

GENERAL INFORMATION ABOUT A QUALIFIED DOMESTIC RELATIONS ORDER (QDRO) – ERISA/NON-ERISA

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

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.

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GENERAL INFORMATION

A Plan Administrator must use this form to direct us to allocate a portion of a Plan Participant’s account on behalf of an Alternate Payee pursuant to a Qualified Domestic Relations Order if the Plan is a qualified plan under Internal Revenue Code Section 401 or 403(b). The Plan Administrator should also provide Alternate Payee with investment information including any applicable prospectuses and the 1-800 telephone number for investment changes and account balance/withdrawal information.

Rollovers to an eligible retirement plan that accepts rollovers are permissible only if the Alternate Payee is the Participant’s Spouse or Former Spouse.

Cash withdrawals are subject to 20% federal income tax withholding and applicable state income tax withholding.

APPLICABILITY OF QDRO

The Employee Retirement Income Security Act (ERISA) and the Internal Revenue Service (IRS) Code require that each pension plan prohibit the assignment or alienation of benefits provided under the Plan. The Retirement Equity Act of 1983 (REA) created the concept of the Qualified Domestic Relations Order (QDRO) and added an exemption to this statutory anti-alienation rule. This exemption provides for the payment of benefits in accordance with the applicable requirements of any QDRO.

The Retirement Equity Act of 1984 (REA) created the concept of the Qualified Domestic Relations Order (QDRO) and added an exemption to the ERISA anti-alienation rule. This exemption provides for the payment of benefits in accordance with the applicable requirements of any QDRO.

While Tax Deferred Annuities (TDA) that are not subject to ERISA are not subject to the anti-alienation rule, the QDRO rules do apply to all TDAs. Accordingly, a qualified plan or any TDA must comply with the terms of an order that is determined to be a QDRO.

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QDRO DEFINED

Generally, a Domestic Relations Order is a court judgment, decree, or order relating to the provision of child support, alimony, or marital property rights to a Spouse, Former Spouse, child, or other dependent of a Participant. For the order to be a “qualified” order, it must specify;

1. the name and last-known mailing address of both the Participant and the Alternate Payee;
2. the amount or percentage of the Participant’s benefits to be paid to the Alternate Payee;
3. the number of payments or the period to which the order applies; and
4. each Plan to which the order applies.

A Domestic Relations Order is not a qualified order if;

- it requires a Plan to provide any type or form of benefit, or any option not otherwise provided by the Plan;
- it requires the Plan to provide increased benefits; or
- it requires the payment of benefits to an Alternate Payee that are required to be paid to another Alternate Payee under a previous QDRO.

The above QDRO requirements do not apply to governmental or church plans. A document will be considered a QDRO for governmental or church plans if it is a Domestic Relations Order which assigns all or a portion of the Participant’s benefits payable under a Plan to an Alternate Payee.

Voya will not be responsible for reviewing and determining the qualified status of a domestic relations order (DRO), unless there is a Plan Service Agreement (PSA) or Plan Sponsor Service Profile (PSSP) is in place indicating that Voya will do so. If such an election was not made in the PSA or PSSP, do not submit or attach the DRO to the Authorization form. Determination of the qualified status of a domestic relations order typically resides with the Plan Administrator. If you are unsure whether Voya performs this review as a service to the Plan, please contact your Plan Manager.

QDRO PAYMENTS

We will rely solely on the Plan Administrator’s representation in the QDRO Authorization form as to when payments may be made to an Alternate Payee in accordance with the terms of the Plan. In making this representation, the Plan Administrator should review carefully the Plan document to determine when funds awarded to an Alternate Payee may be distributed. The QDRO must state that payments to the Alternate Payee begin only as permitted by IRS Code Section 414(p) and the Regulations under IRS Code Section 401(a)(13).

