

## BENEFICIARY DESIGNATION – ERISA – NON-QPSA INSTRUCTIONS

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 100% beneficiary please call our Customer Service Center at 800-584-6001 for assistance in designating your beneficiary.

### 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. Federal law states that you will receive 100% of the vested account after your spouse dies.

Your right to your spouse's vested account provided by federal law 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.

### 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

DO NOT RETURN TO VOYA

Instructions

Order #143850 02/01/2018  
TM: BENEMAINT

## BENEFICIARY DESIGNATION – ERISA – NON-QPSA

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



### 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 *(mm/dd/yyyy)* \_\_\_\_\_ 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 <i>(mm/dd/yyyy)</i>	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					

*(Beneficiaries continued on next page.)*

### 3. BENEFICIARY INFORMATION *(Continued)*

	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"/> 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

I hereby certify under the pains and penalties of perjury that information I furnished herein is true, accurate and complete.

Account Holder Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

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.)*

☐ **SPECIFIC CONSENT** *(Default. If no selection is made the default is specific consent.)*

If you sign this agreement, your spouse cannot change the beneficiary named in this agreement to anyone other than you, unless you agree to the new beneficiary by signing a new agreement. If you agree, your spouse can change the beneficiary at any time before your spouse dies.

I am the spouse of \_\_\_\_\_. I understand that I have the right to all of my spouse's vested account in the Plan after my spouse dies. I agree to give up the right to \_\_\_\_\_ percent of the account and to have that amount paid to the beneficiaries elected by my spouse.

I understand that my spouse cannot change the name of any beneficiary in the future unless I agree to the change.

I understand that by signing this agreement, I may receive less money than I would have received if I had not signed this agreement and I may receive nothing from the Plan after my spouse dies.

I understand that I do not have to sign this agreement. I am signing this agreement voluntarily.

I understand that if I do not sign this agreement, then I will receive my spouse's vested account under the Plan when my spouse dies.

☐ **GENERAL CONSENT**

If you sign this agreement, your spouse can choose the beneficiary who will receive all or part of the vested account without telling you and without getting your agreement. Your spouse can change the beneficiary at any time before the account is paid out.

You have the right to agree to allow your spouse to select only a particular beneficiary. If you want to allow your spouse to select only a particular beneficiary, do not sign this form. In that case, contact the Plan administrator for more information and to get a new agreement that lets you state the particular beneficiary that you will allow your spouse to select.

I am the spouse of \_\_\_\_\_. I understand that I have the right to all of my spouse's vested account in the Plan after my spouse dies.

I agree to give up \_\_\_\_\_ percent of the account and to have that amount paid to someone else as the beneficiary. I understand that by signing this agreement, my spouse can choose the beneficiary of the vested account without telling me and without getting my agreement. I also understand that by signing this agreement, my spouse can change the beneficiary of the vested account in the future without telling me and without getting my agreement again.

I understand that by signing this agreement, I may receive less money than I would have received if I had not signed this agreement and I may receive nothing from the Plan after my spouse dies.

I understand that I can limit my spouse's choice to a particular beneficiary who will receive the vested account balance and that I am giving up that right.

I understand that I do not have to sign this agreement. I am signing this agreement voluntarily.

I understand that if I do not sign this agreement, then I will receive my spouse's account under the Plan when my spouse dies.

Spouse Name *(Please print.)* \_\_\_\_\_ SSN \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

---

## 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 (mm/dd/yyyy) \_\_\_\_\_