

# ACCEPTANCE LETTER For 403(b) Plans/Programs

**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" refer to VRIAC as your plan's funding agent and/or administrative services provider. Contact us for more information.

**TYPE OF REQUEST**

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.

- Transfer from another Employer's 403(b) Plan  
 Exchange of another investment alternative offered by my Employer's 403(b) Plan  
 Direct Rollover

**GOOD ORDER INSTRUCTIONS**

1. Good order is the receipt at our designated location of this form accurately and entirely completed and includes all required signatures. If this form is not received in good order, as determined by us, it may be returned to you for correction and processed upon re-submission in good order at our designated location. **You must be enrolled in the Destination Plan prior to submitting this form.** 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. Please attach a copy of your most recent statement from your former investment provider/record keeper.
3. In order to process the 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. Direct transfers/exchanges or rollovers will not be accepted unless a signed copy of the Letter of Acceptance is received in good order. If this form is not received in good order, transfers/exchanges/rollovers will be returned to the carrier from which you are transferring the funds. Any corrections made on this form must be initialed and dated by the appropriate parties. If any alternate investment instructions indicated on page 2 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.
4. 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 date 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 \_\_\_\_\_  
Former Investment Account # (*Indicate all account numbers from which this transfer request applies.*) \_\_\_\_\_

Street Address (**Required**) \_\_\_\_\_ PO Box (*optional*) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

- Liquidate all Shares  
 Partial Transfer/Exchange/Rollover \$ \_\_\_\_\_ or \_\_\_\_\_ %  
 Maximum without penalty

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

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

Voya Institutional Trust Company  
F/B/O Account Holder Name, Social Security Number and Plan #

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

**And mail to:**

**Regular Mail:**

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

**Express Mail:**

JP Morgan Chase C/O

**Payee:** Voya Institutional Trust Company  
Attn: Lockbox 3015  
4 Chase Metrotech Center, 7th Floor East  
Brooklyn, NY 11245

**Wire Transfer Direct to Voya**

**Wire Funds to:**

Wells Fargo Bank, N.A.  
ABA Number: 121000248  
Voya Institutional Trust Company - TEM  
Bank Account Number: 2087300443964

**Beneficiary References:**

Include Account Holder 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 666XXX-0001

**Required** - Destination Plan # and/or Employer Name \_\_\_\_\_

**4. INVESTMENT ALLOCATION** *(Obtain Fund Number from most recent quarterly statement package or enrollment kit.)*

Unless otherwise indicated below, your transferred assets will be invested according to your current investment elections for ongoing contributions of the Destination Plan Number indicated above. Use whole percentages (e.g., 33% not 33 1/3%).

OR	Fund #	% or \$	Fund #	% or \$
<input type="checkbox"/> <b>Enter the percentage or dollar value of the transferred asset amount to be allocated to each investment option.</b>				

***The total must equal 100% of the transferred assets.***

**5. DIRECT ROLLOVER INFORMATION** *(Please check all applicable boxes. Rollovers of Roth IRA accounts are not permitted. 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 non-Roth after-tax contributions and earnings from**

403(b) Plan    401 Plan

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

Earnings     \$ \_\_\_\_\_

**Rollover from a Designated Roth 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. TRANSFER/EXCHANGE INFORMATION** (This section **MUST** be completed if transfer or exchange is selected in Type of Request section.)

Transfer amounts from (Check all that apply.)

- 403(b)(1) Annuity Contract
- 403(b)(7) Custodial Account
- Exchange/Transfer from a Roth 403(b) Account

For transfers/exchanges 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.

Please provide a breakdown of the applicable money types:

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

**7. ACCOUNT HOLDER SIGNATURE AND CERTIFICATION**

I understand direct transfers/exchanges after September 24, 2007 will be subject to new requirements under the Final 403(b) Regulations issued in July 2007. Under the new rules, the exchange of one 403(b) contract for another 403(b) contract will be subject to information sharing between the Employer maintaining the 403(b) Plan and Voya as your investment provider to begin no later than January 1, 2009.

