

ING FIXED ANNUITIES

Fixed Annuity Application

IMPORTANT INFORMATION AND REMINDERS

Page 1

- Only one product is selected per application. (Complete a separate application for each additional product to be purchased.)
- If SPIA, a Single Premium Payout Choices Information page is completed (attached at the back of this form for your convenience).
- Applicable strategy allocations total 100%.
- The initial premium meets the product's minimum requirements.
- Any future premiums are identified in section 3.
- If a transfer is required, the approximate transfer amount is entered in section 3.
- The tax type for this new annuity (i.e.: Non-Qualified, IRA, SIMPLE IRA, TSA) is indicated in section 2, and any applicable conversion/establishment dates are provided.
- If the transfer involves a non-qualified annuity or life insurance policy and is "like to like", 1035 Exchange is selected.

Page 2

- If a replacement is involved, the appropriate transfer and state replacement forms are complete and submitted with this form.
- The name, address, date of birth, and Social Security Number/Tax Identification Number is provided for each individual/entity named.
- For non-natural owners, documentation is included (trust documents, corporate resolution, power of attorney paperwork, etc.) confirming the person is allowed to act on behalf of the owner. Remember to include the signature page with the documentation.

Page 3

- The Primary or Contingent status for each named Beneficiary is selected in section 7.
- Each Beneficiary is named individually. If there are any trust designations, the trust name is included.
- Designated Beneficiary (Primary and Contingent) percentages are clearly entered and each beneficiary type (Primary and Contingent) totals 100%.
- If there are additional Beneficiaries, they are clearly entered in section 8.

Page 4

- The Owner signed and dated section 10. Be sure to include the city and state where this application is signed.
- If this form is signed by a Power of Attorney, Legal Guardian, etc., a copy of the appropriate supporting documentation is provided confirming the signer's ability to act on behalf of the owner.
- The Owner enclosed the check or 1035/transfer paperwork.
- The correct product disclosure, which explains specific product information such as surrender charges, partial withdrawals and MVA provision (if applicable), was provided and read to the applicant. The disclosure also has applicant and agent signatures.

Page 5

- The name, agent number, Social Security Number, phone number, and signature for the agent are provided.
- If more than one agent is listed, the agent commission split is entered and totals 100%.
- Copies of all presented sales materials were left with applicant for future reference.

Single Premium Immediate Annuity (SPIA) Information

- The Single Premium Immediate Annuity information is completed (if applicable). If the Life Income Only payout option is selected, owner(s) have also initialed under the disclaimer.

Automatic Programs Request

- Bank information is verified.
- If EFT or Direct Deposit option is selected, a voided check is submitted with the application.

MAILING INSTRUCTIONS

Send completed and signed documents to :

For Regular Mail: ING Fixed Annuities
 Attn: New Business
 P.O. Box 617
 Des Moines, IA 50303-0617

For Overnight Delivery: ING Fixed Annuities
 Attn: New Business
 909 Locust Street
 Des Moines, IA 50309-2899

Questions? Call:

Licensing Department - 800-369-5305
Client Services Department - 800-369-5303
Sales Desk - 800-369-5301

APPLICATION

ING USA Annuity and Life Insurance Company (ING USA Annuity & Life)
 Service Office: P.O. Box 617, Des Moines, IA 50303-0617
 Overnight Address: 909 Locust Street, Des Moines, IA 50309-2899

1. PRODUCT SELECTION (Select One.)

All products or strategies may not be available in all states.

