

ENROLLMENT FORM

Outsource Consulting Services

Billing Group Number: PHJ798

Participant Information: Tell us who you are, and how we can reach you.		
Name (first, middle initial, last)	Social Security Number	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (number & street)	Date of Birth (MM/DD/YYYY) / /	Date of Hire (MM/DD/YYYY) / /
	Home Phone	Work Phone & Extension
City/Town	State	Zip
Email Address	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	

Contribution Information: Tell us how much you would like to save per pay period.	
PRE-TAX CONTRIBUTIONS	<input type="checkbox"/> Yes, I want to contribute _____ % of my compensation per pay period on a pre-tax basis.
WAIVE PARTICIPATION	<input type="checkbox"/> No, thank you. I do not want to participate in my employer's retirement plan at this time. I am choosing not to save any compensation.

Investment Selection: We'll tell you about your investment choices; you decide what's right for you.

OPTION ONE: I LIKE TO KEEP IT SIMPLE; GIVE ME A HANDY SOLUTION
VOYA SOLUTION PORTFOLIOSSM

I WANT TO INVEST IN PROFESSIONALLY MANAGED PORTFOLIOS THAT PROVIDE DIVERSIFICATION.

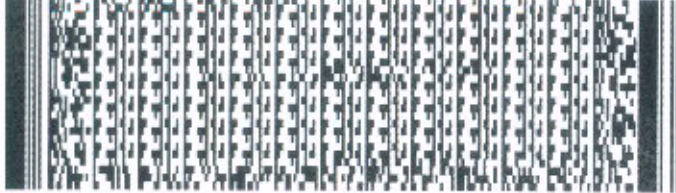
Yes! I want to invest 100% of my contributions in the selected Voya Index Solution Portfolio.

Select the Voya Index Solution Portfolio that tracks most closely with the year you plan to retire.

- | | |
|---|---|
| <input type="checkbox"/> VOYA SOLUTION 2060 PORTFOLIO SRV | <input type="checkbox"/> VOYA SOLUTION 2055 PORTFOLIO SRV |
| <input type="checkbox"/> VOYA SOLUTION 2050 PORTFOLIO SRV | <input type="checkbox"/> VOYA SOLUTION 2045 PORTFOLIO SRV |
| <input type="checkbox"/> VOYA SOLUTION 2040 PORTFOLIO SRV | <input type="checkbox"/> VOYA SOLUTION 2035 PORTFOLIO SRV |
| <input type="checkbox"/> VOYA SOLUTION 2030 PORTFOLIO SRV | <input type="checkbox"/> VOYA SOLUTION 2025 PORTFOLIO SRV |
| <input type="checkbox"/> VOYA SOLUTION 2020 PORTFOLIO SRV | <input type="checkbox"/> VOYA SOLUTION INCOME PRT SRV |

Fold and tear on perforation

Form No. E001 (05/14)



>>> Complete entire form.
Signature required on last page of form.

Voya Retirement Insurance
and Annuity Company

P.O. Box 990063
Hartford, CT 06199-0063



Name (first, middle initial, last)

Social Security Number

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Investment Selection (continued): We'll tell you about your investment choices; you decide what's right for you.

OPTION TWO: I WANT TO BE IN CONTROL; I'LL KEEP IT IN MY HANDS

I WANT CONTROL. I WILL CHOOSE MY OWN INVESTMENT MIX.

Yes, I want to invest my contributions according to the allocations designated below. A maximum of 25 investment options may be selected.

Use this section to select a percentage other than 100% for options previously listed.

	Fund#		Fund#
Voya Solution Portfolios		Large Cap Value	
Voya Solution 2060 Portfolio Srv	(3291) _____%	American Funds Wash Mtual R4	(819) _____%
Voya Solution 2055 Portfolio Srv	(1167) _____%	Invesco V.I. Core Equity Fund SI	(079) _____%
Voya Solution 2050 Portfolio Srv	(6760) _____%	VY Invesco Comstock Port I	(431) _____%
Voya Solution 2045 Portfolio Srv	(765) _____%	Large Cap Growth	
Voya Solution 2040 Portfolio Srv	(6757) _____%	American Funds Growth Fnd R4	(572) _____%
Voya Solution 2035 Portfolio Srv	(762) _____%	Fidelity VIP Contrafund Port I	(133) _____%
Voya Solution 2030 Portfolio Srv	(6754) _____%	Voya Large Cap Growth Port Srv	(1255) _____%
Voya Solution 2025 Portfolio Srv	(759) _____%	Small/Mid/Specialty	
Voya Solution 2020 Portfolio Srv	(6751) _____%	Oppenheimer Main St Sm Cap F/VA	(832) _____%
Voya Solution Income Prt Srv	(768) _____%	VY AmCen Sm-Md Cp Val Port I	(434) _____%
Stability of Principal		VY Clarion Real Estate Port Srv	(1019) _____%
Voya Fixed Account	(xxx) _____%	VY TRowePrice Divr MdCp Gr Pt I	(449) _____%
Voya Money Market Portfolio I	(003) _____%	Global / International	
Bonds		Artisan International Value Fund Inv	(1280) _____%
PIMCO VIT Real Return Portfolio Adm	(833) _____%	VY Oppenhr Global Port I	(432) _____%
Voya Intermediate Bond Port I	(004) _____%	Voya International Index Port I	(1551) _____%
		Total	100%

All contributions should be made in whole percentages, totaling 100%. Please initial any erasures, strikeouts or corrections.

Rollover

Do you want to learn more about rolling over and consolidating your retirement investments? Contact a Customer Service Associate today by calling 1-800-262-3862.

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Acknowledgements and Signature

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.

One or more of these options may be offered through a custodial or trust arrangement and/or a group annuity or 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 or 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.

I have received, read and understood the *Voya Financial* participant information booklet, prospectuses and/or investment option summaries describing the investment options.

SIGN me up! Please sign and date below.

Participant Signature _____ **Date:** _____

Please complete this form and return it to your Employer.