

UNFORESEEABLE EMERGENCY WITHDRAWAL REQUEST

GOVERNMENTAL 457(b) PLANS

Voya Retirement Insurance and Annuity Company ("VRIAC")
A member of the Voya™ family of companies
PO Box 990063, Hartford, CT 06199-0063
Phone: 800-262-3862 Fax: 800-643-8143



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 Voya Retirement Insurance and Annuity Company. Contact us for more information.

INSTRUCTIONS

If you have questions about how to complete the request, contact us at 800-262-3862. The completed request and the State Income Tax Withholding Notification, if applicable, must be mailed to the address above or faxed to Voya at 800-643-8143.

An unforeseen emergency from the plan is not eligible for "rollover" treatment.

If you choose to fax a request, please DO NOT mail the original to us.

GOOD ORDER

Good order is receipt at our designated location of this form accurately and entirely completed, including 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 resubmission in good order at our designated location.

TERMS AND CONDITIONS

The withdrawal effective date will be the date our designated location has received the request and any other required documentation or forms in good order. For purposes of calculating the amount to be withdrawn, the value of the individual account will be determined after the final close of business of the New York Stock Exchange (NYSE) on the date good order is determined. A valuation date is any normal business day, Monday through Friday, that the NYSE is open.

All withdrawals may be subject to one or more of the following: Voya contractual fees, deferred sales charges or market value adjustments. Any fees will be deducted from the remaining account balance. There may be withdrawal restrictions on certain funds (*please refer to your prospectus*). Amounts will be withdrawn from each investment option in the same proportion as its value is to the total value.

Your employer may request additional documentation. Before you submit a request for an unforeseen emergency, you must first determine whether other sources of funds can be used to offset the expenses and consider suspension of your current contributions to the plan. Withdrawals are permitted only to the extent the emergency cannot be relieved (1) through reimbursement or compensation from insurance or otherwise; (2) by liquidating your assets including those assets associated with freely distributable amounts held in retirement plans (*to the extent this would not itself cause severe financial hardship*); or (3) by stopping deferrals under the plan. The amount available for distribution is limited to the amount reasonably necessary to satisfy the emergency need (*including any amounts necessary to pay federal, state or local income taxes or penalties reasonably anticipated to result from the distribution*).

It is important that you understand the tax laws and that the plan only allows these withdrawals if needed to alleviate a "severe financial hardship" resulting from an "unforeseeable emergency."

An "unforeseeable emergency," as defined by the Internal Revenue Service (IRS), includes:

- (1) A hardship need arising as a result of a sudden and unexpected illness of you, your spouse, your dependent and/or, if permitted under the Plan, your primary beneficiary, your primary beneficiary's spouse, or your primary beneficiary's dependent. Expenses must be those that are not reimbursable and could be tax deductible; or
- (2) Loss of your or, if permitted under the Plan, your primary beneficiary's property due to casualty or caused by fire, flood, theft or other catastrophic loss beyond your control (*including significant water damage to your primary residence not covered by insurance*) not caused by natural disaster, but which is extraordinary and unforeseeable; or
- (3) Funeral expenses of your spouse, your dependent, or your nondependent adult child, or, if permitted under the Plan, your primary beneficiary's spouse, dependent, or nondependent adult child; or
- (4) Prevention of the imminent foreclosure or eviction from your primary residence, or, if permitted under the Plan, your primary beneficiary's primary residence; or
- (5) Medical expenses, including non-refundable deductibles, as well as the cost of prescription drug medication for you, your spouse, your dependent or, if permitted under the Plan, your primary beneficiary.

Consideration for Unforeseeable Emergency Withdrawals will not be made in cases where the account holder had significant control and failed to exercise prudent judgement. Some examples of this would be abuse of credit cards, obligations related to investments, business ventures, gambling debts or any violations of law.

Please be aware that completion of this request is necessary and that the consequences of not taking this process seriously could subject you to adverse tax consequences. For example, the IRS could tax you immediately on all amounts remaining in the plan for your benefit. The IRS pays close attention to "unforeseeable emergency withdrawals." You are therefore urged to consider this request carefully.

IMPORTANT TAX INFORMATION

An unforeseen emergency from the plan is not eligible for "rollover" treatment.

- You will receive an IRS Form 1099-R, "Distributions from Pensions, Annuities, IRA,..."
- Your payment is taxable and income tax will be due.
- You may opt out of 10% tax withholding at this time.

