

ENROLLMENT FORM
401(a) Defined Contribution Plan

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

Participant Information (please type or print clearly)

Employer Name COCONINO COMMUNITY COLLEGE		Billing Group Number VF2479
Name (first, middle initial, last)	Social Security Number - -	[] Male [] Female
Address (No. & Street)	Date of Birth (mm/dd/yyyy) / /	Date of Hire (mm/dd/yyyy) / /
City/Town State Zip Code	Number of Dependents	Marital Status [] Married [] Single
Email Address	Estimated Annual Income \$	Expected Retirement Age
Home Telephone No. ()	Work Telephone No. ()	Occupation/Job Title

Financial Disclosure (please provide estimates)

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

Agent Note (please attach separate page for additional comments)

Arizona Free Look and Disclosure Information

Upon written request, we will provide the Contract Holder with information concerning benefits and provisions of the Contract. The Contract Holder may cancel the Contract within 10 calendar days of receiving it (30 calendar days if the Contract Holder is 65 years of age or older on the date of application for this Contract). Simply return the Contract along with a written request to the Company at the address shown below or to the agent from whom it was purchased. Within 7 calendar days of receiving the cancellation request at its Home Office, the Company will return any Contributions received.

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. _____

NASD Affiliation

Are you associated with a National Association of Securities Dealers member? [] Yes [] No
 If yes, list the affiliation _____

Please complete this form and return it to your Agent.

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ING Life Insurance
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151 Farmington Avenue
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Investment Options

Investment options are alphabetically grouped in their respective asset classes as determined by the Company. A maximum of 18 investment options may be used at any one time; however certain additional restrictions may apply. Eligibility to receive Employer Contributions is determined by the Employer. Completion of this Enrollment Form does not establish your eligibility to receive Employer Contributions. Enter the percentage (in whole numbers) of your payment to be allocated to each investment option.

	Employer	Employee
Stability of Principal		
ING Short Term GAA	(005) _____ %	_____ %
ING Long Term GAA	(006) _____ %	_____ %
ING Fixed Plus Account II	(039) _____ %	_____ %
ING VP Money Market Portfolio - I	(003) _____ %	_____ %
Bonds		
ING Oppenheimer Strat Inc Port-Init	(422) _____ %	_____ %
ING PIMCO High Yield Portfolio - S	(787) _____ %	_____ %
ING PIMCO Total Return Port - Svc	(439) _____ %	_____ %
ING Pioneer High Yield Port-Init	(1220) _____ %	_____ %
ING VP Intermediate Bond Port - I	(004) _____ %	_____ %
PIMCO VIT Real Return Port -Admin Cl	(833) _____ %	_____ %
Pioneer High Yield VCT Port - I	(834) _____ %	_____ %
Templeton Global Bond Fund - A	(178) _____ %	_____ %
Asset Allocation		
ING Solution 2015 Portfolio - Srv	(747) _____ %	_____ %
ING Solution 2025 Portfolio - Srv	(759) _____ %	_____ %
ING Solution 2035 Portfolio - Srv	(762) _____ %	_____ %
ING Solution 2045 Portfolio - Srv	(765) _____ %	_____ %
ING Solution Income Portfolio - Svc	(768) _____ %	_____ %
ING VP Strategic Alloc Conserv Prtf-I	(033) _____ %	_____ %
ING VP Strategic Alloc Growth Port-I	(031) _____ %	_____ %
ING VP Strategic Alloc Mod Prtf-I	(032) _____ %	_____ %
Balanced		
Calvert Social Balanced Portfolio	(101) _____ %	_____ %
ING MFS Total Return Portfolio - S	(616) _____ %	_____ %
ING OpCap Balanced Value Port - Svc	(259) _____ %	_____ %
ING T. Rowe Price Cap. Appr - S	(788) _____ %	_____ %

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ING Van Kampen Eq and Income Port - I	(452)	----- %	----- %
ING VP Balanced Portfolio, Inc. - I	(008)	----- %	----- %
Pax World Balanced Fund	(193)	----- %	----- %

