

**ING SELECT ADVANTAGE IRA  
A MUTUAL FUND CUSTODIAL ACCOUNT  
INVESTMENT ADVISORY DECLARATION**

ING National Trust, Custodian  
Recordkeeping provided by ING Life Insurance and Annuity Company (the "Company")  
*Members of the ING family of companies*  
PO Box 10450, Des Moines, IA 50306-0450  
Overnight Delivery: 909 Locust Street, Des Moines, IA 50309-2899  
Phone: 888-854-5950 Fax: 860-580-0920



**ACCOUNT INFORMATION AND PAYMENT INSTRUCTIONS**

Account Owner Name \_\_\_\_\_ SSN \_\_\_\_\_

Account # \_\_\_\_\_ Plan Type:  Traditional IRA  Roth IRA  SEP-IRA

Application Date (if completed at the time of application.) \_\_\_\_\_

Advisory fees are to be made payable and sent to the Investment Advisor, if applicable.

Investment Advisor Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Strategy Name/Number \_\_\_\_\_

**1. Transfer Authorization**

I hereby authorize the Company to comply with written, telephone, or faxed transfer instructions provided by the Advisor. The Advisor will provide a list of authorized persons who can provide these instructions. Advisor may make changes to the list of authorized persons at the Advisor's discretion.

**2. Fee Payment Authorization**

I hereby authorize the Company to comply with written requests by the Advisor to liquidate a given dollar amount in the account to pay Advisory Fees ("Fees") under an agreement executed between the Advisor and the account owner. The Company has no responsibility or liability to determine that instructions received from the Advisor are in compliance with such agreement. Unless directed otherwise by the account owner or the Advisor, Fees will be deducted pro rata from the funds in the account. I acknowledge and understand that partial withdrawals may incur Recordkeeping Fees and Fund Redemption Fees that will require the Company to liquidate a larger percentage or dollar amount than the amount required to pay the Fees. I expressly authorize the Company to liquidate such percentage or dollar amounts.

**3. Statements**

I authorize the Company to release information including financial transactions, values and statements regarding this account to the Advisor.

**4. Disclaimer and Indemnification**

The Company does not make any representation or warranty, by accepting instruction or by executing an advisory services agreement or otherwise, concerning the tax treatment of payment of Fees under the Internal Revenue Code, as amended, or otherwise. The Company has no responsibility or liability for any taxes, penalties, and/or interest which may be assessed by the Internal Revenue Service or other administrative tribunal or court arising out of this authorization. I hereby indemnify and hold the Company harmless from and against any and all claims, losses, liabilities or damages, costs or expenses, including but not limited to taxes, penalties and/or interest (individually and collectively referred to as "Loss") arising out of any Advisor initiated fund transfer or partial withdrawal. The Company is not responsible and has no liability for any Loss incurred by the account owner as a result of the transactions contemplated by this authorization except in the event that the account owner suffers any such Loss as a result of the willful misconduct of the Company, its employees or agents in processing fund transfers or partial withdrawal requests made by the Advisor.

This authorization will remain in full force and effect until revoked by me by a written notice received at the Customer Service Center.

 Owner Signature \_\_\_\_\_ Date \_\_\_\_\_