

DATA SHARING SERVICES AGREEMENT

ING Life Insurance and Annuity Company
Reliastar Life Insurance Company
Members of the ING family of companies
Route 9840
PO Box 5050
Minot, ND 58702



New Request Change Request

PLAN INFORMATION

Billing Group(s)/Plan Number(s)	IRC Code
	<input type="checkbox"/> 403(b) <input type="checkbox"/> 401(a) <input type="checkbox"/> 457(b)
	<input type="checkbox"/> 403(b) <input type="checkbox"/> 401(a) <input type="checkbox"/> 457(b)
	<input type="checkbox"/> 403(b) <input type="checkbox"/> 401(a) <input type="checkbox"/> 457(b)
	<input type="checkbox"/> 403(b) <input type="checkbox"/> 401(a) <input type="checkbox"/> 457(b)
	<input type="checkbox"/> 403(b) <input type="checkbox"/> 401(a) <input type="checkbox"/> 457(b)

Organization Name _____

Street Address _____

City _____ State _____ ZIP _____

Contact Name _____

Contact Phone _____ Contact E-mail _____

ELECTION FOR DATA TRANSMITTAL SERVICES

I, as the Plan Sponsor for the above plan(s), elect to have ING transmit data regarding participant account detail in ING 403(b) annuity contracts, 403(b)(7) custodial accounts, and/or ING 457 and/or 401(a) accounts for the billing group(s)/plan(s) specified in this Agreement.

Special note regarding assets received prior to January 1, 2009: Commingled employee and employer assets received prior to January 1, 2009, will be reported to you under the Employee money source.

RECEIVER INFORMATION

Organization Name (if other than Plan Sponsor) _____

The receiver of this data file will be the: Plan Sponsor TPA Master Aggregator

If ING has questions regarding the routing of data for the billing group(s)/plan(s) specified in this agreement, please indicate who should be contacted.

Contact Name _____ Contact Phone _____

Contact E-mail _____

ELECTION OF SECURE FILE DELIVERY METHOD

Please select the preferred delivery method of the receiver. This is the method that will be used to transmit data for the billing group(s)/plan(s) outlined in this agreement. Please provide either a secure file transfer protocol (SFTP) address or an e-mail address for the billing group(s)/plan(s) specified in this agreement.

Secure FTP

Server _____ Port Number _____ Folder Name _____

User ID _____

E-mail Address (for notification to pick up file(s) via a secure portal) _____

REPORTING FREQUENCY

Please select the preferred delivery method of the receiver. This is the method that will be used to transmit data for the billing group(s)/plan(s) outlined in this agreement.

- Weekly – Once every 7 days
 Monthly – Once a month

You will receive the data file 2-3 business days after the selected reporting period.

If the file delivery date falls on a non-business day, the data file will be delivered the next business day. Requests to setup or change the receiver or file delivery instructions must be received at least 5 business days prior to the selected reporting frequency.

Electronic Delivery of Data. I, the Plan Sponsor signing below, hereby acknowledge and consent to the electronic delivery of data for the billing group(s)/plan(s) specified above via secure e-mail or FTP address as provided by me. I agree to notify ING in writing of any changes to any of the information provided on this form.

I understand that I, as the Plan Sponsor, am responsible or another party I designate is responsible for the qualification and eligibility of participant requests and for obtaining recordkeeping information from other investment providers, unless otherwise agreed to in writing between the plan sponsor and ING.

Authorized Plan Representative Signature _____ Date _____

Print Name _____ Title _____

This agreement must be submitted with a certified copy of a Board Resolution authorizing the above plan representative to sign this Data Sharing Services Agreement for 403(b) Plans. In the event such Board Resolution is not available, please submit a letter stating that the Plan Representative is, in fact, duly authorized to sign this Data Sharing Services Agreement for 403(b) Plans. This letter must be on the letterhead of the entity sponsoring the 403(b), 457, or 401(a) Plan, and be signed by an appropriate officer or other official of that entity who is authorized to provide such representation.

SUBMISSION INSTRUCTIONS

Mail to us at:

Via U.S. Postal Service:

ING Service Center
Route 9840
PO Box 5050
Minot, ND 58702

Via Overnight Mail:

ING Service Center
Route 9840
2000 21st Ave NW
Minot, ND 58703