

OUTGOING ROLLOVER/TRANSFER/EXCHANGE REQUEST FIXED/VARIABLE ANNUITIES

ReliaStar Life Insurance Company (Home Office: Minneapolis, MN)
 ReliaStar Life Insurance Company of New York (Home Office: Woodbury, NY)
 ("the Company")
 Members of the ING family of companies
 c/o ING Service Center: PO Box 5050, Minot, ND 58702-5050
 Phone: 877-884-5050 Fax: 800-382-5744



All transactions will be processed upon completion and receipt of this form and any other required document in good order. Good order is defined as receipt of any required information at our Service Office accurately and entirely completed, with any applicable signatures. If this form is not received in good order, it may be returned to you for correction and processed upon re-submission. If additional required documents are not properly executed and received within 30 days of receipt of the initial documentation, the entire submission will be closed and new paperwork will be required. Sections 12 and 13 are only required for tax sheltered annuity 403(b) contracts. Please return this form by December 15 to allow adequate time for processing and reporting of your distribution in the current tax year.

1. CONTRACT OWNER INFORMATION

Contract Owner Name **(Required)** _____ SSN **(Required)** _____

Contract Number **(Required)**. Financial transactions require a separate form for each contract.) _____

Resident Address **(Required)** _____ Check Here if New Address

Contract Owner Phone _____

Joint Contract Owner Name _____ SSN **(Required)** _____

2. TAX RESIDENCY INFORMATION *(Required)*

Check one of the three boxes:

U.S. Citizen

U.S. Resident Alien

Non-Resident Alien. Non-resident aliens must indicate your non-U.S. country of tax residency _____. If you do not have a U.S. Social Security Number, you must apply for and receive an Individual Taxpayer Identification Number from the Internal Revenue Service (IRS) or a U.S. Embassy by using IRS Form W-7 (Application for IRS Individual Taxpayer Identification Number) which is available on the IRS web site: www.irs.gov or by contacting the IRS at 800-829-1040. Since you are not a U.S. person, your withdrawal is subject to 30% withholding provisions for non-resident aliens unless tax treaty provisions can be applied. If you want to invoke a tax treaty, you must complete, sign and date, and return to us the IRS Original Form W-8BEN, "Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding".

3. ACCOUNT YOU ARE MOVING ASSETS TO

Note: A letter of acceptance is required from this financial institution.

Financial Institution Name **(Required)** _____

Advisor/Agent Name **(Required)** _____

(This is required information. Please print. If illegible, your request will not be processed.)

4. DISBURSEMENT AMOUNT *(Minimum withdrawal limits apply. See contract provisions.)*

A. Full amount

B. Partial amount \$ _____ or _____ %

C. Maximum amount available

D. Penalty Free Amount

4. DISBURSEMENT AMOUNT (Continued)

Outstanding Loan

If there is a loan on the account: (Check one.)

- Loan will be paid off from the contract. (Must qualify for distribution. Please complete section 6. This may be a taxable event.)
- Loan and contract will be left active. Contract owner will continue to make payments.

If your contract has an associated defaulted loan previously reported as a taxable distribution and you have currently requested to roll over your contract's value to a new contract with another carrier, the portion of the value previously deemed/reported as taxable will be sent directly to you. The remainder of your contract's value will be sent to the receiving carrier, pursuant to your request.

Amount of Any Early Withdrawal Charges and/or Market Value Adjustment

\$ _____ (This is required information. If incomplete, your request will not be processed.)

Some 403(b) products provide a waiver of contractual withdrawal charges for disability or if the contract is at least five years old and you terminate from employment after the age of 55. If applicable, choose A. or B. below. (See contract provisions.)

- A. Date of Termination From Employment _____ Prior To Age 55 On or After Age 55
- B. Disability (as defined by Internal Revenue Code (IRC) Section 72(m)(7)). Date of Disability _____

5. DISBURSEMENT TYPE (Please select option below.)

- A. Purchase Years of Service
- B. 1035 Exchange
- C. 403(b) TSA to 403(b) TSA Transfer to another employer's 403(b) plan
- D. 403(b) TSA to 403(b) TSA Exchange to another investment alternative under your employer's plan
- E. 403(b) TSA/Roth 403(b) Direct Rollover to: (Must qualify for Distribution.)
 - 403(b) TSA IRA Governmental 457(b) Roth IRA 401(k) SEP IRA
 - HR-10 401 Roth 403(b) Other _____
- F. IRA or Other Qualified Account Transfer/Rollover (please indicate if this is a Transfer OR a Rollover):
 - Transfer
 - Rollover

From Account With ING:	To Account With Receiving Company:
<input type="checkbox"/> IRA	<input type="checkbox"/> IRA
<input type="checkbox"/> Pension	<input type="checkbox"/> Pension
<input type="checkbox"/> SEP IRA	<input type="checkbox"/> SEP IRA
<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Roth IRA ¹
<input type="checkbox"/> HR 10	<input type="checkbox"/> HR 10
<input type="checkbox"/> KEOGH	<input type="checkbox"/> KEOGH
<input type="checkbox"/> 401/401(k)	<input type="checkbox"/> 401/401(k)
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

¹If you directly roll over a pre-tax distribution of a 403(b) or 401 qualified plan to a Roth IRA, the taxable portion of the distribution is subject to taxation for the taxable year in which the rollover distribution occurs. Amounts directly rolled to a Roth IRA cannot be returned to the eligible retirement plan at the Company. We are not responsible for any lost investment opportunities that may result from a failed direct rollover or transfer.

