Enrollment Form
Mount Holyoke College Defined Contribution Retirement Plan
403(b)(1) Annuity Contract / 403(b)(7) Custodial Account
Plan Number: VFZ335

MHC
MOUNT HOLYOKE COLLEGE
RETIREMENT PLAN

Participant Information (Please type or print clearly.)

Department Name	Department Location	Location Code **0001**
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 Information

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.)

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. _____

Financial Industry Regulatory Authority (FINRA) Affiliation
Are you associated with a Financial Industry Regulatory Authority member?   ☐ Yes   ☐ No
If yes, list the affiliation_____

Plan Beneficiary Information

Primary	Contingent	Complete Legal Name, Address and Phone #	Relationship	%	SSN	Date of Birth (mm/dd/yyyy)
☐	☐					
☐	☐					
☐	☐					

Participant Name (first, middle initial, last)	Social Security Number	Plan Number
	- -	VFZ335

Investment Options

Investment Options are alphabetically grouped in their respective asset classes as determined by the Company under the 403(b)(1) Annuity Contract and the 403(b)(7) Custodial Account respectively. The Voya Fixed Plus Account III is a fixed account option available under a group fixed annuity contract offered by the Company. All other investment options are mutual funds offered under a custodial account agreement. Changes to investment selections must be initiated by the Participant. Enter the percentage (in whole percentages) of your payment to be allocated to each investment option.

403(b)(1) Annuity Contract

Stability of Principal

Voya Fixed Plus Account III	(4020)	_____%

403(b)(7) Custodial Account

Stability of Principal

Fidelity® Money Market Trust Retirement Money Market Port	(7722)	_____%

Bonds

BlackRock Total Return Fund - Class K Shares	(6742)	_____%
Invesco High Yield Fund - Class R5	(2882)	_____%
TIAA-CREF Inflation Link Bond Fund - Retirement Class	(2883)	_____%

Asset Allocation

T. Rowe Price Retirement 2005 Fund	(9082)	_____%
T. Rowe Price Retirement 2010 Fund	(1684)	_____%
T. Rowe Price Retirement 2015 Fund	(1685)	_____%
T. Rowe Price Retirement 2020 Fund	(1686)	_____%
T. Rowe Price Retirement 2025 Fund	(1687)	_____%
T. Rowe Price Retirement 2030 Fund	(1688)	_____%
T. Rowe Price Retirement 2035 Fund	(1689)	_____%
T. Rowe Price Retirement 2040 Fund	(1690)	_____%
T. Rowe Price Retirement 2045 Fund	(1691)	_____%
T. Rowe Price Retirement 2050 Fund	(1692)	_____%
T. Rowe Price Retirement 2055 Fund	(1693)	_____%
T. Rowe Price Retirement 2060 Fund	(6980)	_____%

Balanced

Calvert Balanced Portfolio - Class I	(9659)	_____%

Large Cap Value

RidgeWorth Large Cap Value Equity Fund - Class I Shares	(2886)	_____%
TIAA-CREF Equity Index Fund - Retirement Class	(2733)	_____%
TIAA-CREF Social Choice Equity Fund - Retirement Class	(2973)	_____%

Large Cap Growth

Wells Fargo Advantage Growth Fund - Institutional Class	(2289)	_____%

Small/Mid/Specialty

Nuveen Real Estate Securities Fund - Class I	(2650)	_____%
RidgeWorth Mid-Cap Value Equity Fund - I Shares	(2290)	_____%
Vanguard® Mid-Cap Index Fund - Investor Shares	(1576)	_____%
Vanguard® Small-Cap Index Fund - Admiral™ Shares	(757)	_____%
Voya MidCap Opportunities Portfolio - Class I	(081)	_____%

Global/International

MFS® International Diversification Fund - Class R4	(2881)	_____%
Oppenheimer Developing Markets Fund - Class Y	(1954)	_____%
Total		**100%**

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

Participant Name (first, middle initial, last)	Social Security Number - -	Plan Number VFZ335

Account Information

Frequency	Contribution	Effective 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 participant information booklet, as well as current prospectuses or investment option summaries for all available investment options under the Plan.

I understand that my employer's plan offers multiple investment options. One or more of these options may be offered through a custodial or trust arrangement and/or a group annuity or a funding agreement issued by Voya Retirement Insurance and Annuity Company.   For investment options offered through a funding agreement or group annuity contract, I understand that the current tax laws provide for deferral of taxation on earnings on account balances; and that, although the funding agreement or group annuity contract provides features and benefits that may be of value, it does not provide for any additional deferral of taxation beyond that provided by the Plan itself.

For 403(b) annuity contracts only: I understand the Internal Revenue Code restrictions on withdrawals from a 403(b)(1) tax-deferred variable annuity and a 403(b)(7) mutual fund account, which generally prohibit withdrawals prior to my death, disability, attainment of age 59 ½, severance from employment or financial hardship. More specific information about these restrictions can be found in the prospectuses/information booklets. I understand that these restrictions do not include contract exchanges to other investment alternatives under my Employer's 403(b) plan, transfers made to another employer's 403(b) plan or to transfers made to a governmental defined benefit plan to purchase service credits unless further restricted by my Employer's 403(b) written plan. However, if I transfer 403(b)(7) assets to investment alternatives under a 403(b)(1) annuity contract, the 403(b)(7) restrictions will continue to apply to withdrawals from that contract.

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 made 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)

VOYA.
FINANCIAL

Participant Name (first, middle initial, last)	Social Security Number - -	Plan Number VFZ335

Registered Representative's Certification and Signature

Broker/Dealer Affiliation: If not registered with Voya Financial Advisors, Inc., please indicate name of Broker/Dealer.

Other Broker/ Dealer Name _____

Does the participant have an existing annuity or life insurance contract?
(If "yes", a replacement form must be completed only for 403(b)
plans where Voya Financial® is not the exclusive provider.)   ☐ Yes   ☐ No

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 Signature	Date (mm/dd/yyyy)

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