Flexible Premium Products

- ☐ **Secure Index Five Equity Indexed Deferred Annuity**
 Initial Premium Allocation (Use whole percentages only):
 Fixed Rate Strategy _____ %
 Point-to-Point Participation Index Strategy _____ %
 Point-to-Point Cap Index Strategy _____ %
 Monthly Average Index Strategy _____ %
 Total _____ 100%
- ☐ **Secure Index Seven Equity Indexed Deferred Annuity**
 Initial Premium Allocation (Use whole percentages only):
 Fixed Rate Strategy _____ %
 Point-to-Point Participation Index Strategy _____ %
 Point-to-Point Cap Index Strategy _____ %
 Monthly Average Index Strategy _____ %
 Total _____ 100%
- ☐ **Selectra Multi-Strategy Deferred Annuity**
 Initial Premium Allocation (Use whole percentages only):
 One-Year Fixed Rate Strategy _____ %
 Annual Reset Equity Index Strategy _____ %
 Total Return Strategy _____ %
 Total _____ 100%
- ☐ **Secure Index Equity Indexed Deferred Annuity**
 Initial Premium Allocation (Use whole percentages only):
 Fixed Interest Strategy _____ %
 Traditional Index Strategy _____ %
 Guaranteed Index Strategy _____ %
 Total _____ 100%

Single Premium Products

- ☐ **Secure Opportunities Plus Equity Indexed Deferred Annuity**
 Initial Premium Allocation (Use whole percentages only):
 Fixed Rate Strategy _____ %
 Point-to-Point Participation Index Strategy _____ %
 Point-to-Point Cap Index Strategy _____ %
 Monthly Average Index Strategy _____ %
 Total _____ 100%
- ☐ **MultiSet Plus Guaranteed Deferred Annuity**
☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
- ☐ **Single Premium Immediate Annuity**
 (Please complete Single Premium Immediate Annuity Payout Choices Request and submit with application.)
- ☐ **Other Product** _____

2. PLAN TYPE FOR NEW CONTRACT

(Qualified or Non-Qualified. Please select one.)

Non-Qualified: ☐ Non-qualified ☐ 1035 Exchange ("Like to Like" transfer) ☐ Non-qualified Transfer

Qualified: ☐ IRA Contribution ☐ IRA Transfer ☐ IRA Rollover from Qualified Plan
☐ SEP-IRA ☐ 403(b) ☐ Qualified Other _____
☐ Roth IRA ☐ Simple IRA

If applicable, has the Required Minimum Distribution for the current tax year been met? ☐ Yes ☐ No

If this is an IRA contribution, please indicate the amount and tax year. _____

3. CONTRACT INFORMATION

Frequency and Amount of Premium Payment

Initial Purchase Payment: \$ _____ AND/OR Estimated Amount of Transfer/1035 Exchange: \$ _____

Future Payments: \$ _____ Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

If this application is for a SEP-IRA or SIMPLE IRA, please complete a "Group-Billing Information" sheet. Submit it with this form.

4. REPLACEMENT

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

Will this contract replace any life insurance policy or annuity contract in this or any other company? ☐ Yes ☐ No

If "Yes", please identify each policy or contract and the issuing company.

Company _____ Policy/Contract # _____

Company _____ Policy/Contract # _____

Company _____ Policy/Contract # _____

Company _____ Policy/Contract # _____

5. ANNUITANT

Name _____

SSN _____ Birth Date _____ Sex ☐ Male ☐ Female

Address (Street/P.O. Box) _____

City _____ State _____ ZIP _____ Phone # _____

Joint Annuitant (Does not apply if a qualified plan.)

Name _____

SSN _____ Birth Date _____ Sex ☐ Male ☐ Female

Address (Street/P.O. Box) _____

City _____ State _____ ZIP _____ Phone # _____

6. OWNER (If different than Annuitant)

If a non-natural owner, please provide proper documents.

Name _____

SSN/TIN _____ Birth Date _____ Sex ☐ Male ☐ Female

Address (Street/P.O. Box) _____

City _____ State _____ ZIP _____ Phone # _____

Joint Owner (Does not apply if a qualified plan.)