6. QUALIFICATION FOR DISTRIBUTION (Select one.)

- A. Attainment of age 59½
- B. Termination of employment date _____ / _____ / _____
- C. Disability (as defined by Internal Revenue Code (IRC) Section 72(m)(7))
- D. Proceeds from divorce
- E. Plan Termination (The Company must have prior notice of your Employer's intent to terminate the 403(b) Plan.)

7. REQUIRED MINIMUM DISTRIBUTION (RMD) *(Select, if applicable.)*

If you are over age 70½, the current year's RMD will be distributed before the rollover/transfer is processed. If this annuity is a TSA, ReliaStar will assume that you have separated from service and an RMD is required. If a tax withholding option is not selected, ReliaStar will withhold 10%.

Do NOT distribute the current year's RMD. The requirement for this ReliaStar IRA will be met through another IRA or the requirement for this ReliaStar TSA will be met through another TSA.

8. TAX WITHHOLDING *(Complete only if choosing an RMD distribution or a Rollover from a Qualified Retirement Plan to a Roth IRA.)*

Please indicate whether or not federal/state income taxes should be withheld from payments. Regardless of whether or not you elect to have federal/state income taxes withheld, you are liable for those taxes on the taxable portion of the benefits. You may also be subject to tax penalties under the Estimated Tax Payment rules. You are advised to seek the advice of a qualified tax advisor prior to making this election. **If subject to eligible rollover distribution, mandatory 20% withholding will be applied.**

Federal Withholding

I want federal income tax of 10% withheld from this payment. *(Applicable to non-eligible rollover distribution requests such as Hardship, Required Minimum Distribution (RMD), IRA or non-qualified annuity distributions.)*

I do not want federal income tax withheld from this payment. *(You may opt out only if 10% withholding applies. NOT an option if 20% mandatory withholding applies.)*

I have read the withholding notice and elect to have additional income tax withheld of \$_____.

DEFAULT: If no election is made, standard federal income tax withholding will occur applicable to your type of distribution.

State Withholding

State income tax withholding may be withheld from your distribution. Certain states base your withholding election on your federal withholding election. *(See attached State Income Tax Withholding Notification.)* In the event you live in one of those states, your distribution will be subject to state income tax withholding.

My residence state for tax purposes is: _____

If these payments are exempt from mandatory state income tax withholding:

I want state income tax withheld from this payment in the amount of \$_____ or _____%.

I do not want state income tax withheld from this payment. *(Please complete the attached State Income Tax Withholding Notification form, if applicable.)*

DEFAULT: If no election is made, state income tax withholding will occur, if applicable.

NOTE: If your residence state for tax purposes is Virginia, you must submit a Form VA-4P to opt out of state withholding. Otherwise, state tax will be withheld. Requesting North Carolina withholding over mandatory amounts requires a Form NC-4P. If you are a resident of California, Oregon or Vermont, and you are electing not to have state income tax withheld, your signature is mandatory.

9. FUND SELECTION *(Variable annuity contracts for partial disbursements only.)*

Please indicate which funds you would like disbursed. If you do not specify any funds, the disbursement will be taken pro rata.

Fund Name	Fund #	Amount Or %	Fund Name	Fund #	Amount Or %

10. TAXPAYER CERTIFICATION

Under penalties of perjury, I certify that:

- The number on this form is my correct taxpayer identification number; and
 - 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; and
 - I am a U.S. citizen or other U.S. person (including U.S. resident alien).
- I am a non-resident alien and the Taxpayer Certification language included in this form does not apply to me.

11. PARTICIPANT AND SPOUSE SIGNATURES, ACKNOWLEDGEMENTS AND TAX WITHHOLDING CERTIFICATION

Under penalties of perjury, I declare that I have examined the tax withholding for state and federal purposes and to the best of my knowledge and belief it is true, correct and complete, including state and federal opt out elections, as applicable.

By signing this form, I acknowledge and accept the following conditions:

- I affirm that I am the owner or beneficiary of the listed ReliaStar contract and I authorize this transaction.
- The information provided is complete and accurate.
- I hold ReliaStar harmless from any income or excise tax liability, including penalties and interest, as a result of this transaction.
- I direct ReliaStar to send the requested payment to the address provided by the receiving institution named in section 3. If such payment is returned for any reason, I affirm that ReliaStar is not responsible for any lost investment opportunities that may result from failed direct rollovers, transfers or 1035 Exchanges.
- I acknowledge that maintenance fees, early withdrawal charges, and/or market value adjustments may be imposed on the account value of my annuity contract prior to this transaction and that it may not be in my best interest to begin a new surrender charge schedule.

