

# ING Variable Annuities - SmartDesign Variable Annuity Products

<b>SNAPAPP IS NOT AVAILABLE FOR 1035(a) EXCHANGES OR TRANSFERS; SNAP IS N/A IN NEW YORK.</b> <i>IMPORTANT: This ticket will not be processed if our licensing records indicate you are not currently appointed</i>				Date Solicited:		State Business Was Solicited:			
Rep Name(s):			Rep Social Security #(s):		% (Percentage)		Phone #:		
<b>CONTRACT INFORMATION</b>		<input type="checkbox"/> New Account/Contract <span style="margin-left: 100px;"><input type="checkbox"/> Addt'l Deposit to Existing Contract # _____</span>							
		Premium Amt: _____ Net Amt: _____ B/D Acct #: _____							
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Not all options available for all Products. Default = Option B							
<b>OWNER</b> First Name _____ Middle _____ Last _____				<b>ANNUITANT</b> <i>(if other than OWNER)</i> First Name _____ Middle _____ Last _____					
Street Address _____				Street Address _____					
City _____ State _____ Zip Code _____				City _____ State _____ Zip Code _____					
Date of Birth _____		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> SS# <input type="checkbox"/> TIN#		Date of Birth _____		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> SS#	
<b>JOINT OWNER</b> <i>(Options II and III are not available with Advantage or Signature)</i> First Name _____ Middle _____ Last _____				<b>CONTINGENT ANNUITANT</b> <i>(if applicable)</i> First Name _____ Middle _____ Last _____					
Street Address _____				Street Address _____					
City _____ State _____ Zip Code _____				City _____ State _____ Zip Code _____					
Date of Birth _____		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> SS# <input type="checkbox"/> TIN#		Date of Birth _____		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> SS#	
<b>PRIMARY BENEFICIARY(S)</b>		Name(s) _____ Relationship to Owner _____ SS# _____ %(Percentage) _____							
<b>CONTINGENT BENEFICIARY(S)</b>		Name(s) _____ Relationship to Owner _____ SS# _____ %(Percentage) _____							
<b>PLAN TYPE</b> <input type="checkbox"/> <b>Qualified</b> <input type="checkbox"/> <b>Non-Qualified</b>		<input type="checkbox"/> IRA (new) <input type="checkbox"/> Conduit IRA <input type="checkbox"/> Custodial IRA <input type="checkbox"/> SEP-IRA <input type="checkbox"/> 403(b) Transfer <i>(payroll deduction not available)</i> <input type="checkbox"/> IRA Rollover/ transfer Amount \$ _____ <input type="checkbox"/> IRA Rollover/Transfer Amount \$ _____ <input type="checkbox"/> ROTH IRA Conversion date (if applicable) ____/____/____ Amount \$ _____. <input type="checkbox"/> If IRA Contribution Amount \$ _____ Year ____							
Is this a replacement of an existing Insurance or annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>PRODUCT</b> <i>Choose One:</i> <input type="checkbox"/> SmartDesign Variable Annuity <input type="checkbox"/> SmartDesign Advantage Variable Annuity <input type="checkbox"/> SmartDesign Signature Variable Annuity		<b>SMARTSTART OPTION</b> <i>(Premium Credit)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>PORTFOLIO ALLOCATION</b> (Whole % only, Total = 100%) _____ % _____ % _____ % _____ % _____ % _____ %		<b>DOLLAR COST AVERAGING</b> (DCA is Forced From 6 Month DCA) Source Fund: _____ Destination Fund(s): _____ Check One    Use 2 Digit Code (ie: AG) <input type="checkbox"/> 6 Month    Fund _____ \$ _____ or _____ % <input type="checkbox"/> 1 Yr Fixed    Fund _____ \$ _____ or _____ % <input type="checkbox"/> _____    Fund _____ \$ _____ or _____ % <input type="checkbox"/> _____    Fund _____ \$ _____ or _____ % Total: \$ _____ or 100%	
<b>OPTION PACKAGE</b> <input type="checkbox"/> Option Package I <input type="checkbox"/> Option Package II <input type="checkbox"/> Option Package III		<b>OPTIONAL BENEFIT RIDERS</b> <i>(Signature &amp; Advantage Only)</i> <input type="checkbox"/> Earnings Multiplier <input type="checkbox"/> 10Yr Accumulation Benefit <input type="checkbox"/> ING PrincipalGuard Withdrawal Benefit <sup>1</sup>				CA ONLY: Please answer based on the specific direction received from the owner, if age 60 or over. Please invest the full contract value in the variable investment options during the free look period <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE: If the contract is cancelled during the free look period: 1) with specific direction, the contract value is immediately invested and contract value, not premium, is returned; 2) with no specific direction, the contract value is placed in the money market account until the end of the free look period, and premium is returned.			
<b>SYSTEMATIC WITHDRAWAL OPTION</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually									
<b>AUTOMATIC REBALANCING PROGRAM</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually									
Branch Manager Initials _____ <i>(if required)</i>									

*Not available in the states of MA and OR. See the prospectus for details.*