

AGREEMENT FOR REQUIRED MINIMUM DISTRIBUTION OPTION (RMD)

ReliaStar Life Insurance Company (Home Office: Minneapolis, MN)
 ReliaStar Life Insurance Company of New York (Home Office: Woodbury, NY)
 ("the Company")
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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 re-submission. Sections 10 and 11 are only required for employer sponsored 403(b), 401(a) and 457(b) contracts. Please return this form by March 15 or December 15, as applicable, to allow adequate time for processing to meet the April 1 IRS deadline for your initial RMD or the December 31 deadline for subsequent year RMD's.

For non-governmental 457(b) contracts, the Company may effect withholding from distributions only if the Contract Owner has appointed the Company to do so by submitting IRS Form 2678, Employer Appointment of Agent, to the Company. If this form is not currently on file with the Company, distributions must be payable and sent to the Contract Owner.

1. CONTRACT OWNER OR BENEFICIARY INFORMATION

Contract Owner/Beneficiary Name _____

Participant Name (if different from Contract Owner) _____

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

Date of Birth _____ Phone _____ SSN (Required) _____

Current Address (Street/PO Box) _____

City _____ State _____ ZIP _____

Check Here if New Address

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. DEFERRING YOUR FIRST REQUIRED MINIMUM DISTRIBUTIONS (RMD) (Not available to beneficiaries.)

I want to defer my first RMD.

Please defer my first RMD until the April 1 following the calendar year of my required beginning date. I understand that under this election, the RMD for my first distribution year will be paid in a lump sum and the RMD for my second distribution year will be made before the end of the same calendar year, in accordance with the payment schedule designated in Option 1 below.

If this Contract is an IRA, my required beginning date will be April 1 of the calendar year following the calendar year in which I reach age 70 1/2. If this contract is a 403(b) tax sheltered annuity, 401(a) or 457(b) plan, my required beginning date will be April 1 of the calendar year in which I reach age 70 1/2 or retire, whichever is later.

4. RMD OPTIONS (Check only one option.)

Note: If this distribution, when added to prior distributions made during the contract year, exceeds the greater of (1) the free withdrawal amount or (2) the amount necessary to comply with minimum distribution requirements for this contract only, then this distribution may be subject to a surrender charge and/or Market Value Adjustment (MVA), including any surrender charge or MVA waived in connection with previous distributions made during the contract year.

Option 1 (The Company will calculate your RMD.)

I understand that my RMD will be calculated by the Company according to current Internal Revenue Service (IRS) guidelines. Please automatically distribute only that amount.

The required minimum distribution for each year shall be distributed (check one):

Monthly Quarterly Semi-Annually Annually

NOTE: No mode except annual can result in a withdrawal amount less than \$100. If the mode selected results in a withdrawal amount less than \$100, the Company will adjust the mode accordingly.

Date first payment is to be sent: _____ (If no date is given for an annual distribution, payment will be sent current date.)

If you are married, please complete the following information:

Spouse's Name _____ Birth Date _____ SSN _____

If you choose Option 2 or Option 3 (both explained below), contact the Company for the appropriate values for the calculation in order to properly calculate your RMD. Electronic Fund Transfer (EFT) is not available with Option 2 or 3.

Option 2 (I will calculate my RMD.)

Please distribute my RMD from the Contract listed above for this distribution year only. I certify that I have calculated the amount of my RMD using the appropriate values provided by the Company. I understand that I am responsible for any penalties or liabilities which may result in my failure to instruct the Company to distribute my RMD for succeeding distribution years.

RMD Amount _____

Option 3 (I would like to take multiple RMDs from this contract.)

I have calculated my RMD for this distribution year separately for each

IRA 403(b) 457 401(a) (check one only)

that I own. I certify that I have used the appropriate values provided by the Company in my calculation.

I wish to withdraw \$ _____ for this current distribution year from the contract listed above.

NOTE: To withdraw funds from one contract to satisfy RMD requirements for another contract, the contract must be the same contract type (i.e., all contracts must be IRA, 403(b), 457 or 401(a) contracts).

Option 4 (For beneficiaries only.)

The annual beneficiary payment represents the minimum annual withdrawal amount required by current regulations. This amount will be offset (diminished) by any amount previously taken during the year of the payment. Payment frequency is annual only. EFT is not available.

Date of Death of Deceased Owner _____

Date of First Annual Payment _____

5. WAIVER OF RMD PAYMENTS (Not available to beneficiaries.)

Select one if waiving RMD payments:

I have determined that I will satisfy my minimum distribution requirements through withdrawals from eligible accounts established with another institution. (403(b), 457 & IRAs)

I certify that I need not begin required minimum distribution payments on this contract, as I have not retired from the sponsoring Employer. (403(b), 457 and 401(a))

I assume sole and full responsibility for this determination. I understand that the federal excise tax for failure to take an RMD payment, under Internal Revenue Code (IRC) 4974, is 50% of the amount that was required to be taken but was not. I understand that I must satisfy the IRS minimum distribution requirements to avoid significant tax penalties, and I have been advised to seek guidance from a tax specialist in deciding how I do so.

