

# ENROLLMENT FORM

## State of Nevada 457 Deferred Compensation Plan

- VFZ783 State of Nevada  
 VFZ970 Political Subdivisions  
 VFZ971 Nevada System of Higher Education (NSHE)

Local Office:  
**Voya Retirement Insurance and Annuity Company**  
 844 West Nye Lane, Suite 101  
 Carson City, NV 89703  
 Toll Free: 1-866-464-6832



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	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 Distribution channel.*

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	
What is your level of investment experience?	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High			
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	
What are your life insurance and investment holdings?						
Face Amount of Life Insurance	<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	
Securities	<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	
Cash	<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	
Other investments	<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	
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)	<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
Why is an annuity or funding agreement being purchased? (Check all that apply.)						
<input type="checkbox"/> Primary Retirement Income	<input type="checkbox"/> Supplementary Retirement Income					
<input type="checkbox"/> Annuitization Feature	<input type="checkbox"/> Payroll Deduct Asset Accumulation					

***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.***

Please complete this form and return to your Agent.

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Participant Name (first, middle initial, last)	Social Security Number	Plan Number
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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, replace or discontinue any existing Life Insurance or Annuity Contracts or Policies?  Yes  No

If yes, to both questions, 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 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 866-464-6832.

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.

**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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**Fund Selection**

**Managed by Morningstar**

**I WANT INVESTMENT EXPERTS TO MANAGE MY PLAN INVESTMENTS.**

- Voya Financial® and Morningstar Investment Management LLC have teamed up to offer Morningstar Retirement Manager, a suite of investment advisory services designed to make it easier to manage your retirement account. Your plan offers Managed by Morningstar, a professional investment management service available through Morningstar® Retirement Manager<sup>SM</sup>. The services and related fees are described in the Morningstar section of your enrollment materials.
- Once you have enrolled you can update your personal information through Voya's participant website. Visit [www.voyaretirementplans.com](http://www.voyaretirementplans.com), and click on Get Advice.

Yes, I want to participate in the Managed by Morningstar program to receive professional investment management and ongoing oversight of my retirement account.

Morningstar can personalize your retirement strategy even further if you wish to provide salary information:

Annual Salary \$ \_\_\_\_\_

Pending receipt of Morningstar's investment instructions, please proceed to Investment Options below to select the fund or funds you wish to allocate any balances or contributions that may be applied between the time you enroll and when Voya receives and processes Morningstar's instructions.

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**Investment Options**

Investment options are alphabetically 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**

Voya Fixed Account - 457/401 II (1057) \_\_\_\_\_%

**Bonds**

Vanguard® Total Bond Market Index - Institutional Shares (799) \_\_\_\_\_%

**Asset Allocation**

Vanguard® Target Retirement 2015 Fund - Investor Shares (791) \_\_\_\_\_%

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

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

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

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

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

**Balanced**

Invesco Equity and Income Fund - Class R5 (3685) \_\_\_\_\_%

VY® T. Rowe Price Capital Appreciation Portfolio - Institutional Class (1257) \_\_\_\_\_%

**Large Cap Value**

MFS® Value Fund - Class R4 (1840) \_\_\_\_\_%

Parnassus Core Equity Fund<sup>SM</sup> - Investor Shares (2228) \_\_\_\_\_%

Vanguard® Institutional Index Fund - Institutional Shares (566) \_\_\_\_\_%

**Large Cap Growth**

American Funds The Growth Fund of America - Class R-3 (487) \_\_\_\_\_%

Fidelity® Contrafund® (524) \_\_\_\_\_%

T. Rowe Price Growth Stock Fund (1303) \_\_\_\_\_%

**Small/Mid/Specialty**

Goldman Sachs Small/Mid Cap Growth Fund - Class A (9748) \_\_\_\_\_%

Hartford MidCap HLS Fund - Class IB (3772) \_\_\_\_\_%

Oppenheimer Main Street Mid Cap Fund® - Class Y (1267) \_\_\_\_\_%

Vanguard® Extended Market Index Fund - Institutional Shares (7499) \_\_\_\_\_%

**Global / International**

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

Franklin Mutual Global Discovery Fund - Class A (5036) \_\_\_\_\_%

Vanguard® Developed Markets Index Fund - Institutional Shares (6501) \_\_\_\_\_%

**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 fund prospectuses or investment option summaries for all available investment options under the Plan.

Voya reserves the right to cancel your access to the Managed by Morningstar service at any time without prior notice, including, but not limited to, as a result of any excessive trading restrictions imposed by Voya or a Fund Company. Please refer to your contract prospectus, prospectus summary, or disclosure book for further information on the Voya Excessive Trading Policy. A copy of this policy can also be found on the Internet at [www.voyaretirementplans.com](http://www.voyaretirementplans.com). For additional information on a fund's excessive trading policy please refer to the fund's prospectus.

If I elect to participate in the Managed by Morningstar program, I hereby acknowledge that I have received and read the Managed by Morningstar program description and the Morningstar Overview, including the Morningstar Investment Advisory Agreement, and that I understand the Managed by Morningstar program description and the Agreement and agree to be bound by its terms. I understand that the applicable fees will be deducted periodically from my account.

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.

### Employer Required Indemnification

The participant together with his heirs, successors, and assigns, holds harmless the Employer from any liability hereunder for all acts performed in good faith, including acts relating to the investment of deferred amounts and/or the participant's investment preferences hereunder.

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.

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.

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 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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Participant Name (first, middle initial, last)	Social Security Number - -	Plan Number
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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 \_\_\_\_\_

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?

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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# Payroll Contribution Form

Name \_\_\_\_\_ Employee ID# \_\_\_\_\_

Agency \_\_\_\_\_ Daytime Phone \_\_\_\_\_

**Change Paycheck Deduction**  
Increase, Decrease, Discontinue

**New Paycheck Deduction **\*\*STOP HERE!!\*\*****  
**\*\*You must complete an EZ Enrollment form OR  
Enroll Online with Voya Financial® to set up an account.  
Please initial here if you enrolled online \_\_\_\_\_**

**EMPLOYER:**  State of Nevada  NV System of Higher Education (NSHE)  Political Subdivision  
(City, County, Non-State)

**PAYCHECK DEDUCTION AMOUNT:**

I authorize my Employer to deduct the following amount(s) **per pay period** (minimum \$12.50 per pay period) from my salary to NDC:



**Pre-Tax (Regular)**

**Post-Tax (Roth)**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**If you wish to cancel/suspend current payroll deduction, please indicate \$0. This form will supersede any previous form(s) on file.**

**CHECK BOX IF APPLICABLE\*:**

**Age 50+ Catch-Up:** Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
You must reach age 50 by the end of the calendar year you are electing to use this catch-up provision.

**Special 457(b) Catch-Up Election**  
You must include a copy of the investment provider calculation sheet submitted to the recordkeeper to ensure eligibility.

\*Please note that you cannot use both the Age 50+ and the Special Catch-up provision at the same time. You need to choose the option most beneficial to you.

**EFFECTIVE DATE:**

This agreement will be effective the first payroll period of the month following the date this form is received and processed by the payroll department.

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

**Please send the completed form to NDC**  
**Fax: 775.684.3399**  
**Email: [deferredcomp@defcomp.nv.gov](mailto:deferredcomp@defcomp.nv.gov)**

**Voya Financial® 1.866.464.6832**