INCOMING DIRECT ROLLOVER TO A 401 PLAN

Voya Retirement Insurance and Annuity Company ("VRIAC")
Voya Institutional Plan Services, LLC ("VIPS")
Members of the Voya® family of companies
PO Box 990063, Hartford, CT 06199-0063
Phone: 800-584-6001 Fax: 800-643-8143

VOYA
FINANCIAL

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

INSTRUCTIONS

Please contact your Plan Administrator prior to completing this form to determine if assets under an existing plan or traditional IRA can be rolled over into this Plan. If yes, complete this form and forward it to the former investment provider/record keeper along with a request for a distribution. Mail or fax a copy to the address or phone number above. Please make a photocopy if you wish to retain a copy for your records. If you are not previously enrolled in the Plan, your Plan Administrator must submit a completed Enrollment Form before requesting a transfer or rollover to Voya. If you intend to accomplish an indirect rollover *(i.e., where you remit a personal check to Voya)*, we must receive backup from your prior record keeper to support the amounts indirectly rolled over.

Funds will be applied to the account the same day they are received from the former investment provider/record keeper if received in good order before the close of the New York Stock Exchange (NYSE) on any day it is open for trading. All requests received in good order after the close of the NYSE (usually 4 p.m. ET) will be processed the next day the NYSE is open.

GOOD ORDER

Good order is receipt at the designated location of this form accurately and entirely completed, and includes all necessary signatures. 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) accounts unless they are also an employee of the company.

Rollover from a Roth Account - If you are directly rolling over Roth money, we must receive cost basis and the Designated Roth Account's start date directly from your prior record keeper.

1. PLAN INFORMATION

Plan Name _____

Plan Number _____

2. PARTICIPANT INFORMATION

Name *(last, first, middle initial)* _____

SSN/TIN **(Required)** _____ Date of Birth _____

Resident Street Address or PO Box _____

City _____ State _____ ZIP _____

Work Phone *(include extension)* _____ Home Phone _____

3. FORMER INVESTMENT PROVIDER/RECORD KEEPER

Former Investment Provider/Record keeper Name _____

Former Investment Account # _____ Phone # _____

4. ROLLOVER AMOUNT *(Check all applicable boxes. Rollovers from Roth IRA accounts are not permitted.)*

Please indicate source: ☐ 403(b) plan ☐ 401 plan ☐ Governmental 457 ☐ Traditional IRA

☐ Pre-Tax Rollover Amount .... $ _____

☐ Rollover of Non-Roth After-Tax Amount .... $_____

   Employee Non-Roth After-Tax Contributions $_____

☐ Rollover of Designated Roth Amount.............. $_____

   Start Date _____ Roth Contributions ..... $_____

☐ Rollover of In Plan Roth Rollover Amount ...... $_____

   Start Date _____ In Plan Roth Basis....... $_____

5. INVESTMENT INSTRUCTIONS *(Use whole percentages (e.g. 33%, not 33 1/3%). Must total 100%.)*

Unless otherwise indicated below, your Direct Rollover assets will be invested according to your current investment elections for ongoing contributions of the Plan indicated on page one.

If you choose to invest your Direct Rollover assets differently, enter the percentage of the Direct Rollover amount to be split among Plan investment options as specified below. Obtain the fund names/numbers from your most recent quarterly statement package or enrollment kit.

Fund Number/Name	Percentage	Fund Number/Name	Percentage

6. ROLLOVER TO VOYA *(Please choose only one option.)*

☐ Mail Check Directly to Voya

Mail check payable to Voya Institutional Trust Co. F/B/O Participant Name, Social Security Number, and Plan #
to the address below.

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

Overnight/Express Mail:
JP Morgan Chase C/O
Payee: Voya Institutional Trust Company
Attn: Lock Box 3015
4 Chase Metrotech Center, 7th Floor East
Brooklyn, NY 11245
(Six digit plan number must be referenced on the check.)

☐ Wire Transfer Directly to Voya

Wire Funds to:
Wells Fargo Bank, N.A.
ABA Number: 121000248
Voya Institutional Trust Company/Prem Collection
Bank Account Number: 2087350311363
Beneficiary References:
Include Participant Name, Social Security Number *(9 digit numeric)*, Plan #
(6 digit numeric) and Payroll location *(if any)*
(4 digit numeric).
Example: John J. Jones 999-99-9999 888123-0001

7. PARTICIPANT SIGNATURE AND ACKNOWLEDGEMENT

I understand that the Direct Rollover amounts will be subject to the applicable Internal Revenue Service and Plan withdrawal restrictions. I understand that the Direct Rollover will be invested using my current investment allocation under this plan to the extent on file unless I submit this form to indicate alternate investment selections for this Direct Rollover. I acknowledge that I have read and accept the terms of this form and that the information shown is correct and complete.

Participant Signature _____ Date _____

8. PLAN ADMINISTRATOR SIGNATURE AND CERTIFICATION

As the Plan Administrator, I hereby accept this rollover in and Plan investment direction, and have reviewed the form to ensure all necessary information is completed.

Plan Administrator Name *(Please print.)* _____

Plan Administrator Signature _____ Date _____

9. 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.**

   ☐ Fax the Letter of Acceptance to (_____) _____- _____ Attention _____

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

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

Company Name _____ Attention _____

Address _____

City _____ State _____ ZIP _____