Do not return to Voya

Instructions

Order #144453 Form #83498 Unbundled 09/01/2014

TM: UEFORM

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1. PLAN INFORMATION *(Please print.)*

Employer Name _____ Plan # _____
(Can be found on statement.)

2. ACCOUNT HOLDER INFORMATION *(If using an Army Post Office (APO)/Fleet Post Office (FPO), please also provide your state of residence for tax reporting.)*

Name *(last, first, middle initial)* _____

SSN *(Required)* _____

Street Address/PO Box _____

City _____ State _____ ZIP _____

Daytime Phone _____

3. WITHDRAWAL AMOUNT

If the indicated withdrawal amount cannot be satisfied from Deferred Compensation Contribution Accounts *(Employee Accounts)*, additional amounts will be withdrawn from Employer Accounts, as available.

\$ _____

If the amount available for withdrawal is less than the dollar amount you are requesting, the transaction will be processed for the maximum amount available.

4. WHO EXPERIENCED THE UNFORESEEABLE EMERGENCY *(REQUIRED)*

Indicate who experienced the unforeseeable emergency for which this request is being made.

- Account Holder
- Account Holder's Spouse. Complete the following information with respect to the spouse:
Name _____
- Account Holder's Dependent *(as defined in IRC Section 152, as modified by Treas. Reg. Section 1.457-6(c)(2)(i))* Complete the following information with respect to the dependent:
Name _____ DOB _____ Relationship _____
- Account Holder's Primary Beneficiary, if permitted under the Plan. Complete the following information with respect to the beneficiary:
Name _____
- Account Holder's Nondependent Adult Child. Complete the following information with respect to the nondependent adult child:
Note: If you list a nondependent adult child, the reason for the unforeseeable emergency must only be attributable to funeral expenses of the nondependent adult child.
Name _____

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5. REASON FOR THE UNFORESEEABLE EMERGENCY (REQUIRED)

A hardship need arising as a result of a sudden and unexpected illness of you, your spouse, your dependent, and/or if permitted under the Plan, your primary beneficiary, your primary beneficiary's spouse, or your primary beneficiary's dependent. Expenses must be those that are not reimbursable and could be tax deductible.

Describe illness or accident _____

Loss of your or, if permitted under the Plan, your primary beneficiary's property due to casualty or caused by fire, flood, theft or other catastrophic loss beyond your control (including significant water damage to your primary residence not covered by insurance) not caused by natural disaster, but which is extraordinary and unforeseeable.

Identify property _____

Funeral expenses of your spouse, your dependent or your nondependent adult child, or, if permitted under the Plan, your primary beneficiary's spouse, dependent, or nondependent adult child.

Describe _____

Prevention of the imminent foreclosure or eviction from your primary residence, or, if permitted under the Plan, your primary beneficiary's primary residence.

Describe the circumstance _____

Medical expenses, including non-refundable deductibles, as well as the cost of prescription drug medication for you, your spouse, your dependent or, if permitted under the Plan, your primary beneficiary.

Describe medical condition _____

Other similar extraordinary and unforeseeable circumstances arising as a result of events beyond your control, or, if permitted under the Plan, your primary beneficiary.

Describe the circumstances _____

6. TAX WITHHOLDING

Federal Withholding

Regardless of whether or not federal or state income tax is withheld, you are liable for taxes on the taxable portion of the payment. If you do not have a sufficient amount withheld, you may be subject to tax penalties under the Estimated Tax Payment rules. An election made for a single non-recurring distribution applies only to the payment for which it is being made. For recurring payments, your withholding election will remain in effect until it is changed or revoked. You may change or revoke your election at any time prior to a payment being made by submitting IRS form W-4P. U.S. persons having their payment delivered outside the U.S. or its possessions may not make an election of NO withholding. In this case, if you choose no withholding, the default rate will be applied. Non-resident aliens are subject to a mandatory 30% withholding rate unless they are eligible for a reduced rate or exemption under a tax treaty and the required documentation is submitted.

Non-periodic payments – 10% withholding: Non-periodic, non-rollover eligible payments from pensions, annuities, IRA's and life insurance contracts are subject to a flat 10% federal withholding rate unless you choose not to have federal income tax withheld. These include for example, required minimum distributions, hardship withdrawals, and distributions from IRA's that are payable on demand. You can choose not to have withholding applied to your non-periodic distribution by checking the applicable box below. You may also elect withholding in excess of the flat 10% rate.

