

# ROLLOVER TO A 401 PLAN

Voya Retirement Insurance and Annuity Company ("VRIAC")  
Voya Institutional Plan Services, LLC ("VIPS")  
Members of the Voya® family of companies  
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As used on this form, the term "Voya," "Company," "we," "us" or "our" refer to your plan's funding agent and/or administrative services provider. That entity is either VRIAC or VIPS. Contact us for more information. The Company will only make payments as directed below.

## INSTRUCTIONS

Please complete this form and forward it to the former investment provider/record keeper along with a request for a distribution. Mail or fax a copy to the address or phone number above. Please make a photocopy if you wish to retain a copy for your records. If you intend to accomplish an indirect rollover *please complete this form and remit a personal check to Voya*. Funds will be applied to the account the same day they are received from the former investment provider/record keeper if received in good order before the close of the New York Stock Exchange (NYSE) on any day it is open for trading. All requests received in good order after the close of the NYSE (usually 4 p.m. ET) will be processed the next day the NYSE is open.

## GOOD ORDER

Good order is receipt at the designated location of this form accurately and entirely completed and signed by you. If this form is not received in good order, as we determine, it may be returned to you for correction and processed upon re-submission in good order at our designated location. Beneficiaries and QDRO Alternate Payees are prohibited by the IRS from rolling over money from other qualified retirement plans or IRAs into their 401(a), 401(k), 403(b) accounts unless they are also an employee of the company. Rollover from a Roth Account - If you are directly rolling over Roth money, we must receive cost basis and the Designated Roth Account's start date directly from your prior record keeper.

## 1. PLAN INFORMATION

Plan Name SPARC GROUP LLC INVESTMENT AND SAVINGS PLAN

Billing Group/Plan # 553009

## 2. PARTICIPANT INFORMATION

Name (last, first, middle initial) \_\_\_\_\_

SSN/TIN (Required) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Resident Street Address or PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Work Phone (include extension) \_\_\_\_\_ Home Phone \_\_\_\_\_

Is the Participant a U.S. citizen?  Yes  No

## 3. FORMER INVESTMENT PROVIDER/RECORD KEEPER

Former Investment Provider/Record Keeper Name \_\_\_\_\_

Former Investment Account # \_\_\_\_\_ Phone # \_\_\_\_\_

**4. ROLLOVER AMOUNT** (Check all applicable boxes. Rollovers from Roth IRA accounts are not permitted.)

Please indicate source:  403 plan  401 plan  Governmental 457  Traditional IRA

- Pre-Tax Rollover Amount \$ \_\_\_\_\_
- Rollover of Non-Roth After-Tax Amount \$ \_\_\_\_\_  
Employee Non-Roth After-Tax Contributions \$ \_\_\_\_\_
- Rollover of Designated Roth Amount \$ \_\_\_\_\_  
Start Date \_\_\_\_\_ Roth Contributions \$ \_\_\_\_\_

**5. INVESTMENT INSTRUCTIONS** (Use whole percentages (e.g. 33%, not 33 1/3%). Must total 100%.)

Unless otherwise indicated below, your Direct Rollover assets will be invested according to your current investment elections for ongoing contributions of the Plan indicated on page one.

If you choose to invest your Direct Rollover assets differently, enter the percentage of the Direct Rollover amount to be split among Plan investment options as specified below. Obtain the fund names/numbers from your most recent quarterly statement package or enrollment kit.

Fund Number/Name	Percentage	Fund Number/Name	Percentage

**6. ROLLOVER TO VOYA** (Please choose only one option.)

**Mail Check Directly to Voya**

Mail check payable to Voya National Trust F/B/O Participant Name, Social Security Number, and Plan # 553009 to the address below.

**Regular Mail:**

Voya National Trust  
PO Box 3015  
New York, NY 10116-3015

**Overnight/Express Mail:**

JP Morgan Chase C/O  
Payee: Voya National Trust  
Attn: Lock Box 3015  
4 Chase Metrotech Center, 7th Floor East  
Brooklyn, NY 11245

(Six digit plan number must be referenced on the check.)

**Wire Transfer Directly to Voya**

**Wire Funds to:**

Wells Fargo Bank, N.A.  
ABA Number: 121000248  
Voya National Trust/Prem Collection  
Bank Account Number: 2087350311363  
Beneficiary References:  
Include Participant Name, Social Security Number (9 digit numeric), Plan # 553009 (6 digit numeric) and Payroll location (if any) (4 digit numeric).  
Example: John J. Jones 999-99-9999 888123-0001

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**7. PARTICIPANT SIGNATURE AND ACKNOWLEDGEMENT**

I understand that the Direct Rollover amounts will be subject to the applicable Internal Revenue Service and Plan withdrawal restrictions. I understand that the Direct Rollover will be invested using my current investment allocation under this plan to the extent on file unless I submit this form to indicate alternate investment selections for this Direct Rollover. I acknowledge that I have read and accept the terms of this form and that the information shown is correct and complete.

I hereby certify as to the following:

- (a) My rollover in the amount of \$ \_\_\_\_\_ is an eligible rollover distribution from one of the following:
- (i) a 401(a) qualified pension or profit sharing plan (*including a 401(k) plan*), a 403(b) annuity plan or a 457 governmental plan; or
  - (ii) a traditional individual retirement account (IRA).
- (b) If the distribution is from an IRA, the rollover amount contains no after-tax contributions.
- (c) No part of my rollover consists of any of the following:
- (i) a hardship withdrawal of pretax contributions;
  - (ii) an amount which was paid as an annuity or a series of payments for ten years or more, or for life or life expectancy;
  - (iii) any required minimum distribution;
  - (iv) the proceeds of a loan; or
  - (v) a corrective distribution or the income allocable thereto.
- (d) If my rollover is indirect, it is being made within 60 days following the date of receipt of the distribution.

**I understand that I may be required to provide additional documentation to substantiate my rollover. I further understand a distribution will be made to me of any portion of my rollover deposit that is later determined to be an ineligible rollover in accordance with Plan provisions.**

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

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**8. LETTER OF ACCEPTANCE**

- Letter of Acceptance Required – Check this box if the Prior Plan/IRA Service Provider requires a Letter of Acceptance from Voya to complete your rollover or transfer request. **A Letter of Acceptance will not be issued unless this box is checked.**
- Fax the Letter of Acceptance to ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Attention \_\_\_\_\_
- Mail the Letter of Acceptance to me at the Participant address indicated on this form.
- Mail the Letter of Acceptance to the Prior Plan / IRA Service Provider at the address indicated below.

Company Name \_\_\_\_\_ Attention \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_