Name _____

SSN/TIN _____ Birth Date _____ Sex ☐ Male ☐ Female

Address (Street/P.O. Box) _____

City _____ State _____ ZIP _____ Phone # _____

7. BENEFICIARY(S) - Must be completed.

Restricted Beneficiary - If requested, complete a "Beneficiary Designation With Restricted Payout" and submit with this form.

Beneficiary proceeds will be split equally if no percentages are provided.

Primary Beneficiary

Name _____ Birth Date _____ Percent _____ %

SSN/TIN _____ Relationship to Annuitant _____

Address _____

☐ Primary ☐ Contingent Beneficiary

Name _____ Birth Date _____ Percent _____ %

SSN/TIN _____ Relationship to Annuitant _____

Address _____

☐ Primary ☐ Contingent Beneficiary

Name _____ Birth Date _____ Percent _____ %

SSN/TIN _____ Relationship to Annuitant _____

Address _____

☐ Primary ☐ Contingent Beneficiary

Name _____ Birth Date _____ Percent _____ %

SSN/TIN _____ Relationship to Annuitant _____

Address _____

Please use the space in section 8 if you need to list more Beneficiaries.

8. SPECIAL REMARKS

9. STATE REQUIRED NOTICES

Below are notices that apply only in certain states. Please read the following carefully to see if any apply in your state.

Arizona: On receiving your written request, we will provide you with information regarding the benefits and provisions of the annuity contract for which you have applied. If you are not satisfied, you may cancel your contract by returning it within 20 days, or within 30 days if you are 65 years of age or older on the date of the application for the annuity, after the date you receive it. Any premium paid for the returned contract will be refunded without interest.

California Reg. 789.8: The sale or liquidation of any asset in order to buy insurance, either life insurance or an annuity contract, may have tax consequences. Terminating any life insurance policy or annuity contract may have early withdrawal penalties or other costs or penalties, as well as tax consequences. You may wish to consult independent legal or financial advice before the sale or liquidation of any asset and before the purchase of any life insurance or annuity contract.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

Arkansas, Washington D.C., Hawaii, Louisiana, Maine, New Mexico, Oklahoma, and Tennessee: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, submits an application for insurance containing any materially false, incomplete, or misleading information, or conceals for the purpose of misleading, any material fact, is guilty of insurance fraud, which is a crime and in certain states, a felony. Penalties may include imprisonment, fine, denial of benefits, or civil damages.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

10. APPLICANT SIGNATURES AND ACKNOWLEDGEMENTS

(Please read carefully and sign below.)

Important Information: To help the government fight the funding for terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means to you: When you apply for an annuity, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

The annuity applied for does not take effect until ING USA Annuity & Life receives the purchase payment. Make checks payable **ONLY** to ING USA Annuity and Life Insurance Company. Do not make checks payable to the agent, an agency or another company. Only the President, Vice President, or Secretary of ING USA Annuity & Life may modify, discharge or waive any of its rights under the contract.

I agree that, to the best of my knowledge and belief, all statements and answers in this application are complete and true. I understand that the statements and answers may be relied upon by ING USA Annuity & Life in deciding whether to issue the contract.

I have been advised:

- 1) the value allocated to any Account subject to a Market Value Adjustment may increase or decrease if surrendered or withdrawn prior to a specified date(s) as stated in the contract.
- 2) if the annuity applied for offers an Equity Index Strategy, contract values may be affected by an external index. The contract does not directly participate in any stock or equity investments. Any values shown, other than guaranteed minimum values, are not guarantees, promises or warranties.
- 3) that cash values under a flexible premium annuity where one premium is paid may be lower than cash values under a single premium annuity, and that purchase of a flexible premium annuity may be inappropriate in such case.

I have reviewed a copy of any disclosure material that applies to this contract. I have also received an original or a copy of any written, printed, or electronic communications used to present this product. I understand there is a penalty for early surrender of the annuity.

