

INCOMING ROLLOVER/TRANSFER FOR GOVERNMENTAL PLANS INSTRUCTIONS

Mail Check to:

Voya Institutional Trust Company, PO Box 3015, New York, NY 10116-3015



Mail Form to:

Voya Retirement Insurance and Annuity Company ("VRIAC")

A member of the Voya™ family of companies

PO Box 990063, Hartford, CT 06199-0063

Phone: 800-584-6001 Fax: 800-643-8143

As used on this form, the term "Voya," "Company," "we," "us" or "our" refers to your plan's funding agent and/or services provider. That entity is VRIAC. Contact us for more information.

GOOD ORDER

Good order is receipt at the designated location of this form accurately and entirely completed, and includes all necessary signatures. **You must attach to this form a copy of your most recent statement from the account that will send assets to Voya.** This is necessary to determine if the assets can be accepted into your current Plan account. If this form is not received in good order, as we determine, it may be returned to you for correction and processed upon re-submission in good order at our designated location. Beneficiaries and QDRO Alternate Payees are prohibited by the IRS from rolling over money from other qualified retirement plans or IRAs into their 401(a), 401(k), 403(b) or 457 accounts unless they are also an employee of the company or government agency.

INSTRUCTIONS

This form is used to provide notification to Voya of your intent to rollover (*or transfer*) benefits from a traditional IRA or a 401(a), 401(k), or 403(b) or governmental 457(b) plan (*collectively, eligible retirement plans*) into your current plan account (*for purposes of this request, referred to as the "Destination Plan"*). A traditional IRA does not include a Roth IRA or education IRA. Amounts from a traditional IRA or an eligible retirement plan that are rollover eligible can be rolled over into your current Plan account, if your Plan accepts such rollovers. After tax (or cost basis) dollars cannot be rolled over to a governmental 457(b) plan. Amounts from a 457(f) plan or a 457(b) plan sponsored by a tax exempt entity are not rollover eligible and will not be accepted.

You must be enrolled (*or have an established account*) in the Destination Plan prior to submitting this request. Call the toll free number provided above if you need assistance with enrolling in the Destination Plan.

Your prior service provider may require you to complete additional forms in order to effect this rollover (*or transfer*) from your prior account.

The amount received by us will be invested according to your current investment allocations under the Destination Plan on the date the amount is received in good order. If received in good order, funds will be applied to your account before the close of the New York Stock Exchange (NYSE), on any day the NYSE is open for trading (*usually 4:00 p.m. Eastern Time*). All requests received in good order after the close of the NYSE will be processed the next day the NYSE is open.

To reallocate the amount deposited to other investment options after received by Voya, call us toll-free at 800-584-6001 or initiate a fund transfer on-line at www.voyaretirementplans.com.

The Destination Plan and/or Internal Revenue Service (IRS) guidance may limit your ability to withdraw these assets until you have a distributable event under the Destination Plan. Please consult with your Plan Sponsor or Voya to understand any withdrawal limitations applicable. When these assets are subsequently withdrawn or distributed, the distribution may be subject to a surrender fee and/or market value adjustment. Amounts rolled over from a non-457 plan to a governmental 457 plan would continue to be subject to any applicable 10% Premature Withdrawal Tax under the Internal Revenue Code.

HOW THE PROCESS WORKS

- Step 1** - If not currently enrolled, meet with your Local Representative to enroll in the Destination Plan. Talk to your Local Representative about rolling over (*or transferring*) benefits from a traditional IRA or an eligible retirement plan.
- Step 2** - Complete the form entirely or validate the information that has been completed for you is accurate. Sign and date the form.
- Step 3** - Contact your prior plan or IRA service provider to request any additional forms required to effect this transfer. Upon request, Voya will provide a "letter of acceptance" if your prior provider requires one to effect the transfer.
- Step 4** - Attach a copy of your most recent prior plan/IRA statement to this form and mail or fax both items to Voya at the address/fax number shown on this form. In order for Voya to apply your money when we receive it, we must have a copy of your completed form on file.
- Step 5** - Voya will review your request to determine if the assets may be accepted by the Destination Plan in accordance with the Internal Revenue Code and terms of the Plan document. We reserve the right to reject any transferred assets received from an ineligible source and return the assets to the prior provider.

PLEASE KEEP THIS PAGE FOR YOUR RECORDS

PRECERTIFICATION OF INCOMING ROLLOVER/TRANSFER FOR GOVERNMENTAL PLANS

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1. TYPE OF REQUEST

Rollover (direct or indirect)

Plan-to-Plan Transfer

A plan-to-plan transfer is a provider-to-provider transfer (same employer plan) or a transfer between like plan types (e.g., 457(b) to 457(b) or 401(a) to 401(a)). If you wish for this transaction to be treated as a plan-to-plan transfer, check the box to the left. By checking here, you acknowledge and understand that you will not be able to withdraw the transferred amount until you are eligible to take a distribution under the Destination Plan.

Rollover/Transfer Request

Liquidate my investment holdings in the amount indicated below and transfer the proceeds.

