

SERFF Tracking Number: HRTD-126077301 State: Arkansas
Filing Company: ING Life Insurance and Annuity Company State Tracking Number: 41980
Company Tracking Number: 121665 (01/09)
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable
Product Name: 121665 (01/09)
Project Name/Number: 121665 (01/09)/121665 (01/09)

Filing at a Glance

Company: ING Life Insurance and Annuity Company

Product Name: 121665 (01/09) SERFF Tr Num: HRTD-126077301 State: Arkansas
TOI: A02.11 Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 41980
Variable and Variable Closed
Sub-TOI: A02.11.002 Flexible Premium Co Tr Num: 121665 (01/09) State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Author: Michele Michaud Disposition Date: 03/27/2009
Date Submitted: 03/26/2009 Disposition Status: Approved-Closed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: 121665 (01/09) Status of Filing in Domicile: Pending
Project Number: 121665 (01/09) Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 03/27/2009 Explanation for Other Group Market Type:
State Status Changed: 03/27/2009
Deemer Date: Created By: Michele Michaud
Submitted By: Michele Michaud Corresponding Filing Tracking Number:
Filing Description:
RE: ING Life Insurance and Annuity Company, NAIC 86509, FEIN 71-0294708
ING Income Annuity Customer Information Single Premium Immediate Annuity(SPIA)
Fixed/Variable Combination Application 121665 (01/09)

The captioned Individual Annuity Application is being submitted for the Department's review and approval. It contains no unusual or possibly controversial provisions from normal company or industry standards.

This form will be used with Contracts A050SP99 as approved by your office on 3/29/99 and A051FSP96 as approved by

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your office on 7/25/96. This is a new form and does not replace any previously approved application.

The attached application may be completed and sent to us as a paper file or it may be completed and submitted electronically.

This document is submitted in PDF format, subject to only minor modification in paper size and stock, company logo, adaptation to computer printing and inclusion of bar codes. Please be advised that this Individual Annuity Application has achieved a 50.7 Flesch readability score.

Should you have questions or comments, please do not hesitate to call me toll free at 1-800-654-8065, ext. 5802825, or e-mail me at the address above. Thank you for your consideration.

Company and Contact

Filing Contact Information

Michele Michaud, Compliance Consultant Michele.Michaud@us.ing.com
 One Orange Way 860-580-2825 [Phone]
 Windsor, CT 06095 860-580-4842 [FAX]

Filing Company Information

ING Life Insurance and Annuity Company CoCode: 86509 State of Domicile: Connecticut
 One Orange Way Group Code: 229 Company Type:
 Windsor, CT 06095 Group Name: State ID Number:
 (800) 654-8065 ext. [Phone] FEIN Number: 71-0294708

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ING Life Insurance and Annuity Company	\$20.00	03/26/2009	26724627

<i>SERFF Tracking Number:</i>	<i>HRTD-126077301</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>ING Life Insurance and Annuity Company</i>	<i>State Tracking Number:</i>	<i>41980</i>
<i>Company Tracking Number:</i>	<i>121665 (01/09)</i>		
<i>TOI:</i>	<i>A02.11 Individual Annuities- Deferred Non-Variable and Variable</i>	<i>Sub-TOI:</i>	<i>A02.11.002 Flexible Premium</i>
<i>Product Name:</i>	<i>121665 (01/09)</i>		
<i>Project Name/Number:</i>	<i>121665 (01/09)/121665 (01/09)</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/27/2009	03/27/2009

SERFF Tracking Number: HRTD-126077301 *State:* Arkansas
Filing Company: ING Life Insurance and Annuity Company *State Tracking Number:* 41980
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TOI: A02.11 Individual Annuities- Deferred Non- *Sub-TOI:* A02.11.002 Flexible Premium
Variable and Variable
Product Name: 121665 (01/09)
Project Name/Number: 121665 (01/09)/121665 (01/09)

Disposition

Disposition Date: 03/27/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

**ING INCOME ANNUITY CUSTOMER INFORMATION
SINGLE PREMIUM IMMEDIATE ANNUITY (SPIA)
FIXED/VARIABLE COMBINATION**

ING Life Insurance and Annuity Company

A member of the ING family of companies

Payout Services

PO Box 990063, Hartford, CT 06199-0063

Phone: 800-238-6273 Fax: 800-435-5366



Your future. Made easier.™

As used on this form, the term "ILIAC," "the Company," "we," "us" or "our" refer to your plan's funding agent and/or administrative services provider. Contact us for more information.

