

# DELEGATION OF AUTHORITY

Voya Retirement Insurance and Annuity Company ("VRIAC")  
Voya Institutional Plan Services ("VIPS")  
Members of the Voya® family of companies  
PO Box 990063  
Hartford, CT 06199-0063  
Customer Service Phone: 800-584-6001 Fax: 800-643-8143



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

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

Customer/Owner Name *(last, first, middle initial)* \_\_\_\_\_

SSN **(Required)** \_\_\_\_\_ Billing Group/Plan # \_\_\_\_\_

Contract/Policy/Account # \_\_\_\_\_

## 2. AUTHORIZED DESIGNEE SELECTION *(Please print name.)*

As Owner of the above Contract/Policy/Account, I hereby appoint the following person as my Authorized Designee for the purposes indicated in the Range of Authority section on my behalf.

Authorized Designee Name \_\_\_\_\_

## 3. RANGE OF AUTHORITY

- Inquiry Access *(Includes but is not limited to account values, allocation values, and loan information.)*
- Inquiry Access and Transfers of account values among different investment options.
- Inquiry Access and Changes to future allocation investment elections.
- All of the above

*A person granted delegation of authority may only request allocation changes and/or fund transfers. All other transaction-related requests, including withdrawals, are not permissible.*

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#### 4. AUTHORIZATION/SIGNATURES

Any such changes or transfer shall be made in accordance with and subject to, the terms and conditions of the Contract/Policy and the currently effective Prospectus. This Delegation of Authority shall give NO other authority with respect to this Contract/Policy/Account.

Voya shall have no responsibility for any loss, cost, expense or other liability, including but not limited to investment loss or foregone investment gain arising from the execution of any such change or transfer executed pursuant to this Delegation of Authority. I understand that this Delegation of Authority will be effective when Voya receives and accepts the Delegation of Authority in writing from me.

**Voya shall rely on this Delegation of Authority until (1) Voya receives a revocation in writing by me at the address above (2) I revoke this authority by calling Customer Service or (3) Voya is notified of my death. I hereby affirm that I am over the age of 18 and have a right to contract in my name.**

Customer/Owner Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_

I have read and acknowledge the terms of this Delegation of Authority.

Authorized Designee Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

SSN/TIN \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Relationship to Customer/Owner \_\_\_\_\_

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#### 5. NOTARY PUBLIC CERTIFICATION

I certify that the Customer/Owner stated above personally appeared and is known to me (*or is satisfactorily proven*) to be the person whose name is subscribed to within this instrument. I acknowledge that he/she executed this document for the purpose stated.

Notary Public Name (*Please print.*) \_\_\_\_\_

Notary Public Signature \_\_\_\_\_ My Commission Expires \_\_\_\_\_

State \_\_\_\_\_ County \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

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#### 6. FOR ADVISOR USE ONLY

**This section to be completed by Voya Servicing Advisor only. Information used by Back Office only.**

If the back office has questions related to the potential "Not in Good Order" of this form, please contact:

Advisor/Delegate Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

Phone \_\_\_\_\_