



Enrollment Form

403(b)(1) Group Fixed Annuity Contract

403(b)(7) Custodial Account

Voya Retirement Choice

Voya Retirement Insurance and Annuity Company
 P.O. Box 990063
 Hartford, CT 06199-0063
 Tel: 1-800-584-6001
 Fax: 1-800-643-8143

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

Information About You <i>Please print.</i> <i>Changes to the Social Security No. or Date of Birth must be initialed by the Participant.</i>	Plan Name Saint Paul Public Schools		Plan No. VFZ212		Location Code			
	Participant Name (First, Middle Initial, Last)					Social Security No.		
	Participant Resident Address (No. & Street)					PO Box		
	City/Town					State	Zip Code	
	Email Address							
	Date of Birth		Exp. Retire. Age	Date of Hire	Number of Dependents	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> M <input type="checkbox"/> S	
	Home Telephone No. ()		Occupation/Job Title			Estimated Annual Income \$		
Financial Information <i>This section must be completed by Voya Financial Advisors, Inc. Registered Representatives in the Retirement Advisory Distribution channel.</i>	Annual Household Income <input type="checkbox"/> <\$25,000 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> >\$100,000							
	Net Worth (excluding primary residence) <input type="checkbox"/> <\$25,000 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> \$100,000 - \$250,000 <input type="checkbox"/> >\$250,000							
	How would you categorize yourself as an investor? <input type="checkbox"/> Aggressive <input type="checkbox"/> Moderately Aggressive <input type="checkbox"/> Moderate <input type="checkbox"/> Moderately Conservative <input type="checkbox"/> Conservative							
	When will you begin using your retirement account? <input type="checkbox"/> >20 Years <input type="checkbox"/> >10 Years <input type="checkbox"/> >5 Years <input type="checkbox"/> <5 Years				Estimated percent of retirement income from this investment? <input type="checkbox"/> <25% <input type="checkbox"/> 25 - 50% <input type="checkbox"/> 50 - 75% <input type="checkbox"/> >75%			
	Account Investment Objective(s) (Select between one and three) <input type="checkbox"/> Capital Preservation <input type="checkbox"/> Income <input type="checkbox"/> Growth & Income <input type="checkbox"/> Growth <input type="checkbox"/> Aggressive Growth <input type="checkbox"/> Speculative							
Agent Note								
Beneficiary(ies)	Primary	Contingent	Complete Legal Name, Address and Phone #		Relationship	%	SSN	DOB (mm/dd/yyyy)
	<input type="checkbox"/>	<input type="checkbox"/>	_____		_____	_____	_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____		_____	_____	_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____		_____	_____	_____	_____
Replacement Information	Does the Participant have existing individual annuity contracts or individual life insurance policies? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	Will this Contract change, replace or discontinue any existing Life Insurance or Annuity Contracts or Policies? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, to both questions, provide carrier name and account number: Carrier _____ Account No. _____								
Financial Industry Regulatory Authority (FINRA) Affiliation	Are you associated with a Financial Industry Regulatory Authority member? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	If yes, list the affiliation _____							

This program is intended to be a long term investment for retirement purposes. Account values fluctuate with market conditions and when surrendered the principal may be more or less than the amount originally invested.

Another way to save through your employer's retirement plan.

Consider whether a rollover of your eligible retirement plan assets might be appropriate for you.

Yes! Let's discuss the options for my retirement investments. The best time to reach me is _____ a.m. or _____ p.m. at _____.

My estimated retirement balance is \$ _____. If I want to learn more about my rollover options, I will call Voya Financial® at 866-865-2660.

Please note, you are authorizing a Voya representative/insurance agent to contact you at your home telephone number, even if you have listed it on the National Do Not Call registry. Voya is committed to protecting you from unsolicited telephone calls in compliance with the Federal Communication Commission Telemarketing Sales Rule.

Registered Representative Information

The following individual(s)/organization(s) will receive compensation from this Contract.			
Representative/Entity Name (<i>Print</i>)	Office Code	Rep. No.	% Participation

Investment Options

Participant Name (*Last, First, Middle Initial,*) _____ Social Security No. _____

Investment Options are alphabetically grouped in their respective asset classes as determined by the Company under the 403(b)(1) Annuity Contract and the 403(b)(7) Custodial Account respectively.

Changes to investment selections must be initialed by the Participant.

Enter the percentage (in whole percentages) of your payment to be allocated to each investment option.

The sum of the percentages from both columns must equal 100%.

The Fixed Plus III Account is a fixed investment option available under a group annuity contract offered by the Company. All other investment options are mutual funds offered under a custodial agreement.