Generally, payments to the Alternate Payee may not begin before the Participant attains the earliest retirement age, unless the Plan, either by its terms or in written QDRO procedures, provides for payment at an earlier date. IRS Code Section 414(p) defines “earliest retirement age” to mean the earlier of (1) the date the Participant is entitled to a withdrawal under the Plan or (2) the later of (i) the date the Participant attains age 50 or (ii) the earliest date on which the Participant could begin receiving benefits under the Plan if the Participant separated from service.

When the Alternate Payee is entitled to a withdrawal pursuant to a QDRO, he/she may either take a cash withdrawal (*rollover eligible amounts subject to 20% federal income tax withholding, as well as withholding for any applicable state income tax*), establish an account on his/her behalf under the Plan, or if the Alternate Payee is the Participant’s Spouse or Former Spouse, have the payment paid in a direct rollover in accordance with the provisions of IRS Code Section 402(e). When the Plan assets of a Participant are segregated on behalf of an Alternate Payee, the investment allocation of the Participant will be utilized. The Alternate Payee may reallocate the investments any time after the account has been established. Once the account is established, confirmation of the transfer to the Alternate Payee will be mailed upon completion of the transfer.

A Direct Rollover is a direct transfer (*in any amount*) that is:

- an eligible withdrawal;
- paid directly to another 403(b), 401 or governmental 457, or to a traditional Individual Retirement Arrangement (*please note that a “traditional IRA” does not include a Roth IRA, SIMPLE IRA, or Education IRA*) (*only if severance from employment, retired, or attainment of age 59½*); **and**
- subject to federal income tax reporting but not withholding.

To withdraw assets from the plan to the Alternate Payee, please follow the customary distribution process.

If the Alternate Payee is the Participant’s Spouse or Former Spouse, a withdrawal made pursuant to a QDRO is taxed to the Spouse, and not the Participant. If the Alternate Payee is someone other than the Participant’s Spouse, i.e., a child or dependent of the Participant, a withdrawal pursuant to a QDRO is taxed to the Participant.

QUALIFIED DOMESTIC RELATIONS ORDER (QDRO) AUTHORIZATION INSTRUCTIONS

Voya Retirement Insurance and Annuity Company ("VRIAC")
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PO Box 990063
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- Use this form to establish a segregated account for the Alternate Payee.
- Complete and sign all applicable sections.
- Upon receipt of this form, unless instructed otherwise, Voya will put a hold on the account of the Participant specified on this form.
- If you instruct a QDRO transfer from more than one plan, you must complete a separate form for each plan.
- Once the Alternate Payee's segregated account is established, he/she may direct investment under the same procedures as a Participant, such as using the Participant Web site.

PLAN INFORMATION

Provide some specific information about the Plan. Please fill it in completely.

ALTERNATE PAYEE INFORMATION

Provide the Alternate Payee information. Please complete it in entirety.

If a QDRO provides for more than one Alternate Payee, you must complete a separate QDRO Authorization for each Alternate Payee.

WITHDRAWAL ACCESS

Designate the Alternate Payee's access to the account. Identify any restrictions that may exist and once the Alternate Payee is allowed to withdraw plan assets, follow the customary distribution process as if he/she were a plan participant.

TRANSFER INSTRUCTIONS

Select how much to transfer from the Participant's account into a segregated account for the Alternate Payee named in section 2. Select Option A to transfer a specific dollar amount, **OR** Option B to transfer a percentage.

VESTING

Enter the Participant's vested percentage in employer contribution(s) up to and including 100%.

Only vested amounts from the Participant's account will be transferred to Alternate Payee's account.

INVESTMENT SELECTION FOR NEW ALTERNATIVE PAYEE ACCOUNT

This section identifies how the Alternate Payee's account will be invested.

AUTHORIZATION AND CERTIFICATION BY EMPLOYER/PLAN ADMINISTRATOR OR THIRD PARTY ADMINISTRATOR (TPA)

Voya will NOT process this request unless the form has been signed.

If required by the Employer, the Third Party Administrator must certify this request with his/her signature.

