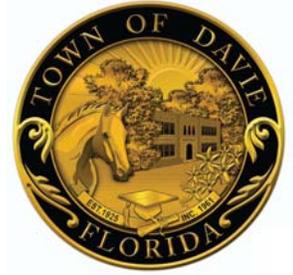


**ENROLLMENT FORM**  
**Town of Davie, Florida**  
**Deferred Compensation Plan**  
**Plan Number: VFZ933**



In this form, ING Life Insurance and Annuity Company may also be referred to as the Company.

**Participant Information (Please type or print clearly.)**

Department Name		Department Location	Location Code <b>0001</b>
Name (first, middle initial, last)		Social Security Number - -	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (No. & Street)		Date of Birth (mm/dd/yyyy) / /	Date of Hire (mm/dd/yyyy) / /
City/Town	State	Zip Code	Number of Dependents
Email Address		Estimated Annual Income \$ _____	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single
Home Telephone No. ( )	Work Telephone No. ( )	Occupation /Job Title	

**Financial Information This section must be completed by ING Financial Partners Registered Representatives in the Retirement Advisory Group channel.**

Annual Household Income				
<input type="checkbox"/> <\$25,000	<input type="checkbox"/> \$25,000 - \$49,999	<input type="checkbox"/> \$50,000 - \$99,999	<input type="checkbox"/> >\$100,000	
Net Worth (excluding primary residence)				
<input type="checkbox"/> <\$25,000	<input type="checkbox"/> \$25,000 - \$49,999	<input type="checkbox"/> \$50,000 - \$99,999	<input type="checkbox"/> \$100,000 - \$250,000	<input type="checkbox"/> >\$250,000
How would you categorize yourself as an investor?				
<input type="checkbox"/> Aggressive	<input type="checkbox"/> Moderately Aggressive	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderately Conservative	<input type="checkbox"/> Conservative
When will you begin using your retirement account?			Estimated percent of retirement income from this investment:	
<input type="checkbox"/> >20 Years	<input type="checkbox"/> >10 Years	<input type="checkbox"/> >5 Years	<input type="checkbox"/> <5 Years	<input type="checkbox"/> <25% <input type="checkbox"/> 25 - 50% <input type="checkbox"/> 50 - 75% <input type="checkbox"/> >75%
Account Investment Objective(s)				
<input type="checkbox"/> Capital Preservation	<input type="checkbox"/> Income	<input type="checkbox"/> Growth & Income	<input type="checkbox"/> Growth	<input type="checkbox"/> Aggressive Growth <input type="checkbox"/> Speculative

**Agent Note** (Please attach separate page for additional comments.)

**Replacement Information**

Do you have existing individual annuity contracts or individual life insurance policies?  Yes  No  
 Will this Contract change or replace any existing Life Insurance or Annuity Contracts?  Yes  No  
 If yes, provide carrier name and account number:  
 Carrier \_\_\_\_\_ Account No. \_\_\_\_\_

**FINRA Affiliation**

Are you associated with a Financial Industry Regulatory Authority member?  Yes  No  
 If yes, list the affiliation \_\_\_\_\_

**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.**

Please complete this form and return to your Agent.

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Participant Name (first, middle initial, last)	Social Security Number	Plan Number
	- -	VFZ933

**Plan Beneficiary Information**

Primary	Contingent	Complete Legal Name	Relationship	%	Social Security Number
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

**Investment Options**

Investment Options are alphabetically grouped in their respective asset classes as determined by the Company. The ING Fixed Plus Account III is a fixed account option available under a group fixed annuity contract offered by the Company. All other investment options are mutual funds offered under a trust account agreement. Changes to investment selections must be initiated by the Participant. Enter the percentage (in whole numbers) of your payment to be allocated to each investment option.

**Annuity Contract**

**Stability of Principal**

ING Fixed Plus Account III (4020) \_\_\_\_\_%

**Trust Account**

**Bonds**

ING BlackRock Inflation Protected Bond Portfolio - Inst (1617) \_\_\_\_\_%  
 ING Global Bond Portfolio - Initial Class (422) \_\_\_\_\_%  
 ING U.S. Bond Index Portfolio - Class I (1554) \_\_\_\_\_%  
 Ivy High Income Fund - Class Y (2421) \_\_\_\_\_%  
 TCW Total Return Bond Fund - Class N (1041) \_\_\_\_\_%

