# ACCEPTANCE LETTER
## For 457 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.)*

Not for use with internal Voya to Voya transfers. See "Terms and Conditions" section of Internal Contract Exchange/Plan To Plan Transfer/Rollover - Education, Healthcare and Governmental Markets form.

☐ **Direct Rollover to a Governmental 457 Annuity Contract** *(Please complete all sections except Carrier to Carrier/Plan to Plan Transfer Information.)*

☐ **Carrier to Carrier *(same plan)* or Plan to Plan *(different employer plans)* 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 Form before requesting a transfer or rollover to Voya.
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 Account Holder's account. Any corrections made on this form must be initialed and dated by the appropriate parties. Transferred assets will be invested using the Account Holder'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[1]:**
Voya Retirement Insurance and Annuity Company
F/B/O Account Holder Name, Social Security Number and Billing Group #

*[1]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, wire funds to:
Wells Fargo Bank, N.A.
Operating Account # 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 4 digit fund number from most recent quarterly statement package, or call 800-262-3862.)*

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 asset amount to be allocated to each investment option.**

| Employer Account | | | | Employee/Rollover Account | | | |
|---|---|---|---|---|---|---|---|
| 4-digit Fund # | % or $ | 4-digit Fund # | % or $ | 4-digit Fund # | % or $ | 4-digit Fund # | % or $ |
| | | | | | | | |
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***The total of the columns must each equal 100% of the transferred amount.***

## 5. DIRECT ROLLOVER INFORMATION *(Complete if type of request (above) is Direct Rollover.)*

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

☐ 403(b) Plan $ _____
☐ 401 Plan $ _____
☐ Governmental 457 $ _____
☐ Traditional IRA $ _____

Rollover of after-tax contributions are not allowed. 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.

## 6. CARRIER TO CARRIER/PLAN TO PLAN 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 another eligible 457(b) Annuity Contract**

Please provide a breakdown of the applicable money types:

Employer _____ % or $ _____ of transferred assets
Employee (pre-tax) _____ % or $ _____ of transferred assets

## 7. ACCOUNT HOLDER SIGNATURE AND CERTIFICATION

I understand that if historical account value information is not provided, the entire amount rolled over will be subject to Internal Revenue Service (IRS) rules applicable to non-457 rollover amounts received by a governmental 457 plan. I understand that transferred amounts will be subject to the applicable IRS and plan withdrawal rules. I understand that if the applicable breakdown of assets is not provided, the Company will treat all transferred assets 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/Plan to Plan 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)* _____

## 8. 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 457 Variable Annuity Contract on behalf of the Participant executing this form in accordance with the applicable provisions of the Internal Revenue Code.

Molly A. Garrett

Molly A. Garrett, Vice President