

# WITHDRAWAL AND TRANSFER REQUEST FOR PURCHASE OF GOVERNMENTAL DEFINED BENEFIT PLAN SERVICE CREDIT – INSTRUCTIONS

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



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

## GOOD ORDER

Good order is receipt by Voya of your request accurately and entirely completed, including any required supporting documentation, to validate your eligibility for this withdrawal. If your request is approved, it will be processed and payment will be sent within seven (7) calendar days of the receipt of the completed withdrawal request in good order. A corresponding transaction confirmation will be generated. Paperwork not received in good order, as determined by Voya, the Plan Sponsor, and/or an authorized representative of the Plan may be returned to you for correction and will be processed upon resubmission in good order at our designated locations.

## INSTRUCTIONS

This form is used to elect a withdrawal from a Account Holder’s employer-sponsored retirement plan account under any of the following plan types for purposes of purchasing service credit under a government Defined Benefit Plan.

- Section 457(b) governmental Deferred Compensation plan; or
- Section 401(a) (including 401(k)) Defined Contribution plan; or
- Section 403(b) Tax Deferred Arrangement.

If you have any questions about this form or the transfer options available to you, please contact a Customer Service Associate at the number listed above, or our local Representative before proceeding.

## IMPORTANT INFORMATION

Trustee to Trustee transfers to purchase governmental Defined Benefit Plan service credit are only available to the extent authorized by your employer-sponsored retirement plan. Sections 457(b) governmental, 403(b) and 401(a) Plans are permitted, but not required, to provide for such transfers. Such transfers, if permitted, are not subject to federal or state taxes or reporting.

The Plan Sponsor, as fiduciary, must authorize and approve all withdrawal and transfer requests. The Plan Sponsor may require the signature of a Plan Representative of the Governmental Defined Benefit Plan prior to authorizing your request.

**This completed form must be taken (or sent) to your payroll or benefits office for final approval.**

We are not responsible for the application of transferred amounts by the receiving governmental Defined Benefit Plan. **Please make all necessary arrangements with the Defined Benefit Plan, including the completion of service credit purchase paperwork before requesting this transfer.** If your transfer is returned to us by the Defined Benefit Plan, we will credit your Plan account on the date such amount is received. We are not responsible for any lost investment opportunities that may result from failed transfers.

## PAYMENT INFORMATION

Checks will only be made payable to an investment provider or fiduciary of the governmental Defined Benefit plan receiving the transfer, for the benefit of the Account Holder. **We will not honor a request to pay any other party.** Once the paperwork is received in good order and processed, the transfer will be made within seven (7) calendar days or sooner. A corresponding transaction confirmation will be generated and mailed to the Account Holder.

## OVERPAYMENT RECOVERY

Voya Retirement Insurance and Annuity Company reserves the right to directly or through a third party recover any payments made in excess of amounts to which you are entitled under the terms of the contract, regardless of the method of payment.

## MAILING INFORMATION

After the paperwork is complete and all required signatures are obtained, the completed paperwork is to be mailed or faxed to the address or number shown on the form.

**KEEP FOR YOUR RECORDS**

Instructions

Order #144338 Form #83319 Sponsor 09/01/2014

TM: DISTRIB

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## 1. PLAN INFORMATION *(Please print.)*

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

Plan # \_\_\_\_\_ Division/Location Code \_\_\_\_\_

## 2. PLAN TYPE

457(b) Governmental Defined Compensation     401(a) or 401(k) Defined Contribution     403(b) Tax Deferred Arrangement

## 3. ACCOUNT HOLDER INFORMATION

Name *(last, first, middle initial)* \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN *(Required)* \_\_\_\_\_

Resident Street Address or PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Work Phone *(Include extension.)* \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

## 4. DISTRIBUTION ELECTIONS *(Complete Percent to Transfer OR Dollar to Transfer.)*

Service Buy Back Withdrawal and Transfer to Governmental Defined Benefit Plan

Percent to Transfer \_\_\_\_\_ %      Dollar to Transfer \$ \_\_\_\_\_

Special Instructions \_\_\_\_\_

## 5. TRANSFER INSTRUCTIONS *(This section is used to identify the Governmental Defined Benefit Plan that will receive the benefit transfer.)*

### Recipient Plan

Check here to indicate the receiving Plan is a Governmental Defined Benefit Plan.

Contract # \_\_\_\_\_ Plan # *(if applicable)* \_\_\_\_\_

Authorized Signature of Plan Representative  
of the Governmental Defined Benefit Plan \_\_\_\_\_

### Transfer Instructions

Check will be made payable to \_\_\_\_\_  
*(Indicate name of investment provider or fiduciary of the Governmental Defined Benefit Plan receiving the transfer.)*

For the Benefit of *(Indicate Account Holder name.)* \_\_\_\_\_

KEEP A COPY FOR YOUR RECORDS

**6. MAILING INFORMATION** *(To be completed by a Representative of the Governmental Defined Benefit Plan that will receive the benefit transfer.)*

Attention of \_\_\_\_\_ Account # \_\_\_\_\_

Address (# & street/PO box) \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Additional Instructions \_\_\_\_\_

**7. ACCOUNT HOLDER AUTHORIZED SIGNATURE AND CERTIFICATION AND TAX WITHHOLDING** *(To be completed by the Account Holder.)*

I hereby authorize the Company to transfer my benefits to the fiduciary (or its designated party) of the recipient government defined benefit plan per the above instructions. Under penalties of perjury I declare that, to the best of my belief, the information on this form is true, correct and complete.

It is understood that the furnishing of this form by the Company does not constitute an admission that there is any policy in force.

Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

Account Holder SSN \_\_\_\_\_

**Your form will NOT be processed without  
Signature, Date and SSN completed.**

**8. PLAN SPONSOR REPRESENTATIVE INFORMATION AND CERTIFICATION** *(To be completed by authorized Plan Sponsor Representative only.)*

Under penalty of perjury, by signing below, I certify that the information on this form is correct and further, the Account Holder is permitted, under the Plan, to this Service Buy Back Withdrawal and Transfer and I am authorized to sign this form

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

Signature \_\_\_\_\_ Date \_\_\_\_\_