

**ENROLLMENT FORM**  
**District of Columbia**  
**457 Deferred Compensation Plan**  
 Plan Number: VFZ775

Voya Retirement Insurance and Annuity Company  
 1 Judiciary Square  
 441 4th Street NW, Suite 345S  
 Washington, DC 20001-2714  
 Local Office: 1-202-442-9749  
 Fax: 1-202-727-8478  
 www.voyaretirementplans.com/custom/dc



In this form, Voya Retirement Insurance and Annuity Company may also be referred to as the Company.

**Participant Information (Please type or print clearly.)**

Department Name		Department Location	Location Code
Name (first, middle initial, last)		Social Security Number	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (No. & Street)		Date of Birth (mm/dd/yyyy) / /	Date of Hire (mm/dd/yyyy) / /
City/Town	State	Zip Code	Number of Dependents
Email Address		Estimated Annual Income \$ _____	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single
Expected Retirement Age	Home Telephone No. ( )		Work Telephone No. ( )
Occupation /Job Title			

**Financial Information** *This section must be completed by Voya Financial Advisors, Inc. Registered Representatives in the Retirement Advisory Group channel.*

Annual Household Income  
 <\$25,000     \$25,000 - \$49,999     \$50,000 - \$99,999     >\$100,000

Net Worth (excluding primary residence)  
 <\$25,000     \$25,000 - \$49,999     \$50,000 - \$99,999     \$100,000 - \$250,000     >\$250,000

What is your level of investment experience?  
 Low     Medium     High

How would you categorize yourself as an investor?  
 Aggressive     Moderately Aggressive     Moderate     Moderately Conservative     Conservative

What are your life insurance and investment holdings?

Face Amount of Life Insurance  
 <\$25,000     \$25,000 - \$49,999     \$50,000 - \$99,999     \$100,000 - \$250,000     >\$250,000

Securities  
 <\$25,000     \$25,000 - \$49,999     \$50,000 - \$99,999     \$100,000 - \$250,000     >\$250,000

Cash  
 <\$25,000     \$25,000 - \$49,999     \$50,000 - \$99,999     \$100,000 - \$250,000     >\$250,000

Other investments  
 <\$25,000     \$25,000 - \$49,999     \$50,000 - \$99,999     \$100,000 - \$250,000     >\$250,000

When will you begin using your retirement account?  
 >20 Years     >10 Years     >5 Years     <5 Years

Estimated percent of retirement income from this investment:  
 <25%     25 - 50%     50 - 75%     >75%

Account Investment Objective(s)  
 Capital Preservation     Income     Growth & Income     Growth     Aggressive Growth     Speculative

Why is an annuity or funding agreement being purchased? (Check all that apply.)  
 Primary Retirement Income     Supplementary Retirement Income  
 Annuitization Feature     Payroll Deduct Asset Accumulation

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**Financial Information (Continued)**

Why is this particular annuity or funding agreement being purchased instead of another investment? (Check all that apply.)

- This is the only investment available through my employer's defined contribution plan.
- Guaranteed minimum interest rate
- Income options
- Systematic withdrawals
- Competitive interest rates, fees and/or charges
- Ongoing service in connection with the annuity or funding agreement and its features
- Benefits and riders
- Other - Note required

After purchasing this product, will you have sufficient liquidity to meet current financial needs?  Yes  No

**Agent Note (Please attach separate page for additional comments.)**

**Replacement Information**

Do you have existing individual annuity contracts or individual life insurance policies?  Yes  No

Will this Contract change or replace any existing Life Insurance or Annuity Contracts?  Yes  No

If yes, provide carrier name and account number:

Carrier \_\_\_\_\_ Account No. \_\_\_\_\_

If this is a transfer or rollover from an eligible retirement plan (i.e., 401(k), 401(a), 403(b), governmental 457 or an IRA), which of the following are true (check all that apply).

- Will benefit from product enhancements and improvements.
- Will be subject to a new surrender period.<sup>1</sup>
- Will lose existing benefits.<sup>1</sup>
- Will be subject to increased fees or charges.<sup>1</sup>
- Will incur a surrender charge on the existing contract/account.<sup>1</sup>
- Will be subject to decreased fees or charges.
- Has had another deferred variable annuity exchange within the past 36 months.<sup>1</sup>
- New contributions only, current provider no longer available.

<sup>1</sup> Agent is required to explain why the replacement is for the benefit of the participant.

**Financial Industry Regulatory Authority (FINRA) Affiliation**

Are you associated with a Financial Industry Regulatory Authority member?  Yes  No

If yes, list the affiliation \_\_\_\_\_

**Another way to save through your retirement plan.**

Consider ROLLING over your other eligible retirement plan assets! Tell us when and how we can reach you, and we'll help you consolidate.

- Yes! Tell me how Voya Financial™ can help me benefit from rolling over my retirement investments. Please call me at ( ) to discuss my options. The best time to call is \_\_\_\_\_ a.m. or \_\_\_\_\_ p.m. My estimated rollover balance is \$\_\_\_\_\_.
- If I want to learn about rollover opportunities now, I will call Voya at 202-442-9749.

Please complete this form and return to your Agent.

