

BENEFICIARY DESIGNATION NON-ERISA WITH SPOUSAL CONSENT

Voya Retirement Insurance and Annuity Company ("VRIAC")
Voya Institutional Plan Services, LLC ("VIPS")
Members of the Voya® family of companies
One Orange Way, Windsor, CT 06095-4774
Phone: 800-584-6001



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.

PURPOSE OF THIS BENEFICIARY DESIGNATION

This form is only to be used if you are married and are **NOT** naming your spouse as your sole beneficiary. If your spouse is not designated as your sole primary beneficiary, your spouse must consent to your designation by completing the Spousal Consent. Any subsequent changes in terms of a non-spousal beneficiary must be consented to by your spouse.

If you are single, or married designating your spouse as beneficiary please call Customer Service at 800-584-6001 for assistance in designating your beneficiary. Changes must be initialized by Account Holder.

GOOD ORDER

Good order is receipt at the designated location of this form accurately and entirely completed, and includes all necessary signatures. If this form is not received in good order, as we determine, it may be returned to you for correction and processed upon re-submission in good order at our designated location.

SPOUSAL CONSENT *(Important spousal information.)*

Your spouse has an account in the retirement Plan noted. The money in the account that your spouse will be entitled to receive is called the vested account.

Your right to your spouse's vested account provided by the Plan cannot be taken away unless you agree. If you agree, your spouse can elect to have all or part of the vested account paid to someone else. Each person your spouse chooses to receive a part of the vested account is called a "beneficiary." For example, if you agree, your spouse can have all or a portion of the vested account paid to his or her children instead of you.

Your spouse cannot have the vested account paid to someone else unless you agree and sign this agreement. Your choice must be voluntary. It is your personal decision whether you want to give up your right to your spouse's vested account.

REQUEST TYPE

Initial Designation Change to Designation

1. PLAN INFORMATION *(Required)*

Plan Name _____ Plan # _____

2. ACCOUNT HOLDER INFORMATION *(Required)*

Name *(last, first, middle initial)* _____

Date of Birth _____ SSN *(Required)* _____

Resident Address *(# & street)* _____

City _____ State _____ ZIP _____

Work Phone *(Include extension.)* _____ Home Phone _____

3. BENEFICIARY INFORMATION *(Changes must be initialed by the Account Holder.)*

Subject to the terms of my Employer's Plan, I request that any sum becoming due upon my death be payable to the beneficiary(ies) designated below. I understand this designation shall revoke all prior beneficiary designations made by me under my Employer's Plan. *(All designations must be in whole percentages. Total percentage must equal 100% for Primary Beneficiary and 100% for Contingent Beneficiary, if designated. Example: 33%, 33%, 34%.)*

- I am married.
- I am not married.

I understand that if I am married I must designate my Spouse as a sole Primary Beneficiary entitled to 100% of my account balance(s) unless my Spouse consents to the designation of another Beneficiary.

	Enter Complete Legal Name, Address and Phone #	Date of Birth (mm/dd/yyyy)	Relationship	SSN/TIN	Percentage of Benefit
<input type="checkbox"/> Primary					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					

- Please check if additional beneficiaries are noted on the back of this form and follow same format as above.
1. If more than one beneficiary is designated, payment will be made in equal shares to the primary beneficiaries who survive the Account Holder or Annuitant. Or, if none survives the Account Holder or Annuitant, in equal shares to the contingent beneficiaries who survive the Account Holder or Annuitant.
 2. If no beneficiary survives the Account Holder or Annuitant, payment will be made to the executors or administrators of the estate of the Account Holder or Annuitant.

4. TRUST CERTIFICATION *(Only complete if naming a Trust as a Beneficiary.)*

By signing below, I certify that:

- A. Name of trust or trust instrument _____
- B. The trust or trust instrument identified above, is in full force and effect and is a valid trust or trust instrument under the laws of the State or Commonwealth of _____.
- C. The trust is irrevocable, or will become irrevocable, upon my death.
- D. All beneficiaries are individuals and are identifiable from the terms of the Trust.

In the event that any of the information provided above changes, I will provide Voya with the changes, within a reasonable period of time.

By designating a Trust, additional documentation and/or certification may be required.

5. SIGNATURES

Under penalties of perjury I declare that, to the best of my belief, the information on this form is true, correct and complete. I acknowledge I have read the instructions that accompany this form and understand the conditions and requirements that apply to this beneficiary designation.

Account Holder Signature _____ Date _____

City and State Where Signed _____

6. SPOUSAL CONSENT *(Spouse must complete if Account Holder does not designate his/her spouse as the Sole Primary Beneficiary entitled to 100% of the account balance.)*

Spouse Name *(Please print.)* _____ SSN _____

Spouse Signature _____ Date _____

7. NOTARY PUBLIC CERTIFICATION OF SPOUSAL CONSENT

I certify that the person identified as Spouse above personally appeared and is known to me (or did satisfactorily prove) to be the person who executed this form and acknowledged to me that he or she voluntarily executed this form.

Notary Public Name *(Please print.)* _____

Notary Public Signature _____

State _____ County _____ Date _____

MAIL OR FAX INSTRUCTIONS *(Please keep a copy for your records.)*

Please return the completed form to: Voya Retirement Insurance and Annuity Company
PO Box 990063
Hartford, CT 06199-0063
Fax: 800-643-8143