The Company has not provided me with any tax advice and I agree that the Company will not be responsible for any adverse consequences resulting from my decisions.

This notification supersedes any prior distribution instruction I have given you. **Until further notice you need not distribute to me any amount I do not specifically request.** I understand that I must notify the Company when distributions are to begin.

6. ELECTRONIC FUND TRANSFER (Not available to beneficiaries. Choosing this option will result in more timely access to your funds. Take advantage of a convenient method to have your distribution electronically deposited into your bank account. The electronic deposit is immediately available for use once the transfer is completed. EFT is not available if you selected Option 2 or 3 in section 4.)

By completing this section, I authorize the Company to initiate an electronic funds transfer (EFT). This authorization remains in effect until the Company receives written notification of its termination. Until then, the Company is relieved of any and all claims arising because of the Company acting pursuant to these directions. If any payments are made to the indicated bank account after my death, I hereby direct my Executors or Administrators to refund them to the Company.

Instructions: Please verify the correct ABA routing number with your bank. If the electronic deposit cannot be completed using the information provided below, we will issue and mail a check to the Participant.

The EFT information must be clear and complete. If we are unable to read the instructions, in order to expedite the request, the payment will be made by check.

- EFT will not deposit to a third party account.
- EFT cannot be made outside of the U.S.

Please indicate whether this is a Checking or Savings Account

If transfer is to a checking account, please enclose a voided check for verification of the appropriate account. Deposit slips cannot be accepted in lieu of a voided check.

Account Holder(s) as it is registered at your bank _____

Bank Name _____ Bank Phone _____

Bank Address (# and street) _____

City/Town _____ State _____ ZIP _____

Bank Account # _____

ABA Routing # (9 digits, verify with your bank) _____

7. TAX WITHHOLDING

Use sub-section B. below for non-governmental 457(b) plans and sub-section A. for all other plans.

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.**

A. Federal Withholding

- I want federal income tax of 10% withheld from this payment. (Applicable to non-eligible rollover distribution requests such as Hardship and Required Minimum Distribution (RMD).)
- I do not want federal income tax withheld from this payment.
- 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.

B. Federal Withholding

Complete either 1 or 2.

1. Marital Status: Single Married Married, but withhold at higher single rate
(Note: If married, but legally separated, or spouse is a non-resident alien, check the Single box.)

Total number of allowances you are claiming: _____

Additional amount, if any, you want deducted from each payment: \$ _____

2. I claim exemption from withholding and I certify that I meet **ALL** of the following conditions for exemption:

- Last year I had a right to a refund of **ALL** federal income tax withheld because I had NO tax liability;
- This year I expect a refund of **ALL** federal income tax withheld because I expect to have NO tax liability; **AND**
- This year if my income exceeds \$500 and includes non-wage income, another person cannot claim me as a dependent.

DEFAULT: If no election is made, federal income tax withholding will occur at a rate equal to an election of Single with zero exemptions.

7. TAX WITHHOLDING (continued)**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 VA-4P to opt out of state withholding. Otherwise, state tax will be withheld. If you are a resident of California or Oregon, and you are electing to not have state income tax withheld, your signature is mandatory.

8. TAXPAYER CERTIFICATION**Under penalties of perjury, I certify that:**

1. The number on this form is my correct taxpayer identification number; and
 2. 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
 3. 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.

9. CONTRACT OWNER OR BENEFICIARY AUTHORIZED SIGNATURE 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 document, I acknowledge and understand the following:

- a. If I make an unscheduled withdrawal while the RMD Option is in effect, any amount distributed will be credited toward the annual amount required to be made under the RMD Option, to the extent that the total required minimum distribution for that year has not been satisfied. Required minimum distributions for the remainder of that year will be prorated.
- b. That I can terminate this Agreement at any time by notifying the Company in writing.
- c. The elections made under this Agreement may restrict the available payment options under this Contract and may also limit the options available to me under another RMD Agreement.
- d. The Company is furnishing this form and participating in this transaction at my specific request and has made no representation that the above distribution schedule will fulfill my specific tax obligations. I have been advised by the Company that I should discuss the tax consequences of this transaction with my own tax or legal advisor. Neither the Company, nor any of its officers, employees, or agents, may provide tax or legal advice, and I have not relied on any of these parties for such advice.
- e. The Company will calculate distributions from this Contract in a fashion that satisfies IRS guidelines and seeks to avoid any federal excise or penalty taxes, provided that: (a) all information that I provide is accurate and complete, and (2) I immediately notify the Company of any changes which will affect my calculation.
- f. I certify that I have read and understand all of this form and that I have completed all applicable sections to the best of my knowledge.

I certify that I have received and understand the Special Tax Notice and, if applicable, waive the 30 day notice requirement.

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/Beneficiary Signature _____ Date _____

Contract Owner/Beneficiary SSN _____

10. 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 modified my Plan document in reference to the Pension Protection Act of 2006 ("PPA") as needed.

Employer Name _____

Authorized Signer Name (*Please print.*) _____

Signature _____ Date _____

11. 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** or **Oregon**, 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, Oklahoma**, or **Vermont**, 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.
- 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

Payee/Account Holder Signature _____ Date _____