

# ACCEPTANCE LETTER

## For 401 Plans/Programs



**Mail Check to:**

Voya Retirement Insurance and Annuity Company ("VRIAC")  
PO Box 2215, New York, NY 10116-2215

**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: 800-262-3862 Fax: 800-643-8143

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

**TYPE OF REQUEST** *(Please check one box.)*

- Direct Rollover to a 401 Program** *(Please complete all sections except Carrier to Carrier Transfer Information.)*
- Carrier to Carrier Transfer** *(Please complete all sections except Direct Rollover Information.)*

**GOOD ORDER INSTRUCTIONS**

1. 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 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 rolled over.
2. In order to process the rollover or transfer request, the transferred assets must be received at our designated location in good order. Assets transferred by the Former Investment Provider/Record Keeper will be deemed to be in good order if accompanied by the appropriate information to enable Voya to apply the assets to the Participant's account. Any corrections made on this form must be initialed and dated by the appropriate parties. Transferred assets will be invested using the participant's most current investment allocation, unless we receive this form on which an alternate investment selection is made. If the alternate investment instructions are not in good order, as we determine, we may return the form to you for correction and re-submission, or we may contact you to clarify investment instructions.
3. 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 on any day the Stock Exchange is open for trading (*usually 4:00 p.m. Eastern Time*). All requests received in good order after the close of the Stock Exchange will be processed the next day that the Stock Exchange is open.

**1. ACCOUNT HOLDER INFORMATION**

Account Holder Name *(last, first, middle initial)* \_\_\_\_\_  
Date of Birth *(mm/dd/yyyy)* \_\_\_\_\_ SSN **(Required)** \_\_\_\_\_  
Street Address **(Required)** \_\_\_\_\_ PO Box *(optional)* \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Work Phone \_\_\_\_\_ Extension \_\_\_\_\_ Home Phone \_\_\_\_\_

**2. FORMER INVESTMENT PROVIDER/RECORD KEEPER**

Former Investment Provider/Record Keeper Name \_\_\_\_\_ Phone \_\_\_\_\_  
Former Investment Account # \_\_\_\_\_

- Full Transfer/Rollover
- Partial Transfer/Rollover \$ \_\_\_\_\_ or \_\_\_\_\_ %
- Maximum Without Penalty

**3. TRANSFER TO VRIAC** (Please choose only one option.)

**Make check payable to<sup>1</sup>:**

Voya Retirement Insurance and Annuity Company  
F/B/O Account Holder Name, Social Security Number and  
Billing Group #

<sup>1</sup>Six digit Voya Billing Group # must be referenced on the check.

**And mail to:**

PO Box 2215  
New York, NY 10116-2215

**Wire Transfer:**

For wire transfer please fax this form to 800-643-8143  
and wire funds to:

Wells Fargo Bank, N.A  
Voya - Premium Collection # 2087370802580,  
ABA # 121000248  
OBI Field: Include Account Holder Name,  
Social Security Number and  
Billing Group #

Billing Group # and/or Employer Name **(Required)** \_\_\_\_\_

**4. INVESTMENT ALLOCATION** (Obtain fund number from most recent quarterly statement package, or enrollment kit.)

Unless otherwise indicated below, all your Direct Rollover or Transfer assets will be invested according to your current investment elections for ongoing contributions of the Billing Group number indicated on Page one. Use whole percentages (e.g., 33% not 33 1/3%).

OR Enter the percentage or dollar value of the transferred amount to be allocated to each investment option.	Employer Account		Employee/Rollover Account	
	Fund #	% or \$	Fund #	% or \$

**The total of the Employer and Employee columns must each equal 100% of the transferred amount.**

**5. DIRECT ROLLOVER INFORMATION** (Please check all applicable boxes. Rollovers from Roth IRA accounts are not permitted. Complete if type of request (above) is Direct Rollover)

If necessary rollover accounts do not already exist, new accounts will be established to house the incoming rollover assets. For Deferred Sales Charge purposes, the rollover accounts will assume the same age as the existing employee/voluntary contribution account.

**Rollover of pre-tax contributions and earnings from**

403(b) Plan    401 Plan    Governmental 457    Traditional IRA

**Rollover of non-Roth after-tax contributions and earnings from 401 plan (rollovers from other types of plan are not allowed)**

Employee non-Roth After-Tax Contributions     \$ \_\_\_\_\_

Earnings     \$ \_\_\_\_\_

**Rollover from a Roth 401(k) Account**

If you are directly rolling over Roth money, we must receive cost basis and the Roth account's start date directly from your prior record keeper. Otherwise, we will use the year your initial Roth contribution is applied to this contract and assume the rollover amount's cost basis is zero for tax reporting purposes. This may adversely affect the tax consequences of any future distribution from your Roth account.

**6. CARRIER TO CARRIER TRANSFER INFORMATION** *(Do not complete this section for a Direct Rollover. Completed by Participant & Former Investment Provider/Record Keeper. Complete Employer values where applicable.)*

**Transfers FROM a 401 Annuity Contract**

Please provide a breakdown of the applicable money types:

**Do not include any Roth amounts in this section.**

Employer \_\_\_\_\_ % or \$ \_\_\_\_\_ of transferred assets  
Employee (pre-tax) \_\_\_\_\_ % or \$ \_\_\_\_\_ of transferred assets  
Employee (non-Roth after-tax) \_\_\_\_\_ % or \$ \_\_\_\_\_ of transferred assets

For Carrier To Carrier Transfers of Roth money, we must receive cost basis and the Roth account's start date directly from your prior record keeper. Otherwise, we will use the year your initial Roth contribution is applied to this contract and assume the transfer amount's cost basis is zero for tax reporting purposes. This may adversely affect the tax consequences of any future distribution from your Roth account.

**7. ACCOUNT HOLDER SIGNATURE AND CERTIFICATION**

I understand that if historical account value information is not provided, the entire amount transferred will be subject to Internal Revenue Service (IRS) withdrawal restrictions and minimum distribution rules applicable to Employee Earnings. I understand that transferred amounts will be subject to the applicable IRS withdrawal restrictions. I understand that if ERISA information and the applicable breakdown of assets is not provided, the Company will treat all transferred assets, whether subject to ERISA or not, as deposited in the Employee Contribution Asset Account of the billing group number indicated in the 'Transfer To VRIAC' section of this form. I understand that if the investment allocation section is not completed, the Carrier to Carrier Transfer or Direct Rollover will be invested using my current investment allocation under this billing group to the extent on file.

I acknowledge that I have read and accept the terms of this form and that the information shown is correct and complete.

Account Holder Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

Account Holder SSN \_\_\_\_\_ City/State Where Signed \_\_\_\_\_

Registered Representative Name (Please print.) \_\_\_\_\_ Phone \_\_\_\_\_

Plan Administrator Name \_\_\_\_\_

Plan Administrator Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

**10. ACCEPTANCE OF FUNDS**

Voya Retirement Insurance and Annuity Company hereby agrees to accept funds from the current Trustee/Custodian/Carrier and deposit them into a 401 Program on behalf of the Participant executing this form in accordance with the applicable provisions of the Internal Revenue Code.

  
\_\_\_\_\_  
Molly A. Garrett, Vice President