Full Rollover/Transfer

Partial Rollover/Transfer

Maximum Rollover/Transfer without penalty

\$ _____ or _____ %
(indicate approximate amount of rollover or transfer)

2. DESTINATION PLAN

Plan Name _____ Billing Group/Plan # _____

Governmental Plan Type 401 457(b) 403(b)

3. ACCOUNT HOLDER INFORMATION

Account Holder Name (last, first, middle initial) _____ SSN (Required) _____

Address _____ PO Box (optional) _____

City/Town _____ State _____ ZIP _____

Work Phone (include extension) _____ Home Phone _____

Account Type

I am the: Account Holder

Surviving Spousal Beneficiary
(as a result of a death benefit)

Alternate payee (as a result of
qualified domestic relations order)

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4. PRIOR PLAN/IRA SERVICE PROVIDER

Prior Plan/IRA Service Provider Name _____ Phone _____

Plan Account # _____

Pre-tax DollarsPlan/Account Type 401 Governmental 457(b) 403(b) Traditional IRA (including SEP-IRA and SIMPLE IRA)**After Tax Dollars**Are after-tax dollars (or cost basis) included in the rollover eligible amount? No Yes – indicate amount \$ _____*Note: After tax dollars may not be rolled over to a governmental 457(b) plan.* Rollover of non-Roth after-tax contributions and earnings from
Employee non-Roth After-Tax Contributions \$ _____ Earnings \$ _____
 403(b) Plan 401 Plan
Pre-1987 total \$ _____ Post-1986 total \$ _____**Roth Dollars**

If you are directly rolling over Designated ROTH amounts from a 403(b), 401(k) or governmental 457(b) plan, we must receive cost basis and the Designated ROTH account's start date (to track the required 5 year period) directly from your prior record keeper. Otherwise, we will use the year your initial Designated ROTH contribution was made to this contract and assume cost basis is zero for tax reporting purposes. This may adversely affect the tax consequences of any future distribution from your Designated ROTH account. **Rollovers from ROTH IRAs are not permitted.**

 Rollover from a Designated Roth AccountPlan Account Type 401(k) Roth 403(b) Roth 457 Governmental Roth 457 Governmental Roth Rollover
Roth Cost Basis \$ _____ Designated Roth Account Start Date _____ **Rollover from an In Plan Roth Rollover**Plan Account Type 401(k) Roth 403(b) Roth 457 Governmental Roth
In Plan Roth Rollover pre-tax basis \$ _____ In Plan Roth Rollover after-tax basis \$ _____
In Plan Roth Rollover Original Event Date _____

5. PAYMENT INSTRUCTIONS

Please select only one option. Complete your SSN and Name in the space provided.

 Regular Mail¹ Payee: Voya Institutional Trust Company
FBO _____
(Account Holder SSN/Account Holder Name)**Address** PO Box 3015
New York, NY 10116-3015**Express Mail** JP Morgan Chase C/O
(for checks) Payee: Voya Institutional Trust Company
Attn: Lockbox 3015
4 Chase Metrotech Center, 7th Floor East
Brooklyn, NY 11245 **Wire** Send wire transfer to:
Wells Fargo Bank, N.A.
ABA Number: 121000248
Bank Account Number: 2087300443964
Voya Institutional Trust Company
Gov't and Health Account
Ref # _____
(Destination Plan #/Account Holder SSN/
Account Holder Name)¹Six digit Voya Plan # must be referenced on the check.

6. IMPORTANT REMINDER I have attached a copy of my most recent statement from my prior plan or IRA account to this form.

7. SPECIAL INSTRUCTIONSPlease type or print any special instructions you wish to bring to our attention.

PLEASE KEEP A COPY FOR YOUR RECORDS

8. ACCOUNT HOLDER SIGNATURE AND CERTIFICATION

I have reviewed the completed information, and it correctly reflects my intended rollover (*or transfer*) of benefits to the Destination Plan. I certify that the amounts are rollover eligible amounts in accordance with the Internal Revenue Code of 1986, as amended. I understand the amount received by Voya will be invested in accordance with my current investment allocation under the Destination Plan on the date the amount is received in good order. I also understand when these assets are subsequently withdrawn or distributed, the distribution may be subject to a surrender fee and/or market value adjustment. Amounts rolled over from a non-457 plan to a governmental 457(b) would continue to be subject to any applicable 10% Premature Withdrawal Tax under the Internal Revenue Code.

Account Holder Signature _____ Date (*mm/dd/yyyy*) _____

Account Holder SSN _____

9. MAILING/FAXING INSTRUCTIONS

After all required signatures are obtained, make a copy of completed paperwork for your records.

Mail or fax completed form to: **Voya Retirement Insurance and Annuity Company**
PO Box 990063
Hartford, CT 06199-0063
Fax: 800-643-8143

10. LETTER OF ACCEPTANCE

Letter of Acceptance Required – Check this box if the Prior Plan/IRA Service Provider requires a Letter of Acceptance from Voya to complete your rollover or transfer request. **A Letter of Acceptance will not be issued unless this box is checked.**

Mail the Letter of Acceptance to me at the Participant address indicated on this form.

Mail the Letter of Acceptance to the Prior Plan / IRS Service Provider at the address indicated below.

Company Name _____ Attention _____

Address _____

City _____ State _____ ZIP _____

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