STATE REQUIRED NOTICES

Below are notices that apply only in certain states. Please read the following carefully to see if any apply in your state.

Arizona Right to Cancel Notice: The contract owner can request at any time information from the Company regarding benefits and provisions of this contract and the Company will respond within a reasonable period of time and provide the requested reasonable factual information. If for any reason you are not satisfied with the Contract you may return it within fifteen days of receipt, or within thirty days of receipt if you are sixty-five years of age or older as of the date the application was signed or if the Contract is replacing another existing life insurance or annuity contract, for a refund of all deposits.

California Reg. 789.8: The sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation. You or your agent may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

Annuity Payments and values provided by this contract, when based on the investment experience of the Separate Account, are variable and are not guaranteed as to fixed dollar amount.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana, Maryland, Washington D.C.: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an annuity is subject to criminal and civil penalties.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Arkansas, Hawaii, Maine, New Mexico, Oklahoma, and Tennessee: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, submits an application for insurance containing any materially false, incomplete, or misleading information, or conceals for the purpose of misleading, any material fact, is guilty of insurance fraud, which is a crime and in certain states, a felony. Penalties may include imprisonment, fine, denial of benefits, or civil damages.

**ING INCOME ANNUITY CUSTOMER INFORMATION
SINGLE PREMIUM IMMEDIATE ANNUITY (SPIA)
FIXED/VARIABLE COMBINATION**

ING Life Insurance and Annuity Company

A member of the ING family of companies
Payout Services
PO Box 990063, Hartford, CT 06199-0063
Phone: 800-238-6273 Fax: 800-435-5366



1. TYPE OF ROLLOVER

Internal External

2A. OWNER (Please provide supporting documentation for all non-natural owners.)

Name (last, first, middle initial) _____ Trust Date (if applicable) _____

SSN/TIN (Required) _____ Date of Birth _____ Male Female

Mailing Address _____

City _____ PO Box (optional) _____ State _____ ZIP _____

Home Phone _____ Business Phone _____

E-mail Address _____

2B. JOINT OWNER (Non-Qualified Annuity only.)

Name (last, first, middle initial) _____

SSN/TIN (Required) _____ Date of Birth _____ Male Female

Relationship to Owner _____

Mailing Address _____

City _____ PO Box (optional) _____ State _____ ZIP _____

Home Phone _____ Business Phone _____

E-mail Address _____

3A. ANNUITANT INFORMATION (If different from Owner. If an IRA or 403(b), Annuitant and Owner must be the same person.)

Name (last, first, middle initial) _____

Mailing Address _____

City _____ State _____ ZIP _____

Work Phone (include extension) _____ Home Phone _____

SSN/TIN (Required) _____ Date of Birth _____ Male Female

E-mail Address _____

3B. JOINT ANNUITANT (Complete for Joint Lifetime Options only.)

Name (last, first, middle initial) _____

Relationship _____

SSN/TIN (Required) _____ Date of Birth _____ Male Female

4. TYPE OF CONTRACT

- Non-Qualified
 Traditional IRA
 Roth IRA
 SEP IRA
 Qualified Plans *(Please indicate type of Qualified Plan below.)*
 401(a) 403(b) 457 Governmental 457 Non-Governmental

For the above Qualified Plans please indicate ERISA or Non-ERISA.

- ERISA¹ Non-ERISA

¹Please attach required additional forms.

5. PREMIUM AMOUNT *(If applicable, from an existing ING annuity.)*

- Full Annuitization Partial Annuitization *(indicate amount here)* \$ _____

6. PAYMENT OPTIONS

- Fixed Only *(Complete section 7A.)*
 Variable Only *(Complete section 7B.)*
 Combined Fixed/Variable *(Complete section 7C.)*
_____ % of Premium Fixed Allocation
_____ % of Premium Variable Allocation

For Variable or Combination 3.5% is the assumed investment rate.

7. ANNUITY OPTIONS *(Please complete section A, B OR C.)***A. Fixed Only Optional Payout Feature** *(Complete, then skip to section 9.)*

Please select your annuity options.

