

Participant Information

_____ Last Name	_____ First Name	_____ MI
_____ Address – Number & Street		
_____ City	_____ State	_____ Zip Code
() Home Phone	() Work Phone	

_____ Social Security Number			
_____ E-Mail Address			
Mo	Day	Year	
_____ Date of Birth			
<input type="checkbox"/>	Female	<input type="checkbox"/>	Male
<input type="checkbox"/>	Married	<input type="checkbox"/>	Unmarried

Transfer/Direct Rollover Information

I am transferring/rolling over money from the type of plan indicated below. I understand a separate form must be used for each type of money being rolled into the Plan:

- Direct rollover, as allowed by your Plan, from a qualified:
 - 401(a) plan
 - 401(k) plan
 - Governmental 457(b) plan
 - 403(b) plan
 - Federal Thrift Savings plan
- Direct rollover from a Traditional IRA, as allowed by your Plan (non-deductible contribution (basis) may not be rolled over).

Previous Provider Information: **Plan Name:** _____

_____ Company Name	_____ Account Number
_____ Mailing Address	
()	
_____ City/State/Zip Code	_____ Phone Number

Previous provider must complete:

I certify the following:

The plan from which the transfer/rollover comes is intended to be qualified under the applicable section of the Internal revenue Code and there is no known plan provision or operation that would result in the plan being disqualified.

Employer/employee before-tax contributions and earnings: \$ _____

After-tax contributions, if any: \$ _____

Note: If the above information is not provided, all amounts received will be considered employee before-tax contributions and earnings.

_____ Authorized Plan Administrator/Trustee Signature For Previous Employer's Plan	_____ Date	_____ Print Name
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Last Name

First Name

MI

Social Security Number

Withdrawal Restrictions — I understand that the Internal Revenue Code and/or my employer's Plan Document may impose restrictions on transfers, direct rollovers and/or distributions. I understand that I must contact ING to determine when and/or under what circumstances I am eligible to receive distributions or make transfers/direct rollovers.

Investment Options — I understand that by signing and submitting this form for processing, I am requesting to have investment options established under the Plan as specified above. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

Account Corrections — I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors.

Your Consent and Signature — My signature indicates that I have read, understand the effect of my election and agree to all pages of this Incoming Transfer/Direct Rollover form. I affirm that all information provided is true and correct.

Participant Signature

Date

Participant forward to Plan Administrator/Trustee:

ING Plan Administration
Attn: Virginia Retirement Systems
P.O. Box 5159
Boston, MA 02206-5159

Phone #: 1-VRS-DC-PLAN1 (1-877-327-5261)
Fax #: 1-888-998-8954
Web site: www.varetire.org

Payment Instructions — (For Previous Employer's Plan Only)

Make check payable to: State Street Bank

Include the following information on the check:

Participant Name, Social Security Number, Plan Number, Plan Name

Wire instructions:

Bank: State Street Bank

Account no: 00501494

Routing transit no: 011000028

Reference: Participant Name, Social Security Number, Plan Number, Plan Name

Regular mail address for the check and form (if mailed together):

ING Plan Administration
Attn: Virginia Retirement Systems
P.O. Box 5159
Boston, MA 02206-5159

Express mail address for the check and form (if mailed together):

ING Plan Administration
Attn: Virginia Retirement Systems
One Heritage Drive
JPB/3N
North Quincy, MA 02171

Contact: ING

Phone: 1-VRS-DC-PLAN1 (1-877-327-5261)

If sending the "form" only, please fax to 1-888-998-8954 or follow mailing instructions above. **Please also fax a wire notification form to ING at 1-888-998-8954.** To expedite receipt of funds, wire monies as indicated above. Please remember that this form needs to arrive prior to or at the same time the funds arrive to invest according to the allocations on this form.