



PARTICIPANT SUITABILITY FORM

(To be used with Enrollment Forms for record-kept plans at ING and plans converted from ING to FASCore)

Name: _____ Social Security No./Tax ID _____

Employer: _____ Plan Number: _____

Retirement Plan Type: [] 401(a) [] 401(k) [] 403(b) [] 403(a) [] 457(b) [] Other: _____

Marital Status: [] Married (or separated) [] Single (or widowed or divorced)

Citizenship: [] USA [] Other: _____

No. of Dependents: _____ Ages: _____ Federal Tax Bracket: _____ %

Estimated Annual Income (Not including income from this investment): \$ _____

Net Worth (Assets less liabilities, excluding value of primary residence): \$ _____

Liquid Net Worth (Those assets that can be turned into cash quickly and easily, less liabilities): \$ _____

Include the amount of this investment. Exclude your personal property, personal residence, real estate, business equity, home furnishings and autos)

Prior Investment Experience (select all that apply):

- [] Mutual Funds ___ yrs. [] Stocks ___ yrs. [] Bonds ___ yrs. [] Money Mkt. ___ yrs. [] CDs ___ yrs.
[] Variable Life/ Annuity ___ yrs. [] Options ___ yrs. [] Margin ___ yrs. [] Hedge Funds ___ yrs. [] LPs ___ yrs.
[] Other _____ [] None

Investment Objective (select one, see box to right for definitions)

- [] Capital Preservation [] Income [] Growth and Income [] Growth [] Aggressive Growth

Time Horizon for Investments within This Account (select one)

- [] Short Term (1-4 years) [] Intermediate Term (5-9 years) [] Long Term (10+ years)

Risk Tolerance (select one)

- [] Conservative [] Conservative to Moderate [] Moderate [] Moderate to Aggressive [] Aggressive

Source of Funds (select all that apply)

- [] Salary Reduction/ Bonus [] Transfer of Assets* Type of Plan _____
[] Rollover* Type of Plan _____ [] Other (please explain) _____
[] Amount of Rollover/ Transfer \$ _____

* If permitted by the Plan. Complete any required replacement or switch disclosure forms

The following investment objectives are arranged from low to high risk:
Capital Preservation - seeks income and stability with minimal risk.
Income - seeks current income over time.
Growth and Income - seeks capital appreciation over long term combined with current dividend income.
Growth - seeks capital appreciation over long term.
Aggressive Growth - seeks maximum capital appreciation over time by investing in speculative and/or higher risk securities.

Do you anticipate making a withdrawal, other than pursuant to a systematic withdrawal plan, before you attain age 59 1/2? [] Yes [] No

Are you or an immediate family member associated with a FINRA member firm? [] Yes [] No

Purpose of Annuity Contract (Annuity Contracts Only):

- [] Income: Primary purpose is to satisfy income needs in the future through annuitization or withdrawals.
[] Estate Planning: Primary purpose is to transfer wealth to beneficiaries upon death.
[] Wealth Accumulation: Primary purpose is long term accumulation of value without express desire for "retirement income" or "estate planning".
[] Retirement Planning: Primary purpose is long term accumulation of value specifically to meet or supplement income needs upon retirement.
[] Other _____

What is the existing face value of all your life insurance policies? \$ _____

Are you a member of the military services or a dependent of a member of the military services? [] Yes [] No
(If yes, please leave the Important Information for Members of the Military Services and their Dependents with the Applicant)

Account Holder Signature: _____ Date: _____

FSR ACKNOWLEDGEMENT - FOR ERISA PLANS ONLY:

- [] I met with the participant in a personal consultation to discuss the participant's enrollment in the plan, which may be funded by an annuity and/or mutual funds. Consultation may occur face-to-face, via telephone or in fact finding/asset allocation sessions. Please complete Suitability information above.
[] I DID NOT meet with the participant in a personal consultation to discuss the participant's enrollment in the plan. For ERISA plans, the suitability information is not required. For all other plans, complete the Suitability Information above.

Registered Representative Signature: _____ DAI# _____

Registered Principal Signature: _____ Date: _____