Non-Lifetime Options

- A. Period Certain of _____ (5-50 years) *(7-50 years in PA and OR if electing withdrawal options.)*

Single Lifetime Options¹

- B. Single Life Only
 C. Single Life with Guarantee of _____ (5-50 years) *(7-50 years in PA and OR if electing withdrawal options.)*

Joint Lifetime Options¹

- D. Joint & 100% Survivor
 E. Joint & 100% Survivor with Guarantee of _____ (5-50 years) *(7-50 years in PA and OR if electing withdrawal options.)²*
(Not available if increasing annuity chosen.)
 F. Joint & 66²/₃% Survivor *(Not available if increasing annuity chosen.)*
 G. Joint & 50% Survivor *(Not available if increasing annuity chosen.)*
 H. Joint & 50% Contingent Survivor *(Not available if increasing annuity chosen.)*

Select One Below

- No Optional Payout Features Chosen *(This is the default if no selection is made.)*
 Cash Refund *(Available with Options B and D.)*
 Withdrawal Option *(Available with Options A, C, or E. N/A in WA, OR, NJ.)*
 Increasing Annuity *(Allowed only with Fixed Only Options B and D.)*

Please choose annual increase amount:

- 1% 2% 3%

¹With all life annuity options, satisfactory evidence of date of birth of the Annuitant (and Joint Annuitant), must also be provided. A copy of the birth certificate or valid driver's license is acceptable. If the birth certificate or valid driver's license is not available, we will accept copies of two federally recognized forms or identification with Dates of Birth.

²Guarantee periods cannot extend beyond age 100 for Non-Qualified Contracts or exceed life expectancy for Qualified Contracts.

7. ANNUITY OPTIONS *(Continued)*

B. Variable Only Optional Payout Feature *(Complete, then pick Fund Allocation in Section 8.)*

Please select your annuity options.

Non-Lifetime Options

- A. Period Certain of _____ (5-50 years)

Single Lifetime Options¹

- B. Single Life Only
 C. Single Life with Guarantee of _____ (5-50 years)

Joint Lifetime Options¹

- D. Joint & 100% Survivor
 E. Joint & 100% Survivor with Guarantee of _____ (5-50 years)²
 F. Joint & 66²/₃% Survivor
 G. Joint & 50% Survivor
 H. Joint & 50% Contingent Survivor

Select One Below

- No Optional Payout Features Chosen *(This is the default if no selection is made.)*
 Withdrawal Option *(Available with Options A, C or E. Not available for lifetime options in NY and WA.)*
 Guarantee Minimum Income Feature (GMIF) *(Available on all Life Options (B-H) or Option A of 15 years or longer. Not available in NY and WA. In OR option does not end in 5 years.)*

C. Combination Fixed/Variable Payout Feature *(Complete, then pick Fund Allocation in Section 8.)*

Please select your annuity options.

Non-Lifetime Options

- A. Period Certain of _____ (5-50 years) *(7-50 years in PA and OR if electing fixed withdrawal options.)*

Single Lifetime Options¹

- B. Single Life Only
 C. Single Life with Guarantee of _____ (5-50 years) *(7-50 years in PA and OR if electing fixed withdrawal options.)*

Joint Lifetime Options¹

- D. Joint & 100% Survivor
 E. Joint & 100% Survivor with Guarantee of _____ (5-50 years) *(7-50 years in PA and OR if electing fixed withdrawal options.)²*
 F. Joint & 66²/₃% Survivor
 G. Joint & 50% Survivor
 H. Joint & 50% Contingent Survivor

Select One Below

- No Optional Payout Features Chosen *(This is the default if no selection is made.)*
 Withdrawal Option *(Available with Options A, C or E. Not available for fixed in WA, OR or NJ.)*

¹With all life annuity options, satisfactory evidence of date of birth of the Annuitant (and Joint Annuitant), must also be provided. A copy of the birth certificate or valid driver's license is acceptable. If the birth certificate or valid driver's license is not available, we will accept copies of two federally recognized forms or identification with Dates of Birth.

²Guarantee periods cannot extend beyond age 100 for Non-Qualified Contracts or exceed life expectancy for Qualified Contracts.

8. INVESTMENT OPTIONS (Please complete if sections 7B or 7C are selected.)

Note: Use only whole percentages. May select up to 18 investment options. For Combination Contracts the below investment allocation will apply only to the Premium Variable Allocation percentage indicated in section 6.