Large Cap Value

AIM V.I. Core Equity Fund - Series I	(079)	----- %	----- %
Fidelity VIP Equity-Income Port-Init	(108)	----- %	----- %
ING AmericanCent'y LgCo Val Port-Svc	(263)	----- %	----- %
ING Davis Venture Value Port - Svc	(264)	----- %	----- %
ING Fundamental Research Port-Srv	(262)	----- %	----- %
ING JPMorgan Value Opp Class S	(1187)	----- %	----- %
ING Lord Abbett Affiliated - Class I	(1201)	----- %	----- %
ING Neuberger Berman Partners - S	(1131)	----- %	----- %
ING Oppen Mainstreet Portfolio - S	(786)	----- %	----- %
ING Pioneer Fund Portfolio-Instit	(772)	----- %	----- %
ING T. Rowe Price Eqty Income - S	(617)	----- %	----- %
ING Van Kampen Comstock Port - Svc	(437)	----- %	----- %
ING Van Kampen Growth & Income-CI S	(789)	----- %	----- %
ING VP Growth and Income Port-I	(001)	----- %	----- %
ING VP Index Plus LargeCap Port - I	(035)	----- %	----- %
ING VP Value Opportunity Port - I	(041)	----- %	----- %
Lord Abbett Growth & Income Port-VC	(226)	----- %	----- %
Pioneer Equity Income VCT Port - I	(225)	----- %	----- %
Pioneer Fund VCT Portfolio - I	(224)	----- %	----- %
Washington Mutual Investors Fund -R4	(819)	----- %	----- %

Large Cap Growth

AIM V.I. Capital Apprec Fund - S I	(076)	----- %	----- %
Fidelity VIP Contrafund Port - Init	(133)	----- %	----- %
Fidelity VIP Growth Portfolio - Init	(109)	----- %	----- %
ING BlackRock Lrg Cap Gr Port-Inst	(2015)	----- %	----- %
ING FMR SM Large Cap Gr Port - Inst	(743)	----- %	----- %
ING Legg Mason Prtns Aggr Gr-Init	(106)	----- %	----- %
ING Legg Mason Value - Class S	(753)	----- %	----- %
ING Marsico Growth Portfolio - CI S	(593)	----- %	----- %
ING T. Rowe Price Grwth Eq Port-Init	(111)	----- %	----- %
ING Thornburg Value Port-Init	(100)	----- %	----- %

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ING UBS US Large Cap Eq Port-Init	(105)	----- %	----- %
ING VP Growth Portfolio - I	(040)	----- %	----- %
Neuberger Berman Socially Resp - Tr	(1120)	----- %	----- %
The Growth Fund of America - R4	(572)	----- %	----- %
Small/Mid/Specialty			
Evergreen Special Values Fund - A	(191)	----- %	----- %
Franklin Sm Cap Val Sec Fd - 2	(073)	----- %	----- %
ING AllianceBernstein Mid Cap Gr -S	(754)	----- %	----- %
ING Am Cent SmMid CapValue-Svc	(440)	----- %	----- %
ING Baron Asset Portfolio - Service	(1245)	----- %	----- %
ING Baron Small Cap Growth Port- Svc	(436)	----- %	----- %
ING Columbia SmallCap Val II-Svc	(1218)	----- %	----- %
ING Evergreen Health Sciences Port S	(776)	----- %	----- %
ING FMR Diversified Mid Cap Port - S	(778)	----- %	----- %
ING Global Resources Portfolio - S	(2040)	----- %	----- %
ING JPMorgan Mid Cap Val Port - Svc	(435)	----- %	----- %
ING JPMorgan SmCap Core Eq Port-Svc	(752)	----- %	----- %
ING MFS Utilities Portfolio - S	(771)	----- %	----- %
ING Pioneer MidCap Val Port-Instl	(1214)	----- %	----- %
ING T. Rowe Price Diver Mid Cap Gr-I	(449)	----- %	----- %
ING UBS US SmallCap Gr Port-Svc	(1221)	----- %	----- %
ING Van Kampen Real Est Port-Svc	(1019)	----- %	----- %
ING VP Financial Services Port - I	(826)	----- %	----- %
ING VP Global Science & Tech Port -I	(050)	----- %	----- %
ING VP Index Plus MidCap Port - I	(053)	----- %	----- %
ING VP Index Plus SmallCap Port - I	(052)	----- %	----- %
ING VP MidCap Opportunities Port - I	(081)	----- %	----- %
ING VP Real Estate Portfolio - CI I	(825)	----- %	----- %
ING VP Small Company Port - I	(042)	----- %	----- %
ING VP SmallCap Opport Port - I	(080)	----- %	----- %
ING WellsFargo Dscpl Val Port-Svc	(1114)	----- %	----- %
ING WF Small Cap Disciplined Port -S	(1116)	----- %	----- %
Lazard Mid Cap Portfolio-Open Shares	(1315)	----- %	----- %
Lord Abbett Mid-Cap Value Port-VC	(075)	----- %	----- %
Oppenheimer Main Street Small Cap/VA	(832)	----- %	----- %