My signature certifies that the taxpayer identification number provided is correct. Unless and until you are otherwise notified, I am not subject to backup withholding because: I am exempt; or I have not been notified that I am subject to backup withholdings resulting from failure to report all interest dividends; or I have been notified that I am no longer subject to backup withholding. (Strike out the preceding sentence if subject to backup withholding.) I also affirm that I am a U.S. person (this includes a U.S. resident alien). Note: The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signed at (City, State) _____ Date _____

Owner Signature _____

Joint Owner Signature (if applicable) _____

11. AGENT INFORMATION AND SIGNATURE

Do you have reason to believe that the contract applied for will replace any existing annuity or life insurance coverage?

☐ Yes ☐ No (If "Yes", complete and attach a copy of any state replacement forms that apply.)

If your state has adopted the NAIC Model Replacement Regulation, did you remember to do the following?

- ☐ Provide any required replacement notice to the client and offer to read it aloud? (Note: If either of the questions in Replacement Section 4 is answered "Yes", you must provide a replacement notice.)
- ☐ Complete the replacement notice for your state if another insurance contract is being replaced?
- ☐ Complete any required state specific paperwork?

By signing below you certify: 1) any sales material was shown to the applicant and a copy was left with the applicant, 2) you used only insurer-approved sales material, 3) you have not made statements that differ from the sales material, and 4) no promises were made about the future value of any contract elements that are not guaranteed (This includes any expected future index gains that may apply to this contract.)

Compensation Alternative (Choose one. If no choice is made, Option A will be the default. Please verify which options are available.):

☐ Option A - No Trail ☐ Option B - Trail ☐ Option C - Trail ☐ Option D - Trail

☐ Check here if there is more than one agent on this contract.

Split for Agent #1 _____%, Agent #2 _____%, Agent #3 _____%

Please note: Compensation will be split equally if no percentages are indicated. Partial percentages will be rounded up. Agent #1 will be given the highest percentage in the case of unequal percentages. Agent #1 will receive all correspondence regarding the policy.

Agent #1

Name (print) _____ Signature _____

Agent Number/SSN _____ License # (FL agents only) _____

Address _____ City _____ State _____ ZIP _____

Agent Phone Number _____ Email Address _____

Marketing Organization _____ Marketing Organization Phone Number _____

For questions, call: ☐ Agent ☐ Marketing Organization

Agent #2

Name (print) _____

Agent Number/SSN _____ License # (FL agents only) _____

Agent #3

Name (print) _____

Agent Number/SSN _____ License # (FL agents only) _____

SINGLE PREMIUM IMMEDIATE ANNUITY (SPIA) INFORMATION

ING USA Annuity and Life Insurance Company (ING USA Annuity & Life)
 Service Office: P.O. Box 617, Des Moines, IA 50303-0617
 Overnight Address: 909 Locust Street, Des Moines, IA 50309-2899

Owner Name _____ SSN _____

1. PAYOUT DURATION (Select A or B.)

If you would like your payments deposited directly into your bank account, please complete the Bank Account Information section on the Automatic Programs Request.

☐ A. **Period Certain** of _____ Years and _____ Months (Proceed to Section 2.)

☐ B. **Life Contingent** (Select i. or ii.)

i. ☐ Single Life

ii. ☐ Joint Life (Select the percentage paid upon death):

☐ 100% ☐ 75% ☐ 67% ☐ 50%

Joint Payee Information

Name _____ Birth Date _____

Address _____ SSN _____

Life Contingent Payout Options (Complete if i. or ii. above is selected.)

Note: For any Life Contingent Payout Options, proof of age is required for all payees. Driver's license, passport, or birth certificate are the only documents accepted as proof of age.

☐ Life Income Only (All owners must also initial the disclaimer below.)

Disclaimer: You have elected a Life Income Only option which means that payments will be made during the life of the annuity. After the annuitant's death, no further payments will be made. If this is a Joint Life Income Only option, after the last annuitant's death, no further payments will be made. No payments will be made to the annuitant's estate or to any other person.