Aggressive Growth

_____ % [106] ING Legg Mason Aggressive Growth Portfolio
 _____ % [042] ING Small Company

Asset Allocation¹

_____ % [033] ING Strategic Allocation Conservative Portfolio
 _____ % [031] ING Strategic Allocation Growth
 _____ % [032] ING Strategic Allocation Moderate Portfolio

Global/International

_____ % [730] ING American Funds International
 _____ % [1049] ING Index Plus International Equity Portfolio
 _____ % [432] ING Oppenheimer Global
 _____ % [1586] ING Templeton Foreign Equity Portfolio

Growth

_____ % [729] ING American Funds Growth
 _____ % [2015] ING BlackRock Large Cap Growth Portfolio
 _____ % [742] ING Evergreen Omega
 _____ % [1183] ING FMR^(SM) Diversified Mid Cap Portfolio
 _____ % [040] ING Opportunistic Large Cap Growth
 _____ % [784] ING Oppenheimer Main Street¹
 _____ % [772] ING Pioneer Fund
 _____ % [111] ING T. Rowe Price Growth Equity
 _____ % [100] ING Thornberg Value Portfolio

Growth & Income (Stocks)¹

_____ % [731] ING American Funds Growth-Income
 _____ % [001] ING Growth and Income
 _____ % [035] ING Index Plus Large Cap
 _____ % [728] ING Legg Mason Value

Growth & Income (Stocks and Bonds)¹

_____ % [008] ING Balanced
 _____ % [1130] ING Neuberger Berman Partners Portfolio

Income¹

_____ % [575] ING High Yield Bond Portfolio
 _____ % [004] ING Intermediate Bond
 _____ % [422] ING Oppenheimer Strategic Income

Stability of Principal¹

_____ % [003] ING Money Market

100% Total % must equal 100%

¹Only these Funds are available if the GMIF option is elected.

9. BENEFICIARY INFORMATION

- If no beneficiary survives the applicant, payment will be made to the estate of the applicant.
- If a trust is the beneficiary, please submit the entire trust agreement.
- Unless otherwise stated, each living primary beneficiary will receive an equal share of proceeds.
- If no primary beneficiary is living, unless otherwise stated, proceeds will be paid equally to each living contingent beneficiary.
- If more than four (4) beneficiaries, please attach a separate sheet, signed and dated by the owner(s).
- If subject to ERISA, a Spouse must be the primary beneficiary for at least 50%, unless spousal consent is provided.
- If indicating percentages, total must equal 100% (Example: 33%, 33%, 34%).

	Complete Legal Name	DOB	Relationship	SSN	%
<input type="checkbox"/> Primary					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					

13. 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".

14. TAX WITHHOLDING

Even if you decide not to have federal/state income tax withheld, you are still liable for payment of federal/state income tax on the taxable portion of this payment. You may be subject to tax penalties under the Estimated Tax Payment Rules if your payments of estimated tax and withholding, if any, are not sufficient to cover your tax liability.

A. Federal Withholding – Please use for income paid from a Governmental 457(b) Plan, Non-Governmental 457(b) Deferred Compensation Plan sponsored by a tax-exempt entity, any other Non-Qualified Annuity Plan, or for payouts greater than 10 years and those paid over the lifetime of the participant and their beneficiary.

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.

B. Federal Withholding – Please use for lump sum payments, payouts that are less than 10 years, or those not paid over the lifetime of the participant or their beneficiary. If subject to mandatory eligible rollover distribution, 20% withholding will be applied.

- I want federal income tax of 10% withheld from this payment.
 I do not want federal income tax withheld from this payment.
 I 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 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.

15. 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.

16. YOUR ACKNOWLEDGMENT AND TAX 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.
 - I understand that when based on the investment experience of a Separate Account, all payments and contract values are variable and are not guaranteed as to fixed dollar amount, and I have received a current prospectus.
 - If payments are directed to a bank account, I authorize and direct the bank to refund to the Company and charge to my account the amount of any payments made to the bank for any due date after my death.
 - I have received a current prospectus.
 - I, the Payee, have received the Special Tax Notice and waive the 30-day requirement.
- Please send a Statement of Additional Information.
- The Company (ING Life Insurance and Annuity Company) may hold my application and Purchase Payment if it cannot accept my application within five (5) business days after receiving it at its designated location.