If the Employer maintaining the underlying 403(b) Plan does not agree to share information with Voya, I understand Voya will contact me to move the assets to another 403(b) contract with an Employer willing to share information with Voya or another investment provider approved under the Plan OR to roll the assets into an IRA (provided a distributable event has occurred). I understand this asset transfer/rollover will be completed without deferred sales charge and would have to occur by June 30, 2009 or I may incur adverse tax consequences.

**I consulted my tax advisor before proceeding with the transaction.**

I understand that if historical, grandfathered account values are not provided to Voya, the entire amount transferred will be subject to Internal Revenue Service (IRS) withdrawal restrictions and minimum distribution rules applicable to post-1988 earnings. I understand that transferred amounts will be subject to the applicable IRS withdrawal restrictions. I understand that if Pre-Tax 403(b)(7) Custodial Account assets are transferred into a VRIAC 403(b)(1) Annuity Contract, the more stringent 403(b)(7) withdrawal restrictions will apply. In addition, I understand the Company will treat all incoming rollover, transfers or exchanges (whether or not they were previously subject to the Employee Retirement Income Security Act) as subject to the ERISA status of the Destination Plan indicated on page 2. I understand that Transfer/Exchange or Direct Rollovers will be invested using my current investment allocation under the new contract to the extent on file unless I submit this form to indicate alternate investment instructions.

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 \_\_\_\_\_

Plan Sponsor Representative Name \_\_\_\_\_

Plan Sponsor Representative Signature (for Direct Rollovers only) \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

Registered Representative Name \_\_\_\_\_

**8. EMPLOYER, PLAN SPONSOR, OR NAMED FIDUCIARY AUTHORIZED SIGNATURE AND CERTIFICATION** *(This section must be completed by the Employer or its designee if required by a contract between the Company and the Employer.)*

I am an Employer, Plan Sponsor, or Named Fiduciary of the Plan identified above and certify the following:

- I have read and agree to the terms of the request;
- I have verified the Account Holder's eligibility for such request and have not relied solely on information provided by the Account Holder in this form in order to make this determination;
- The requested benefits are permitted in accordance with the terms of the Plan document;
- The information provided in this document is complete and accurate to the best of my knowledge. If any information provided by the Account Holder to the Company is in conflict with the information provided by me to the Company, I acknowledge that the Company will rely conclusively on the information provided by me; and
- I have amended my Plan document to reflect all applicable federal tax legislation and IRS guidance, including the Pension Protection Act of 2006, in accordance with the IRS's remedial amendment period.

Authorized Signer Name *(if required)* *(Please print.)* \_\_\_\_\_

Authorized Signer Signature \_\_\_\_\_ Date *(mm/dd/yyyy)* \_\_\_\_\_

**9. THIRD PARTY ADMINISTRATOR AUTHORIZED SIGNATURE AND CERTIFICATION** *(This section must be completed if required by the Employer.)*

I am employed as a Third Party Administrator of the Plan identified above and certify the following:

- I have read and agree to the terms of the request;
- I have verified the Account Holder's eligibility for such request and have not relied solely on information provided by the Account Holder in this form in order to make this determination;
- The requested benefits are permitted in accordance with the terms of the Plan document; and
- The information provided in this document is complete and accurate to the best of my knowledge. If any information provided by the Account Holder to the Company is in conflict with the information provided by me to the Company, I acknowledge that the Company will rely conclusively on the information provided by me.


Name of TPA Firm \_\_\_\_\_

Authorized Signer Name *(if required)* *(Please print.)* \_\_\_\_\_

Authorized Signer 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 403(b)(1) Variable Annuity Contract and/or a 403(b)(7) Custodial Account on behalf of the Account Holder executing this form in accordance with the applicable provisions of the Internal Revenue Code.



Molly A. Garrett, Vice President