Owner Initials: _____

Joint Owner Initials: _____

☐ Life Income with Period Certain of:

_____ years and _____ months

☐ Life Income with Installment Refund

☐ Life Income with Cash Refund

2. INCREASING PAYOUT OPTION (Select No or Yes.)

☐ No

☐ Yes (If "Yes", choose one): _____ 3% OR _____ 6% (Available for Period Certain Only payout.)

3. FREQUENCY OF PAYMENT (Payment Period)

☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

4. INCOME START DATE

This date will be one payment period from the date premium is received unless stated here. If the date identified will result in less than an entire payment period, the payout amount will be adjusted accordingly.

_____ mm / dd / yy

5. TAX WITHHOLDING

☐ I do not want income tax withheld.

☐ I would like the following federal income tax withheld:

\$ _____ or _____ %

Note: If the income tax election is not selected, a minimum of a 10% federal income tax and any state-mandated income tax will be automatically withheld from the taxable amount on any distribution. Withholding will only apply to the portion of your distribution that is included in your income subject to federal income tax. For example, there will be no withholding on the return of your own nondeductible contributions to the contract. 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 under the estimated tax payment rules if your payments of estimated tax and withholding are inadequate.

6. AUTHORIZATION

Owner Signature _____ Date _____

Joint Owner Signature (if applicable) _____ Date _____

AUTOMATIC PROGRAMS REQUEST

ING USA Annuity and Life Insurance Company (ING USA Annuity & Life)
Service Office: P.O. Box 617, Des Moines, IA 50303-0617
Overnight Address: 909 Locust Street, Des Moines, IA 50309-2899

Owner Name _____ SSN _____

OPTIONAL SYSTEMATIC PARTIAL WITHDRAWALS (Select one.)

To have withdrawals from your annuity contract deposited into your bank account, please complete the Bank Account Information Section below.

- ☐ Maximum amount available without surrender charges/MVA
☐ Specified Payment: \$ _____ (\$25.00 Minimum)
☐ Specified Percentage: _____ %

Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Starting (any day through the 28th): _____ (MM/DD/YYYY)

Must wait 30 days after the initial payment has been received to begin withdrawals.

- ☐ I do not want income tax withheld
☐ I would like the following federal income tax withheld: \$ _____ or _____ %

If the income tax election is not selected, a 10% federal income tax and any state-mandated income tax will be automatically withheld from the taxable amount on any 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 under the estimated tax payment rules if your payments of estimated tax and withholding are inadequate.

OPTIONAL PRE-AUTHORIZED ELECTRONIC FUNDS TRANSFER (EFT) PAYMENT PLAN (Complete bank account information below.)

To have ING USA Annuity & Life withdraw payments from your bank account and deposit it into your annuity contract, please complete the Bank Account Information Section below.

I understand that all payments made will be allocated pro rata according to the initial allocations entered on this form. I understand and agree to indemnify ING USA Annuity & Life for any costs incurred should there be insufficient funds in the account listed below.

Deduction Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Amount _____ (\$25.00 Minimum) Date to Start Transfer _____

BANK ACCOUNT INFORMATION (Please verify this information with your bank prior to submission.)

I hereby authorize ING USA Annuity & Life to initiate a debit/credit entry(ies) to the account indicated below and in the amount and frequency listed above. This authorization shall remain in force until I give ING USA Annuity & Life written notice of termination of this authorization and sufficient time to process. A voided check is required. Deposit slips will not be accepted in lieu of voided checks.

Bank Name _____

Bank Routing/ABA Number _____ Bank Phone Number _____

Bank Address _____ City _____ State _____ ZIP _____

Bank Account Number _____ Bank Account Type ☐ Checking ☐ Savings

**TAPE VOIDED
CHECK HERE**

AUTHORIZATION

Owner Signature _____ Date _____

Joint Owner Signature (if applicable) _____ Date _____