

ADJUSTMENT

Voya Retirement Insurance and Annuity Company ("VRIAC")
A member of the Voya® family of companies
PO Box 990063, Hartford, CT 06199-0063
Phone: 800-654-8065 Fax: 800-643-8143



GOOD ORDER/INSTRUCTIONS *(Please address questions about this request to your plan manager.)*

Good order is the receipt of this form and any other required documents needed to properly complete the request. Forms and any other requested information not received in good order as determined by VRIAC may be returned to you for correction and re-submission. Requests received in good order will be completed within 5 business days and will be processed as current day transactions. **Submitting more than once may result in duplicate processing of this request.**

Complete and return this form by mail or fax for 10 or fewer transactions. Complete and submit an Excel spreadsheet data file for more than 10 transactions and fax or mail this signed form. A template spreadsheet is attached to this PDF. This spreadsheet must be submitted electronically via our secure site (<https://sponsor.voya.com>).

Note: The spreadsheet needs to provide dollar amount or 100%. We cannot accept a partial percent transfer. Please provide the Participants' complete social security numbers and specific money types (i.e., Deferral, Employer Match) which funds are coming from/applied to. Save the file in .XLS format and do not password protect. Instructions for submitting Excel file are on the attached PDF document.

PLAN INFORMATION

Plan Name _____ Plan # _____

REQUESTED SERVICES *(Choose all that apply.) Not to be used for Excess Refunds.*

The following services are requested:

- 1. From Plan Level Account to Participant account (*not reallocation*). Provide trustee account name(s) on spreadsheet.
- 2. From one money source¹ to another. If funds are being directed to a Roth account, please provide separate column for the cost basis amount on spreadsheet. **Please note that we cannot accept a partial percent transfer – please provide only a specific dollar amount or 100% from one money source to another.**
- 3. From one Participant account to another Participant account (different Participants).
- 4. Correction of Contributions – **You MUST Select either a, b or c** to Specify the account from which funds are to be withdrawn. If no selection is made, form will not be processed.
 - a.) Mistake of Fact (*Payment to Employer*): Contributions are generally irrevocable; therefore this option is only available to the Employer in very limited circumstances as set forth in IRS Revenue Ruling 91-4 and ERISA Section 403(c)(2) (*i.e., contributions are made under a mistake of fact, (mathematical or typographical errors) or if there is a disallowance of the deduction taken for the contribution, or the contributions are made to a plan that fails to initially qualify under Internal Revenue Code Section 401(a)*). Contributions returned in these limited circumstances must be returned no later than 12 months after the mistake or the disallowance. Please seek advice from your attorney if your situation is not one of the ones mentioned above. The correction will be processed current day and does not include earnings. The payment is not adjusted for earnings and will be made payable to the Employer.
 - b.) EPCRS (Employee Plan Compliance Resolution Program) (*Payment to Participant*): Operational and administrative errors corrected under EPCRS, that result in a corrective distribution to the participant will be paid current day and should include earnings. Taxes will not be withheld. This will be reported as a taxable distribution on Form 1099-R. If appropriate, related employer matching contributions plus earnings will be forfeited.
Plan Year _____ (*start date*)
 - c.) Contribution Remittance Errors (*Payment to Employer*): The correction will be processed current day with no earnings. The payment will be made to the Employer.
- 5. From Participant account to Forfeiture account (*as a result of terminated/non-vested Participant*). If you do not have an outside TPA, please provide termination date below or on spreadsheet (*if applicable*). **If VRIAC displays vesting information on behalf of your plan, please review the participant account(s) and verify the accuracy of the vesting prior to submitting your request.**

Termination Date _____

REQUESTED SERVICES (Continued)

- 6. From Participant account to Plan Level Account (as a result of adjustment or correction). Provide trustee account name(s) on spreadsheet.
 - 7. Transfer of assets between related plans.
 - 8. Re-Open Account/Participant Rehire. Provide all applicable money sources¹ on spreadsheet. If you do not have an outside TPA, please provide Vesting % for employer type money sources being opened for contributions. _____%.
 - 9. Other/Special Instructions (Not to be used for return of Excess Contributions related to failed discrimination testing.)
-

TRUSTEE SIGNATURE

_____ (authorized plan representative - please print) agrees that the employer sponsoring the Plan (listed above) shall hold VRIAC harmless and shall be responsible for any and all losses arising from the direction provided on this form and VRIAC's performance (or non-performance) in accordance with this direction, unless such losses are due to VRIAC's negligence, willful misconduct or bad faith. The Employer shall remain solely liable for all obligations and benefits payable under the terms of the Plan and applicable law

Authorized Plan Representative Signature **(Required)** _____

Date **(Required)** _____

If VRIAC does not receive this form in good order, please contact _____.