

# ENROLLMENT FORM

## 457(b) Plan of the Regional University System of Oklahoma

Plan Number: VFZ439

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)<br>/ / | Date of Hire (mm/dd/yyyy)<br>/ /   |
| City/Town                           | State                     | Zip Code                          | Number of Dependents   |
| Email Address                       |                           |                                   | Marital Status<br><input type="checkbox"/> Married <input type="checkbox"/> Single |
| Estimated Annual Income<br>\$ _____ |                           |                                   | Expected Retirement Age  |
| Home Telephone No.<br>( )           | Work Telephone No.<br>( ) | 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<br><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)<br><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?<br><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?<br><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:<br><input type="checkbox"/> <25% <input type="checkbox"/> 25 - 50% <input type="checkbox"/> 50 - 75% <input type="checkbox"/> >75% |
| Account Investment Objective(s)<br><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 (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. \_\_\_\_\_

### Financial Industry Regulatory Authority (FINRA) Affiliation

Are you associated with a Financial Industry Regulatory Authority member?  Yes  No  
If yes, list the affiliation \_\_\_\_\_

### Plan Beneficiary Information

| Primary                  | Contingent               | Complete Legal Name, Address and Phone # | Relationship | % | SSN | Date of Birth (mm/dd/yyyy) |
|--------------------------|--------------------------|--|--------------|---|-----|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |  |              |   |     |                            |
| <input type="checkbox"/> | <input type="checkbox"/> |  |              |   |     |                            |
| <input type="checkbox"/> | <input type="checkbox"/> |  |              |   |     |                            |

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|  |                        |             |
|--|------------------------|-------------|
| Participant Name (first, middle initial, last) | Social Security Number | Plan Number |
|  | - -                    | VFZ439      |

**Investment Options**

Investment Options are alphabetically grouped in their respective asset classes as determined by the Company. The Voya Fixed Plus Account III is a fixed account option available under a group fixed annuity contract offered by the Company. All other investment options are mutual funds offered under a custodial account agreement. Changes to investment selections must be initiated by the Participant. Enter the percentage (in whole numbers) of your payment to be allocated to each investment option.

**Stability of Principal**

Voya Fixed Plus Account III (4020) \_\_\_\_\_%

**Bonds**

Dodge & Cox Income Fund (2683) \_\_\_\_\_%

Loomis Sayles Inflation Protected Securities I (6507) \_\_\_\_\_%

**Asset Allocation**

Vanguard® Target Retirement 2020 Fund - Investor Shares (1296) \_\_\_\_\_%

Vanguard® Target Retirement 2025 Fund - Investor Shares (926) \_\_\_\_\_%

Vanguard® Target Retirement 2030 Fund - Investor Shares (1297) \_\_\_\_\_%

Vanguard® Target Retirement 2035 Fund - Investor Shares (793) \_\_\_\_\_%

Vanguard® Target Retirement 2040 Fund - Investor Shares (1298) \_\_\_\_\_%

Vanguard® Target Retirement 2045 Fund - Investor Shares (794) \_\_\_\_\_%

Vanguard® Target Retirement 2050 Fund - Investor Shares (1299) \_\_\_\_\_%

Vanguard® Target Retirement 2055 Fund - Investor Shares (2473) \_\_\_\_\_%

Vanguard® Target Retirement 2060 Fund - Investor Shares (3447) \_\_\_\_\_%

Vanguard® Target Retirement Income Fund - Investor Shares (795) \_\_\_\_\_%

**Large Cap Value**

TIAA-CREF Social Choice Equity Fund - Institutional Class (1224) \_\_\_\_\_%

Vanguard® Total Stock Market Index Fund - Admiral™ Shares (1122) \_\_\_\_\_%

Vanguard® Windsor Fund - Admiral Shares (1227) \_\_\_\_\_%

**Large Cap Growth**

American Funds AMCAP Fund® – Class R-6 (1949) \_\_\_\_\_%

**Small/Mid/Specialty**

DFA U.S. Targeted Value Portfolio - Institutional Class (2566) \_\_\_\_\_%

TIAA-CREF Mid-Cap Growth Fund - Institutional Class (2963) \_\_\_\_\_%

Vanguard® Explorer Fund - Admiral Shares (828) \_\_\_\_\_%

Vanguard® Mid-Cap Index Fund - Admiral Shares (756) \_\_\_\_\_%

Vanguard® Mid-Cap Value Index Fund - Investor Shares (1970) \_\_\_\_\_%

Vanguard® REIT Index Fund - Admiral™ Shares (802) \_\_\_\_\_%

Vanguard® Small-Cap Index Fund - Admiral Shares (757) \_\_\_\_\_%

**Global International**

Dodge & Cox International Stock Fund (735) \_\_\_\_\_%

Oppenheimer International Growth Fund - Class Y (3333) \_\_\_\_\_%

**Total** 100%

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

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|  |                        |                       |
|--|------------------------|-----------------------|
| Participant Name (first, middle initial, last) | Social Security Number | Plan Number<br>VFZ439 |
|--|------------------------|-----------------------|

**Account Information**

|                                |          |    |         |
|--------------------------------|----------|----|---------|
| Employee Deferral Contribution | \$ _____ | OR | _____ % |
| Employee Roth Contribution     | \$ _____ | OR | _____ % |

If you have elected a Roth 457(b), please indicate the first year of any contribution made or directly rolled over to any previously established Roth 457(b) account in your current employer's plan: \_\_\_\_\_. If no year is provided, we will use the year your initial Roth 457(b) contribution is applied to this contract.

**Registered Representative Information**

The following individual(s) is/are our salaried enrollers and will not receive any commissions in connection with this Contract.

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

**Anti-Fraud Statement**

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**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.

By signing this form, I acknowledge that the information provided is complete and accurate and that any changes made 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) |
|-------------------------|-----------------------------|-------------------|

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

Yes       No

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

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's Signature | Date (mm/dd/yyyy) |
|--|---------------------------------------|-------------------|

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