Federal Withholding Instructions:

DO NOT withhold any federal income tax unless mandated by law

DO withhold federal taxes

Additional amount you want withheld from your payment(s) \$ _____ (Note: This amount is in addition to the standard federal withholding rate applicable to your distribution.)

State Withholding Instructions:

My residence state for tax purposes is: _____

DO NOT withhold any state income tax unless mandated by law.

DO withhold state taxes in the amount of \$ _____ or _____ % (If you make this election, a dollar amount or percentage must be specified and cannot be less than any required withholding.)

If you do not make an election or if your state requires a greater amount of withholding, we will withhold at the rate specified by your state of residence for the type of payment you are receiving. In some cases, your state specific withholding election form is required to opt out of withholding or to choose a rate other than the state's default rate. Refer to the attached State Income Tax Withholding Notification and/or your State Department of Taxation for details.

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7. DELIVERY OPTIONS FOR CASH DISTRIBUTIONS

- Withdrawal will be deposited directly into my bank account. *(Complete the bank information below.)*
- Withdrawal check will be mailed to me through regular U.S. Mail.

If you decide to have a withdrawal deposited directly into your bank account you need to complete the information below, and by doing so you authorize Voya to initiate an electronic funds transfer (EFT). The electronic deposit is immediately available for use once the transfer is completed. The Company does not charge you for this service; the payment is typically completed within 3-4 business days.

Please verify the correct ABA routing number with your bank. If the electronic deposit cannot be completed using the information provided below, we will issue and mail a check to the Account Holder.

The EFT information must be clear and complete. If we are unable to read the instructions, in order to expedite the request, the payment will be made by check.

- EFT will not deposit to a third party account.
- EFT cannot be made outside of the U.S.

Account Type Checking or Savings Account

ABA Routing # (9 digits, verify with your bank) _____

Bank Account # _____

Default: If no election is made, your check will be mailed through regular U.S. Mail.

8. SPECIAL INSTRUCTIONS *(Please indicate special instructions or circumstances unique to your individual request below.)*

9. ACCOUNT HOLDER AUTHORIZED SIGNATURE AND TAX WITHHOLDING CERTIFICATION

Under penalties of perjury, I declare that I have examined the tax withholding for state and federal purposes and to the best of my knowledge and belief it is true, correct and complete, including state and federal opt out elections, as applicable.

I, the Account Holder, certify that I have read the Terms and Conditions section as appears on the cover page of this request and agree to its provisions. I also agree with any information that has been pre-filled.

Those signing the form may rely conclusively on all information, including this certification, in processing this Withdrawal Request. In the case of any conflicting information, the Company is entitled to rely exclusively on the information contained in this Withdrawal Request.

TAX RESIDENCY INFORMATION

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (including U.S. resident alien) *(as defined in the instructions for IRS form W-9).*
(If you are subject to back-up withholding, you must strike through statement number 2.)

If you are not a U.S. citizen or other U.S. person, please check the box below to indicate your status as a Non-Resident Alien.

- Non-Resident Alien *(Must submit an original IRS Form W-8BEN or other applicable form W-8.)*
As a non-resident alien, your taxable income is subject to 30% U.S. federal tax withholding unless tax treaty provisions can be applied. If you are eligible to claim tax treaty benefits, your IRS form W-8 must include a U.S. taxpayer identification number in Part I and all applicable fields in Part II must be completed. A U.S. taxpayer identification number may be applied for by submitting a Form W-7 to the Internal Revenue Service (IRS). IRS forms W-8 and W-7 are available on their web site www.irs.gov or by contacting them at 800-829-1040.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications *(in bold above)* required to avoid backup withholding.

Account Holder Signature _____ Date (mm/dd/yyyy) _____

Account Holder SSN **(Required)** _____ **Your form will NOT be processed without Account Holder SSN completed.**

10. THIRD PARTY ADMINISTRATOR AUTHORIZED SIGNATURE AND CERTIFICATION

This section must be completed if required by the Employer.

