



## Election/Change of Beneficiary Form – Non-ERISA

**ING Life Insurance and Annuity Company**  
151 Farmington Avenue  
Hartford, CT 06156-1277  
Telephone: 1-800-262-3862

<b>Participant Information</b>  <i>Please print.</i>  <b>If you have a PO Box, U.S. Tax laws also require a street address to be indicated.</b>	Plan Name		Contract/Billing Group No.	
	Participant Name ( <i>Last, First, Middle Initial</i> )		Date of Birth ( <i>mm/dd/yyyy</i> )	
	Participant's Social Security No.			
	MANDATORY - Participant Resident Address ( <i>No. &amp; Street</i> )			PO Box ( <i>optional</i> )
	City/Town		State	Zip Code
	Email Address			
	Work Telephone No. (       )		Extension (       )	Home Telephone No. (       )
<b>Participant Election of Beneficiary</b>  <input type="checkbox"/> <i>Please check if additional Beneficiary information is noted on the back of form.</i>	I designate the following individual(s) as Beneficiary(ies) of my Individual Account under the Contract. If this is a change, I revoke any prior Beneficiary designations on file with the Company.			
	Primary Beneficiary(ies) ( <i>complete legal name</i> )	Relationship	%	Social Security No./TIN
	Contingent Beneficiary(ies) ( <i>complete legal name</i> )	Relationship	%	Social Security No./TIN
Unless otherwise requested: a) If more than one Beneficiary is designated, payment will be made in equal shares to the Primary Beneficiaries who survive the Participant or Annuitant or, if none survives the Participant or Annuitant, in equal shares to the Contingent Beneficiaries who survive the Participant or Annuitant. b) If no Beneficiary survives the Participant or Annuitant, payment will be made in accordance with the Contract or Plan document. c) If a Class of Beneficiaries is designated ( <i>such as, "the children of the Participant or Annuitant"</i> ), then payment will be made in equal shares to each person who is a member of the class and living at the death of the Participant or Annuitant whether or not he/she has been specifically named in the Beneficiary Designation.				
<b>Participant's Authorized Signature and Certification</b>	I, the Participant, certify that the above information is completed correctly to the best of my knowledge.			
	Participant's Signature		Date ( <i>mm/dd/yyyy</i> )	
	Witness Name		Witness Signature	