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Pioneer Mid Cap Value VCT Port - I	(074)	_____ %	_____ %
Premier VIT OpCap Mid Cap Port	(1333)	_____ %	_____ %
Wanger Select	(820)	_____ %	_____ %
Wanger U.S. Smaller Companies	(821)	_____ %	_____ %
Global / International			
EuroPacific Growth Fund - R4	(573)	_____ %	_____ %
Fidelity VIP Overseas Portfolio-Init	(107)	_____ %	_____ %
ING JPMorgan Emerg Mkts Eq Port-Svc	(779)	_____ %	_____ %
ING JPMorgan Int'l Port-Init	(104)	_____ %	_____ %
ING Julius Baer Foreign-Class S	(830)	_____ %	_____ %
ING Marsico Int'l Opport Port-Svc	(770)	_____ %	_____ %
ING Oppenheimer Global Portfolio -I	(432)	_____ %	_____ %
ING Templeton Foreign Equity Port -S	(1136)	_____ %	_____ %
ING Templeton Global Growth - S	(1232)	_____ %	_____ %
ING VP Index Plus Int'l Eq Port-Serv	(1091)	_____ %	_____ %
ING VP International Equity Port - I	(055)	_____ %	_____ %
ING VP International Value Port - I	(228)	_____ %	_____ %
New Perspective Fund - Class R-4	(818)	_____ %	_____ %
Oppenheimer Developing Mkts Fund - A	(190)	_____ %	_____ %
Pioneer Emerg Mkts VCT Port-I	(1331)	_____ %	_____ %
Wanger Int'l SmallCap VIT Port	(1348)	_____ %	_____ %
Total		100%	100%
		Employer	Employee

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

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Account Information

Frequency ER EE	Contribution ER \$ EE \$	Effective Date ER / / EE / /
Single Contribution Amount \$	No. of skips	Skip Date / /

Registered Representative Information

The following individual(s)/organization(s) will receive compensation from this Contract.

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

Anti-Fraud Statement

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Participant Certification

I acknowledge receipt of the current contract prospectus or contract prospectus summary, as well as current prospectuses or investment option summaries for all available investment options under the Plan.

[] Check here to receive a Statement of Additional Information.

I understand that my Employer has selected a deferred annuity to fund a tax-deferred arrangement; that the tax laws provide for deferral of taxation on earnings on account balances; and that, although the annuity provides features and benefits that may be of value, it does not provide any additional deferral of taxation beyond that provided by the tax-deferred arrangement itself.

Employee Appointment of Employer as Agent under an Annuity Contract - For Plans under Section 403(b), 401, or 403(a) of the Internal Revenue Code (except voluntary Non-ERISA Section 403(b) Plans):

I appoint my Employer, who is the Contract Holder, as my agent for all purposes under the Group Annuity Contract issued to my Employer in accordance with the terms of the Plan. I agree to be bound by my Employer's interpretation of the Plan provisions and its written direction to the Company in accordance with the terms of the Plan.

By signing this form, I acknowledge that the information provided is complete and accurate and that any changes 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's Certification and Signature

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.

Registered Representative (print name)	Registered Representative's Signature	Date (mm/dd/yyyy) / /
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