I am employed as a Third Party Administrator of the Plan identified above and certify the following:

- I have read and agree to the terms of the requested withdrawal;
- I have verified the Account Holder's eligibility for such withdrawal and have not relied solely on information provided by the Account Holders in this form in order to make this determination;
- The requested benefits are permitted in accordance with the terms of the Plan document; and
- The information provided in this document is complete and accurate to the best of my knowledge. If any information provided by the Account Holder 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.

Third Party Administrator (TPA) FEE (To be completed by TPA if applicable. Check will be made payable and mailed to the TPA.)

TPA Fee Amount \$ _____

From Account Holder Account Account Type (example: deferral, match, etc.) _____

From Forfeiture Account Account Type (example: deferral, match, etc.) _____

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

Name of TPA Firm _____

Authorized Signer Name (Please print.) _____

Signature _____ Date (mm/dd/yyyy) _____

11. EMPLOYER, PLAN SPONSOR, OR NAMED FIDUCIARY AUTHORIZED SIGNATURE AND CERTIFICATION

This section must be completed when required to do so by a contract between the Company and the Employer.

I am an Employer, Plan Sponsor, or Named Fiduciary of the plan identified above and certify the following:

- The requested benefits are permitted by the plan.
- The distribution is being made from a contract used to fund a governmental 457(b) plan.
- I have read and agree to the terms and conditions of the requested withdrawal and certify that the information stated above is true and complete. I further understand that the Company may rely conclusively on these certifications in processing the requested benefits above and that, in the case of any conflicting information, the Company is entitled to rely exclusively on the information contained in this Withdrawal Request.
- I have amended my Plan document to reflect all applicable federal tax legislation and IRS guidance, including the Pension Protection Act of 2006, in accordance with the IRS's remedial amendment period.

Authorized Signer Name (Please print.) _____

Signature _____ Date (mm/dd/yyyy) _____

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STATE INCOME TAX WITHHOLDING NOTIFICATION

401, 403(b), 408 and Governmental 457 Plan Distribution



NOTIFICATION

If you are a resident of Arkansas, California, Delaware, District of Columbia, Georgia, Iowa, Kansas, Maine, Maryland¹, Massachusetts, Michigan, Nebraska², North Carolina³, Oklahoma, Oregon, Vermont, or Virginia¹, your state requires state income tax withholding on the taxable portion of your distribution from your 401, 403(b), 408 Individual Retirement or Governmental 457 Plan. This state income tax withholding is in addition to the mandatory 20% (or, in some cases, 10%) federal income tax withholding. Please note, when a state cost basis differs from federal, the federal cost basis will be used in determining taxability for state income tax withholding purposes.

- If you are a resident of **California** or **Oregon** state income tax withholding will be calculated **unless** you elect "out" of state income tax withholding.
- If you are a resident of **Arkansas**, **North Carolina**³ or **Vermont**, state withholding will be automatically calculated when federal income tax withholding applies. If you do not elect "out" of 10% federal income tax withholding, you can still choose to elect out of state withholding. Requesting North Carolina withholding over mandatory amounts requires their Form NC-4P, Withholding Certificate for Pension or Annuity Payments.
- If you are a resident of **Iowa**, **Maine**, **Massachusetts**, **Nebraska**², or **Oklahoma**, state income tax withholding will be automatically calculated as these states do not allow an election "out" of state income tax withholding when federal income tax withholding applies.
- If you are a resident of **Delaware**, **Kansas** or **Maryland**¹ and are subject to mandatory 20% federal income tax withholding, state income tax withholding will be automatically calculated. State withholding is not required when 10% federal income tax withholding applies.
- If you are a resident of **Virginia**¹ or **Michigan**, state income tax withholding will be calculated automatically **unless** you meet certain criteria and claim an exemption from withholding. To claim an exemption or to request withholding over mandatory amounts, complete Form VA-4P for Virginia or Form MI-W4P for Michigan, and return the appropriate form to us with, and to the same designated location as, your Withdrawal Request.
- If you are a resident of the **District of Columbia** and are receiving a total distribution of your account balance, state income tax withholding will be automatically calculated. State withholding is not required for partial distributions.
- If you are a resident of **Georgia** and are receiving periodic payments, state income tax withholding will be automatically calculated unless you elect out.

¹Maryland and Virginia state income tax withholding is not required for distributions from 408 Plans.

²Nebraska state income tax withholding is not required for premature distributions from 408 Plans.

³North Carolina does not apply to distributions from NC state and local government or federal retirement systems for those vested as of 8/12/89.

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