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**Plan Beneficiary Information**

Beneficiary Name, Address and Phone # <i>(complete legal name required)</i> <input checked="" type="checkbox"/> <b>Primary Beneficiary</b>		Percentage
Relationship	Social Security No.	Date of Birth (mm/dd/yyyy)
Beneficiary Name, Address and Phone # <i>(complete legal name required)</i> <input type="checkbox"/> <b>Primary Beneficiary OR</b> <input type="checkbox"/> <b>Contingent Beneficiary</b>		Percentage
Relationship	Social Security No.	Date of Birth (mm/dd/yyyy)
Beneficiary Name, Address and Phone # <i>(complete legal name required)</i> <input type="checkbox"/> <b>Primary Beneficiary OR</b> <input type="checkbox"/> <b>Contingent Beneficiary</b>		Percentage
Relationship	Social Security No.	Date of Birth (mm/dd/yyyy)
Beneficiary Name, Address and Phone # <i>(complete legal name required)</i> <input type="checkbox"/> <b>Primary Beneficiary OR</b> <input type="checkbox"/> <b>Contingent Beneficiary</b>		Percentage
Relationship	Social Security No.	Date of Birth (mm/dd/yyyy)

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**Investment Options**

Investment options are grouped in their respective asset classes as determined by the Company. Enter the percentage (in whole percentages) of your payment to be allocated to each investment option.

**Stability of Principal**

DCPLUS Stable Value Portfolio	(9912)	_____ %
BlackRock Liquidity Federal Trust Fund Institutional Shares	(2574)	_____ %

**Bonds**

DCPLUS Fixed Income Portfolio	(2535)	_____ %
PIMCO Total Return Fund - Institutional Shares	(544)	_____ %
Voya GNMA Income Fund - Class I	(240)	_____ %

**Asset Allocation**

Vanguard® Target Retirement Income - Investor Shares	(795)	_____ %
Vanguard® Target Retirement 2015 - Investor Shares	(791)	_____ %
Vanguard® Target Retirement 2025 - Investor Shares	(926)	_____ %
Vanguard® Target Retirement 2035 - Investor Shares	(793)	_____ %
Vanguard® Target Retirement 2045 - Investor Shares	(794)	_____ %

**Balanced**

Pax World Balanced Fund - Institutional Class	(1454)	_____ %
VY T. Rowe Price Capital Appreciation Portfolio - Institutional Class	(1257)	_____ %

**Large Cap Value**

DCPLUS Large Cap Value Portfolio	(2537)	_____ %
Vanguard® Institutional Index Fund - Institutional Shares	(566)	_____ %
Voya Growth and Income Portfolio - Class I	(001)	_____ %

**Large Cap Growth**

DCPLUS Large Cap Growth Portfolio	(2536)	_____ %
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**Small/Mid/Specialty**

Ariel Fund	(187)	_____ %
Fidelity® VIP Mid Cap Portfolio - Initial Class	(822)	_____ %
The Brown Capital Management Small Company Fund - Inv	(395)	_____ %
Vanguard® Small-Cap Index Fund - Institutional Shares	(1198)	_____ %
VY Clarion Real Estate Portfolio - Institutional Class	(682)	_____ %

**Global / International**

EuroPacific Growth Fund® - Class R-5	(817)	_____ %
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**Total** **100%**

Complete the contribution percentages, in whole numbers, to total 100%.

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**Account Information**

Frequency	Contribution \$ _____	Effective Date / /
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**Registered Representative Information**

The following individual(s)/organization(s) will receive compensation from this Contract.

Representative/Entity name (print)	Office Code	Rep No.	% Participation

**Anti-Fraud Statement**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**Participant Certification**

I acknowledge receipt of the current participant information booklet, as well as current prospectuses or investment option summaries for all available investment options under the Plan.

I understand that my employer's plan offers multiple investment options. One or more of these options may be offered through a custodial or trust arrangement and/or a group annuity or a funding agreement issued by Voya Retirement Insurance and Annuity Company. For investment options offered through a funding agreement or group annuity contract, I understand that the current tax laws provide for deferral of taxation on earnings on account balances; and that, although the funding agreement or group annuity contract provides features and benefits that may be of value, it does not provide for any additional deferral of taxation beyond that provided by the Plan itself.

I acknowledge that I have been informed about various features of deferred variable annuities or funding agreements, including: the potential surrender period; any applicable surrender charges; tax penalties applicable to surrender before age 59½; mortality and expense fees and/or daily asset charges; investment advisory fees; charges for and features of riders; insurance and investment components; and market risk.

By signing this form, I acknowledge that the information provided is complete and accurate and that any changes have been initialed by me. I further certify that the Company is entitled to rely exclusively on information provided on this form.

**Participant's Authorized Signature**

Participant's Signature	City and State Where Signed	Date (mm/dd/yyyy) / /
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**Registered Representative's Certification and Signature**

Broker/Dealer Affiliation: If not registered with Voya Financial Advisors, Inc., please indicate name of Broker/Dealer.

Other Broker/ Dealer Name \_\_\_\_\_

Does the participant have an existing annuity or life insurance contract?  Yes  No

(If "yes", a replacement form must be completed only for 403(b) plans where Voya is not the exclusive provider.)

Do you have any reason to believe any existing Life Insurance or Annuity Contracts will be modified or replaced if this Contract is issued?  Yes  No

Does this employee benefit plan offer multiple annuities?  Yes  No

Does this employee benefit plan offer mutual funds?  Yes  No

Based on the information set forth above, I have a reasonable basis to believe that: the customer has been informed about the various features of deferred variable annuities; this purchase is suitable for the customer; the customer would benefit from certain features of deferred variable annuities; and the variable annuity being purchased, the underlying subaccount allocations, and selected riders (if any) are suitable for the customer. If this transaction involves the exchange of a deferred variable annuity, I have a reasonable basis to believe that the exchange is suitable for the customer.

I certify that the information on this form is true, complete and accurate to the best of my knowledge.

Registered Representative (print name)	Registered Representative Signature	Date (mm/dd/yyyy)
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