TSA Contracts ONLY

- ReliaStar does not rollover/transfer outstanding TSA loan balances. If there is an outstanding TSA loan balance, it will be treated as indicated in section 4.
- If I am currently receiving a series of substantially equal payments (*in accordance with IRC 72(q)(t)*), this transfer/rollover may modify my original agreement and result in a substantial IRS penalty.
- Direct Transfer/Exchange: This transaction is intended to qualify as an 'exchange or transfer' under the final 403(b) regulations.
- Direct Rollover:
 - This transaction is intended to qualify as a tax-free rollover under Section 402(c)(8) of the Internal Revenue Code.
 - I have received the "Special Tax Notice" and I understand that I have the right to consider the decision of whether or not to consent to a distribution and/or to elect a direct rollover for at least 30 days. I further understand that if I submit this rollover request before this 30-day period expires, I will have waived these rights.

If this contract is subject to Employee Retirement Income Security Act (ERISA), I have included a completed Spousal Consent.

I, the Participant, certify that the information provided on the Spousal Consent (*if applicable*) is accurate. I further certify that if I have indicated that I am legally separated or abandoned, I have the necessary court order. I understand that if I receive a payment as a complete or partial withdrawal of my account (*other than a joint and survivor annuity*), the value of benefits payable to my Spouse either under a QPSA or QJSA will be reduced or eliminated. I understand that once payment representing complete or partial withdrawal of my account has been made, my election to waive QPSA and QJSA is irrevocable with respect to the value of amounts paid pursuant to my request.

I understand that the Company reserves the right to directly or through a third party recover any payments made in excess of amounts to which I am entitled under the terms of the Contract regardless of the method of payment.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Contract Owner Signature _____ Date _____

Contract Owner SSN _____

Joint Contract Owner Signature _____ Date _____

Joint Contract Owner SSN _____

If the Owner lives in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), the spouse's signature is required.

Signature of Spouse _____ Date _____

12. EMPLOYER, PLAN SPONSOR OR NAMED FIDUCIARY AUTHORIZED SIGNATURE AND CERTIFICATION

This section must be completed by the Employer or its designee if required by a contract between the Company and the Employer.

I am an Employer, Plan Sponsor, or Named Fiduciary of the Plan identified above and 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 in order 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; and
- I have amended my Plan document to reflect all applicable federal tax legislation and IRS guidance, including the Pension Protection Act of 2006, in accordance with the IRS's remedial amendment period.

Employer Name _____

Authorized Signer Name *(Please print.)* _____

Signature _____ Date _____

13. THIRD PARTY ADMINISTRATOR AUTHORIZED SIGNATURE AND CERTIFICATION

This section must be completed if required by the Employer.

I am employed as a Third Party Administrator of the Plan identified above and 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 in order to make this determination;
- The requested benefits are permitted in accordance with the terms of the Plan document; and
- 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.

Name of TPA Firm _____

Authorized Signer Name *(Please print.)* _____

Signature _____ Date _____

STATE INCOME TAX WITHHOLDING NOTIFICATION

401, 403(b), 408 and Governmental 457 Plan Distribution



NOTIFICATION

If you are a resident of Arkansas, California, Delaware, Iowa, Kansas, Maine, Maryland¹, Massachusetts, Nebraska¹, North Carolina², Oklahoma, Oregon, Vermont, or Virginia¹, your state requires state income tax withholding on the taxable portion of your distribution from your 401, 403(b), 408 Individual Retirement or Governmental 457 Plan. This state income tax withholding is in addition to the mandatory 20% (or, in some cases, elected 10%) federal income tax withholding. Please note, when a state cost basis differs from federal, the federal cost basis will be used in determining taxability for state income tax withholding purposes.

- If you are a resident of **California, Oregon or Vermont**, state income tax withholding will be calculated **unless** you complete the bottom portion of this form indicating your election "out" of state income tax withholding, and return it to us with, and to the same designated location as, your Withdrawal Request.
- If you are a resident of **Arkansas, Delaware, Iowa, Kansas, Maine, Maryland¹, Massachusetts, Nebraska¹, North Carolina² or Oklahoma**, state income tax withholding will be automatically calculated as these states do not allow an election "out" of state income tax withholding when federal income tax withholding applies. Requesting North Carolina withholding over mandatory amounts requires their Form NC-4P, Withholding Certificate for Pension or Annuity Payments.
- If you are a resident of **Virginia¹**, state income tax withholding will be calculated automatically **unless** you meet certain income criteria and claim an exemption from withholding. To claim an exemption for Virginia, complete Form VA-4P (obtained from the Virginia Department of Taxation), and return the appropriate form to us with, and to the same designated location as, your Withdrawal Request.

¹Maryland, Nebraska and Virginia state income tax are not applicable to 408 Plans.

²North Carolina does not apply to distributions from NC state and local government or federal retirement systems for those vested as of 8/12/89.

PAYEE/ACCOUNT HOLDER ELECTION *(Do not submit this form if you want state income tax to be withheld.)*

I elect to have **no state income tax withheld** from this distribution and I am a resident of *(check one)*:

California Oregon Vermont

Payee/Account Holder Signature _____ Date (mm/dd/yyyy) _____