

# ING Variable Annuities - GoldenSelect Products

SNAP APP IS NOT AVAILABLE FOR 1035(a) EXCHANGES OR TRANSFERS; SNAP APP IS N/A IN NEW YORK. IMPORTANT: This ticket will not be processed if our licensing records indicate you are not currently appointed.				Date Solicited:		State in which business was solicited:			
Rep Name(s):			Rep SSN(s):		% (Percentage):		Phone #:		
<b>CONTRACT INFORMATION</b>		<input type="checkbox"/> New Account/Contract <input type="checkbox"/> Addt'l Deposit to Existing Contract #: _____ Premium Amt: _____ Net Amt: _____ B/D Acct #: _____				Commission Option (Check One): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E Not all options available for all Products. Default = Option B			
<b>OWNER</b>					<b>ANNUITANT</b> (If other than OWNER.)				
First Name _____ Middle _____ Last _____					First Name _____ Middle _____ Last _____				
Street Address _____					Street Address _____				
City _____ State _____ Zip Code _____					City _____ State _____ Zip Code _____				
Birth Date _____		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> SSN <input type="checkbox"/> TIN			Birth Date _____		<input type="checkbox"/> Male <input type="checkbox"/> Female    SSN _____		
<b>JOINT OWNER</b> (If applicable, Standard Death Benefit available only.)					<b>CONTINGENT ANNUITANT</b> (If applicable.)				
First Name _____ Middle _____ Last _____					First Name _____ Middle _____ Last _____				
Street Address _____					Street Address _____				
City _____ State _____ Zip Code _____					City _____ State _____ Zip Code _____				
Birth Date _____		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> SSN <input type="checkbox"/> TIN			Birth Date _____		<input type="checkbox"/> Male <input type="checkbox"/> Female    SSN _____		
<b>PRIMARY BENEFICIARY(S)</b>		Name(s) _____		Relationship to Owner _____		SSN _____		%(Percentage) _____	
<b>CONTINGENT BENEFICIARY(S)</b>		Name(s) _____		Relationship to Owner _____		SSN _____		%(Percentage) _____	
<b>PLAN TYPE</b>		<input type="checkbox"/> <b>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 (payroll deduction not available) <input type="checkbox"/> <b>Non-Qualified</b> <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>		<b>DEATH BENEFIT</b>		<b>LIVING BENEFIT</b>		<b>PORTFOLIO ALLOCATION</b>		<b>DOLLAR COST AVERAGING</b>	
Must Choose One: <input type="checkbox"/> PREMIUM PLUS <input type="checkbox"/> LANDMARK <input type="checkbox"/> ESII <input type="checkbox"/> ACCESS <input type="checkbox"/> GUARANTEE Circle maturity date: 5 6 7 8 9 10		Please check state availability before submission. Must Choose One. Default = Standard: Not applicable to Guarantee <input type="checkbox"/> MAX 7% SOLUTION <sup>2</sup> (0-79) <input type="checkbox"/> QUARTERLY RATCHET <sup>2</sup> (0-79) <input type="checkbox"/> MAX 7 <sup>1</sup> (0-79) <input type="checkbox"/> ANNUAL RATCHET <sup>1</sup> (0-79) Applicable to All products <input type="checkbox"/> STANDARD (0-95, 90 in Access) <b>DEATH BENEFIT RIDER (Optional)</b> Not applicable to Joint Owners <input type="checkbox"/> EARNINGS MULTIPLIER (0-75)		Please check state availability before submission. Not available with Guarantee <input type="checkbox"/> INCOME BENEFIT (0-79) <input type="checkbox"/> ING PrincipalGuard Withdrawal BENEFIT (0-80) (Available in MN, NE, OR & UT) <input type="checkbox"/> ING LifePay <sup>3</sup> (50-80)  Branch Manager Initials _____ (if required)		(Whole % only, Total = 100%) _____ % _____ % _____ % _____ % _____ % _____ %		(DCA is forced from 6 Month DCA). <b>If LifePay is selected, must follow allocation option limitations.</b> 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%	
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.			
NC ONLY: NC Acknowledgement (136873) for suitability is required.									

<sup>1</sup>Available in MA, OR, and WA.    <sup>2</sup>Available in AL, AK, AR, AZ, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, VT, VA, WI, WV, and WY.

<sup>3</sup>Available in AL, AK, AR, AZ, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MI, MS, MO, MT, NV, NH, NJ, NM, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, VT, VA, WA, WI, WV, and WY.