403 (b)(1) Annuity Contract		403 (b)(7) Custodial Account	
Stability of Principal		Bonds	
_____ %	[697] Voya Fixed Plus Account III	_____ %	[1003] American Funds® The Bond Fund of America® - Class R-4
_____ %		_____ %	[497] Voya Intermediate Bond Fund - Class A
		Asset Allocation	
_____ %		_____ %	[759] Voya Solution 2025 Portfolio - Service Class
_____ %		_____ %	[762] Voya Solution 2035 Portfolio - Service Class
_____ %		_____ %	[765] Voya Solution 2045 Portfolio - Service Class
_____ %		_____ %	[768] Voya Solution Income Portfolio - Service Class
		Balanced	
_____ %		_____ %	[193] Pax World Balanced Fund - Individual Investor Class
_____ %		_____ %	[788] VY® T.Rowe Price Capital Appreciation Portfolio - Service Class
		Large Cap Value	
_____ %		_____ %	[1208] American Funds® Fundamental Investors® - Class R-4
_____ %		_____ %	[1428] Columbia Large Cap Value Fund - Advisor Class
_____ %		_____ %	[1290] Voya Growth and Income Portfolio - Class S
_____ %		_____ %	[829] Voya U.S. Stock Index Portfolio - Institutional Class
_____ %		_____ %	[789] VY® Invesco Growth and Income Portfolio - Service Class
		Large Cap Growth	
_____ %		_____ %	[572] American Funds® The Growth Fund of America® - Class R-4
_____ %		_____ %	[251] VY® T. Rowe Price Growth Equity Portfolio - Service Class
		Small/Mid/Specialty	
_____ %		_____ %	[457] CRM Mid Cap Value Fund - Investor Shares
_____ %		_____ %	[1023] Morgan Stanley Mid Cap Growth Portfolio - Adviser Class
_____ %		_____ %	[440] VY® American Century Small-Mid Cap Value Portfolio - Service Class
_____ %		_____ %	[436] VY® Baron Growth Portfolio - Service Class
_____ %		_____ %	[1019] VY® Clarion Real Estate Portfolio - Service Class
_____ %		_____ %	[435] VY® JPMorgan Mid Cap Value Portfolio - Service Class
_____ %		_____ %	[752] VY® JPMorgan Small Cap Core Equity Portfolio - Service Class
		Global/International	
_____ %		_____ %	[1004] American Funds® Capital World Growth and Income Fund® - Class R-4
_____ %		_____ %	[573] American Funds® EuroPacific Growth Fund® - Class R-4
_____ %		_____ %	[2085] Voya Global Equity Portfolio - Class S

Total must equal 100%

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	<p>I acknowledge receipt of the current participant information booklet, as well as current fund prospectuses or investment option summaries for all available investment options under the Plan.</p> <p>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.</p> <p>For 403(b) annuity contracts only: I understand the Internal Revenue Code restrictions on withdrawals from a 403(b)(1) tax-deferred variable annuity and a 403(b)(7) mutual fund account, which generally prohibit withdrawals prior to my death, disability, attainment of age 59 ½, severance from employment or financial hardship. More specific information about these restrictions can be found in the prospectuses/information booklets. I understand that these restrictions do not include contract exchanges to other investment alternatives under my Employer's 403(b) plan, transfers made to another employer's 403(b) plan or to transfers made to a governmental defined benefit plan to purchase service credits unless further restricted by my Employer's 403(b) written plan. However, if I transfer 403(b)(7) assets to investment alternatives under a 403(b)(1) annuity contract, the 403(b)(7) restrictions will continue to apply to withdrawals from that contract.</p> <p>Employee Appointment of Employer as Agent under an Annuity Contract – For Plans under Section 403(b), 401, or 403(a) of the Internal Revenue Code (except voluntary Non-ERISA Section 403(b) Plans): I appoint my Employer, who is the Contract Holder, as my agent for all purposes under the Group Annuity Contract issued to my Employer in accordance with the terms of the Plan. I agree to be bound by my Employer's interpretation of the Plan provisions and its written direction to the Company in accordance with the terms of the Plan.</p> <p>I further acknowledge that under Voya Retirement Choice, there is an annual administrative fee of 0.20% for each of the investment options in the Plan excluding the Voya Fixed Plus Account III. These administrative fees will be deducted on a quarterly basis.</p> <p>Please turn the Enrollment Form and Salary Reduction Agreement form in to one of the Voya/Capital Street Representatives. A representative can be reached at 651-665-4300.</p> <p>My representative may be paid a commission or other compensation on transferred assets into the plan. An additional commission or other compensation may be paid to the representative as an additional sales incentive in connection with this transaction if the representative attains a certain threshold of sales of Company contracts.</p> <p>By signing this form, I acknowledge that to the best of my knowledge and belief, the information provided is complete and accurate and that any changes have been initiated by me. I further certify that the Company is entitled to rely exclusively on information provided on this form.</p>		
Participant's Authorized Signature	Participant's Signature	City and State Where Signed	Date (mm/dd/yyyy)
Registered Representative's Certification and Signature	<p>Broker/Dealer Affiliation: If not registered with Voya Financial Advisors, Inc., please indicate name of Broker/Dealer.</p> <p>Other Broker/Dealer Name: _____.</p> <p>Does the participant have any existing individual Annuity or individual Life Insurance Contracts or Policies? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "yes", a replacement form must be completed.)</p> <p>Do you have any reason to believe any existing Life Insurance or Annuity Contracts or Policies will be modified, discontinued or replaced as a result of this enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I certify that the information on this form is true, complete and accurate to the best of my knowledge.</p>		
	Registered Representative (print name)		Date (mm/dd/yyyy)
	Registered Representative's Signature	Date (mm/dd/yyyy)	

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