By signing this form, Voya Retirement Insurance and Annuity Company will place an administrative notation on the Participant's account that a QDRO is pending for a period of 18 months or until the QDRO is processed, whichever is earlier. The notation is designed to prevent the Participant from taking a distribution or loan from the account.

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QUALIFIED DOMESTIC RELATIONS ORDER (QDRO) AUTHORIZATION - ERISA/NON-ERISA

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Use this QDRO Authorization to establish a segregated account for the Alternate Payee. All distribution requests thereafter would follow the customary distribution process. If you need help completing any of the steps on this form, please refer to the attached Instructions. Voya will not process this request unless the Employer/Plan Administrator and/or Third Party Administrator has completed and signed section 7.

GOOD ORDER

ALL FIELDS ON THIS FORM MUST BE COMPLETED. 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. All "fill-in-the-blank" fields are required information and the request may be rejected if all fields are not completed.

1. PLAN INFORMATION

Plan Name _____ Billing Group/Plan # _____

Participant Name *(Please print.)* _____

SSN *(Required)* _____ Date of Birth *(mm/dd/yyyy)* _____

Participant Mailing Address _____

City _____ State _____ ZIP _____

2. ALTERNATE PAYEE INFORMATION

Alternate Payee Name *(Please print.)* _____

Daytime Phone _____ Date of Birth *(mm/dd/yyyy)* _____ SSN _____

Home Address _____

City _____ State _____ ZIP _____

Is the Alternate Payee a Spouse or Former Spouse of the Participant? Yes No

Is the Alternate Payee a child or other dependent? Yes No
(If "Yes," Voya may require additional documentation or information.)

Is the Alternate Payee currently a Participant in the Plan? Yes No

Special Instructions _____

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3. WITHDRAWAL ACCESS (If no option is selected, the Company is directed to allow the Alternate Payee immediate access to the allocated amounts.)

Access: (Check only one.)

- The Alternate Payee can immediately withdraw the amount allocated on his/her behalf.
- The Alternate Payee's withdrawal of the allocated amounts is restricted as follows: _____
- The Alternate Payee cannot withdraw amounts allocated on his/her behalf until Participant has a distributable event under the terms of the Plan (e.g., severance from employment, attainment of age 59½, or death, to the extent allowed by the Plan).

Any subsequent withdrawal requests for Alternate Payee, signed by an authorized Trustee/Fiduciary, will supersede any restrictions indicated above and will be processed appropriately if the request is deemed to be in good order.

4. TRANSFER INSTRUCTIONS

This instruction will not transfer any Participant loans to the Alternate Payee's segregated Plan Account. If any outstanding loans are being transferred to the Alternate Payee as part of the QDRO Authorization, please contact Voya for separate instructions.

Transfer the following amount from the Participant's account into a segregated account for the Alternate Payee named in section 2.

Please complete only one option (A or B, not both).

OPTION A: Dollar Amount

Amount of \$ _____

Effective Date (mm/dd/yyyy) _____

Select one:

- With** allocable investment income and loss from date stated above until the date Voya processes this request.
- Without** allocable investment income or loss.

If instructions on investment income are not completed above, Voya will assume that the amount stated above is to be transferred **without** investment income and loss.

OR

OPTION B: Percentage

_____ % of the Participant's vested Plan Account (including any loan receivable)

Effective Date (mm/dd/yyyy) _____

Select one:

- With** allocable investment income and loss from date stated above until the date Voya processes this request.
- Without** allocable investment income or loss.

If instructions on investment income are not completed above, Voya will assume that the % of the vested account balance stated above is to be transferred **without** investment income and loss.

If the Participant has an outstanding loan, is the loan balance to be included in determining the amount due? Yes No

Special Instructions _____

5. VESTING

Please provide the Participant's Vested Percentage in Employer contribution(s) as of the QDRO effective date as shown in Option A or B in section 4 above (up to and including 100%).