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

 **Contract Holder Signature** _____ Date (mm/dd/yyyy) _____

City/Town, State where signed _____

 **Payee Signature** _____ Date (mm/dd/yyyy) _____

17. AGENT INFORMATION AND SIGNATUREBroker/Dealer Affiliation *(If not registered with ING Financial Advisers, LLC, please indicate name of Broker/Dealer.)* ING Financial Advisers Other Broker/Dealer

Other Broker/Dealer Name _____

Does the participant have an existing annuity or life insurance contract? Yes No
*(If "Yes," a replacement form must be completed.)*Do you have any reason to believe any existing Life Insurance or Annuity Contracts will be modified or replaced if this Contract is issued? Yes No
(If "Yes," complete and attach a copy of any state replacement forms that apply.) Check here if there is more than one agent on this contract.

Split for Agent #1 _____%, Agent #2 _____%, Agent #3 _____%

Please note: Compensation will be split equally if no percentages are indicated. Partial percentages will be rounded up. Agent #1 will be given the highest percentage in the case of unequal percentages. Agent #1 will receive all correspondence regarding the policy.

Agent #1Name *(Please print.)* _____ Signature _____

Agent Number/SSN _____ State License # _____

Address _____

City _____ State _____ ZIP _____

Agent Phone _____ E-mail Address _____

Broker/Dealer Affiliation _____ Dealer Name _____

Branch Office _____ Broker/Dealer ID _____

For questions, call: Agent Broker/Dealer**Agent #2**Name *(Please print.)* _____ Signature _____

Agent Number/SSN _____ State License # _____

Agent #3Name *(Please print.)* _____ Signature _____

Agent Number/SSN _____ State License # _____

STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

CARRIER: ING Life Insurance and Annuity Company

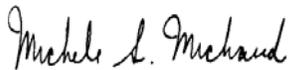
FORM NUMBER(S)

FORM TITLE(S)

121665 (01/09)

Application

I hereby certify that to the best of my knowledge and belief the above form submission complies with Rule and Regulation 19s10 as well as all applicable requirements for the State of Arkansas.



Signature of Officer or Representative

Michele Michaud

Name

Contract Consultant

Title and/or Business Affiliation

03/18/09

Date

**ING LIFE INSURANCE AND ANNUITY COMPANY
STATEMENT OF VARIABILITY
Form 121665 (01/09)**

Page 1

Title: *[ING INCOME ANNUITY CUSTOMER INFORMATION SINGLE PREMIUM IMMEDIATE ANNUITY (SPIA) FIXED/VARIABLE COMBINATION]*

- We reserve the right to modify the title to correctly reflect the marketing name of product(s) within the application.

Address: *[PO Box 990063, Hartford, CT 06199-0063
Phone: 800-238-6273 Fax: 800-435-5366]*

- We reserve the right to modify the company address, phone and fax to the extent necessary to accurately reflect current company operations.

State Required Notices: *[State Required Notices.....or civil damages.]*

- The state required notices may change depending upon the most current state mandated notices that should appear on the application.

Page 3

Type of Contract

- We reserve the right to add or remove types of contracts as federal law allows.

Payment Options

- We reserve the right to offer 3.5 and/or 5% Assumed Investment Rate as market fluctuations make sense.

Page 5

Fund Selection: *[Aggressive Growth ...ING Money Market]*

The fund selection and corresponding footnotes may vary if a fund is introduced, no longer available for investment, or is substituted for an existing fund. The fund selection and footnotes may also vary if an existing fund's name is changed or eliminated. In addition, if an Automatic Program is no longer office, references to the program will be removed.

Page 6

Electronic Fund Transfer: *[By completing this section, ...(#9 digits, verify with your bank)]*

- We reserve the right to update EFT section as requirements offered by the company change.

Page 7

Tax Withholding: *[Even if you decide not to have ... your signature is mandatory]*

- We reserve the right to update state and federal withholding as the IRS mandates

All pages

Order # and Wise DC footer: *[Order #152849 06/01/2009
WISE DC: Payout/SPIA Application\RPS]*

- We reserve the right to update the order # and Wise DC information as the Company requires.