

ADVISOR ONLINE SUBMISSION FORM

Beneficiary Designation



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.

FORM OVERVIEW

Form allows TEM Non-ERISA plan participants to complete/submit a Beneficiary Designation form to their Voya Financial Advisors, Inc. retirement accounts advisor for online processing. Participant must obtain all required signatures before submitting to their Advisor. By signing below, you acknowledge that your assigned Advisor will be submitting the requested transaction(s) online for processing.

GOOD ORDER

Request is considered in Good Order when all required information on the form has been accurately completed and your advisor successfully enters the transaction into the system for processing. If we determine the request is not received in good order, it may be returned to you for correction and re-submission.

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 _____ SSN *(Required)* _____

Resident Address *(# & street)* _____

City/Town _____ 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 understand and agree that if the total percentage of my beneficiary designation does not equal 100%, this form will not be considered in good order and my account will either be distributed based on the beneficiary designation last submitted in good order, or if there is no prior beneficiary designation form, my account will be distributed under the terms of my plan as if I had not designated any beneficiary.

☐ I am married.

☐ I am not married.

If required by my plan and plan is within a community property state, 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 (mm/dd/yyyy)	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					
<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

Under penalties of perjury I declare that, to the best of my belief, the information on this form is true, correct and complete. I acknowledge I have read the instructions that accompany this form and understand the conditions and requirements that apply to this beneficiary designation.

Account Holder Signature _____ Date _____

City and State Where Signed _____

6. SPOUSAL CONSENT *(Section is only applicable if Spousal Consent is required by the plan and Account Holder does not designate his/her spouse as the Sole Primary Beneficiary entitled to 100% of the account balance.)*

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.

Your right to your spouse's vested account provided by the Plan 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.

Spouse Name *(Please print.)* _____ SSN _____

Spouse Signature _____ Date _____

7. NOTARY PUBLIC CERTIFICATION OF SPOUSAL CONSENT *(Section is only applicable if Spousal Consent is required by the plan and Account Holder does not designate his/her spouse as the Sole Primary Beneficiary entitled to 100% of the account balance.)*

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 _____

RETURN INSTRUCTIONS *(Please keep a copy for your records.)*

Please return the completed form to: Your Voya Financial Advisors, LLC retirement accounts Advisor