- Matching _____ %
- Non-Elective _____ %

NOTE: Only vested amounts from the Participant's account will be transferred to the Alternate Payee's account.

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6. INVESTMENT SELECTION FOR NEW ALTERNATIVE PAYEE ACCOUNT *(If no option is selected the Company will mirror the investment allocation of the Participant.)*

Select one:

Mirror the investment allocation of the Participant.

It is understood that existing assets in each fund will be moved to the same funds in the Alternate Payee account with the same investment date and that a transfer to the investment instructions provided above, may not occur until the next business day.

Establish an account for the Alternate Payee with the investment selection(s) identified below. Refer to the Voya Sponsor Web site for available investment options.

Investment Selection _____

With the alternative investment instructions provided above, the applicable transfer amount will be invested into the Alternate Payee's account(s) and may utilize the prices calculated on the next business day following the transfer out of the Participant account(s).

7. AUTHORIZATION AND CERTIFICATION BY PLAN ADMINISTRATOR OR THIRD PARTY ADMINISTRATOR (TPA)

A. AUTHORIZED SIGNATURES

You, the Employer/Plan Sponsor, are the Plan Administrator and must authorize transactions. Voya cannot process and will return forms missing your authorization or vital Participant information.

I authorize Voya to establish a segregated account for the Alternate Payee pursuant to a court order that I have determined to be Qualified. I confirm that no employee or agent of Voya, or any of its affiliates, provided any legal advice concerning this court order or this Authorization.

I certify the following:

- I have read and agree to the terms of the request.
- 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 Participant 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.
- I certify that a domestic relations order that constitutes a Qualified Domestic Relations Order (QDRO), as defined in Internal Revenue Service (IRS) Code Section 414(p), including the provisions relating to the Alternate Payee access to the allocated amounts, has been issued and the instructions above reflect the order of the court.
- I acknowledge that the division requested represents the agreement of the parties.
- I authorize the Company to establish an account for benefit of the Alternate Payee and/or make payment(s) as permitted by the Plan to the Alternate Payee from the Participant's account pursuant to the information provided on the QDRO Authorization Form.
- I agree to indemnify and hold Voya harmless from any claim that may arise from investing these funds as directed in section 6 above.
- The TPA Fee stated in Section 7.B. below is in accordance with the Plan.

Authorized Employer/Plan Administrator Name **(Please print.)** _____

 Authorized Employer/
Plan Administrator Signature _____ Date (mm/dd/yyyy) _____

AND/OR

Authorized TPA

Name of TPA Firm _____

Authorized Signer Name **(Please print.)** _____

 Signature _____ Date (mm/dd/yyyy) _____

B. THIRD PARTY ADMINISTRATOR FEE

This section is **ONLY** applicable for TPA plans that require a fee. If this section is completed, the TPA signature above is required.

Please confirm that this is a TPA Fee Plan. Along with the TPA Signature, this box must be selected in order to process the TPA fee.

(Choose all that apply.)

TPA Fee Amount to be deducted from the Participant _____

TPA Fee Amount to be deducted from the Alternate Payee _____

TPA Fee Amount to be deducted from the Plan _____

TPA Payee Name *(Required)* _____

TPA Mailing Address *(Required)* _____

The Third Party Administrator for the Plan identified above has recorded this withdrawal in their records.

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8. CHECKLIST AND SUBMISSION INSTRUCTIONS

Please review the checklist below and ensure all plan elections are indicated clearly. .

Checklist:

- Verify the plan sponsor has notified the Alternate Payee of the QDRO.
- Verify that information on this form is complete and accurate.
- Sign and date this form to authorize Voya to process the transaction (*section 7*).
- Keep the original form for your Plan's records.
- Fax **OR** mail a copy of this form to Voya as indicated below. (***Please do not both mail and fax.***)

Standard Mailing Address: **OR**

Voya
PO Box 990063
Hartford, CT 06199-0063

Fax a copy to:

Voya
800-643-8143