submission.)

I intend to retain full ownership of my existing life insurance policy or annuity contract. I want to make a partial tax-free exchange in conformity with Section 1035 of the Code by assigning a portion (set forth above) of the accumulated value to the Company and having that amount transferred directly to the Company to purchase a new annuity contract. I understand that upon receipt of the Application for a new annuity contract, and upon receipt of the amount transferred from the policy or contract listed above, the Company will apply the amount received to the new annuity contract. I request that the amount of the accumulated value indicated above be withdrawn from the policy or contract listed above and transferred to the Company in the partial exchange.

I certify that I am not requesting this exchange to avoid the tax imposed by Section 72(e) of the Code and the regulations thereunder, or any other section of the Code. Please do not process this partial exchange if (1) the partial exchange is from a life insurance policy, and (2) the partial withdrawal would cause the life insurance policy to become a Modified Endowment Contract or violate Section 7702 of the Code.

B **IRA OR OTHER QUALIFIED ACCOUNT TRANSFER** (Certain restrictions may apply.)

From: TSA 401(k) 457 Plan Pension Plan Roth IRA SEP-IRA Traditional IRA SIMPLE IRA Other
(All existing TSA loans must be reconciled with your current carrier prior to the transfer.)

I wish to liquidate and transfer the entire value or partial value (in the amount of) \$ _____ or _____ %
of my present qualified account to the contract I have established through ING USA Annuity and Life Insurance Company.

If this is a transfer into an existing contract, please provide the existing Contract Number: _____.
Without this contract number, the transfer must be made into a new contract.

The following options only apply to 403(b) plans, SEP-IRAs, Traditional IRAs, and SIMPLE IRAs which are directly transferred, in whole or in part, to the Company. (Please provide the following account information if the transfer occurs during or after the calendar year in which you attain age 70 1/2:

(1) My Required Minimum Distribution (RMD) for this tax year:

- Has already been distributed to me from the contract/policy/account listed above or from another source.
 Has not been distributed to me. Please calculate my RMD from the new annuity contract according to current IRS guidelines and distribute only that amount to me.

Account Value plus Actuarial Present Value, if any, as of December 31 immediately preceding this calendar year:
\$ _____ (The Actuarial Present Value must be obtained from your current carrier).

(2) My RMD for the previous calendar year: (Complete this section only if you will reach your Required Beginning Date* this year.)

- Has already been distributed to me from the contract/policy/account listed above or from another source.
 Has not been distributed to me. Please calculate my RMD from the new annuity contract according to current IRS guidelines and distribute only that amount to me.

Account Value plus Actuarial Present Value, if any, as of December 31 immediately preceding the previous calendar year:
\$ _____ (The Actuarial Present Value must be obtained from your current carrier).

B IRA OR OTHER QUALIFIED ACCOUNT TRANSFER (Continued)

Base my RMD on: (Select one.)

Uniform Lifetime Table Calculation

Joint and Last Survivor (Available only if your spouse is the sole primary beneficiary of your contract and is more than 10 years younger than you.)

I acknowledge and understand that the Company will calculate and distribute my RMD(s) to me as soon as it receives the cash surrender value from my existing contract/policy/account.

Spouse's Name _____ Spouse's Birth Date _____

*If the new annuity contract is an IRA, your Required Beginning Date will be the April 1 following the calendar year in which you attain age 70 1/2. If the new contract is a 403(b) annuity, your Required Beginning Date will be the April 1 following the later of: (1) the calendar year in which you attain age 70 1/2, or (2) the calendar year in which you retire from employment with your employer maintaining the 403(b) plan.

C NON-QUALIFIED TRANSFER (such as mutual fund shares, savings/checking account)

I wish to liquidate and transfer (complete one) \$ _____ or _____ % from the above referenced account directly to the Company. The Company will apply all such funds received to an annuity contract issued to me. I understand that the Company assumes no responsibility for tax treatment of this matter and I shall be responsible for payment of all federal, state and local taxes incurred with respect to the liquidation of such account. I acknowledge that the earnings credited under the annuity contract will begin to accrue when the Company receives these proceeds and all other necessary paper work in good order.

2 CONTINUATION OF PREVIOUS ELECTION

To elect this option, the exchange or transfer must be made into a new contract. You must also complete a 72(t) or 72(q) Election Request.

I am currently receiving substantially equal periodic payments that comply with Internal Revenue Code Section 72(q)(2)(d), or Section 72(t)(2)(A)(iv), as applicable, which permit me to receive payments in substantially equal installments without incurring any penalty taxes normally applicable to distributions before age 59½. It is my intention that the substantially equal payments continue to be distributed from the new contract in the same amount and under the same method as was being used prior to the exchange or transfer (or under the Required Minimum Distribution method, if a change to that method is permitted under Rev. Rul. 2002-62).

3 RETURN OF CONTRACT/POLICY (Please choose one if you are transferring the full value of your current contract/policy.)

I certify that I cannot find my contract/policy. The contract/policy is attached.

4 SIGNATURES AND AUTHORIZATION

Please make check(s) payable to: *ING USA Annuity and Life Insurance Company*. FBO: _____ (Name of Owner)

Mail to: *ING FIXED ANNUITIES*
Attn: Annuity New Business
P.O. Box 617
Des Moines, IA 50303-0617

Overnight to: *ING FIXED ANNUITIES*
Attn: Annuity New Business
909 Locust Street
Des Moines, IA 50309-2899

Please transfer these funds as soon as possible on a specific date ____/____/____ (Not later than the maturity date.)

I understand that the Company is furnishing this form and participating in this transaction at my specific request and that the Company assumes no responsibility or liability under the Code or otherwise. I further acknowledge that I have been advised by the Company that I should discuss the tax consequences of this transaction with my own tax or legal advisor. I understand that neither the Company, nor its officers, employees or agents may provide tax or legal advice, and that I have not relied on any of these parties for such advice. I understand that I am solely responsible for determining whether an exchange or transfer using this form meets IRS requirements relating to nontaxable exchanges or transfers. (Note: A signature guarantee may be required.)

Owner's Signature _____ Date _____ Signature Guarantee
(Signature Guarantee may be required.) By Name of Bank/Firm

Joint Owner's Signature _____ Date _____ Officer's Signature
(If applicable.) & Title

5 ACCEPTANCE FOR TRANSFER/1035 EXCHANGE (FOR HOME OFFICE USE ONLY)

The Company requests the liquidation and transfer of the assets listed above. By its signature below, the Company represents that the above described receiving Annuity Contract is or is intended to be an Annuity Contract of the type indicated and that the Company will accept the Section 1035 Exchange/Transfer on behalf of the person(s) named on this form. Please provide the cost basis information on the amounts transferred, if applicable, including any information as to the cost basis (if any) before August 14, 1982. If this is a partial exchange under Section 1035 of the Code, please provide the pro rata cost basis information of the amount transferred.

Authorized Signature _____ Date _____

Title _____ New Contract Number _____