**Asset Allocation**

American Century Strategic Allocation: Aggressive Fund Inv (7125) \_\_\_\_\_%  
 American Century Strategic Allocation: Conservative Fund Inv (7124) \_\_\_\_\_%  
 American Century Strategic Allocation: Moderate Fund Inv (7123) \_\_\_\_\_%  
 Wells Fargo Advantage Dow Jones Target 2015 Fund<sup>SM</sup> - Admin CI (9609) \_\_\_\_\_%  
 Wells Fargo Advantage Dow Jones Target 2020 Fund<sup>SM</sup> - Admin CI (9615) \_\_\_\_\_%  
 Wells Fargo Advantage Dow Jones Target 2025 Fund<sup>SM</sup> - Admin CI (9618) \_\_\_\_\_%  
 Wells Fargo Advantage Dow Jones Target 2030 Fund<sup>SM</sup> - Admin CI (9614) \_\_\_\_\_%  
 Wells Fargo Advantage Dow Jones Target 2035 Fund<sup>SM</sup> - Admin CI (9613) \_\_\_\_\_%  
 Wells Fargo Advantage Dow Jones Target 2040 Fund<sup>SM</sup> - Admin CI (9612) \_\_\_\_\_%  
 Wells Fargo Advantage Dow Jones Target 2045 Fund<sup>SM</sup> - Admin CI (9611) \_\_\_\_\_%  
 Wells Fargo Advantage Dow Jones Target 2050 Fund<sup>SM</sup> - Admin CI (9610) \_\_\_\_\_%  
 Wells Fargo Advantage Dow Jones Target 2055 Fund<sup>SM</sup> - Admin CI (3372) \_\_\_\_\_%  
 Wells Fargo Advantage Dow Jones Target Today Fund<sup>SM</sup> - Admin CI (9617) \_\_\_\_\_%

**Balanced**

ING T. Rowe Price Capital Appreciation Portfolio - Inst (1257) \_\_\_\_\_%

**Large Cap Value**

BlackRock Equity Dividend Fund - Institutional Shares (8518) \_\_\_\_\_%  
 ING Russell<sup>TM</sup> Large Cap Index Portfolio - Class I (1557) \_\_\_\_\_%  
 Invesco Diversified Dividend Fund - Investor Class (2819) \_\_\_\_\_%  
 Parnassus Equity Income Fund - Institutional Shares (2453) \_\_\_\_\_%

**Large Cap Growth**

American Funds AMCAP Fund<sup>®</sup> - Class R-4 (1002) \_\_\_\_\_%  
 Fidelity Advisor New Insights Fund - Institutional Class (1600) \_\_\_\_\_%  
 ING Large Cap Growth Portfolio - Institutional Class (742) \_\_\_\_\_%  
 ING T. Rowe Price Growth Equity Portfolio - Initial Class (111) \_\_\_\_\_%

Please complete this form and return to your Agent.

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Participant Name (first, middle initial, last)	Social Security Number	Plan Number
	- -	VFZ933

**Investment Options (continued)**

**Small/Mid/Specialty**

American Century Mid Cap Value Fund - Investor Class	(1897)	_____%
Davis Financial Fund - Class A	(2594)	_____%
Eagle Small Cap Growth Fund - Class I	(2998)	_____%
ING BlackRock Health Sciences Opportunities Portfolio - Inst	(2007)	_____%
ING JPMorgan Small Cap Core Equity Portfolio - Institutional	(780)	_____%
ING MidCap Opportunities Portfolio - Class I	(081)	_____%
ING Russell™ Mid Cap Index Portfolio - Class I	(1560)	_____%
ING Russell™ Small Cap Index Portfolio - Class I	(1563)	_____%
Ivy Science and Technology Fund - Class Y	(1043)	_____%
Lord Abbett Value Opportunities Fund - Class I	(1773)	_____%
Perkins Small Cap Value Fund - Class T Shares	(1498)	_____%

**Global / International**

American Funds EuroPacific Growth Fund - Class R-4	(573)	_____%
American Funds New Perspective Fund - Class R-4	(818)	_____%
ING International Index Portfolio - Class I	(1551)	_____%
Invesco International Growth Fund - Institutional Class	(8506)	_____%
MFS® International Value Fund - Class R4	(1784)	_____%

**Complete the contribution percentages, in whole numbers, to total 100%.**

**Please complete this form and return to your Agent.**

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Participant Name (first, middle initial, last)	Social Security Number	Plan Number VFZ933
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**Account Information**

Contribution \$ _____	Roth \$ _____
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**Registered Representative/Agent Information**

The following individual(s) is/are our salaried enrollers and will not receive any commissions in connection with this Contract.

Representative/Entity name (print)	Office Code	Rep No.	% Participation

**Anti-Fraud Statement**

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

**Participant Certification**

I acknowledge receipt of the current participant information booklet, as well as current prospectuses or investment option summaries for all available investment options under the Plan.

I understand that my employer's plan offers multiple investment options. One or more of these options may be offered through a custodial or trust arrangement and/or a group annuity or a funding agreement issued by ING Life Insurance and Annuity Company. For investment options offered through a funding agreement or group annuity contract, I understand that the current tax laws provide for deferral of taxation on earnings on account balances; and that, although the funding agreement or group annuity contract provides features and benefits that may be of value, it does not provide for any additional deferral of taxation beyond that provided by the Plan itself.

By signing this form, I acknowledge that the information provided is complete and accurate and that any changes made have been initialed by me. I further certify that the Company is entitled to rely exclusively on information provided on this form.

**Participant's Authorized Signature**

Participant's Signature	City and State Where Signed	Date (mm/dd/yyyy)
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**Registered Representative/Agent's Certification and Signature**

Broker/Dealer Affiliation: If not registered with ING Financial Partners, Inc., please indicate name of 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 only for 403(b) plans where ING is not the exclusive provider.)

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

I certify that the information on this form is true, complete and accurate to the best of my knowledge.

Florida License No. \_\_\_\_\_

Registered Representative/Agent's (print name)	Registered Representative/Agent's Signature	Date (mm/dd/yyyy)
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Please complete this form and return to your Agent.

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